

Ambulances, Ho! The Uniquely Precarious State of Health Care in Rural Far West Texas

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Far West Texas once boasted the longest school bus ride in the United States: 90 miles each way, from south Brewster County, Texas, near Big Bend National Park, to the county seat, Alpine.¹ A high school was built in the southern part of the county, so the 180-mile round trip commute is no more.² But to this day, there is no full-service hospital there,³ meaning that when emergencies arise, ambulance rides are long.⁴

Rural Far West Texas (the counties west of the Pecos River: Brewster, Culberson, Hudspeth, Jeff Davis, Pecos, Terrell, Reeves, and Presidio) is extreme in its isolation. With dispersed hospitals and a shortage of primary care physicians, access there is *especially* problematic—arguably the worst-case scenario—when it comes to emergencies. To quote the *Dallas Morning News*, “In many ways, the Big Bend region is not just hundreds of miles, but decades away, from modern urban medical care.”⁵ (These troubles were underscored in a recent Texas Legislative Council report, *Trauma Stabilization Services in Rural Texas*.⁶)

Sparsely populated Rural Far West Texas⁷ is classified as both a “border” region and a “frontier” region.⁸ The significance? These are arguably the two most underserved classifications in terms of health care, and this under-service is worsening. Some 7.8% of the nation’s rural hospitals closed their doors between 1990 and 2000.⁹ Texas was particularly hard-hit, with the highest number of rural hospital closures in the U.S. during those years.¹⁰ Rural Far West Texas continues to experience clinic and hospital closures.

For example, the Van Horn hospital shut its doors in July 2004, citing overwhelming debt.¹¹ (The fact that Culberson County, of which Van Horn is the county seat, lost 7.2% of its population between 2000 and 2003¹² probably did not help the hospital's bottom line.)

While most rural hospital shutdowns do not deprive rural citizens of access to emergency care, Far West Texas differs. According to one report, 96.6% of residents of rural areas that experienced a hospital closure have access to emergency care within a thirty mile radius.¹³ But when hospitals in rural Far West Texas close, emergency care is much farther away than thirty miles. If the hospital in the author's hometown of Alpine, Texas, were to shut down, for instance, the nearest emergency room would be 66 miles away in Fort Stockton, Texas.¹⁴ This is not the worst-case scenario, as demonstrated by the fact that the hospital in Van Horn, Texas, *did* shut down, leaving the nearest emergency room 85 miles away.¹⁵

As of February 2001, Presidio and Terrell counties had no primary care physicians; Jeff Davis and Hudspeth counties had but one; and Culberson County had just two.¹⁶ Thus, virtually all of rural Far West Texas is designated as a Health Professional Shortage Area (HPSA).¹⁷ (HPSAs are areas where there is one primary care physician per 3,500 people, with no other primary care physicians available within a reasonable distance in nearby communities.¹⁸) The region is also mostly a Medically Underserved Area ("MUA"), a designation reached after weighing "ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over."¹⁹

These problems all boil down to a lack of monetary and human resources. With

this problem in mind, the government—both state and federal—has implemented a number of programs to mitigate the health care shortages in rural areas. In Texas, the Office of Rural Community Affairs (ORCA) is in charge of administering most rural health care programs. For example, ORCA doles out grants from federal agencies such as the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services.²⁰

Because of the difficulties in drawing physicians to remote rural areas, a number of programs exist to sweeten rural areas' appeal—for example, debt forgiveness for medical students and other health professionals: the “Northern Exposure” model of debt forgiveness. (In the popular 1990s television show “Northern Exposure,” a young doctor set up shop in a small town in Alaska because it was a condition of his medical school scholarship.²¹) Texas has several variations on the Northern Exposure model, including the Outstanding Rural Health Scholar Recognition Program, in which the state provides matching funds for rural communities that sponsor students who embark upon health careers.²² There are also recruiting programs such as ORCA's HealthFind; the Medically Underserved Community-State Matching Incentive Program²³; the Texas Health Service Corps Program²⁴; and the Rural Communities Health Care Investment Program.²⁵ Similar federal programs exist as well.²⁶

Additionally, some evidence suggests that rural doctors work longer hours than their urban counterparts.²⁷ Texas offers programs to ease the load, such as the Rural Physician Relief Program²⁸ and Texas PRAIRIE Doc.²⁹ The Rural Physician Relief Program matches qualified residents and doctors with rural physicians who have paid a fee to ORCA, the goal being to give overworked rural physicians time off.³⁰

