

# Maryland Rural Health Association

Issue 16

Winter (Dec-Jan-Feb) 2005



For more information on MRHA call 410.226.5527

Or visit our web site at:

[WWW.MDRURALHEALTH.ORG](http://WWW.MDRURALHEALTH.ORG)

## MRHA Board Meeting-Scheduled for February 25, 2005

### 2005 Events:

#### **Health Care Briefing –Ward Health Strategies**

Wednesday, February 2, 2005, 10:00 – 11:30 AM  
Loews Annapolis Hotel, 126 West Street, Windjammer  
Room, Annapolis, MD, Call Lorie Egan 301.951.9898 or  
email at [lorie@howardconsultinggroup.com](mailto:lorie@howardconsultinggroup.com)

#### **Rural Health Policy Institute**

March 21-23, 2005, Grand Hyatt Washington,  
Washington DC

Visit the Web site at: [www.NRHArural.org/PI-05](http://www.NRHArural.org/PI-05)

#### **28th Annual Rural Health Conference and Minority and Multicultural Conference**

May 18-21, 2005, New Orleans, LA

#### **28th Annual Rural Health Conference;**

May 19-21, 2005; New Orleans, LA.

For more information, visit [www.NRHArural.org/conf](http://www.NRHArural.org/conf) or  
[www.mdruralhealth.org](http://www.mdruralhealth.org)

#### **10th Annual Skill-building Workshop for State Rural Health Associations;**

July 19-20, 2005; Lied Lodge &  
Conference Center; Nebraska City, NE. Contact Eli Briggs  
for more information: [briggs@NRHArural.org](mailto:briggs@NRHArural.org)

## Presidents Message:

As we enter a new year your Maryland Rural Health Association is committed to both maintaining - and expanding - on the following priorities:

First, to continue advocating rural health issues to the Maryland General Assembly. Examples of recent actions are included in this Newsletter and pertain to access to pharmaceuticals and malpractice insurance. Access and availability of rural health care continues to lag behind our urban neighbors and we will continue to seek improvement;

Second, to continue our expanding involvement with the National Rural Health Association for information and advocacy on national rural health issues;

Third, to expand our Membership base and more effectively represent all voices of rural Maryland; this will enable more voices to join in achieving common goals.

Fourth, to expand our partnership and cooperating relationship with more organizations to continue to be as inclusive as possible. While we do presently have partnerships with many differing organizations there is always room for growth.

These are our priorities and with the continued assistance of our Members they will be met!!

**Jacob F. Frego**

**President**

## INSIDE THIS ISSUE

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## 2005 BOARD OF DIRECTORS:

**Jacob F. Frego**

Executive Director, Eastern Shore AHEC

**Esther Rae Barr**

MD Academy of Family Physicians

**Pam Christoffel**

Manager of Foundation, Corporate, and Government Development  
Washington County Health System

**Janis K. Foley, Ph.D.**

Development Coordinator  
Atlantic General Hospital Foundation

**Rodney B. Glotfelty, R.S., M.P.H.**

Garrett Co. Health Dept.

**W. Lee Hammond**

AARP

**Wayne Howard**

CEO  
Choptank Community Health System, Inc.

**Denise Matricciani**

Vice President, Government Relations  
Maryland Hospital Association

**Thomas McLaughlin**

Retired, CEO

**Marita Novicky**

Consumer Representative

**Barbara Polak**

Director of Community Wellness  
Calvert Memorial Hospital

**Judith A. Sensenbrenner, M.D., M.P.H.**

Health Officer,  
Wicomico County Health Department

**Doug Wilson, Ph.D.**

Dir. of Planning & Bus. Dev. & Gov. Rel.  
Peninsula Regional Medical Ctr.

**Agency Liaison Representatives:**

**Steve McHenry**

Executive Director  
Rural Maryland Council

**Grace Zaczek**

Director  
DHMH-Office of Primary Care and Rural Health

Please feel free to submit information to be included in this newsletter and on the Calendar of Events.

You may reach our Executive Offices at the following address:

Phone 410.226.5527 or Fax 410.226.0177  
PO Box 400 Oxford, MD 21654

Or via email at:

[aoc@shore.intercom.net](mailto:aoc@shore.intercom.net)

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*SpotLight Article:*

**Prescription Drug Spending and Coverage Among Rural Medicare Beneficiaries in 2003**

Nearly 25 percent of Medicare beneficiaries age 65 and older live in rural areas. Compared to urban beneficiaries, rural beneficiaries spent more out-of-pocket on prescription drugs, on average (\$995 rural vs. \$780 urban) in 2003 and were less likely to have prescription drug coverage.

