



Policy Forum

Shaping Sustainable Solutions: An Interactive Dialogue With Our Legislative Leaders



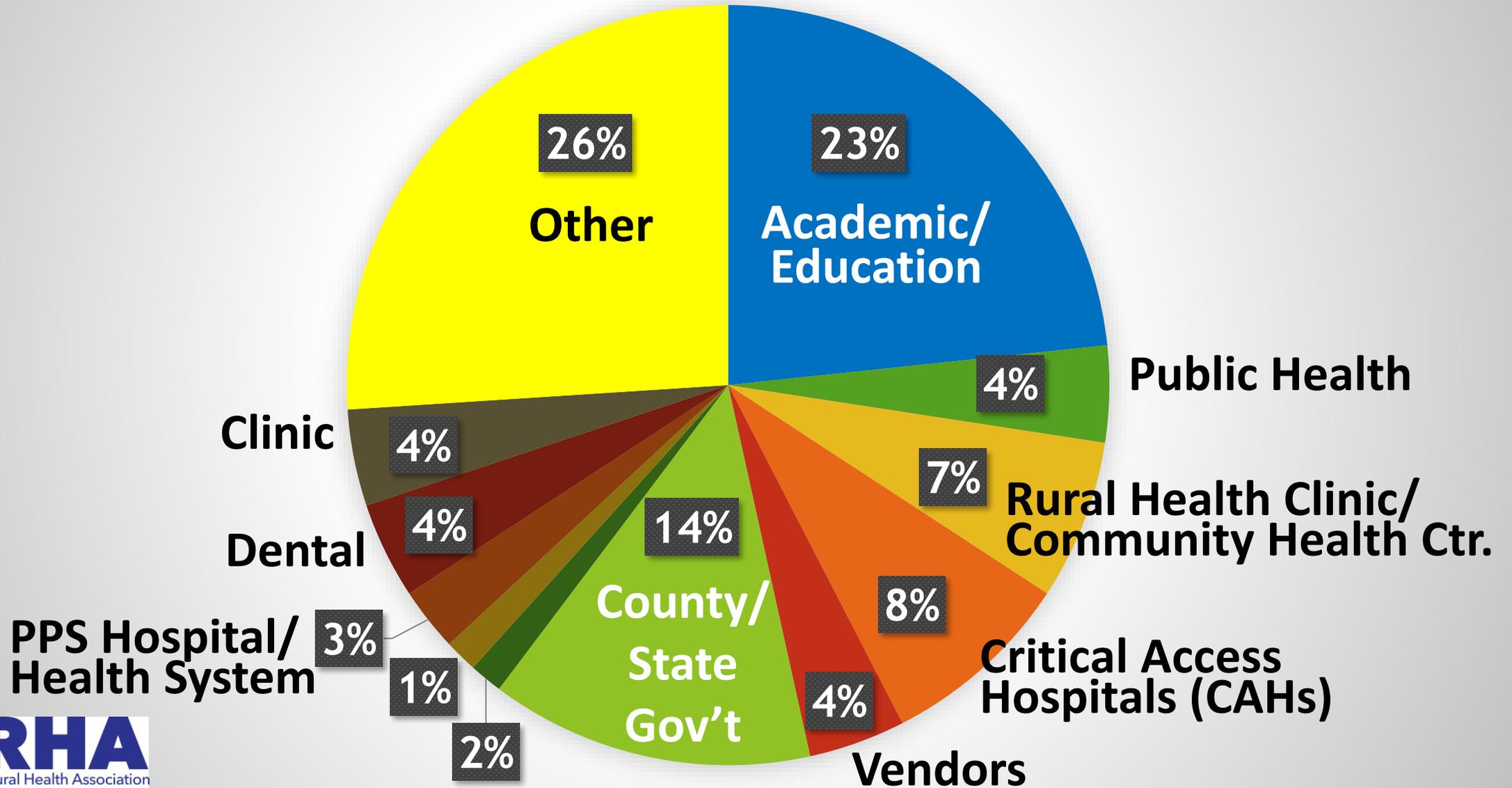
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**June 19, 2017
MN Rural Health Conference
at the DECC, Duluth**

