

Letter to the Secretary: February 6-9, 2000, Washington, D.C.

February 23, 2000

The Honorable Donna Shalala
Secretary
Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Shalala,

The National Advisory Committee on Rural Health recently concluded a successful meeting February 6-9 in Washington, D.C. It was a pleasure to hear your remarks to the participants in the National Rural Health Association Policy Institute, which was concurrent with our meeting.

On behalf of the Committee, let me share with you the results of our meeting. As you know, this was my first meeting as chair since taking over for Bob Ray. We used the time to set our priorities for the coming year and identify the key issues upon which we want to focus. We heard presentations from the Department of Veteran Affairs, the Indian Health Service, and the Substance Abuse and Mental Health Services Administration and identified a range of key rural health issues that all three of those agencies face.

We also heard from representatives of the Kaiser Commission on Medicaid and the Uninsured, which underscored the growing problems faced by rural residents who do not have access to adequate health insurance. Dr. Earl Fox of the Health Resources and Services Administration also met with us to follow up on the Rural Public Health Report and recommendations that the Committee sent to you last fall. and continued work on rural public health.

As the meeting came to a close, the Committee voted to spend the next year looking at the rural issues related to Medicare reform. Both the Congress and the Administration have put some Medicare reforms on the table. While legislative action on this issue may be unlikely in the coming year, we believe it is critical that there be a rural voice in this ongoing debate about how to change the Medicare program to adapt to the changing marketplace. It is our hope that we will spend the next year working on a report and accompanying recommendations that lay out the critical rural health issues that need to be addressed in any reform of the Medicare program.

Concurrently, the Committee also decided to continue focusing on rural mental health, the rural uninsured, collaboration with the VA in rural communities and continued work on rural public health.

The Committee will meet again in June in Eufala, Oklahoma where it will meet with several of the Native American tribes in the state to discuss issues related to contracting of health services by the tribes. We will be happy to share with you the results of this meeting and give you an update on our work on the rural Medicare reform project. Thank you again for your support of the Committee and your commitment to rural health. We hope to meet with you again in the near future.

Sincerely,

Nancy Kassebaum Baker
Chair