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# Missouri Rural Health E-News



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MRHA is a Member of  
the NRHA.



## President's Message

Welcome! The Missouri Rural Health Association would like to introduce you to our first ever newsletter. While getting a newsletter out to our membership is long overdue, we feel it is a wonderful sign of things to come. The quarterly newsletter will provide information about health issues affecting rural Missourians, updates on what is happening in the Association and networking opportunities. We invite you to send articles and information you would like to share. Your input will help turn this newsletter into a valuable tool that will enable MRHA to better serve you and increase membership.

I would also like to welcome you to our new website [www.morha.org](http://www.morha.org). While it is a work in progress, we are excited about the new look and ideas from our communication and membership committees. Check it out and mark it as a favorite now!

Regarding the MRHA annual fall conference, the MRHA Board recently decided to step back and evaluate the purpose and direction of the conference. In the course of the conversation, the Board voted to cancel the 2007 conference. Many of you have already received a save-the-date card, so please edit your calendars accordingly. We will inform you of future conference plans.

However, MRHA's annual meeting will be held on Thursday afternoon, October 25th in Jefferson City, MO. We selected this date because the Center for Health Policy Summit meeting will take place in Jefferson City the following day, October 26. Topics for the Summit include Missouri Medicaid Reform and Mental Health Crisis in Missouri. You can find more about the Health Policy Summit in this newsletter and on our website. Don't miss this chance to have input into MRHA one day and attend an informative Summit the next!

More exciting news - - MRHA will hire an Executive Director for the Association. A screening committee has been selected and a job description and application will soon be available on MRHA's website. If you or someone you know is interested in the position, please contact us at 573.636.5554.

On a sadder note, Lisa DeSha, MRHA's central contact for several years, has decided to step down on October 31 to pursue other opportunities. Her departure leaves us with some large shoes to fill, but I know you will all join me in wishing Lisa the very best.

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## President's Message Continued

I encourage your continued support of MRHA and ask that you help bring other members into the Association. Increasing membership is an MRHA goal because membership is our strength. Also, your input on services, activities and programs that would be valuable to you as an MRHA member is always appreciated and is critical to MRHA's success. Providing networking opportunities is perhaps MRHA's greatest benefit. It is our hope that the newsletter and website will help give you increased access for networking opportunities. Your feedback on our efforts is critical. Speaking of networking, please bring your voice and enthusiasm to the MRHA Annual Meeting on October 25. MRHA is counting on you to be a part of making a difference in the health of rural Missourians!

Vicki Plumlee, MRHA President

## Rural Health Editorial

## Interpretive Guidelines

On Friday, CMS announced revisions to its interpretive guidelines regarding the relocation of Critical Access Hospitals (CAHs). The new guidelines are more flexible than the previous version, however they still maintain the "75% Test" criteria and require that "necessary provider" CAHs continue to meet the criteria under which they received their status (for example if a CAH received their status from their state due to being located in a HPSA, the new location must also be located in a HPSA). For non-"necessary provider" CAHs, they no longer have to meet the "75% Test" criteria.

The agency will now offer preliminary determination based on CAH letters of attestations and projections. However, final determination of whether the CAH meets the "75% Test" will only be granted once the hospital has relocated and evidence confirms compliance is provided. It is not clear what recourse a CAH would have if the evidence does not confirm the projections that the CAH would meet the "75% Test" criteria, which requires the hospital to provide care for at least 75% of the same service area, offer at least 75% of the same services and retain 75% of the same staff as the original location.

Previous guidelines contained fixed criteria that had to be met by "necessary provider" CAHs under this requirement. The new guidance provides examples of acceptable documentation but allows a CAH alternative documentation and flexibility in order to demonstrate compliance with the "75% Test." For instance, if the CAH has had difficulty with staff retention or has a number of J1 visa workers, this history can be submitted to allow CMS to waive the requirement that 75% of the staff stay with the hospital after the move. In addition, definitions of "mountainous terrain" and "secondary roads" have been relaxed and should be easier for a CAH to demonstrate that it meets the criteria.

While the NRHA staff is still reviewing the guidelines, overall they appear to be a change in a positive direction. Many of the recommendations that the NRHA has pushed, such as preliminary approval to a move, relaxation of definitions such as "mountainous terrain" and "secondary roads," and flexibility around the "75% Test" criteria have been addressed. While we still have some concerns with the new guidance, we appreciate CMS' efforts to listen to the opinions of the rural community and we look forward to continuing this dialogue with CMS on how to put this new guidance into practice.

The new interpretative guidelines around [CAH relocation are available to read on the CMS website.](#)

## Upcoming Conferences, Events & News

### MRHA ANNUAL MEETING

MRHA will hold its annual meeting on October 25, 2007 at 3:00 p.m. at the Capitol Plaza Hotel in Jefferson City, MO.