Spending on prescription drugs that year was the largest single component of beneficiary out-of-pocket spending on health care, excluding the costs of health care premiums. In this AARP Public Policy Institute Data Digest, Craig Caplan and Normandy Brangan examine the projected out-of-pocket spending on prescription drugs by rural age 65+ Medicare beneficiaries in 2003. The report also highlights differences in income and prescription drug coverage among rural and urban beneficiaries. Data presented were derived from the authors' analyses using the Medicare Benefits Model, v5.306. (5 pages)

[Download or view](#) Prescription Drug Spending and Coverage Among Rural Medicare Beneficiaries in 2003 in Portable Document Format. You will need [Adobe Acrobat Reader](#) to view the file. The file size is 54163 bytes; approximate download time with a 28.8 modem is 15 seconds. publication ID: DD106 publication date: November 2004

This year, the **Rural Maryland Council (RMC)** is celebrating 10 years of service to Maryland's rural communities. To commemorate this historic organizational milestone, and to celebrate the work of many individuals and organizations that struggle every day to improve the quality of rural life, the Rural Maryland Foundation is hosting a Rural Maryland Council 10th Anniversary/Rural Maryland Day Celebration on February 3, 2005, at the Miller Senate Office Building in Annapolis, MD. For more information please contact:

Kate Wagner  
Communications Manager  
Rural Maryland Council  
50 Harry S. Truman Parkway  
Annapolis, Maryland 21401  
(410) 841-5772  
[wagnerks@mda.state.md.us](mailto:wagnerks@mda.state.md.us)

*We share a copy of the letter (below) that was sent to the Governor and each Member of the General Assembly concerning medical malpractice. A great deal of rhetoric was being spent on this issue described by many as "the fight in Annapolis". While this may be true the blood was being shed throughout rural Maryland with health care providers retiring, relocating, or curtailing their practice all to the detriment of our citizens. The MRHA is pleased that a solution was reached as it certainly represents a step in the right direction! Further, we are also please with the very large number of responses to our letter from many Members of the General Assembly - both Senators and Delegates and from both political parties.*

Dear Colleague:

On behalf of the Maryland Rural Health Association, I urge you to reach accord on the critical issue of medical malpractice during the upcoming special legislative session.

Rural Marylanders are especially affected by this issue, as one by one, our rural counties are losing our OB/GYN physicians and other crucial healthcare providers. Too many of our doctors are being forced to retire, relocate, or seriously curtail their practices due to the skyrocketing malpractice insurance rates, and access to care is being seriously compromised. Unfortunately, this is a problem on which we have direct knowledge from all parts of the State.

The Maryland Rural Health Association understands that the malpractice issues are complex, with many variables that must be addressed. However, it is imperative that solutions to this crisis are found immediately. We look to the leadership in each of you to find timely and just answers to the problem. We in rural Maryland are desperately in need to have this issue resolved and it is critical to do it now!

Thank you for your concern and prompt action.

Sincerely,

Jacob F. Frego  
Executive Director

 SPECIAL REQUEST FROM 

NATIONAL RURAL HEALTH ASSOCIATION

TAKE ACTION:

A letter from the co-chairs of the House Rural Healthcare Coalition was sent to every member of the House of Representatives recruiting new members to the Coalition. Included with the letter was a list of current Coalition members. (Copies of the letter and the current list is available from our offices)

We would like your help in promoting membership in the Coalition so it will have an even stronger voice in Congress. If your representative is not already a member, please call them and encourage them to join. Contact information for members of Congress is available on the Maryland Rural Health Association website at [www.mdruralhealth.org](http://www.mdruralhealth.org). (From the home page scroll down to the logo of the Capitol where it says "Write to Congress")

It is especially important to contact newly elected members of Congress who may not be aware of the Rural Healthcare Coalition and its importance to rural health in your community.

