

Not just a debate

Health care reform is paramount to rural Americans



“Working people need to keep working, but fighting with these people is a full-time job,” Iowa Farmers Union President Chris Petersen said of his health insurance battles. “As long as you don’t have a claim, you have the best insurance in the world. ... You’re treated like a damn criminal when you have medical debt.”

By Cynthia Moothart
League of Rural Voters

RURAL CLEAR LAKE, Iowa — Six hundred-plus pages of correspondence — about five pounds’ worth — weigh heavily on Chris Petersen, Iowa Farmers Union president and owner of a sustainable livestock operation with his wife, Kristi. The letters, stacked in yellow folders on the kitchen table, track the couple’s three-year odyssey since being dropped by their private health insurer.

“When you have a personal experience, it turns you into a hell-raising person,” Chris Petersen said. “The trouble is, we don’t have enough people speaking up when they’ve had bad experiences, because until the voices that vote outnumber campaign contributors, nothing is going to change.”

His is a political lesson millions of Americans are learning firsthand as industry pressure threatens another generation of reforms. Although legislation in the past year has

gone further than at any time of the past century, key cost-control and accessibility measures remain at risk. And all rural residents — but particularly farm families — will be among the greatest losers should they fail.

“Self-employed people are some of the most vulnerable in our health care economy — and that’s the dilemma of our farmers,” said Merlin Friesen, a Nebraska Farmers Union member and part-time emergency room doctor. “It’s one of the highest risk [professions] behind coal mining, and that accounts for a large percentage of the farm business we see.”

A recent multi-state survey found that 90 percent of all farmers have health insurance, but large numbers are covered under individual plans, resulting in higher costs and less stability. In Missouri, for instance, farmers who purchased single plans spent on average \$2,117 more each year than their counterparts with group coverage.

Regardless of insurance type or plan, rural residents generally bear

greater out-of-pocket costs, paying for, on average, 40 percent of all their health expenses. The result is that rural adults are more likely to delay or forego medically necessary care, yet they still report high levels of medical debt. This is particularly acute for farmers, one of every five of whom has burdensome monthly health care bills.

Petersen is such a patient.

As is typical among farm families, the Petersens were on-again, off-again with health insurance starting in the mid-1970s, often relying on off-farm jobs for coverage. While employed as a school bus driver, he was diagnosed with a nickel-sized hernia, a slight inconvenience compared to the downtime even such minor surgery would require while running a farm and working full-time.

With their two kids out of the house and still in good shape themselves, things changed for the couple in 2000, when they were able to afford private insurance. Five years later, their agent suggested they switch to a company with lower co-pays and a

better record of claims payment. The two were approved, despite Petersen’s ongoing hernia and his wife’s lifelong heart murmur. Each month, \$700 was deducted automatically from the couple’s checking account.

Just shy of a year later, Chris Petersen was pre-approved for surgery, recovering without a hitch. When bills began arriving, he called his insurance agent and was assured the company was simply slow in paying the claim. Months later, being hounded by collection agencies for the full cost of surgery and post-operative care, he received the first of what would become hundreds of letters: The insurance company determined that Petersen’s hernia was a pre-existing condition and denied the claim. It issued a new policy covering Kristi Petersen only.

Within months, following pre-approved heart tests, Kristi Petersen’s claim also was denied and she was dropped. The company’s stated reason: discrepancies between medical records and insurance forms, paperwork filled out nearly two years earlier by their agent listing Kristi Petersen as one inch taller and a dozen pounds lighter than on the day of her tests.

Between 1999 and 2008, insurance premiums rose by 119 percent, compared with only a 29 percent increase in inflation. These skyrocketing rates have struck rural areas particularly hard — and the impact extends well beyond individual families who call such places home.

In the current recession, like other modern downturns, the rural economy is shedding jobs at a pace faster than the rest of the nation — and of those remaining, fewer and fewer offer health benefits. Of the 45 million Americans without health insurance and the additional 25 percent with bare-bones plans that don’t adequately cover expenses, vast numbers are rural residents. The effect of such loss in paying patients is increased premium prices and diminished overall care.

Over the past 25 years, nearly 500 rural hospitals have closed for lack of funds, and another 2,200 areas now suffer from acute physician shortages. Today, of the 65 million Americans living in areas with too few primary-

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Commodity marketing seminars scheduled

North Dakota Farmers Union is sponsoring a seminar examining the basics of commodity marketing and futures. Presented by Frayne Olson, crops economist and marketing specialist for North Dakota State University Extension Service, the seminar will cover the basics of commodity marketing, offering valuable information for those new to farming and commodity contracts, or those in need of a refresher course.