Another way to relieve physician shortages has been to provide for more foreign-trained physicians. Today's xenophobic post-September 11 climate has made it difficult to sustain such programs. Texas in the past worked with the federal government—specifically the U.S. Department of Agriculture's J-1 Visa Waiver Program—to facilitate the deployment of foreign primary care physicians to underserved areas.³¹ In the three previous fiscal years, Texas placed seventy-one foreign physicians in rural areas, and of those, forty-three went to border states.³² Unfortunately, the J-1 Visa Waiver program expired on June 1, 2004.³³ Recent data suggest that rural Far West Texas counties might not be taking full advantage of these recruiting and debt forgiveness programs.³⁴

Attracting and keeping doctors hardly solves the problem if rural hospitals keep closing. Under some federal and state programs, such as being designated a Critical Access Hospital, Rural Health Clinic or Federally Qualified Health Clinic, rural hospitals get a measure of protection from closure, or at least ensure that rural citizens have access to emergency care closer than eighty miles away.

Medicare and Medicaid reimbursements may be sluggish and paltry for rural hospitals, but there is at least one way for certain rural hospitals to circumvent this problem: the Critical Access Hospital program.³⁵ To receive the designation, under federal guidelines a hospital must “[be] located in a rural area; provide 24-hour emergency care services; have an average length of stay of 96 hours or less; and be more than 35 miles from a hospital or another CAH or more than 15 miles in areas with mountainous terrain or only secondary roads OR certified by the State as being a ‘necessary provider’ of healthcare services to residents in the area.”³⁶ A critical access hospital facility may not exceed twenty-five beds.³⁷ Such hospitals get higher Medicare reimbursement rates—a

boon, because rural hospitals tend to rely heavily upon Medicare and Medicaid reimbursements.³⁸ Far West Texas as of 2001 possessed only one Critical Access Hospital, namely Pecos County General Hospital in Pecos County.³⁹

If an area is designated a MUA/MUP, it may be possible for it to obtain a federally funded rural health clinic.⁴⁰ Such clinics can be freestanding or affiliated with a hospital, and use nurse practitioners or physicians' assistants under a physician's supervision.⁴¹ At the time of the Center for Rural Health Initiative's 2001 report to the Texas governor and legislature, there were a handful of rural health clinics in Far West Texas: three clinics in Brewster County, two in Presidio County, one in Pecos County, one in Culberson County, and one in Terrell County.⁴² Rural Health Clinics' remaining solvent and in operation depends upon their receiving adequate Medicare and Medicaid reimbursements, a difficult proposition since there are caps on reimbursement.⁴³ But if they are either freestanding or affiliated with a hospital with less than fifty beds, the caps do not apply, making reimbursement easier to get.⁴⁴

In sum, Rural Far West Texas is a uniquely underserved area in terms of health care, so sparsely populated that many of the rules that apply to the business of health care in urban and "less rural" areas do not apply. When a single rural hospital closes, it can mean that the only emergency room within a 100-mile radius is gone and the only alternative is to drive an extra fifty miles or so. Both private and public hospitals in rural Far West Texas have shut their doors. Ultimately, the federal and state governments need to decide that the high cost of providing quality health care in areas of the country where it is very expensive to do so, such as Far West Texas, is a good use of scarce resources or understand the consequences of a failure to do so.

¹ Sam Howe Verhovek, *End Near for 179-Mile Bus Trip to High School*, N.Y. TIMES, May 27, 1996, § 1, at 8.

² *Id.*

³ There is, to be sure, a privately operated rural health clinic in the resort town of Lajitas. See Evan Moore, *Separation Anxiety: Border Crackdown Cuts Off Sister Settlements, Families*, HOUS. CHRON., Aug. 25, 2002, at A33. Likewise, the south Brewster County town of Terlingua has a rural health clinic administered by Community Health Systems, Inc. Big Bend Regional Medical Center, <http://www.chs.net/where.we.serve/hospitals/bigbend1.htm> (last visited August 11, 2004).

⁴ See Diane Jennings, *West Texas Doctors Fight to Get There in Time*, DALLAS MORNING NEWS, May 12, 2004, at 1A (quoting a rural West Texas emergency medical technician saying that the average emergency response time is two to three times longer than in cities). See also Robert D. Galloway & Michael J. Bianchi, *Developing an Ambulance Network Model for Texas Rural Counties*, 21(2) TEX. J. OF RURAL HEALTH 13, 14–15, 17 (2003) (suggesting that ambulance response times in rural areas likely exceed the optimal “Golden Hour” during which life and health are most likely to be saved).

⁵ See Jennings, *supra* note 4.

⁶ TEX. LEGISLATIVE COUNCIL, FACTS AT A GLANCE: TRAUMA STABILIZATION SERVICES IN RURAL TEXAS (Aug. 2004).

