

Letter to the Secretary: February 22-24, 2004, Washington, D.C.

March 12, 2004

The Honorable Tommy G. Thompson
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, D.C.
20201

Dear Secretary Thompson,

On behalf of the National Advisory Committee on Rural Health and Human Services, I would like to share with you a copy of the Committee's 2004 Report and also to give you an update on our most recent meeting February 22-24th in Washington, D.C. The Committee's annual report is the culmination of a year-long effort to examine key health and human service issues affecting rural communities. The report focuses on the need to integrate behavioral health and primary care in rural areas; access to oral health services in rural communities and the challenges of serving the rural elderly. The report includes several key findings, including:

- Rural communities would benefit greatly from integrating behavioral health and primary care in rural settings, but face significant barriers in doing so. Those barriers include reimbursement, restrictive State licensure practices that exclude key providers, institutional resistance toward integration and lack of integrated training programs, just to name a few. The Committee recommends that the Secretary expand the range of certified mental health providers under Medicare to include marriage and family therapists, licensed professional counselors and other behavioral health providers that are licensed in their states to provide behavioral health services.
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- Access to oral health care services in rural communities is very limited and action is needed on a variety of fronts to address this problem including reimbursement, licensure and training. The Committee recommends that the Secretary authorize an oral health bonus within the Medicaid program. The Committee also recommends enhancement and funding increases for existing HHS programs that support either training or placement of dentists in rural communities.
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- The rural elderly face significant challenges in accessing needed services such as nutrition, transportation and adult day care. The Committee notes that rural Area Agencies on Aging often lack the necessary infrastructure to provide needed services and the populations they serve are often geographically isolated and have higher rates of poverty and chronic illness. The Committee recommends that the Secretary develop

and administer a demonstration project that would support innovative transportation projects for the rural elderly by coordinating with existing transportation services such as school buses and Head Start programs.

We believe this year's report will prove useful to the Department as it seeks to build on the accomplishments of your ongoing Rural Initiative. The report's recommendations offer common-sense solutions to some long-standing challenges faced by rural communities. Our most recent meeting also afforded the Committee a chance to begin planning for the 2005 Report. That effort was greatly enhanced by the testimony of Dr. Wade Horn, Assistant Secretary for Children and Families and Dr. Betty Duke, the Administrator of the Health Resources and Services Administration. Dr Horn and Dr. Duke provided valuable insight into key rural priorities of the Department in both health and human services. The opportunity to meet with two Senior Departmental officials greatly assisted the Committee's 2005 planning efforts and shows a strong commitment toward your charge to the Committee to focus on the full range of HHS programs that serve rural communities.

The Committee has developed a work plan for the next year that will focus on the following topics:

- Options for Improving Health and Human Service Program Collaboration for Serving Rural Communities
- Rural Technical Assistance Considerations in Temporary Assistance to Needy Families (TANF)
- Obesity in Rural Communities: Impact on Families
- Access to Obstetrical Care in Rural Communities

We believe that these topics represent important issues and challenges for rural communities across the health and human services spectrum. More importantly, we believe that in each case there are also important opportunities that cut across both health and human service programs. In choosing these topics, we are continuing to work to meet your charge for this Committee to focus more broadly on those issues that affect rural communities in the delivery of health and human services.

The Committee meets again in Nebraska City, Nebraska, June 6-8th. This meeting will afford the Committee an opportunity to meet with local providers and service agencies and gather a local perspective on the 2005 topic areas. We look forward to hearing the Department's response to the 2004 report. Thank you for your support of this Committee and for addressing health and human service issues in rural communities.

Sincerely,

The Honorable David M. Beasley
Chair