

The National Rural Health Association

Testimony before the
House Appropriations Committee
April 20, 2004

Presented by NRHA
Government Affairs Committee Chair
Beth Hudnall Stamm, PhD
Professor, Director of Telehealth, Deputy
Director, Institute of Rural Health
Idaho State University
Pocatello, Idaho

SUMMARY: Dr. Stamm will be discussing the NRHA's concern with budget cuts proposed in the President's FY05 budget affecting a number of rural health specific programs. The programs being discussed will be the Rural Hospital Medicare Flexibility (Flex) Program, which includes the Small Hospital Improvement (SHIP) Program, the Rural Health Outreach and Network Development Grant Program, the Community Access Program (CAP), and the Health Professions Programs. These programs are administered by the Health Resources and Services Administration (HRSA). The NRHA is deeply concerned the President's budget calls for an approximately 70% cut in HRSA rural-specific programs. While we are sympathetic to the President's goal of restraining domestic discretionary spending to less than a 1 percent growth, we do not feel these disproportionate cuts to rural health programs are appropriate to fulfill this goal. Dr. Stamm will outline several successful rural health projects that are currently being funded through these programs. These projects and others like them are providing beneficial services to rural areas throughout the country. Should the President's cuts be enacted, these services will be terminated, negatively affecting many rural Americans.

Chairman Regula, Ranking Member Obey, Members of the Committee, thank you for the opportunity to testify before you today. I am Dr. Beth Hudnall Stamm, chair of the National Rural Health Association's Government Affairs Committee.

The NRHA is a national nonprofit membership organization that provides leadership on rural health issues. The association's mission is to improve the health and well-being of rural Americans and to provide leadership on rural health issues through grassroots advocacy, communications, education and research. The membership of the NRHA is a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health. Individual members come from all disciplines and include hospital and rural health clinic administrators, physicians, nurses, dentists, non-physician providers, health planners, researchers and educators. Organization and supporting members include hospitals, community and migrant health centers, state rural health departments and university programs.

The NRHA is deeply concerned by the disproportional cuts to rural specific health programs proposed in the President's Fiscal Year (FY) 05 budget. In particular, we are concerned that the President's budget eliminates the Rural Hospital Medicare Flexibility program, often called the Flex Program, and the Small Hospital Improvement Program (SHIP), which is included in the Flex Program funding line. In addition, the President's budget contains dramatic cuts which threaten the viability of Rural Outreach and Network Grants, the Community Access Program, and the Health Professions Programs.

The Rural Health Outreach and Network Development Grant Program supports innovative health care delivery systems as well as vertically integrated health care networks in rural America. Rural Health Outreach and Network Development Grants help establish new partnerships between health organizations and other community institutions to improve the delivery of clinical care and to enable health care providers to be more efficient by sharing resources. According to data collected on the Rural Health Outreach program, approximately 80 percent of grantees continue to provide services five years beyond their federal grant period. Since 1991, more than 3.2 million people in almost every state have been served by the Outreach and Network Development Grant Program. The grants provide up to \$200,000 a year for three years to each grantee. This successful collaborative approach to addressing rural health needs is exactly the type of program that should be expanded, not disbanded.

An example of the Outreach and Network Development Grant Program is the Women's Intervention Network (WIN), located in rural Southern Ohio, the chairman's home state. The (WIN) of Scioto County, through the Outreach grant, provides comprehensive gynecologic health care to uninsured and underinsured women aged 19 and older. The county's population is made up of 98 percent Caucasian and 2 percent African American and out of these, 49.5 percent live below 200 percent of the Federal poverty level. The profile of the uninsured and underinsured female population in the target area is low income, low education level, and single. The majority of these women are unemployed; in fact, the unemployment rate in Scioto County is twice that of the State. Even among the women who are employed, most do not have health benefits.

WIN integrates gynecologic medical care with mental health, social support, and preventive education for women beyond the childbearing years. In the service area, 80 percent of the current female patients have completed their families by age 22. The network is made up of eight members: the Community Action Organization Health Clinic; two private obstetrician-gynecologists; the Scioto County Department of Jobs and Family Services; the Referral and Education Association for Child Health; the Southern Ohio Women's Cancer Project; Shawnee Mental Health Center; and an elected Scioto County commissioner.

