

114TH CONGRESS  
2D SESSION

# H. R. 5133

To improve rural health services, including by requiring the Department of Health and Human Services to conduct an annual study on such services, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 29, 2016

Mr. HARDY (for himself and Ms. SEWELL of Alabama) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To improve rural health services, including by requiring the Department of Health and Human Services to conduct an annual study on such services, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-  
2 tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Rural Hospital En-  
5 hancement and Long Term Health Act of 2016”.

1 **SEC. 2. GREATER AVAILABILITY OF COMMUNITY FACILI-**2 **TIES GRANTS FOR RURAL HOSPITALS.**

3 (a) IN GENERAL.—Section 306(a)(19) of the Consoli-  
4 dated Farm and Rural Development Act (7 U.S.C.  
5 1926(a)(19)) is amended by adding at the end the fol-  
6 lowing:

7                 “(C) SPECIAL RULES APPLICABLE TO  
8                 GRANTS FOR HOSPITALS.—In the case of a  
9                 grant under this paragraph for a hospital:

10                 “(i) MAXIMUM GRANT.—The max-  
11                 imum amount of such a grant shall be  
12                 \$100,000.

13                 “(ii) NO FINANCING REQUIREMENT.—  
14                 The Secretary may not condition the provi-  
15                 sion of such a grant on the inability of the  
16                 applicant to finance the proposed project,  
17                 in whole or in part, from the resources of  
18                 the applicant, through commercial credit at  
19                 reasonable rates and terms, or from any  
20                 other funding source.

21                 “(iii) FEDERAL SHARE.—The amount  
22                 of such a grant shall not exceed 50 percent  
23                 of the cost of developing the hospital.”.

24 (b) EFFECTIVE DATE.—The amendment made by  
25 subsection (a) shall take effect on the date that is 90 days  
26 after the date of the enactment of this Act.

1   **SEC. 3. REAUTHORIZATION OF PROGRAM OF GRANTS TO**

2                   **STATE OFFICES OF RURAL HEALTH.**

3                 Section 338J of the Public Health Service Act (42

4 U.S.C. 254r) is amended to read as follows:

5   **“SEC. 338J. GRANTS TO STATE OFFICES OF RURAL HEALTH.**

6                 “(a) IN GENERAL.—The Secretary, acting through

7 the Director of the Office of Rural Health Policy (estab-

8 lished in section 711 of the Social Security Act), shall

9 make grants to each State Office of Rural Health for the

10 purpose of improving health care in rural areas.

11                 “(b) REQUIREMENT OF MATCHING FUNDS.—

12                 “(1) IN GENERAL.—Subject to paragraph (2),

13 the Secretary may not make a grant under sub-

14 section (a) unless the State Office of Rural Health

15 involved agrees, with respect to the costs to be in-

16 curred in carrying out the purpose described in such

17 subsection, to provide non-Federal contributions to-

18 ward such costs in an amount equal to \$3 for each

19 \$1 of Federal funds provided in the grant.

20                 “(2) WAIVER OR REDUCTION.—The Secretary

21 may waive or reduce the non-Federal contribution if

22 the State Office of Rural Health can demonstrate

23 that requiring matching funds would limit its ability

24 to carry out the purpose described in subsection (a).

25                 “(3) DETERMINATION OF AMOUNT OF NON-

26 FEDERAL CONTRIBUTION.—Non-Federal contribu-

1       tions required in paragraph (1) may be in cash or  
2       in kind, fairly evaluated, including plant, equipment,  
3       or services. Amounts provided by the Federal Gov-  
4       ernment, or services assisted or subsidized to any  
5       significant extent by the Federal Government, may  
6       not be included in determining the amount of such  
7       non-Federal contributions.

8       “(c) CERTAIN REQUIRED ACTIVITIES.—Activities for  
9       which grant dollars shall be awarded under subsection (a)  
10      include—

11       “(1) maintaining within the State Office of  
12       Rural Health a clearinghouse for collecting and dis-  
13       seminating information on—

14           “(A) rural health care issues;

15           “(B) research findings relating to rural  
16       health care; and

17           “(C) innovative approaches to the delivery  
18       of health care in rural areas;

19       “(2) coordinating the activities carried out in  
20       the State that relate to rural health care, including  
21       providing coordination for the purpose of avoiding  
22       redundancy in such activities; and

23       “(3) identifying Federal and State programs re-  
24       garding rural health, and providing technical assist-

1       ance to public and nonprofit private entities regard-  
2       ing participation in such programs.

3       “(d) REQUIREMENT REGARDING ANNUAL BUDGET  
4 FOR OFFICE.—The Secretary may not make a grant  
5 under subsection (a) unless the State Office of Rural  
6 Health involved agrees that, for any fiscal year for which  
7 the State Office of Rural Health receives such a grant,  
8 the office operated pursuant to subsection (a) will be pro-  
9 vided with an annual budget of not less than \$50,000.

10     “(e) CERTAIN USES OF FUNDS.—

11     “(1) RESTRICTIONS.—The Secretary may not  
12 make a grant under subsection (a) unless the State  
13 Office of Rural Health involved agrees that the  
14 grant will not be expended—

15           “(A) to provide health care (including pro-  
16 viding cash payments regarding such care);

17           “(B) to conduct activities for which Fed-  
18 eral funds are expended—

19           “(i) within the State to provide tech-  
20 nical and other nonfinancial assistance  
21 under subsection (f) of section 330;

22           “(ii) under a memorandum of agree-  
23 ment entered into with the State Office of  
24 Rural Health under subsection (h) of such  
25 section; or

1                         “(iii) under a grant under section  
2                         338I;

3                         “(C) to purchase medical equipment, to  
4                         purchase ambulances, aircraft, or other vehicles,  
5                         or to purchase major communications equip-  
6                         ment;

7                         “(D) to purchase or improve real property;  
8                         or

9                         “(E) to carry out any activity regarding a  
10                         certificate of need.

