

108TH CONGRESS
1ST SESSION

H. RES. 267

Expressing the sense of the House of Representatives that there is a need to protect and strengthen Medicare beneficiaries' access to quality health care in rural America.

IN THE HOUSE OF REPRESENTATIVES

JUNE 10, 2003

Mr. BEREUTER (for himself, Mr. KING of Iowa, Mr. PETERSON of Pennsylvania, Mr. STENHOLM, Mr. HINCHEY, Mr. TOWNS, Mr. TAYLOR of North Carolina, Mr. LEACH, Mr. SHUSTER, Mr. OBERSTAR, Mr. JANKLOW, Mr. MORAN of Kansas, Mr. TANNER, Mr. GOODE, Mr. NETHERCUTT, Mr. SWEENEY, Mr. PAUL, Mr. LATHAM, Mr. DAVIS of Tennessee, Mr. STUPAK, Mr. RENZI, and Mr. OSBORNE) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Expressing the sense of the House of Representatives that there is a need to protect and strengthen Medicare beneficiaries' access to quality health care in rural America.

Whereas approximately 22 percent of Americans living in non-metropolitan areas are Medicare beneficiaries;

Whereas all Medicare beneficiaries should be able to receive equitable access to health care services regardless of where they live;

Whereas hospitals located in cities with a population of less than 1,000,000, including those in non-metropolitan areas, after October 1, 2003, will receive an inpatient hospital base payment rate that is 1.6 percent lower than those serving larger populations;

Whereas 62.3 percent of rural hospitals operated with negative Medicare margins in 2001, and 34 percent of such hospitals had negative total margins and an average Medicare margin of negative 5.7 percent in the year 2000;

Whereas the current Medicare wage index formula harms rural providers' ability to attract and retain health care workers;

Whereas rural areas continue to have problems recruiting and retaining skilled health care professionals in part due to lower Medicare physician payment rates in rural areas than in urban areas;

Whereas programs, such as the Medicare Incentive Payment Program, designed to enhance the recruitment of physicians to rural underserved areas, have been shown by the General Accounting Office to be ineffective due to administrative obstacles;

Whereas, due to the current Geographic Practice Cost Index, payments to rural Medicare physicians and other health professionals are generally less than such payment rates received by their urban counterparts;

Whereas rural health care providers face significant financial barriers, including lower Medicare reimbursement rates, lower patient volumes, and fewer opportunities to benefit from economies of scale;

Whereas rural health care providers generally purchase supplies, services, and in some instances, labor, based on national markets;

Whereas the 10 percent Medicare add-on payment for rural home health care agencies expired on April 1, 2003, following the October 1, 2002 implementation of a 15 percent reduction in Medicare home health payments, causing financial difficulties for agencies, and thus decreasing access for homebound patients; and

Whereas non-metropolitan residents are generally older, disproportionately poorer, report poorer health status, and use more health care services than their respective metropolitan counterparts, yet Medicare expenditures for non-metropolitan beneficiaries are approximately 18.4 percent lower than such expenditures for metropolitan beneficiaries: Now, therefore, be it

- 1 *Resolved*, That the House of Representatives—
 - 2 (1) supports payment rates for rural physicians, hospitals, and other health care providers that are adequate, and equitable to their urban counterparts;
 - 5 (2) encourages Federal efforts to address the current inequities in Medicare reimbursement rates;
 - 7 and
 - 8 (3) encourages Federal efforts to ensure access to quality, affordable health care.

