Maryland Rural Health News And Notes

Maryland State Office of Rural Health Spring 2010

Health Care Reform/ What It Means to Rural Health

Publications and Resources

Rural Health Funding Alerts

Calendar of Events

Maryland Department of Health and Mental Hygiene

Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

John M. Colmers
Secretary, DHMH

Family Health Administration

Russell Moy, M.D., M.P.H.
Director, FHA

Joan H. Salim
Deputy Director, FHA

Health Care Reform/What it means to rural health

Health Care Reform And President's Budget for Maryland FY 2011

On March 21, the Health Care Reform Bill (*Patient Protection and Affordable Care Act)* passed after a year long debate among politicians. The Bill will provide health coverage for an estimated 95% of the American population. As a result, every American and legal residents should have health insurance coverage either through their employers or through a government "Exchange" program by 2014. Through their health insurance plan, premium and out-of pocket costs will be reduced significantly with more coverage.

The President's budget helps to build the foundation for this health care reform. For Maryland, it cuts taxes, provides more funding towards children's education, housing assistance, the expansion of roads and highways, and water and sewer infrastructure. With the President's budget for FY 2011, the State of Maryland is able to improve the quality of health care and make health care more affordable and more secure for Marylanders. Key budget highlights include:

- $4.7 billion for Maryland to provide health care coverage to low-income children and families;
- $2.5 billion nationwide for health centers to provide affordable high-quality primary and preventative care to underserved populations;
- New Medicare and Medicaid initiatives to provide higher quality care at lower costs;
- $79 million to strengthen regional and local partnerships among rural health care providers, to increase the number of health care providers in rural areas, and to improve the performance and financial stability of rural hospitals;
- $169 million to place doctors, nurse practitioners, and dentists in medically underserved areas to improve access to needed health care services; and
- Reinforce prevention activities by expanding community health activities, strengthening the public health workforce, and improving detection and monitoring of chronic disease.

Sources: The Office of Management and Budget, President's Budget Fact Sheet

HEALTH CARE REFORM/WHAT IT MEANS TO RURAL HEALTH

What does Health Care Reform Mean to Rural Health?

As we are already aware, many rural Americans face every day challenges in access to health care. High poverty rates and job loss in the current economic recession highlight the challenges of accessing health care and rising health care costs in rural areas. Many rural residents work part-time, seasonally, or for themselves, making them less likely to have private, employer-sponsored health care benefits. Rural areas continue to suffer from a lack of diverse providers for their communities' health care needs. A scant provider network, lack of adequate and affordable health coverage, and difficulty accessing high-quality care can lead to poor health among rural populations. The Affordable Care Act provides increased access to health care for populations in rural areas. Key highlights include:

- Starting in 2014, it provides tax credits for rural Americans who cannot afford quality health insurance. This year, it provides a $250 rebate to Medicare beneficiaries who hit the donut hole in 2010. Beginning in 2011, the Act institutes a 50 percent discount on brand name drugs in the donut hole and eventually it will completely close out the donut hole for all prescription drugs by 2020;
- It eliminates all lifetime limits on how much insurance companies cover if beneficiaries get sick and bans insurance companies from dropping people from coverage when they get sick or have pre-existing conditions. Until 2014, all annual limits are prohibited. Therefore, it will help rural families, who pay for nearly half of their health insurance costs out of their own pocket, and the one in five farmers in medical debt, that they will have coverage when they need it;
- In many rural areas, one insurance company dominates more than 80 percent of the market. But the Act creates state-based health insurance Exchanges to provide the same private insurance choices. Further it ensures that rural populations have a guaranteed choice of quality, affordable health insurance regardless of their life events;
- The Act will provide funding for the National Health Service Corps ($1.5 billion over five years) for scholarships and loan repayment for primary care practitioners, including doctors and nurses, who work in Health Professional Shortage Areas. It also provides more resources to medical schools to train physicians to work in rural and underserved areas;
- Rural Americans are less likely to receive needed preventive care. The Act requires new plans to cover prevention and wellness benefits at no charge by exempting these benefits from deductibles and other cost-sharing requirements in this year. It also eliminates co-payments for preventive services and exempts preventive services from deductibles under the Medicare program beginning in 2011;
- This year, it offers tax credits to small businesses to make employee coverage more affordable and to help rural small businesses provide health benefits to their employees. Tax credits of up to 35 percent of employer premium contributions will be available this year and the small non-profit organizations can receive up to 25 percent. Beginning in 2014, the small business tax will increase up to 50 percent of employer premium contributions and up to 35 percent for small non-profits; and
- Additionally, it ensures that rural health care providers and hospitals receive Medicare reimbursements. This benefits many small and rural communities where patients must travel long distances between health care providers to receive medical care.

