

## H. Rural Health Care

*Moderator: Rep. Richard Creagan, Hawaii*

- a. Connecticut's Rural Health Care, Kevin Ryan, Connecticut
- b. Rural Mental Health, Representative Jeanne Poppe, Minnesota
- c. Cooperative Efforts, *James Gray, Gray Executive Direction*
- d. Minnesota's Cooperative Health Insurance, Representative Tim Miller, Minnesota

### Connecticut's Rural Health Care

Kevin Ryan - Representative, Connecticut

There is a rural population of 9.1% in Connecticut, many are wealthy, but there are some low-income pockets. The state completed an assessment and report on rural health care and findings showed that there are higher rates of Lyme disease, cancer, and mortality as a result of cancer. There is a Foundation for Community Health that "endeavors to develop innovative and effective services that focus on access to high quality health-related services and prevention/health promotion activities." Programs include promotion of medical graduates to work in rural areas, mental health supports, and a study on the health of migrant farmers from tobacco farms.

### Rural Mental Health

Jeanne Poppe – Representative, Minnesota

Jeanne is a retired councillor and former farmer. During the 1980s farm crisis Minnesota started a Farm Advocate Program. These advocates were hired to assist farmers in anything from applying for bank loans to connecting them with health care professionals. Farmers continue to struggle with excessive snow leading to barn collapses, flooding leading to crops not being planted and cattle losses, and dairy farms going out of business. Many people have been assisted and Jeanne is proud of the program.

### Minnesota's Cooperative Health Insurance

Tim Miller - Representative, Minnesota

To address the 2016 individual medical coverage collapse in Minnesota, ERISA law was used creatively to circumvent the state department of commerce and work directly with the federal government to provide something better. 40 Square individual health plans were formed out of the Ag Cooperative Plan Law, and will be expanded with additional options to make it more competitive.

### Cooperative Efforts

Jim Gray – Executive Director, 2, 4-D Research Task Force

In Kansas there are ongoing efforts to improve the system of health care coverage for Ag constituents. In trying to set up a plan, one of the challenges is that \$1.5M is required as a reserve. USDA Rural Development in Washington was asked for the funding but there is no program available. Efforts will continue.

## Discussion Points

- 40 Square does address pre-existing conditions. There are 10 stringent questions that determine one's rate and it can be unaffordable for some.
- Land of Lakes and 40 Square are two models that have figured it out, but other states could start their own model.
- 40 Square rates are competitive but stable. Minnesota was able to get the \$1.5M reserve through grants.
- The 15 Farm Advocates in Minnesota is not sufficient, they could use more, and hope to get younger staff as some of the current advocates started in the 1980s and will want to retire.
- Quebec noted they also have substantial mental health issues in their rural areas as well; perhaps the Farm Advocate model could work there.
- Patient assessments over the phone have been a cost effective tool in some areas.