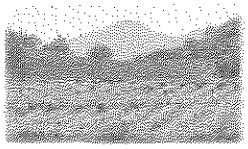
National Advisory Committee On Rural Health and Human Services



December 1, 2017

The Honorable Eric D. Hargan
Acting Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Acting Secretary Hargan:

On behalf of the National Advisory Committee on Rural Health and Human Services (NACRHHS), I am pleased to send you two policy briefs and accompanying recommendations that emerged from a meeting we hosted in Idaho in September.

The NACRHHS is a 21-member citizens' panel reflecting wide-ranging, first-hand experience with rural issues that provides recommendations to the Secretary of HHS. The Committee, chartered in 1987, advises the Secretary on ways to address health care challenges in rural America. The work of the Committee expanded in 2002 to include both health and human service issues in rural areas.

The Committee's policy briefs focused on two important rural health issues: rural suicide and ways to modernize the Rural Health Clinic program.

To tackle the rural suicide issue, we met in my home state of Idaho, as we are consistently among the states with the highest suicide rates. In 2015, Idaho had the fifth highest suicide rate in the U.S., 57% higher than the national average. We discussed the impact of suicide on rural communities, along with existing prevention strategies at the state and federal levels. On the first day, the Committee heard about suicide epidemiology, as well as federal and Idaho-specific efforts geared towards funding and prevention programming. On the second day, the Subcommittee tasked with this topic gathered in Emmett, Idaho, and heard from local behavioral health providers and practitioners, first responders, school-based counselors, faith-based leaders, and other key community stakeholders from Emmett and across the State.

While in Boise, the members also heard from federal and state health and human service officials and Rural Health Clinic (RHC) providers to focus on ways to modernize the RHC provisions. There are more than 4,000 RHCs serving as key healthcare access points across rural America. The statutory authorization for RHCs, however, is 30 years old and members expressed concern that the current regulatory and statutory foundation of the RHC program is misaligned to meet today's healthcare needs and those of the future. On the second day, Subcommittee members tasked with this topic, traveled to Gooding, Idaho, and met with RHC administrators, physicians, and leaders, to learn first-hand about opportunities to modernize the RHC program.

We welcome the opportunity to work with you to address the challenges of rural suicide and contribute to policy maker's understanding of the issues affecting our nation's RHCs and the impact on access to care in small rural communities. The challenges of implementing regulatory changes in rural areas also provide opportunities for innovation and improvement among rural health and human services.

Our goal is to continue to respond to our charge to advise you on rural policy issues. Toward that end, we will continue our work to assess the impact of HHS policy and resources on rural communities and to offer our collective perspective on other key policy issues in rural America.

The next Committee meeting will be in Saratoga Springs, New York, April 16-18, 2018, where we will take up the two topics of adverse childhood experiences and health insurance in rural areas. We welcome your participation in our meeting or the participation of your representatives.

Sincerely,

/Mary Sheridan/

Mary Sheridan, RN, MBA
Member

Enclosures:
Understanding the Impact of Suicide in Rural Communities
Modernizing Rural Health Clinic Provisions