FOR IMMEDIATE RELEASE **CONTACT: STEPHEN SPINA**

MONDAY, NOVEMBER 20, 1989 **PHONE: (202) 225-3452**

RAHALL PRESENTS RURAL HEALTH CARE BILL

WASHINGTON, D.C.-- Congressman Nick Rahall (D-WV) today introduced a bill which will come before the House Committee on Energy and Commerce that would increase the funding of the Public Health Service Act by an estimated $12 million. The "Area Health Education Center Initiative Act of 1989", or AHEC bill, would seek to amend the Act so that rural areas, with inadequate health care, would be able to attract more qualified doctors by training medical students, like those at Marshall University, in rural health clinics.

"The existing AHEC program, has proven to be somewhat successful to a limited degree in attracting and retaining those health professionals necessary to serve the neediest populations, and in particular, rural areas," said Rahall. "However, the limitation placed on AHEC's ability to achieve the higher degree of success is due to limited funding, not viability."

"The $12 million authorized for my bill would be specifically targeted to low-income individuals, those with chronic diseases or disorders, and areas designated as health manpower shortage areas," said Rahall. "For example, in West Virginia, the greatest chronic disease is Black Lung. It is indigenous to West Virginia and other coal mining states. Recently a study done by Harvard University in cooperation with Marshall university's Medical School showed that in Kanawha Valley, and surrounding areas, residents have been subjected to cancer-causing air pollutants for years. Don't these people deserve adequate health care specific to their needs? I believe we owe it to them."

Rahall was quick to point out that his bill would not rake funds off of the currently modest AHEC funding. "My bill is not a leach bill. It authorizes its own funding of $12 million a year. I want to supplement the current funding not cut in to it."

Another interesting aspect of Rahall's bill is his "Appalachian Health Care Initiative". This would call for 25 percent of the $12 million be automatically allocated to the 13 States and 397 Counties that comprise the Appalachian region.

"The Appalachian region is one of the neediest in the nation, and I believe it is of vital importance to specifically allocate funds for it. I don't want there to be any chance of Appalachia being swept under the rug," said Rahall.

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FRIDAY, NOVEMBER 17, 1989 **PHONE: (202) 225-3452**

RAHALL PRESENTS RURAL HEALTH CARE BILL

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STATEMENT
HONORABLE NICK J. RAHALL, II (D-WV)
INTRODUCTION OF A BILL TO ESTABLISH AREA HEALTH EDUCATION CENTERS
EMPHASIZING NEEDS OF APPALACHIA AND AREAS WITH CHRONIC DISEASES OR DISORDERS

Mr. Speaker, I am pleased to introduce a bill to amend the Public Health Service Act to provide for the establishment of area health education centers to serve geographic areas in which there is a significant number of low-income individuals with chronic diseases or disorders, with a special setaside of appropriated funds earmarked for Appalachian States and other rural areas.

This legislation is very simple and straight-forward. My mission is to build upon the existing Area Health Education Centers Program. This program requires such centers to be a cooperative program of one or more medical (M.D. or D.O.) schools and one or more nonprofit private or public area health education centers. Each participating school in an area health education program is required to provide for the active participation in such program by individuals who are associated with the administration of the school and each of the departments (or specialities if the school has no such departments) of internal medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry, and family medicine. Each medical school is also required to provide that no less than 10 percent of all undergraduate medical clinical education of the school will be conducted in an area health education center at locations under the sponsorship of such center.

Area health education centers are required to designate a geographic area to be served, or specifically designate a medicallly underserved population it will serve, which area or population is in a location remote from the main site of the teaching facilities of the school or schools which

participate in the program with the center. Such centers provide for or conduct training in health education services, assess the health manpower needs of the area served, provide for or conduct rotating osteopathic internship or a medical residency training program in family medicine, general internal medicine, or general pediatrics in which no fewer than four individuals are enrolled in first-year positions in such program; provide opportunities for continuing medical education, including education in disease prevention to all physicians and other health professionals, including allied health personnel, practicing within the area served by the center; and to provide continuing medical education to the National Health Service Corps members serving within the area,if any.

Mr. Speaker I have just described, briefly, the existing Area Health Education Centers program which has been in law since the early 1970's.

Only through Area Health Education Centers can we hope to attract, recruit, train and keep doctors, nurses and all other allied health personnel in rural areas. The existing AHEC program, has proven to be highly successful but only to a limited degree in attracting and retaining those health professionals necessary to serve the neediest populations, and particularly in rural areas -- but the limitation placed on AHEC's ability to achieve the higher degree of success is due to limited funding, not viability of the program.

