

Bob Dole



NEWS

U.S. SENATOR FOR KANSAS

FROM:

SENATE REPUBLICAN LEADER

FOR IMMEDIATE RELEASE
Friday, July 22, 1994

Contact: Clarkson Hine
(202) 224-5358

RURAL HEALTH CARE

DOLE/PACKWOOD PLAN IMPROVES ACCESS TO HEALTH CARE IN RURAL AMERICA

With the health care debate taking on more force and intensity, I would like to say a few words about the importance of not losing sight of the special needs of rural Americans.

Rural Americans make up about 20 percent of the population. And contrary to what some may believe, rural Americans are as diverse a group as Americans living in any other part of the country. That's why when proposing health care reforms, rural Americans are no more likely to adapt to a one-size-fits-all model than are Americans living in any other part of the country.

When Senator Packwood and I crafted our health reform plan, which I am proud to say enjoys the support of forty senators, we gave special consideration to rural Americans.

Access to health care providers can be just as much of a challenge in rural America as is cost. That's why the Dole-Packwood bill has special provisions to improve access to health care in rural America. Many of these provisions are quite technical, but let me just summarize what they would accomplish.

- ◆ More primary care: the way medicare reimburses medical education would be changed so that young physicians can be trained in places like community health centers, or other out-patient settings, where more primary care providers are likely to be trained.
- ◆ Improved reimbursement for nurse practitioners and other non-physician providers to encourage more of these providers to practice in rural areas.
- ◆ Better access to rural hospitals by extending payments for Medicare dependent hospitals through 1998. The Dole-Packwood proposal recognizes that these payments may make the difference between a hospital keeping its doors open or not.
- ◆ Establishment of telecommunication grants in rural areas, so that providers practicing in these areas have better information and the ability to communicate with providers in distant areas.

These are just a few of the specific rural provisions in the Dole-Packwood proposal. In addition, many of the insurance market reforms and tax changes contained in the proposal will go a long way toward helping rural Americans.

For example, rural Americans are more likely to be self-employed or work for a small business that does not provide health insurance. In fact, over ninety percent of the businesses in my home state of Kansas have fewer than ten employees.

Under current law, individuals who purchase their own insurance are not able to deduct the cost of that insurance. The Dole-Packwood proposal would phase in full deductibility of health insurance so that those who are self-employed or who buy their own insurance are treated the same as those employed by large businesses.

The Dole-Packwood proposal contains a number of insurance reforms which make insurance more readily available to individuals and small businesses. For example, we provide for the elimination of pre-existing condition exclusions and we require that insurers guarantee coverage to everyone. Additionally, we provide government subsidies for individuals with incomes up to 150 percent of poverty.

Finally, Dole-Packwood does this without a single mandate, without a single cent of new taxes or an increase in existing taxes, and without a single penny added to the deficit. All Americans -- rural or otherwise -- know that the price of health care should not be jobs or the endangerment of our children's future.

Provisions in Dole-Packwood Proposal Specifically Targeted to Rural Areas

1. Extend Essential Access Community Hospital program and Rural Primary Care Hospital program (E.A.C.H./R.P.C.H.) to all states. Currently only 7 seven states have these grants available to them. The purpose is to enable these smaller hospitals to continue in their mission to provide primary care services to the residents of rural areas.
2. Better access to rural hospitals by extending payments for Medicare dependent hospitals through 1998. The Dole-Packwood proposal recognizes that these payments may make the difference between a hospital keeping its doors open or not.
3. Expand the Medical Assistance Program to all states. Currently, this program is limited only to the state of Montana -- a state which has had a lot of success assisting small rural communities to establish medical facilities.
4. Non-refundable tax credits for health care personnel who establish practices in medically underserved communities.
5. Improved reimbursement for nurse practitioners and other non-physician providers to encourage more of these providers to practice in rural areas.
6. Federal funds available for the development of health care networks in underserved rural communities. Grants and low interest loans would assist with resources needed to develop rural health care facilities.
7. States may designate medically underserved areas which will then receive special considerations, including service from health plans in adjoining geographic areas, increased compensation for health services, and federal assistance for development of health care services.
8. Establishment of telecommunication grants in rural areas, so that providers practicing in these areas have better information and the ability to communicate with providers in distant areas.
9. Provides resources for medical transportation for rural and frontier areas.
10. Upgrades the federal office of rural health to increase the attention to rural health care needs in the federal establishment.
11. More primary care: the way Medicare reimburses medical education would be changed so that residents can learn in places like community health centers, or other out-patient settings, where more primary care providers are likely to be trained.
12. Increased federal support for primary care services for groups most likely to be uninsured or high risk: childhood immunization, maternal and child health, breast and cervical cancer prevention, HIV early detection, tuberculosis prevention, and health care for the homeless.
13. Increase support for public health service programs, including community health centers, migrant health centers, and federally qualified health centers.
14. Prospective payment assessment commission (PROPAC) will conduct studies and make recommendations on ways to improve access to health care for vulnerable populations in rural areas.

###