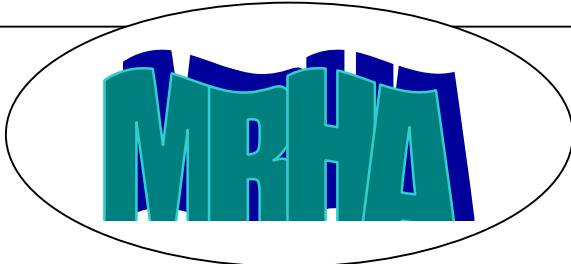


Maryland Rural Health Association

Issue 17

Spring (Mar-Apr-May) 2005



For more information on MRHA call 410.226.5527

Or visit our web site at:

WWW.MDRURALHEALTH.ORG

2005 Events:

**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 or
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

Presidents Message:

Another Maryland legislative session has ended and MRHA was quite active in Annapolis. The balance of our effort was directed at the new Medicare Part D Prescription Benefit.

On behalf of the MRHA leading our effort was Pam Christoffel working in collaboration with Annie Kronk of the Maryland Rural Council. Ably assisted by Dr. Bonnie Braun (Maryland Cooperative Extension - University of Maryland College Park) two state-wide forums were held on the Prescription Benefit Plan. Ms. Christoffel and Ms. Kronk attended numerous General Assembly sessions and testified before the Legislative Rural Caucus and the Senate Finance Committee. Throughout this activity two basic guiding principles were utilized - equity and access for all of our Citizens!! In Annapolis we won some of our issues - not all - but the MRHA was certainly an established participant in the discussion!

Equity and access to health care for all of our Citizens are not simply "buzz" words they have been, are, and continue to be our guiding principles into the foreseeable future. Rural health disparities are very real and well documented and considerable effort remains before equity and access slip from expectations into practice reality. Always remember however that all journeys have a beginning - and an end - and while we are clearly on our journey for equity and access in health care for rural citizens we still have a distance yet to travel! With your assistance and involvement we will have a successful accomplishment and conclusion!

Jacob F. Frego

President

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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

SpotLight Article:

New USDA Grant Opportunity: Telecom

Agriculture Acting Under Secretary for Rural Development Gilbert Gonzalez has announced that \$8.9 million in broadband grant funds is available for connecting essential community facilities to high-speed telecommunications in rural towns and communities where no broadband service exists.

"The need to expand broadband service is essential to economic growth in these most isolated communities," said Gonzalez. "Having access to high speed telecommunications for basic community services assists rural communities in meeting public safety needs."

The Community-Oriented Connectivity Broadband Grant Program is designed to provide financial assistance to furnish broadband service in rural, economically-challenged communities where such service does not currently exist. Grant funds may be utilized to deploy broadband transmission service to critical community facilities, rural residents, and rural businesses and to construct, acquire, or expand, equip, and operate a community center that provides free access to broadband services to community residents for at least two years. Grants will be awarded, on a competitive basis, to entities serving communities of up to 20,000 inhabitants to ensure rural consumers enjoy the same quality and range of telecommunications service as are available in urban and suburban communities.

The application deadline for Fiscal Year 2005 Community Connect Broadband grants is May 31, 2005.

For information on how to apply, please visit USDA's Rural Development website at <http://www.usda.gov/rus/telecom/commconnect.htm>

MARYLAND HOSPITAL ASSOCIATION

SUMMARY OF THE 2005 GENERAL ASSEMBLY SESSION

Prepared and Presented by: Pegeen Townsend, Sr. VP, Legislative Policy and Denise Matricciani, Vice President, Government Relations, Maryland Hospital Association, (Reprinted by permission of authors)

IT'S OVER. AND THIS IS GOOD! It also is probably the only thing there is widespread agreement on related to the 2005 General Assembly session.

On the heels of a cantankerous Special Session, the regular 90-day lawmaking season started with many bruised feelings and heightened partisan tensions that remained until the bitter end. At times, it was downright ugly. So much so that not one of the state's leaders—the Governor, Senate President, or the House Speaker—could muster anything positive to say at the beginning of the ceremonial bill signing session the day after sine die.

They did at least work together to enact a balanced budget without inflicting too much pain and making sure reserves were stashed away so that next year's spending plan is easy and doesn't get in the way of the 2006 elections.

Most of the Governor's priorities—slots, an extensive veterans' tax cut plan, and his year-of-the-child agenda—crumpled under the weight of partisanship. A watered down version of his witness intimidation bill did survive.

For lawmakers, while they are claiming a number of victories “for the people”—an increase in the minimum wage, passage of the Fair Share Act/Wal-Mart bill, and approval of the Medical Decision Making Act, to name a few—all of these measures face potential vetoes and their prospects for overrides in 2006 are not clear.