It is imperative that we do more than the AHEC program funding now permits -- and we can begin with the bill I am introducing today.

Mr. Speaker, I have no wish to disturb the modest AHEC program now in place by establishing a new program of AHEC's that would rake funds off the top of existing appropriations. My bill has its own authorized funding of $12 million a year, and is designed to have a high impact in high

risk areas serving targeted populations. Following is a description of the content of my bill:

APPLACHIAN HEALTH CARE INITIATIVE: Twenty-five percent of appropriated funds are reserved to serve Appalachian areas of the country -- comprised of 13 States and 397 Counties -- where the need is greatest.

This "set-aside"is similar to the new AHEC program created last Congress (proposed by my friend and colleague Rep. Jack Brooks), to improve the supply, distribution, quality, and efficiency of personnel providing health services along the border between the United States and Mexico. This new "border" AHEC program is also separately funded from the existing program funds, and its need is self-evident. There were and continue to be unique problems of unmet need in that particular area of the country. The same is true of rural America, and of Appalachia in particular.

Secondly, my bill targets these new AHEC funds to areas with significant numbers of low-income individuals. Nowhere is there more significant numbers of low-income individuals and families than in West Virginia, than in the Fourth District of WV which I represent, or in the Appalachian states in general.

Third, my bill targets areas which have significant chronic diseases or disorders indigenous to those areas. For example, in West Virginia, the greatest chronic disease is Black Lung disease, or Pneumoconiosis, indigenous to West Virginia and other coal-mining states as it affects workers who mine the coal. Recently a study was conducted by Harvard University, in cooperation with Marshall University's Medical School, showing that the Kanawha Valley, and surrounding areas, are and have been for years subjected to cancer-causing air pollutants. Harvard and Marshall University Medical

researchers will follow up on this study in the near future to determine how pervasive or widespread such pollutants are and how extensive chronic disease/disorders have become as a result.

Mr. Speaker, just a few more words on the subject of recognized chronic diseases and disorders aside from the obvious examples just given. It is widely held that certain chronic "disease and disorder" can result from living in economically depressed, geographically isolated areas; other chronic diseases and disorders stem from pure and simple neglect.

Old age and its attendant geriatric disease and disorders is well documented. Yet when there is present also poor nutrition, inadequate or a total lack of dental hygiene, stress, hypertension and lack of education among already at-risk populations -- that is when chronic neglect becomes chronic disease and disorders -- all of which are associated with leading causes of death and morbidity nationwide. It is also necessary to add that poor nutrition, inadequate or total lack of dental and personal hygiene, stress from living in economic depression and deprivation, chronic unemployment, hypertension, and lack of education has reached epidemic proportions in many rural, isolated areas in the country, and this is especially evident throughout Appalachia.

Fourth, my bill directs funding into areas that are Federally designated as health manpower shortage areas. In West Virginia, as I have said, 63 percent of the population lives in rural areas - hard to serve areas -- and of its 55 counties, 42 are designated as health manpower shortage areas.

Fifth, the only change my bill would make to the existing AHEC program is to amend it so as to direct that program's annual appropriations in such manner as to assure that at least one area health education center is

established in a rural area designated as a health manpower shortage area, and that such rural area not previously have been served by the existing program.

It is my intention that this bill allow other University Medical schools, including schools of osteopathy, to become the lead agencies for establishing additional area health education center programs in other than the six-county area now covered in my State, and elsewhere in the country where limited AHEC funding has precluded such expansion on a regional or statewide basis.

Mr. Speaker, I repeat that it is my sincere wish to expand, without invading existing AHEC appropriations, the Area Health Education Center Programs into other regions of the country where there is overwhelming unmet need -- need that is based on high numbers or percentages of low income individuals and families, in areas in economic distress, in areas which have been designated as health manpower shortage areas, and where there are incidences of chronic disease and disorders indigenous to those areas. Again, the $12 million authorized in my bill is targeted very specifically to such areas. Most importantly, it has a reservation of 25 percent of those funds that must be spent in Appalachia.

I can assure my colleagues that this bill represents a very serious effort on my part to address very critical problems in West Virginia and elsewhere, particularly in the 13-State Appalachian Region.

