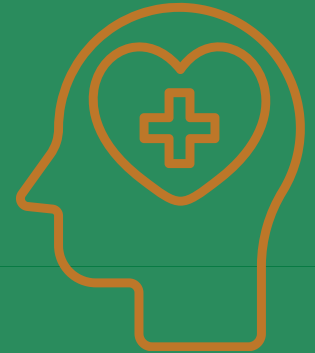


Rural Behavioral Health & SUDs

Factors contributing to greater behavioral health challenges in rural America.

- Lack of access to treatment options
- Behavioral health workforce shortages
- Greater sense of stigma
- Longer distances and fewer transportation options
- Higher rates of under- or un-insurance



NRHA Supported Legislation

H.R. 1627 TREATS Act

Reps. Norcross (D-NJ) & Fitzpatrick (R-PA)

Makes prescribing buprenorphine for opioid use disorder via telehealth permanent, including the use of audio-only.

Better Mental Health Care for Americans Act

(S. 923 in 118th Congress)

Sens. Bennet (D-CO) & Wyden (D-OR)

Reforms and improves mental health and substance use care under the Medicare and Medicaid programs to ensure full parity and integration of these services.

Farmers First Act

(S. 1736/H.R. 6379 in 118th Congress)

Sens. Ernst (R-IA) & Baldwin (D-WI); Reps. Costa (D-CA) & Feenstra (R-IA)

Reauthorizes the Farm & Ranch Stress Assistance Network to provide increased funding for farmer behavioral health resources and allows grant recipients to establish referral relationships with key rural behavioral health providers, including RHC and CAHs.

Rural Communities Opioid Response Program

NRHA urges continued support through the appropriations process for Health Resources and Services Administration Rural Communities Opioid Response Program at \$155 million for FY2025.

- Approximately 7.7 million rural adults (23%) report having any mental illness in 2023.
- In 2021, the suicide rate in rural communities was between 18.3 and 20.5 per 100,000 residents, compared to large urban communities where the rate was between 10.9 and 12.5 per 100,000.
- The rate of deaths in rural counties was 31% higher than in urban counties of one type of opioid and 13% higher in rural counties for a second subset of opioids (natural and semisynthetic opioids).
- 62% of the US counties with the highest rates of OUD are located in rural areas.