“This is an excellent opportunity for both North Dakota Farmers Union and producers,” NDFU President Robert Carlson said. “It gives us a chance to reach out, and it gives producers an opportunity to learn more about one of the most important tools a farmer has in his toolbox today. A firm understanding of hedging and contracting is one way farmers can spread their risk and provide a little protection of the dramatic swings of the marketplace.”

“North Dakota Farmers Union would like to encourage farmers and ranchers to attend this important seminar.”

The seminar will be presented in four North Dakota cities in late February and early March. Dates and times include:

- Lisbon: Monday, Feb. 22, 9:30 a.m. to 3 p.m., Eagles Club, 6540 Highway 32
- Mandan: Tuesday, Feb. 23, 9:30 a.m. to 3 p.m., Farm Credit Services, 1600 Old Red Trail N.W.
- Minot: Tuesday, March 2, 9:30 a.m. to 3 p.m., Sleep Inn, 2400 10th St. S.W.
- Devils Lake: Wednesday, March 3, 9:30 a.m. to 3 p.m., Lake Region State College, 1801 College Drive N.

New distillery opens in Casselton



Maple River Winery owners Greg and Susan Kempel have announced the opening of a new establishment. Maple River Distillery has joined its 7-year-old wine-making sister company in Casselton.

“Opening this distillery is a fantastic way to showcase North Dakota products,” Greg Kempel said. “We pride ourselves in using fruit from the region, including rhubarb, chokecherries and wild plums. We have over 300 producers that bring fruit to the winery and distillery in our region.”

Maple River Distillery currently produces five products: chokecherry vodka, rhubarb vodka, chokecherry cordial, rhubarb cordial and wild plum cordial.

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care providers, 50 million are rural residents. As a result, millions of unnecessary dollars are now spent each year transporting urgent-care patients across miles of countryside, resulting in many surpassing the 30-minute threshold in which the nature and necessity of care explodes in price. Rural patients also are being seen for routine issues at regional health facilities, where costs are substantially higher. The average cost per day for care in big-city hospitals is about \$7,000; the price is around \$1,100 in rural communities.

“Farmers are getting eaten at both ends,” said Friesen, the Nebraska farmer and part-time emergency room doctor. “The health care economy is so expensive and unattainable, and farm policy is eating the small farmers at every turn. It makes it increasingly impossible for a small operator to make an income off of farming.”

Over the next 14 years, the Petersens will make \$200 in monthly installments for medical

care they paid thousands in premium costs to cover. Now deemed uninsurable by the private market, the two also spend \$1,300 a month on coverage through the Iowa Comprehensive Health Association, a safety net for those who can’t get insured elsewhere. But with his \$2,500 annual deductible, Petersen can afford just one of the four annual diabetes and blood pressure checks recommended by his doctor.

“This is not health care; this is sick care, and not even comprehensive sick care,” he said. “We’re taking a bad situation and potentially making it worse, which costs the system even more.”

With Senate and House negotiations under way — and final passage in both chambers still outstanding — what will arrive on the president’s desk is unknown. But one thing is clear: Without significant cost controls and expanded access to primary care, farm families like the Petersens will continue to be plowed under so long as profits — not concern for people — drive our nation’s health care.

County Calendar

- **BURLEIGH COUNTY**
February 12 – All Locals in county • 6 p.m. • Cenex office
- **WELLS COUNTY**
April 11 – Valhalla Local fundraiser • 2 p.m. • Daryl Pranke farm bingo & cake walk
- **WARD COUNTY**
February 2 – Board meeting • 4 p.m. • Country Kitchen, Minot

Valentine RETREAT FOR THE HEART & SOUL at One Majestic Place Mountain, ND

Friday, February 12th

Tea and treats from 1:30 – 4:00 p.m.

Limited ~ Early Registration required

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Contact Connie Hanson 351-1639

or chanson@ndfu.org



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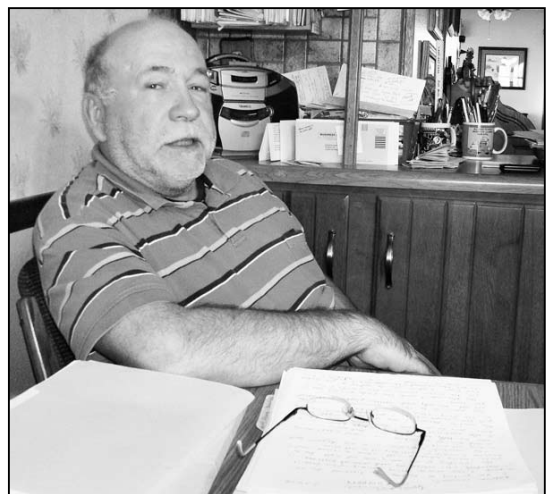


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Petersen turned 55 in December. His farm operation consists of sustainable hogs, organic poultry and hay.