With respect to funding requirements, I will only repeat what I and many of my colleagues have said in the recent past about the need for funding resources for a myriad of social needs -- $12 million dollars is only a pittance when it is viewed in comparison with a half-billion dollar

price tag on the stealth bomber which, as yet, cannot fly.

It is my hope that my colleagues who serve with me on the Rural Health Coalition will join me in sponsoring this legislation.

Certainly, it is my hope that my colleagues from the 13 Appalachian States will join me in sponsoring this legislation.

We must find ways in which to help one another to address the health care needs of a highly disenfranchised segment of our population -- those who live in economically depressed areas, with high unemployment rates, with high percentages of low income, and often uninsured, populations, who suffer from chronic diseases and disorders indigenous to the environments in which they live.

This bill cannot, and is not intended to address all the causes of chronic diseases and disorders, except those brought about by lack of access to appropriate health care provided by trained health professionals. But to provide centers where professionals will work and train to treat those people afflicted by such disease and disorders, whatever their origins. Low-income individuals and families in rural, often isolated areas of the country cannot always obtain the services or attentions of the medical profession because there is no place to go, and no one either trained to work, or willing to work in the health professions in rural, isolated, or economically depressed areas. Area Health Education Centers have the potential to effect the changes we need to address these unmet needs.

There are no bricks and mortar in this bill. Area Health Education Centers are comprised of existing community hospitals, primary and rural health facilities, and other health-related entities which will become satellites for providing rural health traiing, services and care under the supervision of University Medical Schools or Schools of Osteopathy. The

Medical Schools, in turn, will provide health care personnel who will receive their clinical training at such centers and encourage them to remain in those rural areas to practice their professions on graduation.

Area Health Centers and their personnel are instrumental not only in recruitment and clinical training opportunities for health professionals, but also in assessing and planning to meet future health needs.

Area Health Education Centers have the proven capability to provide vital geographic access to low income, isolated populations where high percentages of individuals are Medicaid eligible, where rates of uncompensated care are very high, and where large portions of elderly citizens are on fixed incomes.

It is no secret that over the past year there have been literally hundreds of small, rural hospitals forced to close their doors. Through Federal assistance, these hospitals have been given modest"transition grants" to transform themselves into less than hospital status, but to enable them to remain open to continue to meet local health care demands.

In Appalachia, there is a growing fear that due to federal funding cutbacks, their primary care delivery system could decline even further, and this is particularly true when you recognize that the former sizeable ARC (Appalachian Regional Commission) investment in public health care delivery has shrunk to practically nothing.

These are only a few reasons why we must expand the AHEC program to serve the various targeted populations and geographic areas before all other funding runs out. Spending $12 million now, rather than trying to play "catch-up" when the delivery system for primary care bottoms out in underserved areas, is prudent. It is also timely and appropriate.

SECTION BY SECTION DESCRIPTION OF "AHEC" BILL
TO BE INTRODUCED BY HONORABLE NICK J. RAHALL, II (D-WV)

PURPOSE OF THE BILL: to establish area health education centers to serve geographic areas in which there are significant numbers of low income individuals, individuals with chronic diseases or disorders indigenous to where they live and work, and to establish an Appalachian health care initiative through such centers.

SEC. 1. Title of the bill, " Area Health Education Center Initiative Act of 1989 "

SEC. 2. Amends Sec. 781(h) of the Public Health Service Act to establish health care initiative for Applachia and other low income areas with signficant health problems.

SUBSECTION (3)(A). Authorizes to be appropriated $12 million for each of fiscal years 1991 and 1992 to carry out purposes of the Act.

SUBSECTION (B)(i). Authorizes the Secretary to enter into contracts with schools of medicine and osteopathy to provide for the establishment and operation of area health education centers to serve geographic areas in which there is a significant number of low income individuals, individuals with chronic diseases or disorders, and that reside in areas designated as Health Manpower Shortage Aras.

SUBSECTION (B)(ii). Reserves not less than 25 percent of funds appropriated annually for the purpose of establishing and operating area health education centers in the geographic region known as Appalachia.

SEC. 3. Establishes, by amending the general program for Area Health Education Centers, a requirement for the further establishment of not less than 1 area health education center in a rural area designated as a health

manpower shortage area under Sec. 332 (and with respect to any such program that received assistance under subsection (a) for any fiscal year preceding fiscal year 1990, shall ensure that the area health education center serves such a rural area not previously served by such program).

SEC. 4. Effective Date. The amendments made by this Act shall take effect October 1, 1989, or upon date of enactment of this Act, whichever occurs later.