Illinois' Rural Hospitals Celebrate National Rural Health Day

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Over 1.4 million Illinoisans live in rural communities and rely on their local hospital as an important—and often only—source of care. As representatives of Illinois' 87 small and rural hospitals, including 51 critical access hospitals, Illinois Health and Hospital Association (IHA) and Illinois Critical Access Hospital Network (ICAHN) are proud to recognize National Rural Health Day [November 21], which celebrates rural communities, highlights the unique health challenges and opportunities they face, and brings together hospitals and other stakeholders who work tirelessly to improve the health and wellbeing of their neighbors.

The dedication of small and rural hospitals to providing access to quality healthcare extends beyond the walls of the hospital. When state budget cuts left the Effingham County Health Department without the staff to provide hearing and vision screenings in local schools, HSHS St. Anthony's Memorial Hospital stepped in to provide the screenings at no cost to the schools. And to help tackle childhood obesity, Pana Community Hospital partnered with a local school district, where 65 percent of students come from low-income families, which are disproportionately affected by the disease. Hospital staff led physical education classes for six weeks and students received a pedometer to track their steps. The list of community-based services provided by small and rural hospitals is extensive, and it is filled with powerful examples of neighbors helping neighbors.

Illinois' small and rural hospitals have an annual economic impact of over \$12 billion that includes providing direct employment opportunities and indirect strengthening of the local economy through the purchasing of goods and services from local businesses. Yet, the persistent challenges of providing care in rural areas—including an aging population, difficult payer mix, workforce shortages, reimbursement cuts and shifts in how care is delivered—can make it difficult for some hospitals to maintain access, especially to expensive services such as maternity care and behavioral health. Since 2005, 161 rural hospitals nationwide have closed, including 88 during just the past five years. Over 45 percent of Illinois small and rural hospitals operate on negative or thin margins.

To be sure, each hospital and community is unique, and their challenges both complex and multi-faceted, which means there is not a one-size-fits-all solution. And amidst fiscal shortfalls and an intensely partisan environment in Washington, D.C., comprehensive federal legislation is unlikely to advance soon. However, there are immediate and meaningful actions Congress can take this year that have strong bipartisan support. These include addressing current and future workforce shortages by reauthorizing the Conrad State 30 program, increasing Medicare support for graduate medical education, and increasing the number of professionals serving in rural communities through the National Health Service Corps.

Congress should also create flexible new payment and delivery models under Medicare, such as a rural emergency medical center model that focuses on emergency and outpatient services. And policymakers should establish more flexible grant and low-interest loan opportunities to support capital improvement projects. For example, a rural hospital CEO recently shared that the costs of replacing her more than 40-year-old HVAC system were too great. The hospital also wanted to repurpose unused space it owned. However, demolition costs associated with such an aged facility were prohibitive. Flexible grant opportunities or low-interest loans could allow the hospital to repurpose unused space to meet current community needs, and no doubt, a newer HVAC system would reduce long-term expenses and be better for the environment.

The Illinois Congressional delegation and state lawmakers understand the challenges facing small and rural communities, and indeed, many of the actions listed above represent legislation introduced or championed by members of the delegation, including Senator Dick Durbin, and Representatives Brad Schneider, Cheri Bustos and Rodney Davis. IHA and ICAHN appreciate the leadership of our policymakers and stand behind them as they work to advance targeted policies and deliver new tools and resources that enable rural communities to do what they do best—roll up their sleeves, work together and take care of their neighbors.