**All MRHA members are encouraged to attend. Hors d'oeuvres and finger foods will be served.**

**5TH ANNUAL MISSOURI HEALTH POLICY SUMMIT  
THE NEW MO HEALTHNET AND  
MENTAL HEALTH CRISIS IN MISSOURI  
FRIDAY, OCTOBER 26, 2007  
CAPITOL PLAZA HOTEL  
JEFFERSON CITY, MISSOURI  
7:30 - 4:00 PM  
[WWW.MUHEALTH.ORG/~CME](http://WWW.MUHEALTH.ORG/~CME)**

### Live Like Your Life Depends on It by Myrna Bruning

In July, the Missouri Department of Health and Senior Services invited representation from many state organizations to join them in the development of a coordinated consumer education campaign targeting adults 45 years and older. The campaign is designed to prompt action to improve behaviors to prevent, detect early and manage chronic diseases. A variety of wellness campaign materials were subsequently developed through a collaborative effort working with Media-Cross and the University of Missouri School of Journalism. Chronic disease is the leading cause of death and disability in Missouri. Nearly 7 out of 10 deaths in Missouri are caused by chronic disease. Risk factors for developing chronic diseases include high blood pressure, high blood cholesterol, tobacco use, physical inactivity, overweight and obesity, and eating less than five fruits or vegetables daily. The campaign messages reinforce common risks for chronic diseases and provide specific actions to not only reduce risks, but promote early detection and chronic disease management. The Missouri Rural Health Association participated in the development of the campaign and supports the dissemination of the materials. The campaign materials may be accessed on the Missouri Department of Health and Senior Services website, [www.dhss.mo.gov/ChronicDisease/Campaign](http://www.dhss.mo.gov/ChronicDisease/Campaign), and may be downloaded for use throughout the state. A link to the website may be found on the MRHA website.

Every newsletter we will feature one board member. This issue features:

**Mary Peterson, RN, BSN**

Mary Peterson serves as a member of the Board of Director's of Missouri Rural Health Association, representing Region 4. Mary supports the mission of the Missouri Rural Health Association to safeguard and improve the health of rural Missourians. She began her career at Carter County Health Center and has more than 15 years of public health experience. Mary has worked extensively as a private consultant with numerous organizations across the state. As a grant writer, she has secured more than \$30 million in funding for nonprofit health care organizations. Mary is employed as Director of Program Development at Missouri Highlands Health Care, the Federally Qualified Health Center serving Butler, Carter, Iron, Reynolds, Ripley, and Shannon Counties in rural Southern Missouri. She will serve as the Project Director for the recently funded Delta State Rural Development Network Grant Program that will reach the fourteen rural counties in Missouri Service Region A. Mrs. Peterson is an alumna of Southeast Missouri State University with a Bachelor of Science in Nursing Degree and an Associate Degree from Three Rivers Community College.

## MRHA NOMIATIONS:

During the annual meeting, MRHA Members will be voting on the following vacancies:

- (5) Member-at-large
- (1) Region 3
- (2) Region 1
- (1) Region 4
- (1) Region 2

## State Children's Health Insurance Program by Lane Jacobs

Working for health care coverage and access to health care services for all children has been my passion for more than a decade. There have been highs and lows, but there has never been a dull moment! As a member of MRHA, I am especially interested in the health care coverage and access challenges faced by children in rural Missouri.

Children's health coverage has been in the news a lot during the past few months. The evidence is clear that health care coverage for children living in rural areas is critical.

A recent U.S. Census Bureau report shows that the number of uninsured children from birth through age 18 rose for the second year in a row. An additional 707,000 children have been added, bringing the total to more than 9.4 million uninsured children in America – more than double the jump from 2004 to 2005.

A recent study from the Carsey Institute found that 32 percent of children in rural areas rely on the State Children's Health Insurance Program (SCHIP) or Medicaid compared to 26 percent of children in cities. Also, a majority of rural uninsured children (54 percent) live in families where the head of the household works full-time year-round. Lastly, private-sector insurance coverage in rural areas fell from 45 percent to 37 percent, leaving rural families even more dependent on SCHIP.

The U.S. Senate and House of Representatives recently approved legislation reauthorizing the State Children's Health Insurance Program (SCHIP). The legislation would have added an additional \$35 billion in federal matching funds to enable states to enroll additional children.

Thanks to advocacy efforts by the National Rural Health Association, the bill contained \$100 million in outreach grants to improve SCHIP enrollment, with priority for those grant dollars to be given to rural areas to improve outreach and enrollment. "Rural children have become the neediest of our uninsured population, and they cannot be forgotten in SCHIP reauthorization," said Alan Morgan, CEO of NRHA. "Improved SCHIP outreach in rural America is needed, as well as increased efforts in making private insurance affordable."

On October 3, President Bush carried out his promise to veto the legislation because he felt the proposed \$35 billion was too large. The vote for the bill in the Senate was large enough to override a veto, but the House vote was not. Supporters are currently trying to persuade more House Republicans to vote for override, noting that SCHIP has wide public support.

While the outcome is unknown at this writing, we must continue to let our legislators know that every child matters, every child deserves access to health care coverage and that comprehensive health insurance for rural children is critical.

If you are interested in serving on the Communications Committee, please contact Lisa De-Sha at [mrha@socket.net](mailto:mrha@socket.net) or Robert Marsh at [director@fordlandclinic.org](mailto:director@fordlandclinic.org). The committee is responsible for gathering information for the newsletter, press releases etc.

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We're on the web;  
[Pwww.morha.org](http://www.morha.org)  
Please be patient as our site  
is undergoing redesign.

### MRHA Mission

The Association is a Non-profit, 501c3, member driven organization whose mission is to safeguard and improve the health of rural Missourians. The Association accomplishes its mission by engaging in partnerships and providing leadership on rural issues through advocacy, communication, education and research.

### MRHA Purpose

The purposes of the Association include but are not limited to: 1) promote rural health as a distinct concern in Missouri; 2) provide a forum for the exchange of information related to the improvement of rural health; 3) encourage development of community based health care resources in Missouri; and 4) serve as an advocate for rural health.