



What's in Health Reform for Rural Virginia

Health Reform Provides More Affordable Health Insurance

- Americans living in rural areas are uninsured and underinsured at higher rates than their urban counterparts: 23% in rural areas compared to 19% in urban areas. A greater proportion of self-employed workers living in rural areas are uninsured (40%), compared to self-employed workers in urban areas (32%).
- Health reform legislation will improve accessibility and affordability of health coverage for all rural Americans. Provisions for guaranteed issue coverage and the prohibition of pre-existing condition exclusions will ensure that health insurance is available to all Americans, even if they are already sick. Provisions to control insurance companies' rating practices, prohibit annual or lifetime limits on benefits, and cap consumer cost-sharing will keep health costs under control for rural Americans.

Health Reform Provides Access to Preventive Care

- Rural Americans are sicker, with higher rates of chronic disease. Conditions such as hypertension, high cholesterol, diabetes, chronic bronchitis, stroke and arthritis are more prevalent among rural populations than urban. Some of these conditions are also risk factors for other diseases.
- Health reform provisions prohibit cost-sharing for preventive services, encouraging individuals to seek care early for better preventive treatment of their conditions.

Health Reform Improves the Health Care Workforce

- Rural America is experiencing a health care workforce crisis. Less than 10% of physicians serve 25% of the country's population. When more individuals have health insurance and are able to afford health care, the strain on the existing providers will be even greater.
- Health reform develops a robust rural health care workforce:
 - o A strong investment in the National Health Service Corps provides additional funding for scholarships and loan repayments for medical students choosing to practice in underserved areas.
 - o Changes to Medicare Graduate Medical Education funding can influence future doctors' career choices by encouraging residency in rural areas.
 - o Increased support for Title VII and VIII workforce programs is an investment in the long-term health of the rural provider pipeline.
- Reform also establishes a national workforce commission to gather information on the health care workforce and better coordinate and implement workforce planning and analysis.

Health Reform Improves Rural Medicare Reimbursement

- Rural hospitals and providers struggle financially because of lower Medicare reimbursement rates, low patient volumes, and other reasons. The average payment-per-discharge for rural hospitals in FY2009 was \$7,432; for urban hospitals, the average for the same time period was \$10,274.
- Some types of rural hospitals receive special Medicare reimbursements to protect them from financial losses as a result of serving Medicare patients and help them remain in business.
- Health reform legislation improves rural Medicare reimbursement rates and strengthens rural safety net providers.