⁷ The state’s rural population is growing, but as a proportion of the state’s overall population, it is shrinking. Texas’ rural population grew between 1990 and 2001—but so did the rest of the state’s population. See CENTER FOR RURAL HEALTH INITIATIVES, RURAL HEALTH IN TEXAS 1999–2000: A REPORT TO THE GOVERNOR AND THE 77TH LEGISLATURE 7 (January 2001) [hereinafter CRHI 2001]. Some rural Far West Texas counties, such as Culberson and Hudspeth, are losing population, although others, such as Brewster, Jeff Davis and Presidio, are gaining population. CRHI 2001, *supra* note 11, at 10. See, e.g., U.S. CENSUS BUREAU, TEXAS QUICK FACTS, CULBERSON COUNTY, [at http://quickfacts.census.gov/qfd/states/48/48109.html](http://quickfacts.census.gov/qfd/states/48/48109.html) (last visited Aug. 15, 2004). These counties’ combined landmass measures roughly 30,500 square miles, sprinkled with about 54,000 people, or 0.24% of Texas’ population. U.S. CENSUS BUREAU, TEXAS QUICK FACTS, [at http://quickfacts.census.gov/qfd/states/48000.html](http://quickfacts.census.gov/qfd/states/48000.html) (last visited August 11, 2004).

⁸ A “frontier” county is one whose population density is less than seven persons per square mile. CRHI 2001, *supra* note 11, at 6. A “border” county is one along the Texas-Mexico border, usually within one hundred miles of the border. CENTER FOR HEALTH STATISTICS, TEX. DEP’T OF HEALTH, 2005–2010 TEXAS STATE HEALTH PLAN 3–4 (July 2004 draft report).

⁹ OFFICE OF THE INSPECTOR GENERAL, DEP’T OF HEALTH & HUMAN SERVS., TRENDS IN RURAL HOSPITAL CLOSURE 1990–2000, at 22 (May 2003) [hereinafter OIG].

¹⁰ Twenty-four Texas rural hospitals closed during this period. Ramsey L. Longbotham, *A Rural Texan Talks About Policy and Health Care in Rural Texas*, 21(3) TEX. J. OF RURAL HEALTH 39, 41 (2003) (citing OIG, *supra* note 25, at 22).

¹¹ *Van Horn Hospital Closing Due to Finances*, Associated Press, June 7, 2004, MIDLAND REP.-TELEGRAM, available at http://www.mywesttexas.com/site/news.cfm?newsid=11885370&BRD=2288&PAG=461&dept_id=475626&rfti=8 (last visited Aug. 11, 2004); Diana Washington Valdez, *Van Horn Hospital to Close*, EL PASO TIMES, June 5, 2004, at 3B.

¹² U.S. CENSUS BUREAU, TEXAS QUICK FACTS, CULBERSON COUNTY, [at http://quickfacts.census.gov/qfd/states/48/48109.html](http://quickfacts.census.gov/qfd/states/48/48109.html) (last visited Aug. 16, 2004).

¹³ OFFICE OF THE INSPECTOR GENERAL, DEP’T OF HEALTH & HUMAN SERVS., TRENDS IN RURAL HOSPITAL CLOSURE 1990–2000, at 12 (May 2003) [hereinafter OIG].

¹⁴ Mileage calculated at <http://www.mapquest.com>.

¹⁵ *Van Horn Hospital Closing Due to Finances*, Associated Press, June 7, 2004, MIDLAND REP.-TELEGRAM, available at http://www.mywesttexas.com/site/news.cfm?newsid=11885370&BRD=2288&PAG=461&dept_id=475626&rfti=8 (last visited Aug. 11, 2004).

¹⁶ CRHI 2001, *supra* note 7, Maps.

