Healthcare disparities in rural America

Energy and Commerce, Subcommittee on Health

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June 24, 2008

Thank you for the opportunity to testify about disparities in rural healthcare. I represent a Congressional District that is nearly 60,000 square miles and has 69 counties. The largest community has a population of about 45,000 people and so I have what most people would consider a very rural district. There are a number of factors regarding rural districts across the country that come together to create significant disparities in the availability and affordability of healthcare.

If you took a snapshot of rural America, you'd see a population that is aging faster than in other places in the country. Because many rural residents are elderly, they use more healthcare services. It can be challenging for these rural residents and their families to get to the doctor. Residents in rural Kansas have virtually no access to public transportation and must drive long distances to access health care and because of that, preventive care can be very limited. The rural elderly in Kansas are more likely to have chronic diseases and yet are 10-20% less likely to receive the recommended pre-screenings, preventive screenings, and checkups.

Compounding the problem of access, rural residents also tend to be poorer and make less than their urban counterparts, a per capita average income $7,000 less compared to urban areas. Nearly 24% of children who live in rural America are in poverty.

Higher rates of uninsurance are also found in rural communities. For example, in the southwest part of my congressional district, which is the most ethnically diverse and geographically isolated, 16.8% of the citizens lack healthcare coverage, compared with 7.5% of their fellow Kansans in the northeast, urban part of the state.

It is also extremely difficult to keep the proper healthcare infrastructure in place in rural America. It is extremely challenging to recruit and retain healthcare personnel to practice in rural areas when they can make more money serving patients who are younger and wealthier in more urban environments. There are 2,157 Health Professional Shortage Areas (HPSAs) in rural and frontier areas of all states and U.S. territories compared to 910 in urban areas. 25% of all Kansas counties have federal physician shortage area designation for primary medical and all of them are rural counties.

Having access to local hospitals, emergency services, and pharmacies is something that rural residents do not take for granted. It is difficult to keep the doors open for many rural hospitals. In fact, 470 have ceased operations in the last 25 years because there are fewer patients in rural areas and Medicare payments to rural hospitals and physicians are dramatically less than those paid to their urban counterparts for the same services. Medicare use is extremely high in rural districts. In fact, at Smith County Hospital, which is along the Kansas-Nebraska border, 8 out of 10 patients admitted to the hospital are Medicare beneficiaries.

In some of my rural counties, the only access to healthcare services is Emergency Medical Services. It should be noted that there are higher rates of death and serious injury accidents in rural versus urban areas**.** One reason for this is that in rural areas, prolonged delays can occur between a crash, the call for EMS, and the arrival of an EMS provider. Many of these delays are related to increased travel distances in rural areas and personnel distribution across the response area. Statistics show that the average response time in rural areas is 8 minutes more than the typical response time in an urban area. Finally, in most rural areas, the emergency service providers are volunteers. As the rural population continues to age, the lack of young people to fill these critical volunteer positions will continue to compromise the rural healthcare system.

Finally, community pharmacy is something that I hope this committee will consider. Many consequences fell from the Part D prescription drug benefit that was provided by Congress. Community pharmacies are an important component in providing healthcare in rural communities. Seven Kansas communities have no pharmacy and 32 counties only have one pharmacist. Adequate and timely reimbursement for our pharmacies who are serving the Medicaid population and some of our most vulnerable citizens is a necessity in order to ensure access for these populations.

So, as we look at ways to try and eliminate disparities in our health care system, I welcome the opportunity to shed light on the realities that rural communities and their residents across the country are facing. I thank the chairman and ranking member for inviting me to testify, and I would be happy to respond to any questions.