Given the highly divisive environment, however, for hospitals it was a pretty decent session. Instead of the forecasted “regulatory blizzard” we saw just a few flurries, which didn't even amount to a dusting. Virtually all of the bad bills—imposing nursing staff ratios; mandating overtime rules for nurses; requiring reporting of hospital-acquired infections; establishing an Office of the Inspector General to focus on health care fraud and abuse; MHCC fining authority; and, allowing lab employees to report problems directly to DHMH or an accrediting organization—were killed or withdrawn.

On the medical liability front, the first priority was to pass the emergency bill to make corrections to HB 2 and get the rate stabilization fund operational. Initially, the fate of this bill wasn't all that certain. With a lot of effort, the bill did ultimately pass and the Governor allowed the bill to become law without his signature. The House tried to get closer to “finishing the job” and passed a bill to enhance some of the provisions of HB 2—apology protections; neutral experts to objectively calculate economic damages; and, further study of such reforms as mandatory structured judgments, establishing a birth injury compensation fund, extending Good Samaritan protection, etc. But the Senate let the bill die in the Rules Committee. How to overcome the Senate's opposition to more tort reform will be discussed at length by MHA's Executive Committee and Legislative Council in the coming months.

With respect to the Medicaid budget, our number one priority—limiting continuation of the Medicaid day limits to one year—was accomplished by securing budget narrative stating the legislature's intent on this issue. On the capital side, MHA's \$5 million for seven hospital capital projects was restored; and, prospects for final approval by the Governor look good.

To their credit, lawmakers displayed some creativity by transforming the Senior Prescription Drug Plan (funded by CareFirst), into a drug assistance program to fill some of the gaps in the federal Part D program and using the left over money for the community health resource expansion. Alternatively, the Governor wanted to send the CareFirst money directly to the state's general fund.

Details on the above-mentioned legislation are available from MHA and in July, the MHA's 2005 edition of *Ledger*, will be available which will include a compilation of all bills tracked and key actions to be taken.

Survey Finds Medicare Beneficiary Access to Care Will Be Compromised As a Result of Medicare Physician Payment Reductions

AAMC WASHINGTON HEADLINES

Legislative and Regulatory News

from the Association of American Medical Colleges

April 8, 2005

An American Medical Association (AMA) survey released April 4 indicates that steep Medicare payment cuts to physicians, nurses and other health professionals will hurt access to care for America's seniors and disabled. Designed to examine how the projected Medicare physician payment cuts could affect physicians' practices, the survey topics include: potential changes to accepting/treating Medicare patients, potential changes to practice and likelihood of participation in Medicare Advantage.

The complete story is at: <http://www.aamc.org/advocacy/library/washhigh/2005/040805/start.htm#2>

Notice of Proposed Rulemaking for HIPAA Enforcement

On April 18, the Department of Health and Human Services (HHS) published a Notice of Proposed Rulemaking, entitled "HIPAA Administrative Simplification; Enforcement," which proposes the bases and procedures for imposing civil money penalties on covered entities that violate any of the HIPAA Administrative Simplification Rules, including the HIPAA Privacy Rule. The proposed rule has a 60-day public comment period and is available on the OCR website, <http://www.hhs.gov/ocr/hipaa>, under What'sNew in Privacy.

New Resource: Mental Health News You Can Use

SAMHSA's Resource Center to Address Discrimination and Stigma Association with Mental Illness (ADS Center), is providing a series of electronic updates.

In the first, and current, issue:

- **March 2005 Spotlight:** New ADS Center training teleconference, "Decreasing Discrimination and Stigma Associated With Mental Illness in the African American Community"
- **Featured Research Article:** "African Americans' Perceptions of Psychotherapy and Psychotherapists," by V.L.S. Thompson, A. Bazile, & M. Akbar
- **Models, Programs, and Technical Assistance Tools:** Delivering Race Equality in Mental Health Care, from the UK Department of Health
- **In My Experience:** "Fear Is No Longer My Reality," by Jamie Blyth

Subscribe: To get the current issue and to subscribe, send an e-mail to stopstigma@samhsa.gov or call 800-540-0320.

About the ADS Center

SAMHSA's Resource Center to Address Discrimination and Stigma (ADS Center) helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses. With the most up-to-date research and information, the Center helps individuals, organizations and governments counter such discrimination and stigma in the community, in the workplace, and in the media.

New Resource: Rural Children at a Glance from the ERS

This report provides the latest information on the demographic, social, and economic characteristics of rural children in families. Child poverty in 21st century America is higher (18 percent in 2003) than the rate for the general population (12.5 percent), as well as above the rates in most other industrialized countries. Child poverty is a significant social problem that negatively affects children's development. Although rural child poverty rates declined in the 1990s, they remain higher than the rates for urban children (21 percent vs. 18 percent). In 2003, 2.7 million rural children were poor, representing 36 percent of the rural poor. Nonmetro children are more likely than metro children to receive food stamps and free or reduced-price school lunches, in part a reflection of higher nonmetro poverty. The geographic distribution of child poverty—heavily concentrated in the South—is important for targeting poverty reduction policies and program assistance such as child nutrition programs, food stamps, and health insurance coverage in rural areas.

