<Date>

The Hon. John/Jane Doe

U.S. House of Representatives/Senate

<Address>

<City/State/Zip Code>

Dear Rep./Sen. Doe:

On November 17, 2016, **[INSERT HOSPITAL/CHAMBER OF COMMERCE/COMMUNITY NAME]** will join the National Organization of State Offices of Rural Health, the **[INSERT STATE OFFICE OF RURAL HEALTH NAME]** and rural health advocates throughout **[INSERT STATE NAME]** and the nation in celebrating National Rural Health Day. This is a wonderful opportunity to showcase rural America while bringing to light some of the unique healthcare challenges facing America’s 62 million citizens – which is why we hope you will be part of the celebration as well!

 As someone who represents rural citizens of **[INSERT STATE NAME]** in Congress, you are already well aware of the “Power of Rural.” Our rural communities are wonderful places to live and work; these are small towns, farming communities and frontier areas are places where neighbors know each other, listen to each other, respect each other and work together to benefit the greater good. They are also some of the best places to start a business and test your “entrepreneurial spirit.” These communities provide the rest of the country with a wealth of services and commodities, and they are the economic engine that has helped the United State become the world economic power it is today.

 But our rural communities also face unique healthcare needs; today more than ever, we must address accessibility issues, a lack of healthcare providers, the needs of an aging population suffering from a greater number of chronic conditions, and larger percentages of un- and underinsured citizens. Consider the following:

* Rural residents spend more on health care out of pocket than their urban counterparts; on average, rural residents pay or 40% of their health care costs out of pocket compared with the urban share of one-third. One in five rural residents spends more than $1,000 out of pocket per year.
* There are approximately 55 primary care physicians per 100,000 residents in rural areas, compared with 72 per 100,000 in urban areas – a figure which decreases to 36 per 100,000 in isolated, small rural areas. There were also half as many specialists, half as many dentists and one-third as many psychiatrists per 100,000 residents practicing in rural areas compared to urban areas.
* For persons of all ages visiting their care provider, travel time is longer for rural patients – 14% of rural patients traveled more than 30 minutes, while only 10% of urban patients did so.
* While nearly 85% of U.S. residents can reach a Level I or Level II trauma center within an hour, only 24% of residents living in rural areas can do so within that time frame – this despite the fact that 60 percent of all trauma deaths in the United States occur in rural areas.

 Scant provider networks, lack of adequate and affordable health coverage and difficulty accessing high-quality care can lead to even poorer health conditions among rural populations; therefore, rural communities must have the support they need to implement systems and approaches that address the healthcare needs of their citizens. However, this can’t be done through a “one size fits all” approach – programs and policies must be flexible enough to enable states and communities to identify and address the unique needs of their rural residents.

 Rural hospitals are perhaps the most critical resource utilized by citizens to meet their healthcare needs. These hospitals typically serve as the health and human service “anchor” or “hub” of their communities, offering residents an array of services and providers in one location. They are also frequently one of the largest, if not the largest, employers in the community – meaning the financial stability of a small rural hospital also has a tremendous impact on a community’s *economic* health. According to statistics provided by the National Rural Health Association, small rural hospitals known as Critical Access Hospitals (CAHs) support more than 100 jobs and provide $5 million in wages, salaries and benefits on average within their local community.

 As is the case with most hospitals, small rural hospitals depend largely on Medicare reimbursements to compensate them for their services. Unfortunately, these hospitals – which already suffer from lower Medicare margins due to their smaller size, more modest assets and financial reserves and higher percentage of Medicare patients (rural populations are typically older than average urban populations) – face enormous fiscal challenges as reimbursement rates for these services decline. Recently proposed federal cuts to rural hospital funding only threaten to worsen the situation. President Obama, for example, has proposed $6 billion in cuts over 10 years to rural hospitals, claiming that the proposal eliminates “higher than necessary reimbursement.”

 Congress created the Medicare Rural Hospital Flexibility Program – the program which established the Critical Access Hospital designation – in 1997 to stem the tide of rural hospital closures that had been occurring in the 1980s and 1990s. It is a safety net program that has been working – many rural hospitals doors have stayed open solely because of this program. Considering that 41% of all CAHs already operate at a financial loss, proposed funding cuts to this and other federal rural health programs could have a Draconian effect on rural communities. Many hospitals would be forced to scale back their operations or close entirely, resulting in the loss of critical healthcare services and needed rural jobs.

 Rural hospitals and providers care for a larger percentage of patients per capita than their urban and suburban counterparts; therefore, it should come as no surprise that funding cuts to rural health programs would do more damage proportionally than similar cuts to urban/suburban health programs. That is why we believe it is imperative for Congress and the President, at the very least, to continue funding existing rural health programs at their current levels – and we strongly urge your support for programs that provide physical and economic security to rural citizens of your district.

Sincerely,