

103^D CONGRESS
1ST SESSION

H. CON. RES. 69

Expressing the sense of the Congress that rural health care should be addressed in any Federal health care legislation.

IN THE HOUSE OF REPRESENTATIVES

MARCH 23, 1993

Mr. STUPAK (for himself, Mr. BAESLER, Mr. BAKER of Louisiana, Mr. BARTON of Texas, Mr. BOUCHER, Mr. EMERSON, Mr. GLICKMAN, Mr. JOHNSON of South Dakota, Mr. McCLOSKEY, Mr. MOLLOHAN, Mr. OBERSTAR, Mr. PETERSON of Minnesota, Mr. POSHARD, Mr. HOEKSTRA, Mr. ROTH, Mr. SCHIFF, Mr. SYNAR, and Mr. THOMAS of Wyoming) submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce

CONCURRENT RESOLUTION

Expressing the sense of the Congress that rural health care should be addressed in any Federal health care legislation.

Whereas 27 percent of Americans live in rural areas;

Whereas many rural residents have poorer general health because they lack access to basic care;

Whereas rural areas lack sufficient resources to provide adequate long-term care;

Whereas rural areas lack an adequate number of medical personnel and have difficulty recruiting and retaining health care professionals;

Whereas rural hospitals and health centers are experiencing financial shortfalls and cannot fulfill all of the medical needs of rural Americans;

Whereas rural areas have a disproportionate share of transportation-dependent individuals (including the elderly, the poor, and the disabled) but do not receive a similar share of Federal transit revenues;

Whereas rural emergency medical services are hampered by long distances, poor road conditions, and limited financial resources; and

Whereas significant numbers of rural persons with mental illnesses find it difficult, if not impossible, to secure needed health care: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
 2 *concurring)*, That it is the sense of the Congress that any
 3 legislation enacted to reform the health care delivery sys-
 4 tem of the United States should—

5 (1) ensure that the unique needs of rural resi-
 6 dents are addressed and solved;

7 (2) ensure that people who live in rural areas
 8 receive the same quality health care as others;

9 (3) increase funding for programs that train
 10 health care professionals for rural practice and pro-
 11 vide incentives for them to practice in rural areas;

12 (4) encourage telecommunications consortia and
 13 other measures to ensure rural access to emerging
 14 medical technologies;

1 (5) increase coordination among transportation
2 programs, and increase funding to rural transit pro-
3 grams and to emergency medical services; and

4 (6) ensure that rural health care services are
5 coordinated effectively with existing systems and
6 programs of medical, income, residential, and social
7 support at the Federal, State, and local levels.

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