

# February 2009 Letter on ARRA

March 11, 2009

Office of the Secretary  
Mark Childress, Chief of Staff  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Room 120-F  
Washington, D.C. 20201

Dear Mr. Childress,

As you may know, the National Advisory Committee on Rural Health and Human Services is charged with providing ongoing counsel to the Department on matters concerning health care and human services in rural areas. During our last meeting, from February 18-20, 2009 in Washington, DC, the Committee discussed the recent implementation of the American Recovery and Reinvestment Act (ARRA) of 2009. Since there were several provisions in the legislation that will have an impact on rural communities, the Committee felt it was important to offer some recommendations to HHS on implementation issues to ensure that rural considerations are taken into account.

The need for health and human services is greater in rural areas because rural communities consistently have higher levels of poverty and unemployment. The Committee believes that certain resources available as a result of the ARRA are key first steps in reducing these disparities. In our response, we would like to highlight the opportunities that exist in rural areas to expand employment opportunities and invest in the rural health care infrastructure, along with challenges that could arise if this legislation is not implemented with the unique characteristics of rural communities in mind.

Several sections of the ARRA support health information technology (HIT) implementation, and this funding is particularly important for rural populations because rural providers have had a slower rate of HIT adoption due to the upfront costs. While Critical Access Hospitals (CAHs) were included in the ARRA, the challenge will be to define "meaningful adoption" in a manner that ensures CAHs and other small providers can install, implement, and maintain fully interoperable HIT systems that meet the specifications defined by the National Coordinator for Health Information Technology. Along these same lines, the Committee believes that it is

important for all provider types to be eligible to receive support for HIT implementation, including nurse practitioners and physician assistants with independent practices.

Health workforce training is another issue that is especially important to rural communities, and the Committee supports the expansion of Title VII, Title VIII, and the National Health Service Corps. It is important that these funds are targeted to increase the supply of health care workers in the areas experiencing the greatest need, and often times, these areas of greatest need are rural communities.

The Committee also notes that significant funding was allocated to the Workforce Investment Act for training workers for careers in the health care sector. The Committee believes it is critical for the Department of Health and Human Services' health care workforce development efforts to be coordinated with Department of Labor's efforts to yield the most efficient and effective use of ARRA funding.

The Committee members observed that the ARRA includes resources dedicated to the expansion of the community health center (CHC) program. CHCs are an important part of the health care delivery system in many rural communities, so providing funding for new CHCs and expanding the capacity of current CHCs has the potential to benefit rural patients. The Committee requests that you will ensure that rural communities can compete for these funds. In addition, it is critical that the Federal Medicaid Assistance Program (FMAP) funds be used for the patients who are most in need. Implementation of FMAP should be monitored to ensure that the provisions are used appropriately.

In the ARRA, funding is made available for comparative effectiveness research. The Committee believes that any new comparative effectiveness research needs to be tested in rural settings in addition to suburban and urban settings. Also, any previously completed comparative effectiveness research that was not tested across all care settings should be re-tested to include rural and other settings.

Thank you for considering this response of the National Advisory Committee on Rural Health and Human Services, and thank you for your support of rural America.

Sincerely,

David M. Beasley  
Chair