



October 5, 2023

The Honorable Jason Smith
Chairman
Committee on Ways & Means
U.S. House of Representatives
Washington, DC 20515

Re: Improving Access to Health Care in Rural and Underserved Areas

Dear Chairman Smith:

AARP, which advocates for the more than 100 million Americans age 50 and older, thanks you for the opportunity to provide feedback on improving access to health care in rural areas. Almost one in five Americans reside in rural areas. Residents in rural communities face significant health disparities, and worse health outcomes, across numerous measures and conditions, when compared to urban areas. Lack of access to services is a driver of these disparities. This includes lack of access to essential categories of service such as primary care, mental health services, oral health, and substance use disorder treatment. Residents of rural areas also face longer drives to hospitals, as well as hospital closures that leave communities without essential services. All of these challenges hit older Americans especially hard as many do not have the mobility, technology, or financial means to obtain care elsewhere.

Addressing health care disparities in rural and underserved areas will require a multifaceted approach, and we appreciate you seeking feedback in a variety of areas, including provider payment and facility financing. Our comments focus on health care provider access, which we believe has the most direct and immediate impact on older Americans.

Health Care Workforce

Family Caregivers

The Committee is requesting comments on policies to revitalize the health care workforce to improve patient access to care. AARP starts from the premise that when someone needs care, there needs to be someone to take care of them. Often, a family caregiver is the first and closest point of contact in providing care.

Family caregivers are the backbone of the care system in this country, helping older adults, people with disabilities, and veterans live independently in their homes and communities. The physical, emotional, and financial challenges they face in their caregiving roles cannot be overstated, exemplified by a [poll](#) released by AARP earlier this year on family caregivers. Millions of family caregivers provide [\\$600 billion](#) annually in unpaid labor to their loved ones. This includes assisting with daily activities such as eating, bathing, dressing, meal preparation,

finding and coordinating care, managing medications, transportation to medical and other appointments, performing complex medical/nursing tasks, supporting their loved one through care transitions such as from hospital to home, managing finances, and so much more. The assistance they provide saves taxpayers billions of dollars, such as by helping to delay or prevent more costly nursing home care and unnecessary hospital stays. Without them, America's health and long-term care systems would collapse. However, too often, family caregivers do not get the support, including education and training, that they need to take care of the person they are assisting. Six in ten family caregivers are also balancing outside employment with caregiving responsibilities.

[Typical caregivers](#) of someone who lives in a rural area have lower education and household income than caregivers of those living in a suburban or urban area. Caregivers of someone living in a rural area typically do not live in a rural area themselves. Caregivers of rural-living recipients more often report high levels of financial strain and have experienced a greater number of financial impacts due to caregiving. Family caregivers on average spend [over \\$7,200](#) annually in out-of-pocket caregiving expenses. Caregivers of rural-living recipients more often have difficulty taking care of their own health and less often report having health insurance.

AARP urges Congress to provide caregivers needed support, including: provide financial relief to family caregivers such as through a tax credit like the Credit for Caring Act; help save family caregivers time by connecting them to Medicare and reducing red tape; and provide them with other assistance such as respite care to give them a temporary break, education, training, help finding the resources they need, and more, including in [Hospital at Home programs](#), as their loved one moves from one place of care to another, and in Medicare more broadly. It is important to make providing care – and finding paid care – easier for family caregivers; alleviate the economic, financial, and other challenges directly associated with caregiving responsibilities; and preserve and improve the general health and well-being of family caregivers.

Nurses

Nurses are the largest health care profession and integral to our health care system. Nurses at all levels deserve our appreciation and our support. Our nation presently faces the twin challenges of a growing nursing shortage and the need to substantially diversify all levels of our nursing workforce. Over 3.3 million registered nurses (RNs) will be needed in the United States by 2031. The United States already faces a shortage of at least 200,000 nurses, all while more than 1 in 5 of nurses polled in 2020 plan to retire in the next five years. Aggressive steps should be taken to grow, strengthen, and diversify the nursing workforce.

AARP recommends that Congress establish programs to train, recruit, and retain health care providers to work in rural and underserved areas. Likewise, Congress should provide incentives for health educators to conduct training in medically underserved areas. Incentives might include targeted scholarships and grants, student loan-forgiveness programs, and training stipends.

Education subsidies should be targeted to those health care professions in which practitioners are in shortest supply.

These ideas have been implemented in states across the country. For instance, tax credits for advanced practice registered nurses (APRNs) who serve as clinical preceptors have been adopted or introduced in [Colorado](#), [Georgia](#), [Hawaii](#), [Maryland](#), and [South Carolina](#). Additionally, between 2012-2017, Medicare tested its ability to pay for graduate nursing education (GNE). This GNE demonstration program was designed quite differently than the Graduate Medical Education program and, for a comparatively small investment, Medicare helped prepare an extra 6,000 advanced clinicians. GNE could be made available nationally, further building the nursing workforce.

AARP has also endorsed two bills that will help relieve workforce shortages in rural areas. The first, the Improving Care and Access to Nurses (I CAN) Act of 2023 (H.R. 2713), would update rules to reflect current best practices, as described in the 2010 and 2021 National Academy of Medicine *Future of Nursing* reports, and would enable Medicare and Medicaid beneficiaries to have direct access to APRNs and other licensed clinicians. The other bill, the National Nursing Workforce Center Act (H.R. 2411), would support our national nursing workforce through better information gathering and coordinating of policies at the state and federal levels. We urge Congress to act on these constructive bills.

