



*The Minnesota Rural Health Association brings together diverse interests to address rural health issues and advocates for and with rural Minnesotans.*

## **2006 Legislative Priorities**

### **1. Health Spending Cuts Must Have Urban/Rural Balance**

- Although many of the costs of delivering health care in rural areas are equal to or greater than urban costs, rural providers receive less payment for the same services provided. Spending cuts should be targeted first toward creating urban/rural reimbursement equality before reducing rural payments.
- Reimbursement equity preserves rural health care by helping to sustain providers in rural areas and by preventing cost shifts on those who are un- and under-insured.

### **2. Consumers should have access to Quality and Cost Information about Rural Providers**

- Through legislative intent, the Smart Buy Alliance and the Governor's Health Care Cabinet, the State should lead efforts to identify quality measures that are useable in rural areas, where patient volume and extensive process measures are not meaningful.
- Through legislative intent, the Smart Buy Alliance and the Governor's Health Care Cabinet, the State should lead efforts for *interoperable* electronic health records. Currently, some hospital system are refusing (or otherwise making difficult) to allow a patient's electronic file to be imported; this monopolistic practice inhibits access for many rural residents.

### **3. Reduce the demand for long term care by supporting initiatives which help rural residents age in place**

- Encourage programs and other efforts that will provide sufficient access to a range of aging services for rural residents.
- Maintain the capacity of the Area Agencies on Aging, recognizing AAAs as essential to connecting rural elderly with the services that are available.
- Monitor Medicare Part D and intervene at the state level if needed to assure appropriate coverage for recipients throughout the state.

#### **4. Act in 2006 to Assure Access to health care interpreter services**

- The expense of providing interpreter services falls disproportionately on clinics and hospitals in and around communities of color and in many of our rural areas.

#### **5. Declare Methamphetamine use and related crimes to be a public health crisis**

- Meth users are crowding emergency rooms and overwhelming treatment programs, especially in Greater Minnesota where virtually all rural counties are designated as Mental Health Provider Shortage Areas.
- Programs and options to provide care to the children of meth users are scarce and inadequate to meet the needs, especially in Greater Minnesota where a lack of economies of scope and scale make programs more difficult to operate.
- Because of their violent behavior and lack of suitable detoxification and treatment facilities, meth users are crowding local jails and significantly increasing the costs for incarceration and related health care services.

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#### **State Resolution of the Minnesota Rural Health Association**

*Whereas* urban outmigration best serves all Minnesota citizens; and,  
*Whereas* Minnesota's rural residents can benefit from a focused effort to foster industry and knowledge clusters, including state employee placement.

*Be it therefore resolved* that all state funding initiatives include an Urban Outmigration Impact Statement that indicates how all programs funded with state dollars are affecting urban congestion and rural community vitality.

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Members of the Minnesota Rural Health Association are volunteers who are passionate about maintaining and improving access to quality and affordable care in our rural communities. Members with appropriate expertise will make themselves available to offer background information, rural perspective or to testify on specific issues. Key contacts include:

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**Minnesota Rural Health Association**