

Healthcare Needs Permanent Solutions, Not More Band-Aids

Our Profit-centric System is Harming Rural Communities & the People Who Live in Them

By Aleta Borrud

The Land Stewardship Project believes that in order for our communities to thrive, everyone, regardless of background or zip code, must have access to the healthcare they need. Yet lack of healthcare access and high costs continue to be major financial stresses for all Minnesotans — particularly for rural residents. More people in rural areas lack employer-based insurance or are uninsured than in urban areas. And even with insurance, about half of us are on high-deductible insurance plans with such extreme up-front costs to accessing care that people are forgoing or delaying the care they need.

In Minnesota, most legislative efforts in recent years have focused on keeping premium costs down to make purchasing health insurance more affordable. But this has been offset by significant shifting of the cost of care to people in the form of co-pays and co-insurance, in addition to up-front deductibles. Few people, especially after the economic drain of the pandemic, have the resources to pay thousands of dollars out-of-pocket if faced with an emergency hospitalization. As a result, many rural hospitals are operating at a loss, with threat of permanent closure. In addition, other essential components of healthcare in rural Minnesota face shortfalls, such as lack of in-home care workers, nursing home beds, obstetric care, mental health services, and volunteer staffing for ambulances.

Our fractured payment system for healthcare fails to guarantee equitable access. The billing complexity frustrates medical providers and wastes precious healthcare dollars. Medical providers spend hours obtaining authorization for necessary care of patients,

while up to a third of the costs of hospitalization is spent on billing and coding. We must demand better for all of our communities if they are to be places where people want to invest their lives.

When access to care is limited by availability, either due to distance or restrictive provider networks, people can't "shop for care." It's time to discard the worn-out call for marketplace solutions as a means of controlling costs. When companies can profit from healthcare, controlling costs means

Healthcare Hotlist

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reducing care, such as by closing rural clinics or standing between doctors and the care they want to prescribe for patients. We need to use our collective power, as Minnesota residents, to demand investment in healthcare. We need a publicly funded and publicly administered system of care that takes profit out of the equation and guarantees access to care wherever people live. This is a critical part of the reinvestment needed to rebuild the strength of our rural communities.

We are far from creating the healthcare system we need, but during the 2021 session of the Minnesota Legislature (*pages 8-10*), efforts were made to lay the groundwork for key changes. The House passed the following steps during the regular session:

- Require our state government to report on alternate methods of delivering care and reimbursing medical providers in Minnesota's public medical insurance

programs. This could provide information on possible cost efficiencies of public administration of public health insurance programs.

- Require our state government to develop a proposal for a public health insurance option program by Dec. 15, 2021.
- Establish a Prescription Drug Affordability Board to control the runaway costs of pharmaceuticals.
- Before healthcare entities close facilities or reduce services, hold public hearings to review the impact on communities.

In contrast, the Minnesota Senate continues to support "reinsurance," which uses taxpayer dollars to insure insurance companies against losses, while patients still go into debt paying for healthcare. LSP argued against using healthcare dollars in this way, as it does nothing to control significant out-of-pocket costs for people needing to buy insurance on their own in the marketplace. But most importantly, we opposed this because it continues an insurance system that is not making care more affordable and accessible, especially for rural communities, farmers, and Main Street businesses.

Despite the dire need for reform, the fundamental change we need in the healthcare system in Minnesota will not happen this year. But the fight isn't over. We need to come together in our communities and ask legislators to deliver meaningful, long-term solutions, instead of sticking more Band-Aids on the same old wounds. □

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2021 Family Farm Breakfast Goes Virtual

After a year off due to the COVID-19 pandemic, the 2021 edition of the Family Farm Breakfast at the Capitol returned April 15, albeit on Zoom. Over 150 people joined lawmakers and other Minnesota decisionmakers, including Governor Tim Walz and Agriculture Commissioner Thom Petersen, for an online discussion about the importance of supporting resiliency in our communities by passing legislation such as the "100% Soil Healthy Farming Bill" (*page 8*).

"Small actions make a big difference," said Minneapolis resident Emma Thomley during the event. "The soil our food is grown in touches every one of our lives."

Besides soil health, climate change mitigation, farm-to-school, the need for local meat processing, healthcare reform, tax reform that supports a fair state budget, and support for farmers in crisis were discussed on the call by LSP members from across the state.

The importance of not limiting to the state Capitol one's involvement with policy changes was also emphasized. "Organizing in local communities might force you to step out of your comfort zone, but it really makes a difference when you show up," said Ghent resident Darwin Dyce. "If there ever was a time to connect and build relationships, it's now."

