Congress of the United States
Washington, DC 20515

November 3, 2011

The Honorable Patty Murray
Co-Chair, Joint Select Committee on Deficit Reduction
448 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Jeb Hensarling
Co-Chair, Joint Select Committee on Deficit Reduction
129 Cannon House Office Building
Washington, D.C. 20515

Dear Chairwoman Murray and Chairman Hensarling:

Approximately 72 million Americans live in small, rural communities across the county. These areas depend on their community hospitals as an important, and oftentimes, sole source of health care. Hospitals in rural communities also tend to be one of the largest local economic engines, providing family-supporting wages that support rural communities. As the Joint Select Committee on Deficit Reduction ("Joint Select Committee") deliberates, we ask you to protect these small, rural hospitals and the communities that depend on them.

Rural hospitals are unique in many respects and face a dynamic vastly different than hospitals located in urban or suburban areas. Recognizing these distinctions – remote geographic location, small size, workforce scarcity, physician shortages, constrained financial resources among others – Congress enacted a special designation called the "critical access hospital" under the Balanced Budget Act of 1997. Prior to enactment, many rural hospitals faced severe financial hardships or were in fear of closing. Since enactment, this designation and accompanying reimbursement have helped ensure and protect stable access to health care services for the elderly and others living in rural America.

There are some proposals now circulating that target the critical access hospital (CAH) program and its reimbursement. Those proposals include reducing reimbursements, eliminating the CAH designation for some hospitals or outright repeal of CAH designation altogether. While these proposals will result in savings, we urge you to carefully consider the potentially devastating consequences of such cuts on access to care for patients and economic development in rural communities.

These hospitals frequently serve as an anchor for their region's health-related services, providing the structural and financial backbone for physician practice groups, health clinics and post-acute and long-term care services. CAHs also often provide essential, related services such as social work and other types of community outreach. In addition to their top priority of ensuring access to care, rural community hospitals are also important economic engines in rural communities. For every hospital job in a rural community, between 0.32 and 0.77 more jobs are created in the local economy, spurred by the economic activity of either hospitals or their employees.

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Because rural communities have some of our most vulnerable citizens – rural seniors who are on average, poorer and sicker than urban or suburban seniors – we ask the Joint Select Committee to protect critical access hospitals from cuts or other detrimental policy changes.