11                         “(2) AUTHORITIES.—Activities for which a  
12                         State Office of Rural Health may expend a grant  
13                         under subsection (a) include—

14                         “(A) paying the costs of maintaining such  
15                         Office for the purpose described in subsection  
16                         (a);

17                         “(B) subject to paragraph (1)(B)(iii), pay-  
18                         ing the costs of any activity carried out with re-  
19                         spect to recruiting and retaining health profes-  
20                         sionals to serve in rural areas of the State; and

21                         “(C) providing grants and contracts to  
22                         public and nonprofit private entities to carry  
23                         out activities authorized in this section.

1       “(f) REPORTS.—The Secretary may not make a  
2 grant under subsection (a) unless the State Office of  
3 Rural Health involved agrees—

4           “(1) to submit to the Secretary reports or per-  
5 formance data containing such information as the  
6 Secretary may require regarding activities carried  
7 out under this section; and

8           “(2) to submit such a report or performance  
9 data not later than the close of the fiscal year imme-  
10 diately following any fiscal year for which the State  
11 Office of Rural Health has received such a grant.

12       “(g) REQUIREMENT OF APPLICATION.—The Sec-  
13 retary may not make a grant under subsection (a) unless  
14 an application for the grant is submitted to the Secretary  
15 and the application is in such form, is made in such man-  
16 ner, and contains such agreements, assurances, and infor-  
17 mation as the Secretary determines to be necessary to  
18 carry out such subsection.

19       “(h) NONCOMPLIANCE.—The Secretary may not  
20 make payments under subsection (a) to a State Office of  
21 Rural Health for any fiscal year subsequent to the first  
22 fiscal year of such payments unless the Secretary deter-  
23 mines that, for the immediately preceding fiscal year, the  
24 State Office of Rural Health has complied with each of

1 the agreements made by the State Office of Rural Health  
2 under this section.

3 “(i) DEFINITIONS.—In this section:

4 “(1) The term ‘State’ means each of the several  
5 States.

6 “(2) The term ‘State Office of Rural Health’  
7 means, with respect to a State, the agency or office  
8 that is primarily responsible for improving health  
9 care in rural areas.

10 “(j) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—For the purpose of making  
12 grants under subsection (a), there are authorized to  
13 be appropriated, \$15,000,000 for fiscal year 2017  
14 and such sums as may be necessary for fiscal years  
15 2018 through 2021.

16 “(2) AVAILABILITY.—Amounts appropriated  
17 under paragraph (1) shall remain available until ex-  
18 pended.”.

19 **SEC. 4. ANNUAL STUDY AND REPORT ON RURAL HOS-**  
20 **PITALS.**

21 (a) STUDY.—The Secretary of Health and Human  
22 Services shall, with respect to the first fiscal year begin-  
23 ning after the date of the enactment of this Act and each  
24 fiscal year thereafter, conduct an annual study on the fol-  
25 lowing:

1                         (1) The number of rural hospitals that closed in  
2                         such fiscal year.

3                         (2) With respect to the rural hospitals that so  
4                         closed in such fiscal year, the reasons for such clo-  
5                         sures.

6                         (3) With respect to the rural hospitals that so  
7                         closed in such fiscal year, the effect such closure had  
8                         on patient access to care for the given area.

9                         (4) With respect to each category of rural hos-  
10                         pitals described in subsection (b), the financial well-  
11                         being of the rural hospitals in such category during  
12                         such fiscal year.

13                         (b) CATEGORIES DESCRIBED.—The categories of  
14                         rural hospitals described in this subsection are the fol-  
15                         lowing:

16                         (1) Rural hospitals that are critical access hos-  
17                         pitals (as defined in section 1861(mm)(1) of the So-  
18                         cial Security Act (42 U.S.C. 1395x(mm)(1))).

19                         (2) Rural hospitals that are sole community  
20                         hospitals (as defined in section 1886(d)(5)(D)(iii) of  
21                         such Act (42 U.S.C. 1395ww(d)(5)(D)(iii))).

22                         (3) Rural hospitals that are a medicare-depend-  
23                         ent, small rural hospital (as defined in section  
24                         1886(d)(5)(G) of such Act (42 U.S.C.  
25                         1395ww(d)(5)(G))).

1                   (4) Any other such category of rural hospitals  
2                   that the Secretary of Health and Human Services  
3                   determines appropriate.

4                   (c) DEFINITION OF RURAL HOSPITAL.—For pur-  
5                   poses of this section, the term “rural hospital” means a  
6                   hospital located in a rural area (as defined in section  
7                   1886(d)(2)(D) of the Social Security Act (42 U.S.C.  
8                   1395ww(d)(2)(D))).

9                   (d) REPORT.—With respect to each study conducted  
10                  pursuant to subsection (a) with respect to a fiscal year,  
11                  the Secretary of Health and Human Services shall, not  
12                  later than December 31 of the following fiscal year, submit  
13                  to Congress and to each State office of rural health (as  
14                  described in section 338J(a) of the Public Health Service  
15                  Act (42 U.S.C. 254r(a))) a report on such study.

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