<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]** 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!

***[NOTE:* This is where hospitals could share any National Rural Health Day celebration plans and possibly invite the Representative/Senator to the celebration. Even if you don’t have something planned, you could invite the Representative/Senator to tour your hospital that day!]**

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; 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.

But rural communities 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.

Rural hospitals such as **[INSERT HOSPTIAL NAME]** are perhaps the most critical resource utilized by citizens to meet their healthcare needs. We serve as the health and human service “anchor” or “hub” of our community, offering residents an array of services and providers in one location. We are one of the largest employers in the community and our financial stability has a tremendous impact on a community’s *economic* health. According to statistics provided by the National Rural Health Association, on average Critical Access Hospitals (CAHs) like ours around the nation support more than 100 jobs and provide $5 million in wages, salaries and benefits on average within their local community. ***[NOTE:* This is where hospitals can insert specific information on their community economic impact in terms of number of jobs and dollars in wages, salaries and benefits*]***

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 terrible effect on rural communities. At the least, some hospitals could be forced to scale back their operations, resulting in the loss of critical healthcare services and needed rural jobs.

As is the case with most hospitals, small rural hospitals depend largely on Medicare reimbursements to compensate them for their services. ***[NOTE:* This is where hospitals could share specific information about what percentage/volume of their revenue comes from Medicare reimbursements]** Unfortunately, **[INSERT HOSPITAL NAME]** and other rural 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.” ***[NOTE:* This is where hospitals can share specific information about the direct impact these changes would have on their revenue and employment figures (*i.e., Here at [INSERT HOSPITAL NAME], these proposed changes would reduce annual income by $XXX,XXX dollars, which may lead to reduced services or layoffs – or both.*)]**

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.

It is imperative for Congress and the President, at the very least, to continue funding existing rural health programs at their current levels. As we use National Rural Health Day as an opportunity to “Celebrate the Power of Rural,” we strongly urge your support for programs that provide physical and economic security to rural citizens of your district.

Sincerely,