

February 4, 2022

The Honorable Patty Murray  
Chair  
Senate HELP Committee  
154 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Richard Burr  
Ranking Member  
Senate HELP Committee  
217 Russell Senate Office Building  
Washington, D.C. 20510

Dear Chair Murray and Ranking Member Burr,

The National Rural Health Association (NRHA) is pleased to offer comments on the Senate Health, Education, Labor and Pensions (HELP) Committee's draft legislation to respond to future pandemics. NRHA applauds your work to release the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act). We appreciate the work the Committee is doing to ensure that all Americans, including the more than 60 million Americans that reside in rural areas, are prepared for the current, and future, public health emergencies (PHE). NRHA supports the committee's goal to ensure providers are equipped to respond to future health crises, particularly in rural areas.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes every component of rural America's health care, including rural community hospitals, critical access hospitals (CAH), doctors, nurses, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

Policy proposals, such as the PREVENT Pandemics Act, are necessary to ensure that the public health infrastructure is prepared to combat the next pandemic. Historically, rural communities and their providers have faced obstacles to providing health care services. Many of these challenges were exacerbated by the COVID-19 PHE, making it critical that rural communities and providers are represented in the PREVENT Pandemics Act proposal.

**NRHA applauds the Committee for their inclusion of Section 112 to support and increase access to mental health and substance use disorder services during PHEs.** Historically, rural communities have been disproportionately impacted by behavioral health crises. During the COVID-19 PHE underlying public health epidemics, like the mental health and substance use disorder crises, only accelerated. Providing dedicated resources to address these issues during future PHE's will be critical to ensuring healthy rural communities.

**NRHA appreciates the inclusion of Section 201 to address social determinants of health (SDOH) to improve health outcomes and was pleased to see rural mentioned** in the legislative text. It is critical that Congress, and federal agencies, such as the Department of Health and Human Services (HHS), acknowledge the impact geographic limitations have on health outcomes. As seen throughout the COVID-19 pandemic, rural communities have been disproportionately impacted. In rural communities with the intersection between geography and race/ethnic have suffered even worse outcomes. NRHA acknowledges the importance of including Section 201 and look forward to working with the Committee to see SDOH addressed in rural communities to improve health outcomes.

**NRHA appreciates the Committee for including Title II, Subsection C to revitalize the public health workforce, with an inclusion of rural in several Sections.** Section 221 to improve recruitment and retention of the frontline public health workforce and Section 222 to support community health workers are critical for rural communities. As you're aware, workforce challenges exacerbated by the COVID-19 pandemic, are particularly evident in the rural health care workforce. Throughout the pandemic, rural health care facilities have struggled to obtain and retain a sufficient workforce to address the disproportionate case load facing their communities. NRHA applauds the Committee for the inclusion of these provisions to help improve and grow the public health workforce, with specific mention of rural communities and providers.

While NRHA is supportive of the legislative text as written, we encourage the Committee to take the following actions to enhance the package and improve the rural public health infrastructure:

**Include S. 3149, the [Rural Health Equity Act](#), to create an Office of Rural Health within the Center for Disease Control and Prevention (CDC).**

NRHA applauds the focus on improved public health data within the PREVENT Pandemics Act Title II, Subtitle B. We encourage the addition of the *Rural Health Equity Act* to further Congress' intention of public health data collection in rural areas of the country. In recent years, the CDC has acknowledged the health challenges and disparities routinely encountered by the 60 million Americans that call rural home. These have become increasingly evident as structural barriers to addressing rural health and safety needs have become more apparent. Unfortunately, the CDC does not have a dedicated Office of Rural Health to ensure rural communities are represented in their data collection and funding dissemination. Including the *Rural Health Equity Act* would work towards addressing the disparities facing rural communities.

**Include S. 3244, the [Bolstering Infectious Outbreaks \(BIO\) Preparedness Workforce Act of 2021](#), to help build the next generation of infectious disease (ID) experts.**

As highlighted above, NRHA is pleased with the inclusion of Title II, Subtitle C to revitalize the public health workforce. There are several important provisions included in the draft text, but NRHA believes inclusion of the *BIO Preparedness Workforce Act of 2021* would go a long way toward readying communities for future public health emergencies. Currently, 208 million Americans live in areas with little or no access to an infectious disease physician and the distribution of these physicians are geographically skewed. Thus, rural Americans are less likely to have access to an infectious disease physician than their urban counterparts. This legislation would address financial barriers that prevent individuals from pursuing careers in bio-preparedness and infectious disease by providing loan repayment to health care professionals who spend at least 50 percent of their time engaged in bio-preparedness or infectious disease care.

**Include funding for rural providers to improve their health care infrastructure.**

Rural providers have had their limits tested throughout the COVID-19 pandemic. One constant NRHA members have expressed is the need for improved and updated facilities to accommodate safety requirements. NRHA urges the committee to include a section for hospital infrastructure so that rural providers can improve and expand their facilities. NRHA urges the Committee to model this proposed section after Section 40003 of H.R. 1848, the [LIFT America Act](#), which appropriates \$10 billion to

improve hospital infrastructure. NRHA would also request that such section be accompanied by a 20 percent rural carve-out.

**Provide a rural set aside for all grant programs and supplemental appropriation funding included in the package.**

Rural providers are responsible for providing the health care services for the 60 million rural Americans, accounting for 20 percent of the nation's population. NRHA believes it is imperative that Congress ensure funding be specifically allocated for the health care providers in our rural communities. As the Committee looks to equip health care providers with the resources needed to combat future pandemics it is critical that rural providers adequate resources to address public health disparities.

NRHA appreciates the work the Senate HELP Committee is doing to ensure the American health care infrastructure is prepared for the next PHE. NRHA looks forward to our continued collaboration to ensure rural providers are prepared for future crises. If you have any questions, please contact Josh Jorgensen ([jjorgensen@ruralhealth.us](mailto:jjorgensen@ruralhealth.us)).

Sincerely,



Alan Morgan  
Chief Executive Officer  
National Rural Health Association