

2007



Legislative Priorities

NOVEMBER 2006



2007 MRHA Legislative Priorities

Whereas there has been a demographic shift in Minnesota; and
Whereas this shift has resulted in declining populations in many rural communities and a decline in economic and social capital in these areas; and
Whereas this shift has also resulted in urban congestion and related problems;
Be it therefore resolved that all new state initiatives include a review to assess opportunity to locate selected state funded jobs and infrastructure, over time and when appropriate, in rural communities, thereby helping to relieve urban congestion and fostering rural vitality.
The review to be called a "Rural Opportunity Assessment, ROA."

2007 Initiatives

- Assure rural health care access to interpreter services
- Support a primary law for seat belt enforcement

Guiding Principles:

1. **MRHA supports public policy initiatives which maintain, protect and promote the health of people living in rural Minnesota communities.**
2. **We must seek an Urban/Rural balance as we work together to identify health care access and coverage solutions.** Rural areas have a disproportionate number of un-insured and under-insured. Further, more rural residents carry policies that include exemptions from coverage for certain health conditions, such as diabetes, cancer or asthma. Health access and coverage proposals must address the difficulty rural businesses, farm families and part-time/seasonal workers face in obtaining and maintaining affordable coverage. The proposals must also offer accessible health care services that are appropriate for the growing number of non-English-speaking, rural residents.
3. **Consumers should have access to "useable" information about prevention, quality and cost.** Rural residents have a disproportionate number of auto fatalities (due in part to lack of seatbelt use), prevalence of smoking and certain chronic health conditions. There are significantly fewer prevention strategies undertaken in rural areas, due, in part, to the lack of employer involvement in health coverage and therefore fewer opportunities for health prevention/awareness activities. Nor are there as many opportunities for cultural-and language-specific, targeted health awareness activities. For "quality" information to be useful to a rural resident, the quality measurement must be relevant to smaller providers. This means that "process" measures that may be useful to a large hospital system may not be useable for rural providers. Cost information must be available for all significant components making up the health care premium (including broker compensation, network fee charges, administrative fees) as well as reimbursable amounts for providers. Only by understanding the expense components can a consumer have enough understanding to find effective ways to reduce his or her own expenses.
4. **The demand for long term care services will best be managed by supporting initiatives that help rural residents age in place.** MRHA encourages community, legislative and statewide discussions, seeking ideas for promotion of "healthy aging" communities and addressing long term care facility viability ideas.

Continued on page two:

MRHA INFORMATION SESSIONS

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

MRHA will host 30 minute Cyber Conferences, available to members and the public (register by calling 218 281 8323 or email jneppel@umn.edu)

- **Pharmacist access in rural MN** **January 19, 2007**
Dr. Tim Stratton *University of Minnesota, Duluth*
College of Pharmacy
- **Pharmaceutical options for elderly** **January 26, 2007**
Robin Weis *Minnesota River Area Agency on Aging*
- **Pay for Performance** **February 2, 2007**
Liz Quam and Jennifer Beech *Center for Diagnostic Imaging*
- **E-Health Record** **February 9, 2007**
Mark Schoenbaum *Minnesota Department of Health,*
Office of Rural Health and Primary Care
- **Seat Belt Primary Law** **February 16, 2007**
Nancy Franke-Wilson *Community Health Liaison*
Minnesota Department of Public Safety

Cyber presentations are underwritten by the Center for Diagnostic Imaging (CDI).

Please see MRHA's website for background information on each of these initiatives.

www.mnruralhealth.org

Judy Neppel, Executive Director—jneppel@umn.edu—218 281 8323

Liz Quam, President—lquam@cdirad.com—952 525 6308

Barbara Muesing, President elect— candb@gvtel.com 218 281 2048

Minnesota Rural Health Association
University of Minnesota, Crookston
217 Selvig Hall
2900 University Avenue
Crookston, MN 56716

