



FOR IMMEDIATE RELEASE

Contact: Taylor Harvey (202) 224-4515

May 16, 2024

## **Wyden Hearing Statement on Rural Health Care**

### *As Prepared for Delivery*

This morning the Finance Committee gathers to discuss the challenges and opportunities in rural communities when it comes to health care. I'm not going to mince words: without rural health care, you can't have rural life. It's just that simple. And yet across the country, rural health providers are struggling to keep their doors open.

Too many hospitals, doctors, pharmacies and other providers in rural areas are operating on a knife edge, forced to choose between balancing the books and continuing to provide high-quality care to their communities. Half of all rural hospitals across the country operate in the red.

There's no better example of this than what Oregonians in Baker County experienced over the past year. In 1897, St. Elizabeth hospital opened in Baker City and began delivering babies. 126 years later, after being acquired by Trinity Health, the sixth largest hospital chain in the country, they closed their labor and delivery unit with less than 60 days notice. Trinity said delivering babies at St. Alphonsus was a money-loser.

Nobody saw this coming. The people of Baker City thought their hospital could have a brighter future by joining Trinity Health. When I arrived at a town hall in Baker City last year, there were hundreds of outraged families, including a number of expecting mothers who had planned to give birth at St. Alphonsus. The next closest hospital in that part of Eastern Oregon is 45 miles away, along a freeway that can be closed during the winter because of icy conditions and during the rest of the year because of truck crashes. In fact, that hospital, Grande Ronde Hospital in La Grande, Oregon, is represented here today by Mr. Davis.

Despite efforts at the federal, state, and local levels, St. Alphonsus in Baker City closed its labor and delivery unit completely last August. The community battled St. Alphonsus to keep basic labor and delivery equipment in Baker City – in the event the community can find their own solution in the near future. Rather than find ways to keep their obstetrics doors open, the hospital offered the paltry sum of \$240,000 to the community. This lump sum amounts to less than \$2,000 for each year the hospital has been in the community.

What happened at St. Alphonsus in Baker City is a textbook example of what's happening in rural communities across the country. These Americans deserve better. Between 2011 and 2021, one out of

every four rural hospitals in America stopped providing obstetrics services. That's 267 communities across the country where giving birth locally is no longer an option. Make no mistake: if it is not practical to give birth within a reasonable distance of your home, your community is facing the prospect of becoming a maternity desert. In these areas, aspiring parents are going to be forced to make tough decisions about where they live and can start a family.

Everybody knows how hard it is to get enough nurses, let alone labor and delivery nurses, in rural areas. These hospitals see a low number of births each year, yet face high costs to keep these services available around the clock. I'm proposing a fresh approach with colleagues on this committee that combines steps to address economic conditions in these communities with extra financial support as long as large hospital chains don't take the money and run.

Now I'll briefly touch on two other areas where Congress has the opportunity to make a big-league difference supporting rural communities: telehealth and workforce.

Telehealth is vital to health care in rural areas. It's a game changer for seniors to contact their doctor through a telehealth service instead of spending half the day or more driving to the health clinic and back home. And it impacts young families who no longer have to take the day off work to help their grandparent. Congress has important work to do before the end of the year to renew and strengthen existing telehealth flexibilities, and I look forward to the Finance Committee leading that effort on a strong bipartisan basis.

There's still more Congress can do to expand telehealth. It's unfathomable that clinicians in Idaho or Nevada have to jump through so many extra hoops and pay for multiple licenses just to provide care via telehealth to a family in eastern Oregon. Likewise, a senior in Vancouver, Washington can't receive care via telehealth from a doctor across the Columbia River in Portland — or a senior in southern Oregon from a doctor in northern California — without mountains of bureaucracy.

It's past time for these artificial barriers preventing Americans from receiving telehealth across state lines to be knocked down, and I'll be battling for commonsense improvements like this in Congress' upcoming work related to telehealth.

I'll wrap up by talking about the health care workforce. Health care jobs often represent an important economic engine for rural life. But it's becoming more and more difficult to attract qualified health care workers to rural communities, in part due to the risk of closures that I've been discussing. It's going to take an all-hands-on-deck approach to get this fixed.

Step one is updating the Graduate Medical Education program in Medicare to make sure rural areas and high-need urban areas are not given short shrift.

It also means boosting primary care, which is the backbone and front line of American health care and often experiences the greatest shortage of providers. And it means looking for innovative solutions like public-private partnerships to reach into high schools and bring in students interested in careers in health care.

The federal government invests a significant amount of taxpayer dollars into training the health care workforce every year. My challenge to the committee is to make sure those dollars are being spent in the right places.

I know every single member of this committee is passionate about improving health care in the rural and underserved areas of the country they represent, both Democrats and Republicans. Making a difference for these communities is going to require listening to the needs of rural areas so this committee can support these communities and focus on innovative and pioneering approaches that make the most of the federal dollars this committee is responsible for.

A web version of this statement is [here](#).

###