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## NRHA past presidents named to Veterans Rural Health Advisory Committee

NRHA past presidents Bruce Behringer and Hilda R. Heady were named to the Department of Veterans Affairs' new Veterans Rural Health Advisory Committee, which will advise Secretary of Veterans Affairs James B. Peake. Behringer and Heady are two of 13 committee members selected by Peake.

"We are delighted that Bruce and Hilda were chosen for this important role," says NRHA CEO Alan Morgan. "The NRHA first asked Congress to create this commission within the VA in 2005, and we now look forward to seeing the recommendations of this talented team."

Behringer, executive director of East Tennessee State University's Office of Rural and Community Health and Community Partnerships and assistant vice president of the Division of Health Sciences, served as the 1992 NRHA president and remains active in the organization.

Heady, associate vice president for Rural Health at West Virginia University and executive and state program director of the West Virginia Rural Health Education Partnerships/Area Health Educations Centers, served as the 2005 NRHA president and first testified before Congress on rural veterans' issues in 2001 and was the lead author on the NRHA policy paper on the topic.

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## Hawaii legislature recognizes Ka'u Rural Health Community Association's Pilot Nurse Shortage Program

Ka'u Rural Health Community Association, Inc. (KRHCAI) launched its inaugural Pilot Nurse Shortage Program in January with 17 adult students from the Ka'u District.

KRHCAI collaborated with health care institutions from across Hawaii to train students in a curriculum provided and taught by Hawaii Health Care Institute instructor Berdena Flesher, RN. Each student was required to complete 114 lab hours and 24 clinical hours. In addition to this experience, students were also enrolled in the Medical Reserve Corp. and American Red Cross disaster preparedness training and participated in the KRHCAI Wellness/Health Literacy Program.

At the graduation celebration in March, Hawaii House representative Bob Herkes presented Jessanie Marques, KRHCAI executive director, with certificates signed by state senate and house members congratulating KRHCAI on the establishment of its Pilot Nurse Shortage Program and efforts to alleviate the nursing shortage.

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## Centers for Medicare and Medicaid Services national Medicare education campaign

Medicare is paying 75 percent or more of prescription drug costs for Americans with limited incomes and resources.

One woman with Medicare was struggling to pay for her prescriptions even with a drug plan and her \$800 Social Security benefit. A counselor at the local State Health Insurance Information Program talked to her about how to apply for additional benefits. Once she heard that the value of her house, as long as she lived in it, would not be used to determine if she was eligible, she applied and qualified.

Qualifying for benefits will help pay monthly premiums, annual deductibles and prescription co-payments. Many people qualify and don't know. To find out if you qualify, apply online at [www.socialsecurity.gov](http://www.socialsecurity.gov), call Social Security at 1-800-772-1213 or visit a Social Security office for assistance. To learn more about the Medicare prescription drug plans and how to join, call 1-800-MEDICARE (TTY 1-877-486-2048) or visit [www.medicare.gov](http://www.medicare.gov).

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## Medicare prescription drug coverage and VA benefits

By Tammy Twait, pharmacist, Centers for Medicare and Medicaid Services

On December 8, 2003, President Bush signed into law the Medicare Prescription Drug Improvement and Modernization Act of 2003, also called Medicare Part D. This landmark legislation provides seniors and individuals with disabilities a prescription drug benefit, more choices and better benefits under Medicare.

As of January, there were approximately 44.2 million Medicare beneficiaries eligible for Medicare Part D. Of this 44.2 million, 1.59 million have creditable prescription coverage through participation in the Veterans Affairs prescription pharmacy benefit. Because VA prescription coverage is creditable coverage, veterans who choose not to enroll in Medicare Part D when they are first eligible will not have a late enrollment penalty. Veterans enrolled in the VA health care system may choose to enroll in Medicare Part D in addition to their VA benefits.

Eligibility criteria are different for VA medical benefits and Medicare. Medicare prescription drug coverage is available to all people with Medicare, while VA prescription drug coverage is available to all veterans who are

eligible for and enroll in VA health care coverage, which is separate from Medicare. By law, VA does not bill Medicare. Medicare Part D provides extra help paying for out-of-pocket prescription drug costs to Medicare-eligible persons with limited income and resources. For VA purposes, limited income is based on VA's pension amount. Limited-income veterans will have no drug co-payments if they have Medicare Part D. A veteran's decision to participate in Medicare Part D will not change his or her VA prescription drug coverage.

