February 7, 2019

What’s New

**New Report on HIV Burden in the Deep South.** Produced by the Southern HIV/AIDS Strategy Initiative, the report covers six states – Alabama, Georgia, Louisiana, Mississippi, North Carolina, and South Carolina – and indicates that 29 percent of persons living with HIV (PLWH) there live in rural areas and smaller cities. In some cases the rural HIV burden is heavier, such as in Alabama and Mississippi, where more than 60 percent of PLWH live outside a large urban area.

Funding Opportunities

**Rural Communities Opioid Response Implementation** – Coming Soon. The Health Resources and Services Administration (HRSA) announced a future funding opportunity for the Rural Communities Opioid Response Program (RCORP), part of a multi-year initiative supporting treatment for and prevention of opioid use disorder. Grantees of the RCORP-Implementation funding will receive up to $1 million for a three-year period of performance to enhance and expand service delivery in high-risk rural communities.

**SAMHSA: Expanding Capacity for Substance Use Disorder** – March 25. The Substance Abuse and Mental Health Services Administration (SAMHSA) will invest $8.3 million for community projects that target a specific population for substance use disorder treatment. The program will make 22 awards of up to $375,000 per year for three years and allows each community to identify the specific need or population it wishes to address through evidence-based substance use disorder treatment and/or recovery support services. In 2018, the Centers for Disease Control and Prevention identified 220 mostly rural counties determined to be vulnerable for outbreaks of infectious disease among people who inject drugs.

**Indian Health Service Scholarships** – March 29. The Indian Health Service (IHS) is an operating division of the U.S. Department of Health & Human Services providing direct medical and public health services to members of federally-recognized Native American Tribes and Alaska Native people, most of whom live in rural areas on or near their tribal homelands. To educate and train the next generation of culturally-competent health professionals, the IHS offers three scholarship opportunities – preparatory, pre-graduate and health professions – for descendants and members of federally or state-recognized tribes.

**Medicare Rural Hospital Flexibility Program** – March 29. States with certified Critical Access Hospitals (CAHs) are eligible for this FORHP-administered program intended to improve the financial stability of CAH-designated facilities as well as the quality of care for their patients. The governors of eligible states designate the state-based applicants for 45 awards from a $27 million investment. These state-based applicants are also eligible for the Emergency Medical Services (EMS) Supplement – April 5 to improve the availability and quality of emergency services in rural areas.

**SAMHSA: Underage Substance Use in Tribal Communities** – March 29. The Substance Abuse and Mental Health Services Administration (SAMHSA) will provide total funding of $38 million to address...
substance abuse in youth aged 9-20 living in tribal communities. SAMHSA’s Strategic Prevention Framework gives prevention professionals a comprehensive process for addressing substance misuse and related behavioral health problems. The program is intended to prevent underage drinking; at their discretion, grantees may also use funds to target up to two additional, data-driven substance abuse prevention priorities, such as the use of marijuana, cocaine, opioids, or methamphetamine, etc.

**CDC Violent Death Reporting System** – April 15. State and local governments, including U.S. territorial governments, are eligible for funding to collect data on violence for the Centers for Disease Control and Prevention (CDC). The National Violent Death Reporting System is an anonymous database that pools more than 600 unique data elements from multiple sources including death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports. Data elements collected provide valuable context about violent deaths, such as relationship problems; mental health conditions and treatment; toxicology results; and life stressors, including recent money- or work-related problems or physical health problems. There are many challenges to addressing violent death in rural areas. One of these, according to the Bureau of Justice Statistics, is that fewer than half (46.8 percent) of serious violent crimes in rural communities are reported to the police.