Nursing Homes

Nursing home residents – including in rural areas – should be able to live in dignity and get the care they need and deserve. Nursing home staffing is critical for residents to receive high quality of care and quality of life. Minimum staffing requirements are one key part of ensuring quality of care when it comes to staffing, as are appropriate training, the competency of staff, recruitment and retention, turnover, consistent staffing, appropriate adjustment of staffing levels to ensure that residents' needs are met above minimum staffing requirements, and the appropriate mix of staff, among others. The Centers for Medicare & Medicaid Services (CMS) has issued a proposed rule to establish federal minimum staffing requirements for nursing homes participating in Medicare and/or Medicaid. AARP issued a [statement](#) on the proposed rule and will be submitting comments to CMS during the public comment period. We would be happy to share our submitted comments on the proposed rule with the committee.

AARP supports establishing minimum federal nursing home staffing standards as one important way to help improve the quality of care in our nation's nursing homes. COVID-19 revealed what AARP and other advocates have been saying for decades: the lack of standards and poor-quality care in too many of America's nursing homes is deadly. Far too many Americans died in those facilities, which have been plagued with problems for many years. The proposed rule is an important step to establish a minimum nursing home staffing standard. We note that having necessary nursing staff (registered nurses, licensed practical nurses/licensed vocational nurses, and certified nursing assistants) in nursing homes can also help hospitals and other health care providers by providing quality care that helps prevent or reduce unnecessary emergency room visits, discharges to hospitals, and hospital stays.

Direct Care Workers

AARP also notes that most individuals want to live in their own homes and not in a nursing home. In a 2021 AARP [survey](#), three-fourths of adults age 50-plus told us they wish to remain in their current homes and communities for as long as possible. Older adults need more options for getting care at home, which is also generally more cost-effective. Investing in home care will help individuals get the services and supports they need, where, when, and how they need them. It is also important to ensure that individuals are getting the necessary care that they are eligible for under the Medicare home health benefit, including home health aide services. As noted previously, family caregivers assist their older parents, spouses, siblings, grandparents and other loved ones so they can live independently in their homes. When family caregivers are not available or cannot provide all the assistance individuals need, the paid direct care workforce are important partners and provide critical support.

Direct care workers assist older adults and individuals with disabilities with daily tasks in a variety of home and community-based and institutional settings. Unfortunately, workforce recruitment, retention, and job satisfaction challenges are prevalent across the long-term care industry, and solutions to address the root causes must be implemented to respond to the ongoing need for high-quality care. Direct care workers comprise individuals with job titles including but not limited to home health aide, personal care aide, nursing assistant or nursing aide, home care worker, personal care attendant, and more. Examples of tasks performed by direct care workers include help with activities such as eating, bathing, dressing, transferring, personal hygiene, light housekeeping, clinical tasks such as blood pressure readings and wound care, running errands, assisting with medical appointments, and engaging in social engagements outside the home that help prevent isolation and loneliness. AARP encourages Congress to take action to help attract and retain direct care workers through increased pay and benefits, paid leave, improved training, career pathways, and other job improvement initiatives.

Health Care Access

Telehealth

The COVID-19 pandemic has shown that telehealth can play an integral part in health care delivery. Not only does telehealth provide protection from exposure to infection and allows patients to receive care without putting themselves or their providers at increased health risk, it also has great potential to enhance access to quality care in rural and underserved areas. Telehealth can benefit older adults by reducing or eliminating travel and wait times, distance and transportation barriers, and certain travel or transportation costs. Access to telehealth can also improve independence and autonomy.

Telehealth benefits can be particularly significant for older adults in rural areas or underserved communities. These individuals face added barriers to care and may have to travel further, or incur additional costs, when visiting providers and specialists. In some cases, a specialist or provider may be so far away that the distance is prohibitive, in which case the person may forgo care altogether.

Overall, telehealth services are an important care-delivery tool and a valuable complement for in-person care. AARP believes Medicare beneficiaries should continue to be able to access care via telehealth beyond the December 31, 2024, waiver expiration. We have long urged Congress to repeal the originating site and geographic restrictions that prevent older Americans from receiving care remotely or in their own home. To this end, we have endorsed H.R. 4189, the CONNECT for Health Act. We urge Congress to take up this and other legislation that will allow older Americans access to the array of tools and services available for delivering high-quality, high-value care.

Oral Health

Lack of access to affordable dental care can have profound health consequences across populations. Older Americans, in particular, know that oral health affects all aspects of their health and wellbeing. Poor oral hygiene can cause complications for people with chronic conditions, hasten cognitive decline, lead to social isolation, and increase overall health care expenses. Lack of access to oral health providers in rural areas is just as severe as – if not more so – the lack of access to other health care providers.

We urge the Committee to make a greater investment in oral health care which would benefit millions of people and address both oral and medical health needs. A commitment to oral health includes training programs for oral health providers as well as coverage for dental services in Medicare Part B. Proper dental care can prevent infection, reduce hospitalizations, and help manage expensive chronic conditions such as diabetes and heart disease. Furthermore, a healthy mouth and teeth are necessary for good nutrition and communication, which help prevent dementia and social isolation and their associated costs. Access and coverage for dental clinicians must not be neglected in conversations about improving the health of rural Americans.

AARP thanks the Committee for examining health care delivery in rural and underserved areas, and looks forward to working with you to ensure more Americans have access to the care they need. If you have any questions, feel free to contact me or have your staff contact Andrew Scholnick on our Government Affairs team at ascholnick@aarp.org.

Sincerely,



Bill Sweeney
Senior Vice President
Government Affairs