



Commentary: Whose Business to Worry About Rural Health?

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January, 2022

I may be “old school” but at least on my good days, I try to follow the commandment, “to love your neighbor as yourself.” And perhaps, unfortunately, there is no loophole for members of a different political party, advocacy group or individuals who are otherwise thought to be jerks.

In early 2021, a Wisconsin politician rejected the idea of advocating Covid-19 vaccinations by saying in a radio interview, “What do you care if your neighbor has one or not?”

He now has his answer: vaccinated and unvaccinated alike are living through an experience unprecedented in my almost 50 years in healthcare—an American health care system on the edge—hospitals pushed by Covid-19 beyond their capacity and not infrequently without enough staff to assure their communities of the care they need.

The bottom line is that there is a reason for the tradition of emphasizing the importance of community—when we each give something of ourselves, we all tend to be better served.

So yes, I think it is the responsibility of us all to think about the health care available in rural, and in urban communities. Ironically, while our hospitals have been fighting for the lives and well-being of their communities and staff, we have never been under greater threat from some health insurers who, not satisfied with record-breaking profits, have become even more aggressive.

Here are just a few of the health insurer behaviors ramped up during the height of the pandemic:

- A “just say no culture” re: appeals for medically necessary patient care
- Requiring patients to leave town for services available locally
- Requiring patients to use insurer’s owned pharmacy and not from their local in-network hospital
- Retroactive denial of claims for needed emergency room care
- Refusing to sign-up new rural physicians recruited to replace those retiring

The recent response to the above behaviors from a power broker for health insurers in our state capital raised many eyebrows when he supported the aggressive trend against rural hospitals by dismissively shouting “not my business to worry about rural health care.”

To be fair, these behaviors are not just found in rural markets.

The “just say no attitude” came very close to home when our granddaughter, a newly diagnosed type 1 diabetic, was denied reimbursement for an insulin pump and a continuous glucose monitor (CGM) because the insurer didn’t see her as meeting their criteria of “having poor control.” After a couple of tries she won her appeal (with her physician’s full support)—suggesting that the insurer take the time to actually read the documents she had filed. With pages of graphs and narrative, she demonstrated that her numbers had significantly improved only after her parents had acquired the CGM without waiting for the insurer’s permission.

Being tenacious should not be a requirement for fair access to needed health care. Without getting into the pros and cons of the role of health insurers in American health care, it is still true, as Abraham Lincoln said over a hundred and fifty years ago, “a house divided against itself cannot stand.”

RWHC has long advocated for the development of better relations between rural hospitals and health insurers. To aid that process, we have developed “Priorities for Rural-Friendly Health Insurers” available at <https://bit.ly/3K939sD>.

“Over 500 rural hospitals in the U.S. were at immediate risk of closure before the Covid-19 pandemic and now more than 800 hospitals—40% of all rural hospitals in the country—are either at immediate or high risk of closure” according to a report from the Center for Healthcare Quality and Payment Reform. It would be foolish for any of us to assume we are immune from these trends and its impact on access to local quality care.

It is all of our business to worry about rural health.