>> For more information, go to <http://www.ers.usda.gov/Publications/EIB1/>

SPECIAL NOTICE FROM

THE NATIONAL RURAL HEALTH ASSOCIATION

It continues to be a banner year for the NRHA. After record setting attendance at the 2005 Rural Health Policy Institute, we are now facing a similar situation at our Annual Conference and the Minority and Multicultural Rural Health Conference in New Orleans, May 18-21.

Unfortunately, we have now exceeded the capacity of the meeting rooms at the Sheraton Hotel. There is still limited seating available for the Rural Medical Educators Conference, but if you have not already registered for the other conferences, or if you had planned to register on-site, regretfully we will not be able to accommodate your request. However, conference handouts will be available on our Web site at the conclusion of these events.

We hope to see you in 2006 in Reno!

Form Helps Low-Literacy Americans Make Their Health Care Wishes Known from *AHA News Now*

On April 19, 2005, the Institute for Healthcare Advancement released an advance directive form designed for the estimated 90 million American adults who read below a fifth-grade level. Advance directives, the legal documents that allow individuals to make their personal health care wishes known before a serious illness or injury, are “often intimidating and hard to understand, even for those who have adequate reading skills,” said Rebecca Sudore, M.D., the University of California at San Francisco physician who developed the form. The free, on-line document was created through extensive consumer testing and designed in a simple fill-in-the-blank format with illustrations and easy-to-read bullet points. Also available in Spanish, the form enables low-literacy Americans to choose an agent to make medical decisions for them, make their health care wishes known so that their loved ones don't have to guess for them, and provide the necessary signatures to make the document legally binding.

Looking for Articles for the next issue of Rural Roads

The next issue of Rural Roads, the National Rural Health Association's magazine, will be focused on Youth Issues. SRHA members are invited to submit articles; the deadline is May 10.

Please contact Julie Gibson with articles, or questions, at gibson@nrharural.org

Further details on Rural Roads and publication guidelines can be found on the NRHA website www.nrharural.org

UPDATE ON THE “Access to Pharmaceutical Medicines in Maryland” Forums held in September and November, 2004

As you know the MRHA together with the Rural MD Council worked hard during 2004-2005 to do what it could to promote access and equity as basic principles regarding the implementation of the new Medicare Part D prescription benefit. To that end we held two statewide forums last fall, attended numerous MD General Assembly hearings, and testified before the Legislative Rural Caucus and the Senate Finance Committee, among other activities.

I think our efforts were definitely worthwhile. Awareness of the issues surrounding implementation of the Part D, especially in rural areas, was heightened. The legislature passed several new medicine bills that now await the Governor's signature. We did not win every legislative battle (funding cuts for Medbank were a sad loss). But overall, we did quite well, in my view. MRHA became established as a known participant in the whole process, a position it had not held previously.

And best of all, the work continues, with plans for meetings arranged with AARP, and other regional and state efforts to ensure that the complex process of Part D enrollment is understood by as many rural MD seniors as possible.

Thanks to all at MRHA and the Rural MD Council (especially Annie Kronk and Bonnie Braun) for their efforts over the last year.

Submitted by:
Pam Christoffel
April 21, 2005

News from the University of Maryland, School of Medicine

Claudia R. Baquet, M.D., MPH, Associate Dean for Policy and Planning, University of Maryland, School of Medicine was recently elected to serve as Chairperson of the National Rural Health Association's Diverse and Underserved Population Constituency Group. In a recent Constituency Group newsletter, Dr. Baquet shared excerpts from an article she co authored with Olivia Carter-Pokras, PhD, What Is a “Health Disparity”.

In this article, Drs. Baquet and Carter-Pokras list eleven definitions of health disparity and in their conclusions state that...“there is a difference in opinion about what is meant by disparity”, and state further that...“What should be agreed upon is that a disparity acts like a signpost—indicating that something is wrong”. Dr. Baquet will present a poster session on several of her projects serving minority and underserved populations in Maryland at the upcoming 11th Annual Minority Rural Health Conference in New Orleans, Louisiana next month. The Minority Rural Health Conference precedes the National Association of Rural Health's Annual Conference. For more information, you can contact Dr. Baquet at 410.706.1742 or cbaquet@som.umaryland.edu

What Is a “Health Disparity”?, Carter-Pokras, Olivia, PhD., Baquet, Claudia, MD, MPH, Public Health Reports, September—October 2002, Volume 117