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# RURAL AND UNDERSERVED COMMUNITIES HEALTH TASK FORCE REQUEST FOR INFORMATION

The Committee on Ways & Means Chairman Richard E. Neal and Ranking Member Kevin Brady are committed to advancing commonsense legislation to improve health care outcomes within underserved communities.

The *Rural and Underserved Communities Health Task Force* (Task Force) is the Committee's forum to convene Members and experts to discuss the delivery and financing of health care and related social determinants in urban and rural underserved areas and identify strategies to address the challenges that contribute to health inequities. Reps. Danny Davis (D-IL), Terri Sewell (D-AL), Brad Wenstrup (R-OH), and Jodey Arrington (R-TX) serve as the Task Force co-chairs, and are working to identify bipartisan policy options that can improve care delivery and health outcomes within these communities.

This *Request for Information* (RFI) solicits input on priority topics that affect health status and outcomes for consideration and discussion in future Member sessions of the Task Force. Terms such as "initiative," "approach," "model," or "demonstration" generally refer to any

activity that addresses issues impacting optimal health in these communities.

**SUBMISSIONS:** Individuals or groups wishing to respond to this RFI should email comments **by close of business Friday, November 29th, 2019** as attachments in **.docx or .pdf format**, to: **Rural\_Urban@mail.house.gov** (**mailto:Rural\_Urban@mail.house.gov**).

**INFORMATION REQUESTS (Limit each response to 250 words - Total submissions should not exceed 10 pages, 12 pt font):**

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?
2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?
3. What should the Committee consider with respect to patient volume adequacy in rural areas?
4. What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where —
  - a. patients have the option to transition to alternative care sites, including community health centers and federally qualified health centers?
  - b. there is broader investment in primary care or public health?
  - c. the cause is related to a lack of flexibility in health care delivery or payment?
5. If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of

telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

8. The availability of post-acute care and long-term services and supports is limited across the nation, but can be particularly challenging in rural and underserved areas facing disproportionately large burdens of chronic and disabling conditions. What approaches have communities taken to address these gaps in care delivery and the associated challenges of social isolation?

9. There are known, longstanding issues with the availability and integrity of data related to rural and urban community health. What data definitions or data elements are needed to help researchers better identify the causes of health disparities in rural and underserved areas, but are unavailable or lack uniformity?

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?