

Congress of the United States
Washington, DC 20515

February 24, 2010

Speaker Nancy Pelosi
US House of Representatives
H-232, US Capitol
Washington, DC 20510

Minority Leader John A. Boehner
US House of Representatives
H-204, US Capitol
Washington, DC 20510

Chairman Charles B. Rangel
House Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20510

Ranking Member Dave Camp
House Committee on Ways and Means
341 Cannon House Office Building
Washington, DC 20510

Chairman Henry A. Waxman
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20510

Ranking Member Joe Barton
House Committee on Energy and Commerce
2109 Rayburn House Office Building
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader Boehner, Chairman Rangel, Ranking Member Camp, Chairman Waxman, and Ranking Member Barton:

As members of the House Rural Health Care Coalition, we are writing on behalf of our rural health care providers and the patients that they serve to urge Congress to retroactively extend critical rural health payment adjustments under Medicare that recently expired. These rural support payments help preserve access to quality health care services in rural America and failing to swiftly extend them could impact the ability to continue delivering much-needed care to our constituents.

The Medicare Modernization Act (MMA) made important corrections to flaws in Medicare payments that have made a tremendous difference to the hospitals, doctors, nurses and other providers in our states and throughout rural America. Congress has a long record of extending these important rural health care provisions. Most recently, the House found it appropriate to include extensions of many of these critical rural health care provisions in legislation it passed last year. However, these provisions have not yet been signed into law. Therefore, we ask for your continued support to improve rural health care by including in legislation Congress may consider in the coming weeks an extension of the critical rural health provisions described below:

Rural Hospitals: Our rural hospitals provide essential inpatient, outpatient and post-acute care to nearly 9 million Medicare beneficiaries. We support an extension of the geographical wage index reclassifications for the more than 100 "Section 508 Hospitals," in order to continue to providing greater wage parity within a state in order to address increasingly competitively labor markets. In addition, it is critical that Congress ensures that small rural hospitals continue to be reimbursed for their costs for their laboratory services and preserves outpatient hold harmless


payments for sole community and small rural hospitals. We also support an extension of direct billing under Medicare for certain grandfathered labs for the technical component of pathology services provided to certain rural hospitals. Lastly, we support extending the recently expired Rural Community Hospital Demonstration project, which tests the feasibility and advisability for reasonable cost reimbursement for small rural hospitals.

Rural Doctors and Practitioners: Only ten percent of physicians practice in rural America even though more than a quarter of the population lives in these areas. In order to help recruit and retain physicians where they are needed most, it is imperative that we continue to maintain the 1.0 floor on the physician work geographic practice cost index (GPCI).

Rural Ambulance: In providing critical emergency health care to patients, it costs rural ambulance service providers more per transport than their urban counterparts because of the greater distances rural providers travel and their lower transport volume. In fact, many of our rural ambulance service providers are staffed primarily by volunteers to stay afloat. That is why it is necessary to ensure that rural ambulance providers continue to receive an additional 3 percent in Medicare reimbursement, and for super rural ambulance service providers to continue to receive 22.6 percent to their base rate which helps cover the costs of serving patients located in these extremely rural areas.

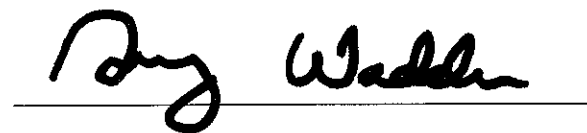
These rural equity policy provisions are critical to the ability of our rural health care providers to continue to provide quality care to rural Americans. A lapse in these provisions, even temporarily, has created a great level of instability for our affected providers and the patients that they serve. We urge your continued leadership in championing these important rural issues.

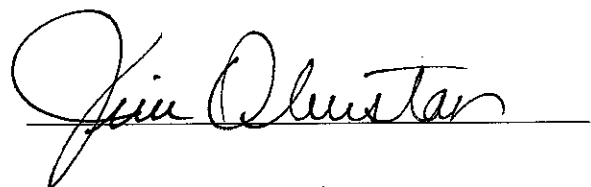
Sincerely,

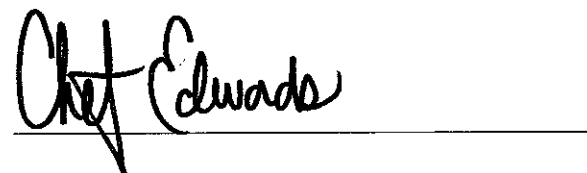


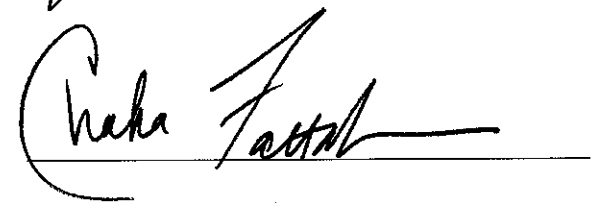
EARL POMEROY
Co-Chair, Rural Health Care Coalition

Jerry Moran
JERRY MORAN
Co-Chair, Rural Health Care Coalition









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