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**Walden Contact: Angela Wilhelms, (202) 226-7338
Pomeroy Contact: Stephanie Craig, (202) 225-2611**

Lawmakers Introduce Bipartisan Legislation to Ensure Access to Quality Health Care for Rural Americans

House Rural Health Care Coalition co-chairs Walden, Pomeroy introduce Medicare Rural Health Provider Payment Extension Act to extend critical reimbursement provisions for rural health services, providers

Washington, D.C. – At a press conference today on Capitol Hill, rural lawmakers announced the introduction of legislation that would help ensure rural America continues to have access to quality health care despite the often higher costs of health care delivery in rural and isolated communities throughout the nation.

The Medicare Rural Health Provider Payment Extension Act, H.R. 5118, would extend Medicare reimbursement methods for services provided in isolated or underserved areas in America to help ensure that such reimbursements are equitable and fair for costs incurred by rural health providers. H.R. 5118 was introduced by Congressmen Greg Walden (R-OR) and Earl Pomeroy (D-ND), co-chairs of the 182-member Rural Health Care Coalition (RHCC), in early April and now has more than fifty bipartisan cosponsors.

“Rural communities face unique issues and challenges when it comes to health care delivery and accessibility, and isolated areas throughout the nation often face higher costs for medical services. H.R. 5118 will help ensure access to quality, affordable care for rural Americans, especially for the elderly and disabled, through reasonable and equitable reimbursement rates for rural health providers,” said Walden. “I appreciate the strong, bipartisan support shown for this important legislation by members of the Rural Health Care Coalition from all corners of our great nation, and I look forward to working with Mr. Pomeroy and our cosponsors to advance H.R. 5118 through the Congress.

“In North Dakota, we understand the challenges facing rural areas in getting equitable treatment for health care. We are not asking for special treatment for rural areas, we’re asking for a level playing field for our rural communities. This bill extends necessary changes to Medicare that gives rural areas similar accessibility to quality healthcare as those in urban areas,” said Pomeroy. “I am proud to be the co-chair of the Rural Health Care Coalition because we provide a powerful voice to rural America in Congress. We have to keep the doors open to rural healthcare facilities and we do that by passing this bill.”

Joining Walden and Pomeroy today in support of H.R. 5118 were Congressional Rural Caucus Co-Chairs John Peterson (R-PA) and Allen Boyd (D-FL); U.S. Representatives Stephanie Herseth (D-SD) and Darlene Hooley (D-OR); and the National Rural Health Association (NRHA), American Hospital Association (AHA), National Association for Home Care and Hospice (NAHC) and American Osteopathic Association (AOA).

“Access to affordable, quality healthcare is of great importance to me and the people of North Florida,” said Boyd. “Our rural areas should not be overlooked when it comes to access to healthcare services. We must help our rural hospitals and providers deliver these essential services, especially to remote and medically underserved areas. Since many rural providers rely on Medicare to keep their doors open, we need to ensure that they are adequately reimbursed for their services, and this legislation goes a long way toward making that happen.”

Provisions in the Medicare Rural Health Provider Payment Extension Act would:

- Extend the 5% payment adjustment for home health services provided in rural areas to help offset higher home health delivery costs, which can be as much as 12- to 15-percent higher than in urban areas;
- Extend the Medicare incentive payment program for physicians practicing in designated physician scarcity areas, communities and counties throughout the nation recognized as having low number of physicians serving populations in rural areas;
- Extend the 2% bonus payment for ambulance trips in rural areas to help offset the higher costs of ambulance services in rural areas, which contain farther distances between patients and care facilities;
- Extend the 1.0 floor on Medicare physician reimbursements to rural areas, who would be penalized for geographic location without extension of the MMA provision, to ensure fair and reasonable repayment to facilities and care providers in rural areas;
- Extend the hold harmless treatment for the nation’s 535 sole community hospitals, which provide inpatient health services for residents in rural, isolated communities, to ensure equitable reimbursements for services provided; and,
- Extend reasonable cost reimbursement for clinical lab tests performed by rural hospitals as part of their outpatient services (i.e. for area patients receiving care at home or in nursing homes).

"The Medicare Modernization Act took great strides to support rural health care providers, yet we recognize that many of those protections are expiring," said Bill Sexton, President of the NRHA and Chief Executive of Providence North Coast Service Area. "NRHA fully supports Congressmen Walden’s and Pomeroy's efforts to extend the MMA's important investments in rural health care, and believes this legislation will assist rural providers in their ongoing efforts to provide medical care for those in need."

More information on H.R. 5118 can be found at <http://thomas.loc.gov>.

Congressman Greg Walden is in his fourth term representing Oregon’s Second District; Congressman Earl Pomeroy is in his seventh term as the at-large representative for North Dakota.

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