

Ranking Member Daines – Opening Statement

Thank you, Mr. Chairman. It's great to be here this afternoon to discuss rural health care.

It's also a pleasure to be joined by Ms. Erin Aune from Glasgow, Montana. We'll have a more formal introduction soon, but thank you for making the trip to be here representing our state and Rural Health Clinics. We're glad to have you.

Rural health is a key component of America's health care conversation and greatly important to my state of Montana, as more than 720,000 Montanans live in designated rural areas.

Most every state in the nation has some semblance of a rural population, and in frontier states like mine, we are all too familiar with the challenges that come with living where we do – including the challenge of accessing health care.

When we consider health care in a rural setting, one of the defining characteristics of access to care is distance and transportation.

The majority of people in rural America live great distances from their nearest health care provider. A trip to a hospital or doctor's office often requires traveling several hours one way.

Not only is this highly inconvenient and straining, but also very dangerous in emergencies. Extreme weather and unpredictable terrain only add to the challenges rural folks face.

Other threats to access that we see disproportionately affecting rural communities are the increasing number of hospital closures and service line erosions.

As our witness Dr. Holmes can attest, we've seen nearly 150 rural hospital closures over the past 13 years.

While closures briefly stalled in 2021, this can largely be attributed to Provider Relief Funds and other assistance to keep providers afloat during COVID-19. As we move beyond the pandemic, the number is sadly on the rise again.

I also hear too often about the erosion of service lines in rural America. In these areas, one of the first services to be eliminated is obstetric and maternity care.

GAO issued a report last year which found that access to these services has been in steady decline, and more than half of rural counties do not have these services available at all.

I recently learned of a woman in Montana who traveled from her home several hours away to Billings in the weeks leading up to her due date. She moved into a hotel so that when she went into labor, she would be able to get to the hospital for her delivery.

Preparing for labor, delivery, and a newborn is difficult enough. No expectant mother should feel the need to go to such drastic lengths to receive routine prenatal and delivery care.

This is just one example of how service line erosion impacts rural residents, but it is illustrative of the challenges we need to help address. We must find sustainable ways to keep health care accessible in our rural communities.

To that end, I am looking forward to the discussion today with our colleagues and witnesses, and hearing from their perspectives.

The last time the Finance Committee had a robust conversation about rural health was in 2018. I'm glad we are revisiting the conversation today – post pandemic – to examine the difficulties and progress over the past five years.

The difficulties often receive more attention than the successes, and I'd like to acknowledge the recent efforts of my colleague, Senator Grassley, who has long been a champion for rural health issues.

Thanks to Senator Grassley's leadership, in January of this year, the first new Medicare rural provider designation went into effect since the Critical Access Hospital designation was created in 1997.

We're very proud of the Montana leadership which led to this designation – a designation spearheaded by Senator Max Baucus – but it's great to see Senator Grassley and others working to implement new and creative ways to serve the changing needs of our rural hospitals today.

Rural health care has long enjoyed robust bipartisan collaboration and support, and I look forward to continuing that tradition.

Thank you to our witnesses for being here today. We appreciate your expertise on this subject and all the work you are doing to promote rural health and access to care.

Thank you, Mr. Chairman.