

Letter to the Secretary: February 28-March 2, 2007, Washington D.C.

April 23, 2007

The Honorable Michael M. Leavitt
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, D.C. 20201

Dear Secretary Leavitt,

On behalf of the National Advisory Committee on Rural Health and Human Services, I would like to present the Committee's 2007 Report. I would also like to provide an update from our most recent meeting in Washington, D.C., February 28-March 2, 2007. The Committee's 2007 Report is the culmination of a year-long effort to examine key health and human service issues affecting rural communities. This report focuses on Medicare Advantage for rural beneficiaries, Head Start in rural areas, and substance abuse in rural communities and highlights several key findings, including:

Medicare Advantage is a topic of particular importance to rural America due to the fragile nature of the rural health infrastructure. The issues raised in this report are still unfolding, but the Committee is generally concerned with the effect of Medicare Advantage on rural beneficiaries and providers. On site visits, the Committee listened to various groups describe their confusion surrounding MA for both beneficiaries and providers, compounded by the complexity of issues relating to reimbursement, in- and out-of-network coverage, and the confusion of MA with prescription drug coverage. The Committee believes the relationship between beneficiaries, providers, plans, and CMS must be well integrated if MA is to improve the health care landscape for rural Americans.

Since its inception in 1965, Head Start has served over 22 million children, providing a bridge to public education by ensuring children have the skills to succeed when they begin school. The Committee recognizes the widespread educational, health, and school socialization benefits Head Start brings to families in rural areas, therefore, it asks that DHHS support research to determine the feasibility and impact of increasing the ten percent limit of children who can be enrolled in Head Start from families with incomes exceeding the Federal poverty line. More

enrollment flexibility will help to preserve small rural Head Start programs that can fall short of the minimum requirement for number of children enrolled.

Substance abuse is one of the most serious health challenges facing rural areas. Regional isolation coupled with a scarcity of treatment facilities can lead to populations with high abuse rates and few avenues for treatment.

The Committee believes DHHS should examine the Substance Abuse Prevention and Treatment Block Grant Program formula to determine if the reliance on population size puts rural areas at a disadvantage in qualifying for funding. The Committee also believes findings from this assessment should be shared with the Congress and the Governors.

As you may know, the Committee is celebrating its 20th anniversary. In recognition of that milestone, the 2008 report will take a look back at key developments in rural health and human service delivery since 1998 while also examining the key issues likely to emerge in the coming years. This combined retrospective and prospective analysis will engage many important themes in rural health care provision and human services delivery, including the integration of health care and human service systems.

On behalf of the Committee, I also wanted to share with you concerns raised during our recent meeting in Washington, D.C. We remain concerned with recurring proposals to shift Federal emergency preparedness funding from rural areas of the country to urban areas. The Committee urges the Department to maintain current funding levels for rural areas. The Committee believes rural America is susceptible to a number of emergency preparedness concerns including the potential impact of urban evacuees following urban disasters, infectious disease outbreaks such as avian flu, and uniquely rural threats related to agro-terrorism and the spread of animal-borne disease. There is frequent travel between urban and rural areas, so spread of an infectious disease from one part of the country to another will not discriminate based on population density. In regards to the avian flu, citizens residing in rural states with migratory bird flyways are potentially more susceptible to exposure or an epidemic. Finally, should it become necessary to evacuate an urban center, the evacuees would quickly exhaust the limited resources in surrounding rural communities. The Committee would welcome working in collaboration with the Department to further examine these issues.

Over the next year, the Committee will begin to gather data on all of these issues and begin drafting chapters for review at the June 10-12, 2007 meeting in Fort Collins, Colorado. This meeting will provide an opportunity to examine the 2008 report topics in the context of a western rural community. Thank you again for your support of this Committee and your support of rural America.

Sincerely,

David M. Beasley

Chair