

United States Senate

WASHINGTON, DC 20510

May 24, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

The Honorable Gene L. Dodaro
Acting Comptroller General of the United States
General Accounting Office
441 G St., NW
Washington, DC 20548

Dear Madam Secretary and Mr. Dodaro:

As we move toward implementation of the Patient Protection and Affordable Care Act, we ask that particular attention be given to ensure sufficient rural representation on the National Health Care Workforce Commission and the Independent Payment Advisory Board. More than 60 million Americans live in rural areas, and we believe the inclusion of the rural perspective will help ensure that the unique needs of these Americans are addressed in health reform.

The National Health Care Workforce Commission is charged with analyzing, coordinating, and recommending national strategies to meet the demand for services in a reformed health care system. These strategies will be especially important for rural areas, which face unique challenges in building and maintaining their health care workforce. For example, while 20 percent of the American population lives in rural areas, only nine percent of all physicians and 12 percent of all pharmacists practice in rural communities. Rural areas average only about 30 dentists per 100,000 residents, while urban areas average approximately twice that number. Shortages of nurses and allied health professionals are also pervasive. Low population density, long distance travel, less exposure to health occupations among children, and insufficient numbers of clinical training sites for health professional students contribute to these shortages, which are only expected to worsen in the coming years. The Commission needs rural representatives who understand these rural workforce challenges and have knowledge of promising strategies for health workforce training, recruiting, and practice in rural America.

Rural areas are also generally older than their urban counterparts, and rural residents comprise about 27 percent of Medicare beneficiaries. This means that Medicare is a lifeline for rural communities and the backbone of the rural health system. The Independent Payment Advisory Board will provide recommendations regarding health care delivery and outcomes, including promotion of integrated care, care coordination, prevention and wellness, and quality improvement.

Although the law requires a balance between urban and rural membership on the Board, we are concerned that there is a precedent of insufficient rural representation in MedPAC, which often has only one or two rural representatives. This underrepresentation exists despite the fact that the statute governing MedPAC requires the same balance as is called for on the Independent Payment Advisory Board. Given the key role of the new Board, membership must be carefully selected to protect and strengthen Medicare beneficiaries' access to services in rural areas, including the unique circumstances of Critical Access Hospitals. Moreover, rural communities provide very high-quality health care, despite low Medicare reimbursements. Many cost-saving innovations are underway in rural America, and the Board needs informed rural experts so that the Medicare can respond to rural needs and also learn from rural successes.

Thank you again for your leadership and your attention to the need for rural representation on the Commission and the Board.

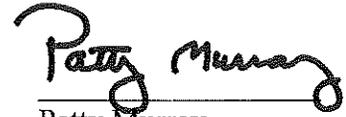
Sincerely,



Al Franken
United States Senator



Pat Roberts
United States Senator



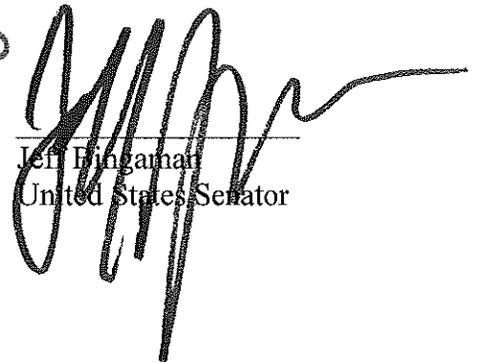
Patty Murray
United States Senator



Tom Harkin
United States Senator

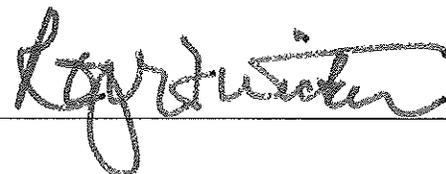


John Thune
United States Senator



Jeff Bingaman
United States Senator

cc: Mike McCauley, U.S. Department of Health and Human Services



Amy Klobuchar

Tom Udall

John Barrasso

Tim Feingold

Jim Johnson

Sam Brownback

Paul Coburn

Kent Conrad

Ben Sanders

Ron Wyden

Mike Johanns

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