 MARYLAND RURAL HEALTH ASSOCIATION UPDATE 

CHECK IT OUT:

Our website has been updated! We have made many additions to assist you in providing for rural health services. The Rural Assistance Center can be linked from our site and offers many grants specifically targeted for rural projects. You can contact your Federal or State Legislators with the click of mouse and National Rural Action Alerts and Updates are also available on our home page. Check it out at [www.mdruralhealth.org](http://www.mdruralhealth.org)

# MARYLAND RURAL UPDATES

## WMAHEC Receives Major Homeland Security Award

(Cumberland) Situated in the small city of Cumberland, Maryland, Western Maryland Area Health Education Center has been quietly laying the groundwork to recruit and train a cadre of volunteers, community folks mainly age 55 and over from all walks of life who want to perform meaningful and constructive volunteer service. Earlier this year, Commander Robert J. Tosatto, Director of the Medical Reserve Corps, Office of the Surgeon General, sent an e-mail notification of a relevant Request for Proposal to MRC units across the United States. In response, Allegany County MRC Coordinator Martha Bird-Middleton and Western Maryland Area Health Education Center Associate Director Susan Stewart led the way for their agency to apply for a Corporation for National and Community Service Special Volunteer Program grant to strengthen regional volunteer response to Homeland Security needs in public health, public safety, emergency response and disaster preparedness.

Kery Hummel, WMAHEC Executive Director and National AHEC Organization President, was very pleased when the agency was notified recently that it would be receiving funds to develop the volunteer network. WMAHEC was one of 12 agencies nationwide awarded a three-year grant of over \$1 million for its program, called *Project Aware*, and has named Martha Bird-Middleton as the *Project Aware* Director. The program emphasizes increasing the volunteer numbers in the predominantly rural and Appalachian area of Western Maryland and parts of nearby West Virginia, Pennsylvania, and Virginia, which encompasses 18 counties known as the Upper Potomac or Cumberland Valley region. To learn more details about Project Aware, contact Martha Bird-Middleton, WMAHEC *Project Aware* Director, at 301-777-9150, ext. 111 or by e-mail at [mbird@allconet.org](mailto:mbird@allconet.org).

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## DEMONSTRATION OF ONLINE TOOLS FOR CONSUMERS ENROLLED IN CONSUMER-DIRECTED HEALTH PLANS

Tools Are Intended To Help Enrollees In Health Savings Accounts And Other High-Deductible Health Plans To Control Costs and Choose Quality Care

The Kaiser Family Foundation will host a demonstration of the kinds of information and resources that consumer-directed health plans make available to enrollees to help them manage their health care. The demonstration will be Tuesday, Jan. 25, at 9:30 a.m. EST in Washington.

Consumer-directed health plans, which include Health Savings Accounts and other high-deductible insurance plans, are intended to give enrollees a financial stake in their health care and to encourage them to make informed choices about their care and treatment. These health plans typically make comparative information available to their enrollees in an effort to help them manage their health care costs and choose effective treatments. Though such plans cover a relatively small share of Americans with private insurance today, they are becoming more common due to recent changes in federal law.

At the demonstration, executives from Lumenos and Humana – two major firms in the consumer-directed health care market -- will conduct real-time demonstrations of their consumer web tools to show how enrollees might manage the costs and quality of their care. Foundation Vice President Gary Claxton will moderate the event.

What:

A demonstration for reporters and policymakers on the consumer tools provided by Health Savings Accounts and other high-deductible health plans

Who:

Gary Claxton (moderator), Vice President and Director, Health Care Marketplace Project, Kaiser Family Foundation  
Elizabeth Bierbower, Vice President of Product Innovation, Humana and Eric Fennel, Vice President, Information Technology, Lumenos

When:

Tuesday, Jan. 25, 2005, 9:30 to 11 a.m. EST (Registration and breakfast at 9 a.m.)

*The MRHA is running this report as the "feature article" in its entirety - it is a lengthy discussion on an issue which was, is, and remains complex and no doubt those Citizens affected will require substantial counselling to understand their options. Please feel free to make copies and distribute it.*

### Access to Prescription Medicines: Important Issues for Rural Maryland During the 2005 Legislative Session

MRHA, working jointly with the Health Care Working Committee of the Rural Maryland Council, held its second forum on the critical issues of access to pharmaceutical medicines on November 18, 2004. Nearly 40 representatives, including legislators, state agency personnel, pharmacy/pharmacist groups, policy experts and advocates for senior citizens participated.

Recent passage of the new Medicare Prescription Drug (Medicare Part D) law raised complex issues around future access to and financing for medicines in our state, especially for nursing home residents, individuals who are dually eligible for Medicare and Medicaid, and other vulnerable citizens. The new federal law also has serious implications for existing MD state programs supporting access to medicines.

Two guiding principles – equity and access – guided MRHA's work. In terms of equity, we believe that Maryland should maintain equity vis-à-vis

MARYLAND RURAL HEALTH ASSOCIATION  
MEDICARE UPDATES