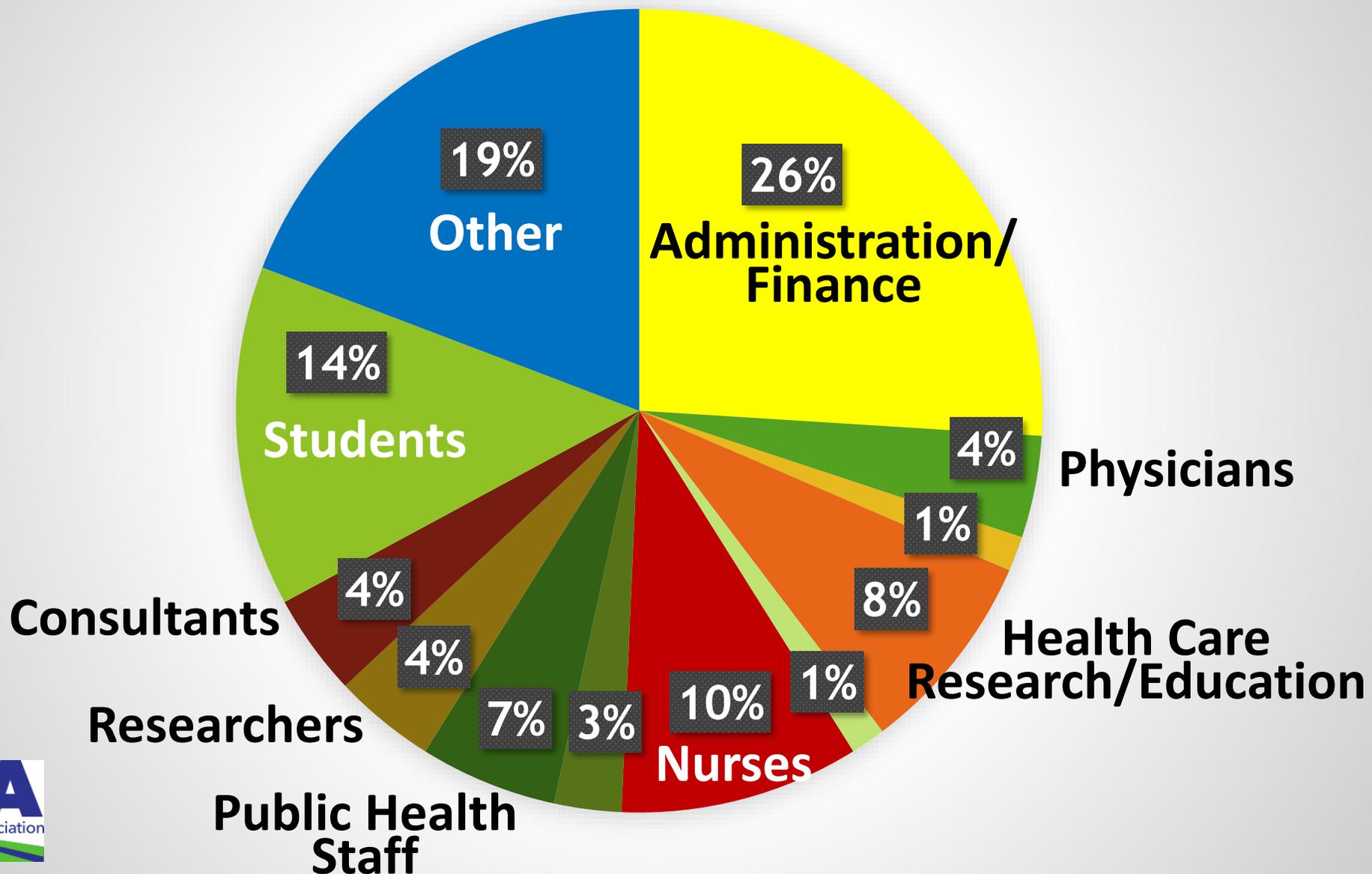


Pre-Conference Policy Survey Results

Conference Registrants Responding to Policy Survey...



Survey Respondents' Positions/Roles...



What policy and program concerns . . . are most important in Minnesota's current rural health care environment?

1. Access to mental/behavioral health services	49.3%	36
2. Access to affordable health care coverage	41.1%	30
3. Medicare and Medicaid reimbursement rates (too low)	34.2%	25
4. Health care workforce shortages	32.9%	24
5. Challenges of aging healthy in-place	21.9%	16
6. Transportation challenges (emergency, medical, non-med.)	20.5%	15
7. Innovations in care delivery (clinical; scope-of-practice; etc.)	17.8%	13
8. Access to oral/dental care	16.4%	12
9. Increased burden of regulatory/reporting requirements	15.1%	11
10. Small rural hospitals in danger of closing	13.7%	10
11. Policy makers do not understand rural	12.3%	9

Given current budget/financial realities, which do you consider the most potent strategies to address these issues?

1. Better Medicare and Medicaid reimb. (reflecting true rural need)	45.2%	33
2. Strengthening home and community-based care and services	34.2%	25
3. Care delivery innovations (care coord., health care homes, etc.)	30.1%	22
4. Regulatory reform and relief (less cost/burden)	26.0%	19
5. Telemedicine and mobile medicine outreach and support	23.3%	17
6. Require health plans to offer coverage in all parts of Minnesota	23.3%	17
7. Grants supporting innovation in rural care delivery	21.9%	16
8. Grants or low interest loans targeting rural providers	20.5%	15
9. Paying for value/outcomes based on sound quality measures	17.8%	13
10. Special support for rural hospitals and clinics	16.4%	12
11. More rural medical residencies	13.7%	10

What current trends do you see in health care or government that cause you concern . . . ?

