



New England Rural Health RoundTable

Policy Statement on Healthcare Reform

For Immediate Release

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The New England Rural Health Round Table (NERHRT) strongly supports the President's healthcare goals as set forth in his speech to Congress on September 10, 2009 and we applaud his efforts to bring about reform. NERHRT is closely monitoring the debate over healthcare reform legislation currently underway in Congress and we continue to advocate for reform that will address the pressing healthcare access issues facing rural communities.

While the issues under discussion impact the entire nation, NERHRT emphasizes that rural areas, which have long struggled with higher rates of uninsurance and poverty, rely more heavily on subsidized public programs such as Medicaid and CHIP (Children's Health Insurance Program). As such, efforts to extend coverage are most important to rural communities. We believe that any reforms ultimately adopted must incorporate safeguards regarding cost, choice, and provider access that recognize the unique nature of our rural communities. Seemingly minor concessions made to gain support for a final bill may undermine the effectiveness of the reform efforts in rural areas.

Reforms based on market competition alone will not function effectively in the rural setting, where there are typically limited options in terms of both insurers and providers, and an older population with higher health care needs in some areas. NERHRT is concerned that without fundamental changes in the insurance market, reform efforts could force rural residents to purchase insurance from within the same limited, high cost options currently available in these areas. The decreased subsidy levels and other provisions proposed by the Senate Finance Committee would further exacerbate this situation

As Congress struggles to find common ground on legislation to address our nation's health care crisis, NERHRT will continue its efforts to assure that legislators keep the unique nature of rural areas in mind. Specifically we want to see that any final legislation does the following:

- Expands affordable rural insurance options: Assures that residents of rural areas will have expanded insurance options available to the individual and small employer markets at reasonable cost.
- Includes all rural providers: Assures that any insurers participating in the 'Exchange' programs, and/or any Public Option or equivalent plan, be compelled to contract with, or otherwise cover the services of, the limited pool of providers in rural communities
- Offers rural/urban premium parity: Assures premium parity between insurance offerings in rural and urban areas over time, and provide monitoring and enforcement provisions.
- Provides income-sensitive premium subsidies: Assures that the federal premium subsidies are funded at a sufficient level to permit rural residents to participate without hardship and base subsidies on a portion of income, not a portion of premiums.
- Does not create disparities based on rural demographics: Avoids provisions that would disproportionately impact rural areas, such as high 'age rating' ratios that would impact the sub-Medicare elderly in rural areas, or disclosure provisions that could compel small rural employers to avoid hiring workers likely to access subsidized premium assistance.
- Develops the rural provider workforce: Recognizes that insurance is just part of the problem with rural health care access, and assures that provisions to support and enhance the rural provider workforce are included in any final bill.

NERHRT's efforts to monitor healthcare reform's impact on rural areas began in June 2009, when representatives of our organization met on Capitol Hill with members of the congressional delegation of the New England states. We thank our region's Federal representatives for protecting the interests of rural residents in their districts and for their ongoing work on this vital issue.

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