¹⁷ *Id.*

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- ¹⁸ CRHI 2001, *supra* note 7, at 3; Tex. Dep't of Health, *HPSA, MUA, 10 Things . . .*, at <http://www.tdh.state.tx.us/chpr/chprw10.htm> (last visited Aug. 16, 2004).
- ¹⁹ BUREAU OF HEALTH PROFESSIONS, U.S. DEP'T OF HEALTH & HUMAN SERVS., GUIDELINES FOR MEDICALLY UNDERSERVED AREA AND POPULATION DESIGNATION, at <http://bhpr.hrsa.gov/shortage/muaguide.htm> (last visited Aug. 12, 2004); CRHI 2001, *supra* note 7, at 3.
- ²⁰ OFFICE OF RURAL CMTY. AFFAIRS, SUMMARY OF AGENCY ACTIVITIES JANUARY 1, 2003–OCTOBER 31, 2003, at 45, 48 (2003), available at http://www.orca.state.tx.us/newsroom/newsLetter/Spring%202004%20Newsletter_FINAL.pdf (last visited Aug. 16, 2004) [hereinafter ORCA ACTIVITIES 2003].
- ²¹ Jim Auchmutey, *True North: In Cicely's Real-life Counterpart, Some Alaskans Warm to "Exposure"*, ATLANTA J. & CONST., Sept. 28, 1992, at C1.
- ²² 10 TEX. ADMIN. CODE § 257.21 et seq. (2004); Office of Rural Cmty. Affairs, Outstanding Rural Scholar Recognition Program, at <http://www.orca.state.tx.us/Healthcare/Scholarship/ORSRP.htm> (last visited Aug. 12, 2004).
- ²³ Office of Rural Cmty. Affairs, Medically Underserved Community-State Matching Incentive Program, at <http://www.orca.state.tx.us/orcafundsservice/awards/RH%20Awardees/2003%20MUCSMIP.pdf> (last visited Aug. 16, 2004).
- ²⁴ 10 TEX. ADMIN. CODE § 257.201 et seq. (2004); Office of Rural Cmty. Affairs, Texas Health Service Corps Program, at <http://www.orca.state.tx.us/Healthcare/Stipend/TXHealthCorp.htm> (last visited Aug. 12, 2004).
- ²⁵ Linda V. Trinh, *RCHIP Providing Incentives to Healthcare Professionals*, THE RURAL TEXAN, Summer 2003, at 4.
- ²⁶ See, e.g., National Health Service Corps Loan Repayment Program, 42 CFR § 62.21 et seq.
- ²⁷ Longbotham, *supra* note 10, at 41.
- ²⁸ Office of Rural Cmty. Affairs, Rural Physician Relief Program, at <http://www.orca.state.tx.us/Healthcare/Locum%20Tenens/PhysicianReliefProg.htm> (last visited Aug. 12, 2004).
- ²⁹ Office of Rural Cmty. Affairs, Texas PRAIRIE Doc, at <http://www.orca.state.tx.us/Healthcare/Recruitment%20and%20Retention/TXPrairie.htm> (last visited Aug. 10, 2004).
- ³⁰ See *id.*
- ³¹ Tex. Dep't of Health, J-1 Visa Waiver Information, at <http://www.tdh.state.tx.us/chpr/j1info.htm> (last visited Aug. 16, 2004); Monica Wolfson, *Feds Halt Foreign Doctor Waivers*, CORPUS CHRISTI CALLER-TIMES, July 8, 2002, at A1.
- ³² Brandon Ortiz, *Foreign Aid for Texas: Visa Waiver Program is Just What the Doctor Ordered to Meet Medical Need*, SAN ANTONIO EXPRESS-NEWS, June 27, 2004, at 1A.
- ³³ Sarah Gardner, *J-1 Visa Waiver Program Expires Today*, NPR MORNING EDITION, June 1, 2004.
- ³⁴ OFFICE OF RURAL CMTY. AFFAIRS, SUMMARY OF AGENCY ACTIVITIES JANUARY 1, 2003–OCTOBER 31, 2003, at 75–76 (2003), available at http://www.orca.state.tx.us/newsroom/newsLetter/Spring%202004%20Newsletter_FINAL.pdf (last visited Aug. 16, 2004). Exception: Brewster County is listed as the recipient of a Small Rural Hospital Improvement Program grant. *Id.* at 80.
- ³⁵ CRHI 2001, *supra* note 7, at 50.
- ³⁶ Cents. for Medicare & Medicaid Servs., U.S. Dep't of Health & Human Servs., Fact Sheet Critical Access Hospital Program, available at <http://www.cms.hhs.gov/medlearn/cahfactsheet.pdf> (last visited Aug. 13, 2004).
- ³⁷ *Id.*
- ³⁸ Monica Wolfson, *Rural Hospitals Facing Deadline; Aransas Pass May Apply to Be Critical Access Facility*, CORPUS CHRISTI CALLER-TIMES, June 2, 2004, at A10.

³⁹ CRHI 2001, *supra* note 7, at 50.

⁴⁰ As of 2003, 176 rural Texas counties were MUAs. See *Developing an Ambulance Network Model for Texas Rural Counties*, 21(2) TEX. J. OF RURAL HEALTH 13, 14 (2003) (citing Center for Rural Health Initiatives 2001). As of 2004, 175 Texas counties were MUAs. Tex. Dep't of Health, MUA and MUP Designations Texas 2004, at <http://www.tdh.state.tx.us/dpa/01mua-wc.htm> (last visited Aug. 16, 2004). Counties can and do lose their MUA status.

⁴¹ CRHI 2001, *supra* note 7, at 54.

⁴² *Id.*

⁴³ *Id.*

⁴⁴ *Id.*