The Medicare Flex Program provides small hospitals the flexibility to reconfigure operations and be licensed as Critical Access Hospitals (CAHs). However, this is only the initial activity of this program. More importantly, once a hospital converts to CAH status, the Medicare Flex Program encourages the development of rural-centric health networks and offers grants to strengthen the rural health care infrastructure. In addition, the SHIP program, under Flex, provides assistance to rural hospitals to improve their IT infrastructure in order to comply with the Health Insurance Portability and Accountability Act (HIPPA), reduce medical errors, or participate in quality improvement programs. If the Flex program is zeroed out, many collaborative projects will be destroyed. For example, in Pennsylvania, Flex funds have been used to develop a model telemedicine network with the Susquehanna Valley Rural Health Partnership (SVRHP), a rural health network consisting of three CAHs and the Williamsport Hospital, which is considered one of the most wired hospitals in the nation. Another developing CAH network in Pennsylvania has a pilot project between Troy Community Hospital, a CAH and Meyersdale Medical Center, a support hospital and its physician web-portal. The project will ultimately allow a sharing of clinical information between CAHs and other rural hospitals in the network and primary care physicians, and an urban referral center along with its specialists. Pennsylvania also developed, with funding under the Flex program, rural EMS high-risk transfer and triage protocols and is now in the process of adopting them and conducting training programs.

Given time limitations, I am unable to delve into the Community Access Program or the Health Professions programs. However, let me assure you, the proposed cuts to these programs are of equal concern to the NRHA. Overall, the President's budget calls for a 70% cut in Health Resources and Services Administration (HRSA's) rural specific programs. While we sympathize with the President's goal of limiting domestic discretionary spending to under a 1% growth, it should not be done on the backs of millions of rural Americans

Again, I greatly appreciate the opportunity to discuss these vital rural health programs with you. In my expanded testimony I have included more examples of specific programs, of interest to the subcommittee, that are in danger of being eliminated. Please do not hesitate to call upon the NRHA should you desire any additional information as this process moves forward.

Thank you.

BIOGRAPHICAL SKETCH

Name: Stamm, Beth Hudnall

Title: Professor, Director of Telehealth, Deputy Director, Institute of Rural Health

Education:

INSTITUTION AND LOCATION	DEGREE (If applicable)	YEAR(s)	FIELD OF STUDY
Tallahassee Community College, Tallahassee, FL	A.A.	1974-1976	General Studies
Appalachian State University, Boone, NC	B.S.	1985-1986	Psychology (Mental Health Specialty)
Appalachian State University, Boone, NC	M.A.	1986-1989	Theoretical Psychology
University of Wyoming, Laramie, WY	Ph.D.	1988-1993	Psychology, (Clinical Psychology and Statistics)

ACADEMIC AND PROFESSIONAL APPOINTMENTS

1998 – Present Research Professor, Director of Telehealth and Deputy Director, Institute of Rural Health Idaho State University
 Research Associate Professor and Director 1999-2002; Adjunct Associate Professor, Department of Psychology

1996-1999 Department of Psychiatry, Research Assistant Professor, Dartmouth Medical School

1996-1999 Research Health Scientist, National Center for Posttraumatic Stress Disorder, VAM & ROC White River Junction

1994-1996 University of Alaska, Assistant Professor, Department of Psychology

1993-1994 SUNY-Oswego, Assistant Professor, Department of Psychology

1988-1993 University of Wyoming; Instructor and Graduate Assistant, Departments of Psychology & Statistics

1986-1988 Appalachian State University, Coordinator of Faculty and Academic Development

AWARDS AND HONORS

Idaho State University Distinguished Researcher, 2004; Fellow, American Psychological Association, 2002 Idaho Innovator of the Year; 2001 American Psychological Association Psychology in the Public Service, Special Achievement; 1996, President Emeritus, InterPsych; Alpha Chi, Psi Chi, Phi Theta Kappa

SELECTED OFFICE AND COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES

- *American Psychological Association (APA)* Committee on Aging (2002-), Mental Health Professionals Working Group of the Board of Directors Task Force on Promoting Resilience in response to Terrorism (2002-), Task Force on Distance Education In Professional Psychology (2001-); Presidential Task Force on Women in Science & Technology (1999-2000), Technology Applications Advisory Group (1998-2000), Committee on Rural Health, member (1997-2001)
- *International Society for Traumatic Stress Studies (ISTSS)* Web Editor (2001-), Scientific Program Committee (1995-2000, 2003-2004)

