



## **GUEST EDITORIAL: We can't afford not to change health care**

**BY NIEL RITCHIE**

December 18, 2009 01:13 pm— Critics of health-care reform argue that changing the system is just too costly, but for largely rural states like Iowa it's the status quo we can least afford. Caring for the uninsured will cost state health providers \$935 million this year — while the number without coverage continues to swell. More than 302,000 residents already live in fear of getting sick or injured, yet every day another 70 of our neighbors, friends and families fall into that vast pool of the uninsured. These economic losses don't simply vanish. In part they're made up through higher premium costs, averaging an additional \$600 each year for every family with insurance. The rest is divvied up among taxpayers, including all those unable to afford private coverage but too rich to qualify for subsidized care. This isn't just unfair — it puts the state's economy at risk. Between 1999 and 2008 insurance premiums rose by 119 percent, compared with only a 29 percent increase in inflation. These skyrocketing costs have struck small businesses particularly hard, which might not seem like much until one considers this: More than three-quarters of all Iowa businesses fall into this category and nearly six of 10 can't afford to provide employee coverage. For the state's outlying counties this should be of considerable concern, where uninsurance is no less an issue than the total lack of access to primary care. Already more than 247,000 Iowans — or nearly one in 10 of all residents — can't access a primary-care provider due to shortages in their communities. Without a solid health-care infrastructure that expands the numbers of doctors, nurses and dentists — which reform would provide — these communities will have even greater challenges holding their own. The inseparable link between health care and economic viability was revealed recently by the National Center for Rural Health Works, which found that one primary-care physician working in a rural area generates \$1.2

million in annual revenue and creates 23 jobs; a single hospital accounts for as much as 20 percent of the local economy. A loss of providers, by contrast, results in devastating hardship: Even the departure of one-half of one full-time doctor translates into more than a half-million drop in community income and 14 jobs. “Health care is the No. 1 provider of jobs — good jobs — in rural areas,” said Val Schott, director of the Oklahoma Office of Rural Health at Oklahoma State University. “On the reverse side, as we see health care fail we see whole communities dry up and virtually disappear. Health care is critically important to payroll and jobs but also to any kind of economic development, because no one is going to move where there is not good care.” According to Claudia Tanoos, vice president of the Terre Haute (Ind.) Economic Development Corp., access to quality health care ranks No. 1 among considerations of companies looking to launch or locate in a community — just as its absence has a crippling effect on those outcomes. She knows something about this as part of the Rural Health Innovation Collaboration, launched early this year to increase providers and economic-development opportunities in small communities. “It’s not just that there is health care but the right health care to ensure workers are able to come to work each day,” she said. “Rural areas do have difficulty attracting industries and companies where health care isn’t accessible.” In all their arguments against reform critics are wrong on at least one point: They state those with health insurance don’t have a stake in change. The fact is Iowa’s overall economic wellbeing depends upon reform as much as every friend, neighbor and relative each of us knows who now struggles without access to care.\*\*\* Niel Ritchie is executive director of The League of Rural Voters, a Minnesota-based nonprofit working to strengthen rural communities nationwide.

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