Impact of National Policy on Access to Health Care: The Rural Perspective

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Access Is About Opportunity for Outcome

- It’s money, but not just money
- It’s providers, but not just providers
- It’s services, but not just services

It is about people realizing their potential
National Policy is About Being Responsive And Responsible

- It’s about providing financial access, but not piecemeal and not at too great a price
- It’s about meeting the financial needs of providers, but not with wasteful spending
- It’s about distribution of resources, but not necessarily to all corners

It is about investments that yield results because they enhance quality of life
The Pieces of the Puzzle

- Financial access means never having to say no to seeking care

- Geographical access means ability to get to the care, or the care to you

- Success means obtaining care that makes a positive difference
Current State of Financial Access in Rural America

- Rural poverty 25% higher than urban: 13.4% vs. 10.8%
- 363 of 382 persistent poverty (20% or more since 1960) counties are in rural America
- Highest rates of uninsurance in the non-adjacent rural counties – 22% of nonelderly population in 1997
- More than 1/3 of residents below 100% of poverty ratio in non-metro counties were uninsured in 1999
Current State of Geographic Access in Rural America

- Persistent problems recruiting and retaining health care professionals
- Paucity of certain providers: Mental health, oral health
- Distance separates us
Does Federal Policy Provide Pieces that Fit?

Financial Access:

1. The safety net approach
   - Community and Migrant Health Centers – serving 6 million on the way to 12 million
   - Community Action Projects: Coordinating services
   - Public hospitals and Disproportionate Share Payments
   - National Health Service Corps and primary care
   - **Legislation temporarily (we hope) stuck**
2. Finances for persons

- State Child Health Insurance Program
  - Gaining more use
  - Expanding to more groups
  - Budget issue

- Medicaid and relief for states
  - Budget issue

- Affordable health insurance
  - tax-based policies for individuals
  - tax-based policies for employers
  - legislation stalled

- Universal coverage
  - says who?
  - coming back to the agenda
The fit is not complete

- Without universal coverage financial access a problem

- With more complete coverage, underinsurance can still create barriers

- Until such time, at least make sure pieces we do have are continued and that fit together as best they can
National Policy and Geographic Access: Another Incomplete Fit

Workforce

- Struggle to maintain a meager effort in Title VII
- Threat to a safety valve: J-1 Visa Waiver program
- Increases in spending for NHSC, but also expansion of professions
- Hope in nursing with new programs and new spending, but need is overwhelming

- Appropriations in Jeopardy
- J-1 Legislation slow, but moving
- National Health Services Corps part of safety net legislation

Safety Net Does Not Reach All Corners
Institutions, especially hospitals

- Medicare policies influence their future

- Packages of changes: House passed, Senate in mark-up

- The Medicare Rural Hospital Flexibility Program
  - Success story
  - 47 participants

  Legislation to reauthorize pending, appropriations on track

- Small Hospital Improvement Program
  - Prospects favorable
  - over 1400 participating hospitals

  Appropriations included in Senate mark
Still not Systematic in National Policy

- Again, pieces that help assemble a puzzle of providing access
- But fall short in interim goals of financial and geographic access
- Then fall considerably short in policies linked to outcomes
- People and places remain vulnerable
Policies Broadly Conceived

- Farm Bill of 2002
- Secretary’s “One Department Serving Rural America”
- Economic development policies and training workers in health care sector
- Programs related to patient safety and quality improvement
Investment Policy

- People
- Places
- Systems