- *National Rural Health Association (NRHA)* Government Affairs Committee (Chair, 2004-), Policy Board (2002-, Vice Chair ,2004), Rural Minority Health Committee (2002-, Co-Chair 2004-), Idaho Rural Health Association, (President 2002-2004)
- *Institute of Electrical and Electronics Engineers (IEEE)* 5th International Workshop on Enterprise Networking and Computing in Healthcare Industry (2002-2003), International Congress on Medical and Care Compunetics (2004)

SAMPLE PUBLICATIONS

1. Stamm, B.H. Tuma, F., Norris, F. H., Piland, N. F., van der Hart, O., Fairbank, J. A., Stamm, H.E., Higson-Smith, C., Barbanel, L. & Levant, R. (in press). The Terror Part of Terrorism. Invited article for *Engineering in Medicine and Biology*.
2. Larsen, D., Stamm, B. H., Griffel, L. D. & Magaletta, P. R. (in press). Prison Telemedicine in the United States: Urban/Rural Locations, Utilization, Benefits, and Barriers. *Journal of Telehealth and E-Health*.
3. Stamm, B. H., Higson-Smith, C. & Hudnall, A. C. (in press). The complexities of working with terror. In D. Knafo (Ed.). *Living with Terror, Working with Terror: A Clinician's Handbook*. Northvale, NJ: Jason Aronson.
4. Stamm, B.H., Stamm, H.E., Hudnall, A.C. & Higson-Smith, C. (2004). Considering A Theory of Cultural Trauma and Loss. *Journal of Loss and Trauma*, 9, 89-111.
5. Stamm, B.H. (Ed.) (2003). *Rural Behavioral Health Care*. Washington, D.C.: APA Books.
6. Stamm, B.H. (2002). Terrorism Risks and Responding in Rural and Frontier America. *Engineering in Med & Bio*, 21 (5) 100-111.
7. Robiner, W. N., Ax, R. K., Stamm, B. H. and Harowski, K., (2002). Addressing the Supply of Psychologists in the Workforce: Is Focusing Principally on Demand Sound Economics? *Journal of Clinical Psychology in Medical Settings*, 9, 273-285.
8. Stamm, B.H. (Ed.) (1999). *Secondary traumatic stress, 2nd Edition*., Baltimore: Sidran Press. (also in German and Japanese)
9. Pelletier, M., Stamm, B. H., Jerome, L., Bates, J. Long, B. C. (2002). Psychotherapy via videoconferencing: A critical review of treatment studies. *Revista Argentina de Clinica Psicologica*.
10. Spearman, R.C., Stamm, B.H., Rosen, B., Kayala, D., Zillinger, M., Breeze, P. & Wargo, L.M. (2001). The Rapid Growth In The Use Of Medicaid Waivers And It's Impact On Services. *Traumatic Brain Injury Journal*. Available online at the *National Association of State Head Injury Administrators* (www.nashia.org) at <http://www.nashia.org/art/Spearman.pdf>.
11. Nader, K., Dubrow, N. & Stamm, B.H. (Eds.). (1999). *Cultural Issues and the Treatment of Trauma and Loss*. New York: Brunner-Routledge.
12. Stamm, B.H. (Ed.) (1996). *Measurement of trauma, stress and adaptation*. Lutherville, MD: Sidran Press.
13. Stamm, B.H. (1998). Clinical Applications of Telehealth in Mental Health. Invited Article for *Professional Psychology Research and Practice*, 29, 536-542. Featured article on APA web site 12/24-31/98 www.apa.org/journals/pro/pro296536.html.
14. Stamm, B.H. (Ed.) (1995). *Secondary traumatic stress*. Lutherville, MD: Sidran Press.

