

Rural Behavioral Health

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

Better Mental Health Care for Americans Act (S. 923)

Senators Bennet (D-CO) and 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.

TREATS Act (S. 3193/H.R. 5163)

Senators Murkowski (R-AK), Whitehouse (D-RI) & Reps. Trone (D-MD), Fitzpatrick (R-PA)

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

Farmers First Act (S. 1736/H.R. 6379)

Senators 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.

HRSA-Supported Programs

NRHA urges continued support through the appropriations process for Health Resources and Services Administration Rural Communities Opioid Response Program. NRHA also supports increasing rural behavioral health capacity by including the Rural Health Clinic Behavioral Health Initiative in the next appropriations cycle.

- About 7.7 million rural adults (23%) report having any mental illness in 2022.
- Rural counties see twice as many suicides as urban areas despite similar rates of mental illness.
- 8 million adults misused prescription pain relievers at least once in the previous year, with 1 million of those adults in rural areas.
- The opioid overdose rate was higher in rural areas between 2009 and 2019.