

**STATEMENT OF SENATOR GORDON H. SMITH**  
U.S. Senate Special Committee on Aging  
“Aging in Rural America: Preserving Seniors’ Access to Health Care”  
July 31, 2008

Good morning and thank you all for being here today.

I particularly want to thank Margaret Davidson, Scott Ekblad and Dennis Burke for flying across the country from Oregon to be with us today. Each of them has invaluable knowledge to share with us about caring for some of the 60 million Americans living in rural areas of the country.

As each of our witnesses can attest, access to health care and support services in rural areas remain a great challenge in our nation. Today’s hearing will examine many of the programs that are vital to our seniors’ ability to remain healthy and independent in their rural communities. Along with examining these programs, we also will highlight some new and innovative approaches used to increase accessibility to meet rural health care needs.

As some of you may know, I am from the small community of Pendleton, Oregon. I personally understand the difficulties that can arise when one lives in a remote region. Large geographic areas, small numbers of patients, and difficulties in recruiting, training and retaining health care providers, are just some of the problems that lead to reduced health care access.

Often, rural health clinics or small rural hospitals are a community’s only resource for health care services. Further, individuals living in rural areas disproportionately rely on Medicare, Medicaid and the State’s Children Health Insurance Program for coverage.

In my home state of Oregon, the Critical Access Hospital network ensures that hospital care is available in smaller communities. To support these hospitals, I have introduced a bill with Senator Wyden that would give Critical Access Hospitals a layer of flexibility by allowing them to serve patients in times of high need, without losing essential Medicare funding. When the flu season strikes a community, we should not force our rural hospitals to divert their patients for fear of losing their Critical Access Hospital status.

Further, Oregon is home to over 50 Rural Health Clinics whose sole mission is to provide care for Medicaid and Medicare patients living in rural communities. Several weeks ago my state’s primary care office notified me of a proposed rule that could adversely affect many Rural Health Clinics located throughout the nation. To that end, Senator Wyden and I introduced legislation that would ensure federal health programs use consistent standards in determining Rural Health Clinic status. The change will protect these clinics from funding losses.

Additionally, the recent and dramatic increase in gas and food prices has placed a huge burden on local programs that support seniors through the 650 Area Agencies on Aging. These agencies provide vital home delivered meals, support senior centers, provide in-home help with daily activities and support family caregivers. They work to ensure that seniors can live in their homes safely, and help alert the community when there is a problem. I look forward to continuing to

work closely with my colleague, Senator Lincoln, to ensure that our senior network has the funding it needs.

Every time I return to Oregon, I hear about these issues, and how the loss of county timber payments exacerbates these challenges. Many Oregon counties are economically landlocked by federal land. Their county budgets heavily rely upon federal timber receipts. As timber harvest dropped and the safety net expired, county-funded health care programs have been put in peril. I continue to work to extend these payments to prevent entire communities from closing their doors to those in need.

As we discuss the challenges facing rural communities, it is important to keep in mind that by 2030, the number of older adults in the United States will nearly double. This happens as 78 million members of the baby boom generation begin turning age 65 in 2011.

Our health and support systems, especially for those living in rural America, are lagging behind where we should be at this point in time. I hope that today's hearing will shine a light on the unique health care needs of those living in rural areas of the country, and on the innovative programs that strengthen and build upon our rural health care delivery system.

Again, I thank all of the witnesses for coming today and I look forward to a productive discussion. With that, I'll turn it over Chairman Kohl.