Finally, there are some circumstances veterans may wish to consider when deciding to enroll in a Medicare Part D prescription drug plan. If they live far away from a VA facility or live in or move to a nursing home, they may benefit from Medicare prescription drug coverage. It is important to remember that veterans with both Medicare Part D and VA benefits cannot have a single prescription covered by both programs. A prescription will not go to VA for additional payment if a Medicare Part D plan fills and makes payment for that same prescription.

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## Poor birth outcomes in rural United States

The WWAMI Rural Health Research Center at the University of Washington has new research showing that while progress has been made, rural/urban gaps in birth outcomes remain high. Those outcomes include rates of low birth weight, poor outcomes and inadequate prenatal care and were compared from 1985-1997 using data from the Linked Birth-Death Data Set.

Overall, the study found that rural residents and residents living below poverty level have independent risk factors for inadequate care and some adverse birth outcomes, especially post-neonatal mortality.

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## Rural Health Trifecta planned in Texas

Partnering the Office of Rural Community Affairs (of the Texas State Office of Rural Health), Texas Rural Health Association and Texas Hospital Association, the Rural Health Trifecta: Collaborating to Make a Difference will be Aug. 5 through 7 at the Hyatt Regency Austin. The meeting is also co-sponsored by the Texas Organization of Rural and Community Hospitals.

The Rural Health Trifecta will provide one event for rural hospitals, health professionals and critical access hospitals. Visit TRHA's web site at [www.texashospital-online.org/trifecta](http://www.texashospital-online.org/trifecta) for more information and to register.

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## Indiana Rural Health Association awarded grant to expand network

The Indiana Rural Health Association (IRHA) recently received an \$180,000 grant that will be used to expand the Indiana Statewide Rural Health Network (InSRHN), a formal network comprised of rural health organizations and providers in Indiana.

The InSRHN also received a recommendation for the same award over the second and third years of the project from the Department of Health and Human Services Health Resources and Services Administration. The federal grant will fund 90 percent of the network's operating costs over the three-year project.

“The IRHA staff and InSRHN board of directors have worked hard during the planning phase of this project with great anticipation of receiving this grant award,” says IRHA executive director Don Kelso. “We see an unprecedented opportunity for Indiana to move into the 21st century in regard to information technology and connectivity.”

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## Connecting to health care in rural Illinois

The Illinois Rural Health Net (IRHN) is the creation of a coalition of universities and rural health care providers that collaborated to receive a \$21 million grant from the Federal Communications Commission. The FCC awarded \$417 million to 42 states and three territories for improvement to rural health care through Internet connectivity.

The IRHN will provide a fiber optic, point-to-point and wireless communications network connecting hospitals and clinics from Galena in northern Illinois to Metropolis at the southern tip. IRHN will be launched through Northern Illinois University in DeKalb and 11 other hospitals and universities.

“Rural health care is significantly impacted by the lack of transportation resources and an inability to access specialty care,” says Harry Wolin, CEO of Mason District Hospital. “This infrastructure will not only provide improved access to specialists, but it will also permit the full utilization of electronic health records.”



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## Eastern Washington Diabetes Network awarded grant

With a Washington State Department of Health grant of almost \$10,000, the Eastern Washington Diabetes Network (EWDN) hopes to increase awareness of diabetes prevention strategies and education and strengthen the internal network of health care providers, researchers and educators.

“We are hoping that we can make a bigger impact,” says Jennifer Polello, EWDN leader and health education manager for the Inland Northwest Health Services O.C. Olson Diabetes Education Center.

The growing EWDN is comprised of more than 90 individuals from a variety of local and regional organizations who have teamed up to pool their resources, enabling patients across the region to get the best diabetes care and education. This is especially important in the rural communities.

“Our rural partners are getting hit harder by diabetes,” Polello says. “EDWN started off as a Spokane-based network, and we quickly realized that we had a problem in our rural communities. Now they know what resources are available.”