Sources: *1) www.healthreform.gov 2) www.whitehouse.gov*

SORH Welcomes New Staff

The State Office of Rural Health (SORH) announces that its former Acting Project Director, Sarah Orth, and former Research Associate, Nayeli Garcia, have left the SORH to pursue other career opportunities. The SORH greatly appreciates both Sarah and Nayeli for their hard work and wish them the best in their future endeavors. The SORH welcomes Acting Project Director, Jennifer Kelley, and Research Analyst, Esther Roh. Jennifer Kelley holds a Master of Public Health and is a Certified Health Education Specialist. Jennifer has worked for the Office of Health Policy and Planning in the Family Health Administration for over a year as a Health Policy Analyst. Esther received her Masters in Health Science concentrating in International Health. Along with her work for the SORH, she is lead on a project which evaluates workforce retention and recruitment programs in Maryland. Jennifer and Esther will work with partners across the State to continue SORH activities and operations.

PUBLICATIONS AND RESOURCES

The NEW ***Health Professional Shortage Area (HPSA) Fact Sheet*** (March 2010) is now available in downloadable format from the Centers for Medicare & Medicaid Services' **Medicare Learning Network** at *http://www.cms.hhs.gov/MLNProducts/downloads/HPSAfctsht.pdf* on the CMS website. This fact sheet provides general requirements and an overview of the Health Professional Shortage Area (HPSA) payment system.

Launch of MATCH on the Family Health Administration in Department of Health and Mental Hygiene Website

The Family Health Administration in the Maryland Department of Health and Mental Hygiene has launched the Maryland Assessment Tool for Community Health (MATCH) on their website . MATCH provides useful statistical information for Maryland resident health events. Health Officers, health professionals, health researchers and others who are interested can access Maryland population estimates along with statistics on births to Maryland resident mothers, resident deaths and hospitalizations. The information is aggregated by county, by demographic characteristics and by year of event. MATCH is sponsored by the Family Health Administration and is developed in partnership with the Maryland Vital Statistics Administration and the Maryland Health Care Commission. For more information please visit *http://www.matchstats.org/*.

County Health Rankings *(www.countyhealthrankings.org)*

The Robert Wood Johnson Foundation is collaborating with the University of Wisconsin Population Health Institute—with local representation from the Maryland Department of Health and Mental Hygiene's Family Health Administration—to develop Health Rankings for each state's counties. The website provides access to the 50 state reports, ranking each county within each state according to its health outcomes and the multiple health factors that determine a county's health. A goal of the Rankings is to mobilize community leaders outside the public health sector to take action and invest in programs and policy changes that address barriers to good health and help residents lead healthier lives. For more information and data click here.

County Health Rankings
Mobilizing Action Toward Community Health

PUBLICATIONS AND RESOURCES (Cont'd)

3RNet

The National Rural Recruitment and Retention Network (3RNet) members are not-for-profit organizations helping health professionals find jobs in rural and underserved areas throughout the country. Medical facilities may post and recruit positions online. 3RNet provides information on loan forgiveness programs, offers advice on the recruitment process, and helps find the best match for health professionals and facilities. For more information, please visit *www.3RNet.org* or contact the SORH at *ohpp@dhmh.state.md.us*.

Rural Health Conference (Oct. 21-22, 2010): Call for Presentations Open Through April 23

The Maryland Rural Health Association is hosting the 2010 Rural Health Conference, Oct. 21-22 at Rocky Gap near Cumberland. The theme will be *Rural Matters! Emerging Health Challenges and Opportunities*. The goal of the conference is to mobilize rural health stakeholders to enter the next decade with a clearer picture of the challenges and opportunities facing rural communities. MRHA is accepting proposals for presentations until April 23. Click this link *To submit a proposal*. For more information, please contact Michelle Clark, MRHA Executive Director, at *mrha@allconet.org* or 410-302-4650.

February 2010: A Dramatic Shift Away from Private Fee-for-Service Plans in Rural Medicare Advantage Enrollment

In a reversal of recent trends, private fee-for-service (PFFS) enrollment fell dramatically in rural areas in early 2010. As a result, Medicare Advantage (MA) enrollment in rural areas (excluding other prepaid plans) fell slightly in early 2010 for the first time in years. Nationwide, enrollment in preferred provider organization and health maintenance organization plans grew, offsetting the decline in PFFS enrollment and contributing to a slight growth in total MA enrollment in 2010. For more information, contact Dr. Timothy D. McBride, Rural Policy Research Institute (RUPRI) Center for Rural Health Policy Analysis, at 314-935-4356 or *tmcbride@wustl.edu*

Click the link to view this information on web.

http://www.ruralhealthresearch.org/alerts/update/032510.html

REMINDER: NHSC LOAN REPAYMENT PROGRAM

Part-Time Service Option for NHSC Loan Repayment Program

In March 2010, clinicians working part-time (20 to 39 hours each week, at least 45 weeks each year) at NHSC-approved facilities will be eligible to apply to the National Health Service Corps demonstration program for the Part-time Loan Repayment. The criteria for the Part-Time Demonstration Program will be comparable to the current NHSC Loan Repayment Program. Here are some specifics about the program: Four-year service commitment for $50,000; Potential for additional years of support - two-year service contract; Application Period open for 30 days; 400 awards Anticipated; and same eligible disciplines as full-time Loan Repayment Program (see Application Information Bulletin). For more information, please contact Judy Gerahty, Primary Care Office, at jgerahty@dhmh.state.md.us or 410-767-5046.