Federal Awards Fiscal Years In Effect 2002, 2003 and 2004 (YTD) for Dr. Beth Hudnall Stamm Institute of Rural Health, Idaho State University	Approximate Award
<i>National Child Traumatic Stress Network Center for Rural, Frontier and Tribal Traumatic Stress.</i> (Principal Investigator). Part of the National Child Traumatic Stress Initiative. HHS' Substance Abuse and Mental Health Services Administration (SAMHSA). 9/2003-9/2007.	\$2,400,000
<i>Telehealth Idaho</i> (Principal Investigator). Interdisciplinary project to improve access through creation of new and upgraded health professionals, extend existing professionals, and preserve existing professionals through improved quality of life and prevention of burnout and vicarious traumatization. Funding from HRSA Office for the Advancement of Telehealth. 9/2001-2/2006	\$6,009,639
<i>System Change Real Choices.</i> (Principal Investigator). Combined anti-stigma, economic analysis, and effectiveness study on community integration for people with disabilities (developmental, physical, mental, and age-related) Center for Medicaid and Medicare Services through Idaho Health and Welfare. 9/2001-9/2006. Two separate competitive awards: 2001-2003; 2003-2006	\$1,852,148
<i>Idaho Traumatic Brain Injury Implementation Grant,</i> (Project Director; Russell C. Spearman, Project Co-Director). Development of decision support tools for accessing services and supports for people with TBIs and their family members. Funded by DHHS/HRSA Maternal Child Health through Idaho Department of Health and Welfare. 2002-2005. \$600,000 direct, \$300,000 in-kind	\$900,000
<i>Disabilities Anti-Stigma Campaign</i> (Principal Investigator, Co-PIs, Spearman and Kirkwood) Idaho Developmental Disabilities Council. 2/2003-2/2004	\$12,000
<i>Idaho Health Sciences Library Internet Access to Digital Libraries</i> (Principal Investigator; Marcia Franklin, MLA, Co-PI, Stamm) National Library of Medicine. 9/2002-9/2004	\$124,000
<i>Research & Development Subcontract to "Reducing Health Disparity for Indigenous People of the Plains: The Indigenous Health Enhancement Mode"</i> (Subcontract Principal Investigator; Stamm; Main Project Principal Investigator G. Thin Elk) Subcontract through South Dakota State University from Office for the Advancement for Telehealth. 9/2002-2/2004	\$10,000
<i>Geriatrics Educational Component Rural Interdisciplinary Training in Geriatrics Grant.</i> (Project Director). Provide professional education in geriatrics. Funded by the Idaho Rural Health Education Center of Mountain States Group through a grant from the Quinton Burdock fund of the Bureau of Health Professions at HRSA. 7/2001-6/2003	\$53,200
<i>Health Promotion for Rural and Ethnic Older Adults - Geriatric Education Center.</i> (Consortium Member, ISU Principal Investigator). With University of Washington, Northwest Geriatric Education Center (Prime). S. Guralnick, M.A., Principal Investigator. Health Resources and Service Administration. 7/2001-6/2006 Total Award \$844,401.	ISU portion in-kind
<i>Idaho Community Health Corps,</i> Collaborative project with the Idaho Primary Care Association. (Principal Investigator, Bill Foxcroft, IPCA Co-Principal Investigator). Funding through the National Association of Community Health Centers by AmeriCorps. 9/2000-12/2001, refunded, 9/2001-12/2004. Combined \$534,744 direct, \$155,273 in-kind.	\$690,017
<i>Red Flags Idaho: Anti-Stigma and Education Through the Schools,</i> (Project Directorship shared with Ann Kirkwood). Partnership with the National Alliance for the Mentally Ill, Idaho Chapter. Funded through the Idaho Department of Health and Welfare (TANF 2001, Idaho First Lady Patricia Kempthorne 2002). 9/2000-9/2003.	\$445,000
<i>Idaho Traumatic Brain Injury Planning Grant,</i> (Project Director; Russell C. Spearman, Project Co-Director). Statewide needs assessment and implementation plan development for people with TBIs and their family members. Funded by DHHS/HRSA Maternal Child Health through Idaho Department of Health and Welfare. 3/2000-6/2003.	\$215,000
<i>National Institute of Mental Health (NIMH) Constituency Outreach and Education Partner</i> (Project Director) Funding from NIMH, 3/2000-3/2005.	\$25,000
<i>Scholarships for Disadvantaged Students</i> (Project Director, D. Dahlquist, Program Administrator) HRSA Bureau of Health Professions, 8/2000-7/2004	\$771,010

National Rural Health Association: FY04 Federal Awards:

HRSA -Office of Rural Health Technical Assistance Services

Grant No. 250-03-0020 Total budgeted funds: \$891,785

HRSA-Bureau of Primary Health Care

Grant No. 6 U30CS00212-01 Total budgeted funds: \$ 58,286

Grant No. 6 U30CS00212-02 Total budgeted funds: \$172,766

Grant No. 6 U30CS00212-03 Total budgeted funds: \$510,000

HRSA-Office of Rural Health Policy

Grant No. 6 U27RH00196-09 Total budgeted funds: \$277,242

National Highway Transportation Safety Administration

Grant No. DTNH22-99-H-05068 Total budgeted funds: \$ 34,451