Sincerely,

Ron Kind

John Ensign

Tim Petri

Tammy Baldwin

Shelley Moore Capito

Bob Filner

Cathy McMorris Rodgers

Mike Rahall

Colleen C. Hanabusa

Leonard L. Boswell

John W. Olver

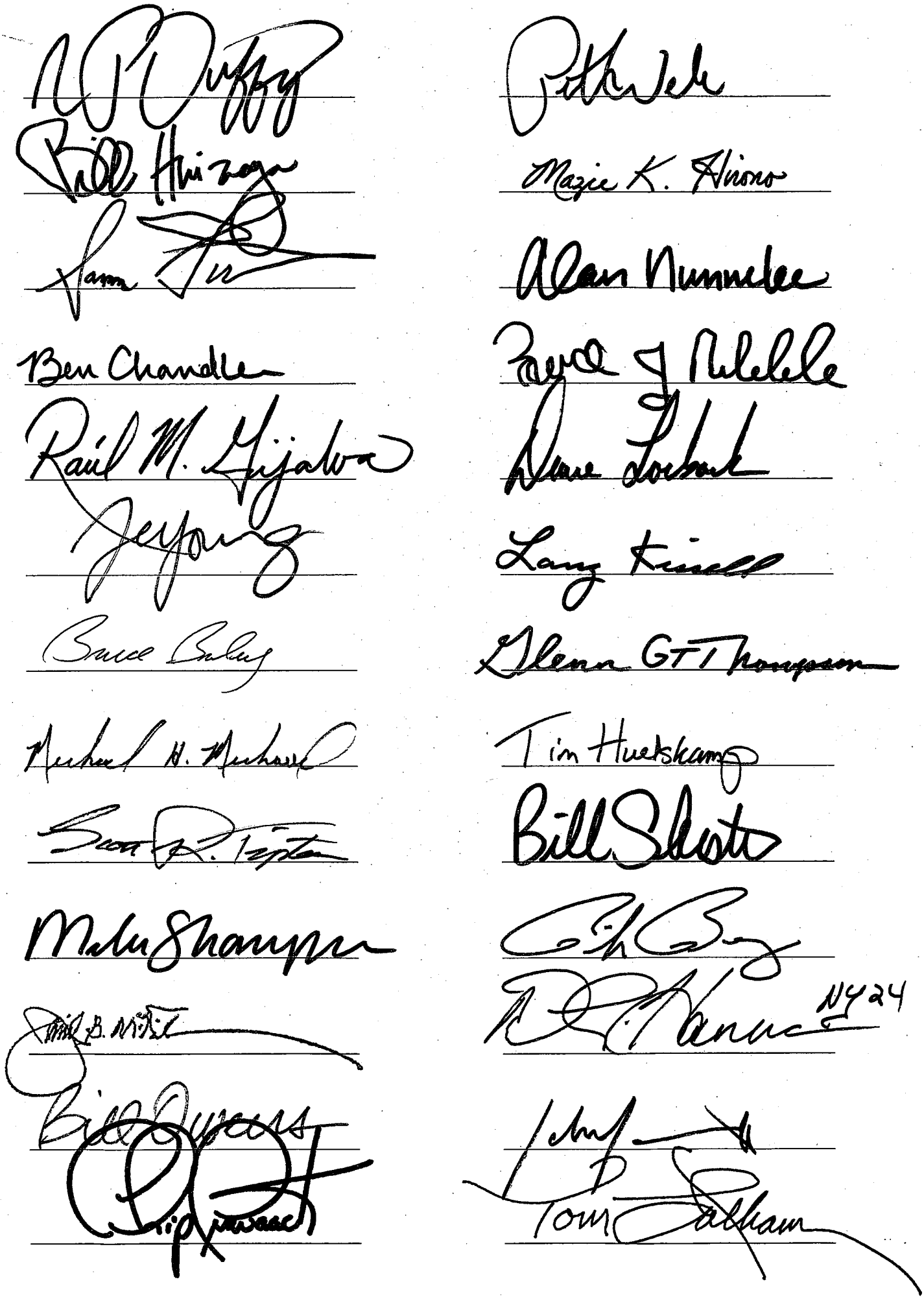
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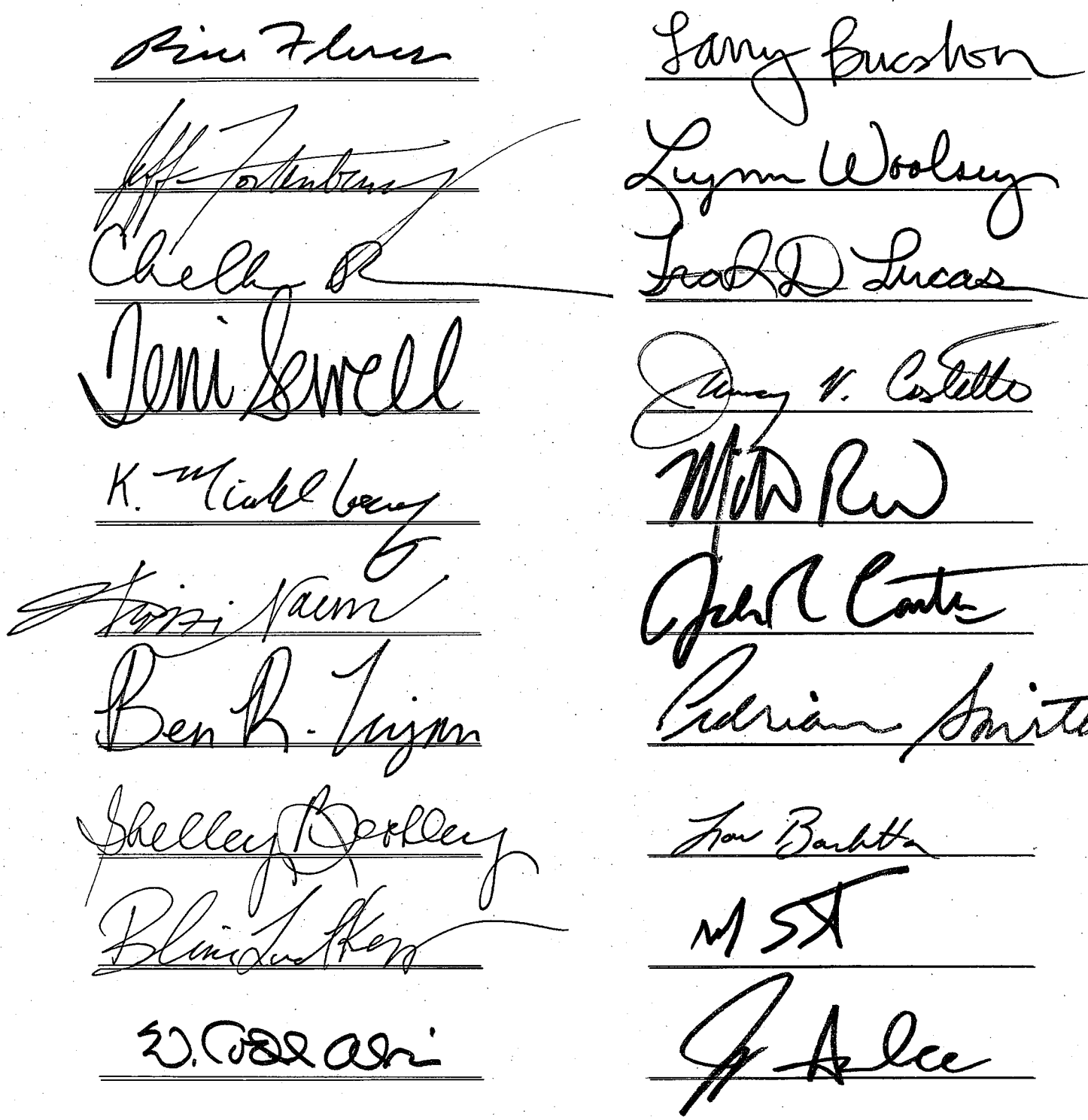
Jaime Herrera Beutler

Steve King

Billy Long

Bennie G. Thompson





cc: The Honorable Xavier Becerra
The Honorable Dave Camp
The Honorable James E. Clyburn
The Honorable Fred Upton
The Honorable Chris Van Hollen
The Honorable Max Baucus
The Honorable Jon Kyl
The Honorable John Kerry
The Honorable Rob Portman
The Honorable Pat Toomey

Cosigners

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