

RURAL MATTERS

Volume 5, No. 1

May 2004

Availability of Funds Announced in HRSA Mini-Preview

The Health Resources and Services Administration (HRSA) has announced the availability of funds in the HRSA mini-preview for spring 2004.

The HRSA preview is a comprehensive review of HRSA's fiscal year (FY) 2004 competitive grant programs. It is designed to replace the multiple *Federal Register* notices that traditionally advertised the availability of HRSA's discretionary funds for its various programs. It should be noted that additional program initiatives responsive to new or emerging issues in the healthcare area and unanticipated at the time of publication of the HRSA preview may be announced through the *Federal Register* and HRSA web site at <http://www.hrsa.gov/grants.htm>.

A list of these programs also can be found on the grants.gov web site at <http://www.grants.gov>. This fiscal year, HRSA began accepting grant applications online--refer to the HRSA web site at <http://www.hrsa.gov/grants/>.

Funding Requested for Rural Health Programs

The American Hospital Association (AHA), with the support of THA and other national and state organizations, are urging House and Senate appropriators to continue funding fiscal year 2005 for numerous healthcare programs that have proven successful at improving access to quality healthcare.

Specific funding recommendations for federal programs address the healthcare workforce shortage, bioterrorism and hospital preparedness, access to health care, children's hospitals' graduate medical education, rural health care, public health and other concerns.

Specific requests for appropriations for rural programs included \$50 million for Medicare Rural Hospital Flexibility Program grants, \$60 million for rural health outreach and network development grants, \$28 million for rural telehealth, \$11 million for rural health policy development (research), and \$7 million for the Quentin Burdick training program. In addition, \$225 million has been requested for the National Health Service Corps program, \$294 million for health professional training, and \$205 million for Nurse Reinvestment Act programs.

THA Requests Removal of Restrictions on J1 Visa Physicians

The American Hospital Association (AHA), along with the National Association of Public Hospital and Health Systems (NAPH), were asked to send a letter to U.S. Department of Health and Human Services (HHS) Secretary Tommy Thompson to ask him to revise its policy on review of applications for J1 visa waivers.

HHS currently will only review requests from community health centers (CHCs) located in areas with health professional shortage areas (HPSA) scores of 14 or higher. This standard is higher than the one used by the National Health Service Corps when placing physicians in shortage areas.

THA also has requested members of Tennessee's congressional delegation to persuade HHS to modify its recently imposed criteria so restrictions on needy communities in HPSAs are lifted, and hospitals and hospital-based clinics can participate in this vital program.

Support for Rural Telecommunications Available

The Universal Service Administrative Company is accepting applications for the Rural Health Care program. Through the Rural Health Care (RHC) program, part of the Federal Communication Commission's (FCC) Universal Service Fund, rural public and non-profit health care providers receive discounts on monthly telecommunications charges, installation charges, and long distance Internet connection charges. Rural health care providers have used these funds for a variety of patient services, such as transmitting x-rays from remote areas to be read by health care professionals and experts in urban areas. Funding is available to rural hospitals and clinics, local health departments, and community health centers. In 2003, the FCC adopted new rules for the program; among them are the expansion of eligible applicants, discounts for Internet access and more flexibility in the calculation of discounted services. **Applications are due June 30, 2004.** For more information visit the RHC program Web site at www.rhc.universalservice.org or the FCC Web site at www.fcc.gov

Robert Wood Johnson Foundation Supports Local Initiatives

The Robert Wood Johnson Foundation announces the availability of up to \$7.5 million in funding for the Local Initiative Funding Partners program. The Local Initiative Funding Partners (LIFP) program is a partnership between the Robert Wood Johnson Foundation and local grant makers that supports innovative, community-based projects to improve health and health care for underserved and at-risk populations. LIFP provides grants of \$100,000 to \$500,000 per project, which must be matched dollar for dollar by local grant makers such as community foundations, family foundations, corporate grant makers, and others. **The application deadline is July 14, 2004.** For more information on the program, eligibility requirements, and the application process, see the Robert Wood Johnson Foundation Web site at www.rwjf.org/applying/cfpOpen.jsp

Critical Access to Clinical Lab Services Act

Representatives Butch Otter (R-ID) and James Oberstar (D-MN) have cosponsored legislation to ensure that senior citizens in isolated rural areas have access to healthcare laboratory services without traveling to Medicare-approved hospitals.

The "Critical Access to Clinical Lab Services Act" revises the Medicare payment policy so patients who use rural health clinics, are homebound or in long-term care facilities need not go to designated critical access hospitals (CAH) to have laboratory specimens drawn. The bill states that clinical diagnostic laboratory services should be treated as part of outpatient CAH services without regard to whether the individual is physically present in the CAH at the time the specimen is collected or registered as an outpatient so cost-based reimbursement can be secured for such services.