**Policy Updates**

Visit the [FORHP Policy page](#) to see all recent updates and send questions to [ruralpolicy@hrsa.gov](mailto:ruralpolicy@hrsa.gov)

**Nominations: Medicaid and CHIP Payment and Access Commission (MACPAC)** – February 20. The Government Accountability Office (GAO) seeks nominations for the Medicaid and Children’s Health Insurance Programs (CHIP) Payment and Access Commission (MACPAC) for terms beginning May 2019. This commission advises Congress, the Secretary of Health and Human Services, and the States on Medicaid and CHIP on issues related to payment, services, and access to care. By statute, Commission membership should provide a mix of different professions, broad geographic representation, and a balance between urban and rural representation. They may include Medicaid or CHIP enrollees (or caregivers of enrollees), experts in Federal safety net health programs, health finance and economics, actuarial science, health plans, reimbursement for health care, health information technology, or providers of health services, public health, and other related fields.

**Comments Requested: Proposed Updates to the Medicare Advantage (MA) and Part D Programs** – March 1. Last week, CMS released Part II of the Advanced Notice and Draft Call Letter for the MA and Part D programs, which updates the payment methods for these programs. In conjunction with Part I released in December, CMS proposes to update the risk adjustment model, revise the measures in the quality Star Rating program, and offer guidance on how plans can offer non-health related supplemental benefits, such as transportation for non-medical needs. As of March 2017, almost one-quarter of rural Medicare beneficiaries were enrolled in some type of Medicare Advantage plan.

**Nominations: Medicare Payment Advisory Commission (MedPAC)** – March 8. The Government Accountability Office (GAO) seeks nominations for the Medicare Payment Advisory Commission (MedPAC) for terms beginning May 2019. This commission advises Congress on payment methodologies, issues related to access to care, quality of care, and other issues affecting Medicare. Commission members should include individuals with expertise in the financing and delivery of health care services and have a broad geographic representation, including rural and urban. They may include physicians and other health professionals, employers, third-party payers, researchers with a variety of health-related expertise, and representatives of consumers and the elderly.
Southwest TRC: Regulatory Landscape for Telehealth – Thursday, February 7 at 2:00 pm ET. The HRSA/FORHP-supported Southwest Telehealth Resource Center (TRC) will join the Arizona Telemedicine Program to highlight the changing telehealth legislative and regulatory landscape. Though telehealth offers promise to rural communities, patchwork regulation and reimbursement policy remain a challenge.

VA: Discontinuing Long-Term Opioid Therapy – Tuesday, February 12 at 1:00 pm ET. The Veterans Administration (VA) will host this one-hour webinar to discuss historical trends in quality of care and outcomes for patients who taper or discontinue their opioid prescriptions. Almost a quarter of all U.S. veterans (4.7 million) live in rural communities.

NAM: Action Collaborative on Opioid Epidemic – Wednesday, February 13 at 4:00 pm ET. The National Academy of Medicine (NAM) will introduce its Action Collaborative on Countering the U.S. Opioid Epidemic during this hour-long webinar. A public-private partnership of more than 50 organizations, this two-year project aims to discover and share evidence-based best practices in policy and health care. Last week, the Centers for Disease Control and Prevention released data indicating that prescribing for opioids is 87% more likely in rural areas.

Telehealth Training Modules for the Health Workforce – Wednesday, February 20 at 2:00 pm ET. Programs in HRSA’s Bureau of Health Workforce provide financial support to institutions and individuals training in primary and behavioral health care. The goal of the Workforce Grand Rounds webinar series is to improve health professions training, particularly in rural and underserved communities. This 90-minute webinar will identify telehealth strategies and models for hard-to-reach populations in both rural and urban communities.

Save the Dates: Virtual Job Fairs for SUD Clinicians and Employers – through March 7. HRSA’s Bureau of Health Workforce will hold a series of virtual job fairs to match employers and clinicians treating substance use disorder (SUD). Virtual job fairs are free, interactive events held online allowing sites approved by the National Health Service Corps and/or NURSE Corps a chance to discuss their site, the populations they serve, and currently available positions. Clinicians and trainees in medical, nursing, dental, and mental/behavioral health can learn about hundreds of opportunities in rural and medically underserved communities.