- **Negative rural impacts of the proposed AHCA and President Trump's budget.**
- **Medicare and Medicaid cuts, caps, shifts, delays and block-granting hurting rural areas – particularly Medicaid expansion states like Minnesota**
- **Potential cuts in mandated insurance benefits; reapplying pre-ex condition limits**
- **Rural access to affordable health care and health care insurance**
- **Workforce shortages; access to dental and mental/behavioral health care.**
- **Uncertainty about the direction of health care, federal policies, funding**
- **Need better jobs and economic development in rural areas**
- **Reimbursement cuts and delays hitting rural hardest**
- **Concerns/hopes that current break-downs are leading to universal, single-payor**
- **Rural residents are increasingly older, poorer and less healthy; aging residents**

What current trends do you see in health care or government that cause you concern . . . ?

- People are moving away from rural communities
- Drugs (opioids) are becoming more and more of a problem
- Persistent gaps in health equity in rural communities
- Medicaid expansion and low MA reimbursement putting providers in trouble
- Hard to recruit young people to rural communities; decreasing job opportunities
- Families cannot live and afford health care on low rural wages
- Transportation costs going up; reimbursements going down
- Health care professional workforce shortages in too many areas
- Reporting mandates burdensome and unfair to rural providers and facilities
- Policy makers out-of-touch with rural realities; we need realistic answers
- Need less partisan bickering and more intelligent, sustainable solutions

What current trends. . . make you optimistic about the future of rural health care in Minnesota?

- Expanding use of telemedicine/telehealth/telemonitoring and other innovations
- Broadband expansion in rural areas
- Providers being allowed to practice to the full extent of their scope-of-practice
- New thinking about supervised midlevels, paraprofessionals and others helping meet critical health care workforce needs
- Rural community efforts to improve health and health care – inspiring!
- Young health care professionals interested in returning/remaining rural
- Increasing use of health care homes and greater care coordination
- Increasing awareness about rural disparities and equity in health and resources
- Increasing diversity of rural health care workforce
- The political landscape has recently favored rural areas; need policy makers to respond intelligently
- Minnesota health care know-how and ingenuity!



2017 Minnesota Legislative Session Rural Results

- \$1.65 billion projected state budget surplus
- Unfinished business from 2016: taxes; transportation; bonding; individual insurance collapse
- Early committee deadlines, but still a rough ending
- Divided government
- \$46 billion two-year state budget FY2018-2020



2017 Minnesota Legislative Session Rural Results

Hits

- \$326 million indiv. insurance emergency subsidies
- \$542 million reinsurance prog. to stabilize premiums
- More support for mental/behavioral/chemical health
- New efforts to combat opioid abuse
- Broadband, small cell and telemedicine expansion
- Grants/loans for more medical residencies
- Retained SHIP funding, including rural projects
- Efforts to address health care workforce needs



2017 Minnesota Legislative Session Rural Results

Misses

- \$15 billion HHS Bill reduces spending \$463 million
- Elimination of Medicaid cost-of-living increases
- No increase in MFIP cash assistance
- Heavy reliance on Health Care Access Fund dollars
- Medicaid payment delay (spending still happens)
- No plan for dealing with anticipated federal cuts
- Bi-partisan votes on many bills, but partisan brinksmanship leading to missed opportunities



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Our Panelists:

- **State Representative Matt Dean,**
House HHS Finance Committee (Chair)
- **State Representative Erin Murphy,**
House HHS Finance Committee (Minority Lead)
- **State Representative Joe Schomacker,**
House HHS Reform Committee (Chair)
- **State Representative Tina Liebling,**
House HHS Reform Committee (Minority Lead)
- **State Senator Michelle Benson,**
Senate HHS Finance & Policy Committee (Chair)
- **State Senator Jim Abeler,**
Senate HS Finance, Reform & Policy Committee (Chair)



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Rural Health Advocacy Program

- Eight month certificate program on effective rural health advocacy (**starts in September**)
- Get to know the legislative processes that impact your world and rural health – and how to connect!
- Build your own story and strategies for change
- Learn from experts and use your knowledge at your State Capitol during the 2018 session

www.MNRuralHealth.org
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Join The Voice of Rural Health!

Strengthening rural health and health care
through leadership, education, advocacy and
collaboration.

It's easy . . .

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**Thank
You!**  **at&t**

**Immediately following
the Policy Forum . . .**

Student Posters 5:00-5:30

Reception 5:00-6:30



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