Subject: American Rescue Plan Overlooks Rural Areas

Dear [Congressional Staff],

A recently circulated outline of the American Rescue Plan included $15 billion in the category “COVID-19 Health Services for the Underserved” but unfortunately the policy in the outline ignores most rural underserved areas.

We believe that investment in health services for underserved communities is necessary and vital if we want to defeat COVID-19 in our most vulnerable communities. However, the current proposal leaves rural areas behind by not including any funding for the more than 4,800 Rural Health Clinics (RHCs) that serve rural underserved communities. Any funding for safety-net providers must include RHCs if we want to achieve better health equity between urban and rural areas.

Last April, in the Paycheck Protection Program and Health Care Enhancement Act (phase 3.5), Congress allocated funding for COVID-19 testing to both Community Health Centers ($375 million) and Rural Health Clinics ($225 million). The legislation equitably funded both Community Health Centers and Rural Health Clinics and we believe should serve as a model for future funding allocations.

The testing allocation to RHCs in the “Phase 3.5” bill has supported over 7.4 million COVID-19 tests since May 2020 resulting in just under 1 million COVID-19 positive results (13.2% positivity rate) according to data from www.RHCovidreporting.com (the official reporting website for the RHC COVID-19 Testing Program).

In many small towns across the country, the Rural Health Clinic is the only healthcare facility and there is no Walgreens or CVS available for vaccine administration. RHCs are working hard to vaccinate their communities but often this requires RHCs to shift staff away from providing primary care in order to establish vaccination programs. This workforce issue forces RHCs to make tough choices about which care to prioritize. However, if Congress were to provide any additional emergency supplemental funding, these RHCs would be able to better meet the challenges of vaccinating and caring for these rural and remote communities.

In 2018, RHCs administered over 1.9 million influenza and pneumococcal vaccines and are well situated to provide the education necessary to overcome vaccine hesitancy as the trusted primary care providers in their communities. As Congress deliberates the American Rescue Plan, Rural Health Clinics must not be overlooked and should be equitably funded as essential safety-net providers for underserved communities.

Sincerely,

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