RURAL HEALTH FUNDING ALERTS

Rural Training Track Technical Assistance Demonstration Program (RTT-TA)

The Health Resources and Services Administration's Federal Office of Rural Health Policy (ORHP) is announcing a new funding opportunity, the Rural Training Track Technical Assistance (RTT-TA) Demonstration Program, to form a consortium of organizations to better understand the challenges that Rural Training Track (RTT) residency program sites have when recruiting family physicians to train and practice in rural settings. This consortium will work to identify and analyze the key policy issues affecting these rural training sites and, once these challenges and barriers are identified, to provide technical assistance to increase the number of family medicine physicians that choose to practice in rural areas. ORHP seeks to use this Cooperative Agreement as a pilot program to determine if targeted policy and technical assistance for the nation's RTTs can affect their viability and fill rate and ultimately their ability to produce the maximum number of rural physicians. The intent of this pilot is to create a strong national network of RTTs in the hope that this effort could be self sustaining after an initial Federal investment ends. This program will provide funding during Federal fiscal years 2010 -2012. Up to $450,000 is expected to be available for the first year of funding and a maximum of $300,000 for the subsequent two years to fund one awardee. Applications may be submitted by any public or private nonprofit entity, including faith-based and community-based organizations, state governments and their agencies such as universities, colleges, research institutions, hospitals, state and local governments or their bona fide agents along with federally recognized Indian Tribal governments, Indian Tribes, and Indian Tribal organizations. For more information, please visit *http://www.hrsa.gov/grants/* or contact Program coordinator, Michelle Goodman, at *mgoodman@hrsa.gov* or 301-443-7440.

The RGK Foundation

The RGK Foundation opened its next round of funding opportunities which support a range of programs in such areas as education, community and health. The medicine/health grant program will support programs that promote the health and well-being of children, access to health services and foundation-initiated programs. Education funding will be given to programs that focus on integrating technology into K-12 education. The foundation will support community programs that improve children and family services, early childhood development and parenting education.
Grants range from several thousand to $150,000; the average foundation grant is $25,000. Eligible applicants include nonprofit organizations such as hospitals, educational institutions and governmental institutions with 501 (c)(3) status. All applicants first must submit a letter of inquiry to be completed online.
Deadline: Rolling
Insider Tip: Please note the Grants Committee meeting dates for 2010: June 4, Sept. 17 and Dec. 3.
For more Information please visit *www.rgkfoundation.org/*

Rural Maryland Success Stories

DO YOU HAVE A SUCCESS STORY YOU WOULD LIKE TO SHARE WITH THE RURAL COMMUNITY?

Please email Esther Roh at *eroh@dhmh.state.md.us*
with a brief summary to be included in the summer newsletter.
Deadline is June 15, 2010.

Maryland State Office of Rural Health

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The mission of the Maryland State Office of Rural Health (SORH) is to improve the health of rural Maryland residents through collaboration, networking, outreach, education, research, advocacy, and the development of special programs.

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We're on the web:
www.fha.state.md.us/ohpp

Calendar of Events

April 20
The CMS Rural Health Open Door Forum
Start Time: 2:00 p.m. Eastern Time (ET);
Please dial in at least 15 minutes prior to call start time.
Conference Leaders: Terry Kay, John Hammarlund, Natalie Highsmith.
Dial: 1-800-837-1935 and Reference Conference ID: 61774379

May 19-21
National Rural Health Association Annual Rural Health Conference
Join your colleagues May 19-21 in Savannah, Georgia for NRHA's 33rd Annual Rural Health Conference. Featuring more than 50 educational, practical, and cost-saving sessions, this event is designed to connect and inform rural health professionals. Exclusive tracks are planned for rural health policy, HIT and hospitals, clinic management, education and research, rural community, leadership development, and state health resources.

October 21-22
Maryland Rural Health Summit

MARYLAND RURAL HEALTH ASSOCIATION

The Maryland Rural Health Association will host a 2010 Rural Health Summit, October 21—22, 2010 at Rocky Gap near Cumberland, Maryland. It will be a full day conference on Thursday and half day on Friday. For more information, please contact Debbie Goeller at 410-632-1100.