

## *Commonwealth* Forum: Should the State Provide Support to Rural Hospitals?

### **YES**

Health care is a human right. In a nation as wealthy as the United States, not providing basic health care to every citizen is immoral. There are fifteen hospitals in the state of Pennsylvania considered “critical access,” a designation given by the Centers for Medicare and Medicaid to some rural hospitals in response to closures in the late twentieth century. This means these hospitals provide care when the next-closest option might be more than forty miles away. In the event of a heart attack or another acute-care issue, access means the difference between life and death. Rural Pennsylvanians deserve the same ability to attend to their health needs as any other urban or suburban citizen.

In recent years, rural hospitals across the United States have been facing increasing closures. First, the lack of health insurance means hospitals provide care but are uncompensated for it. People simply cannot pay the bills. Second, rural hospitals serve small populations, an often shrinking market, who are not as wealthy as their counterparts in other regions. Thankfully, the passage of Medicaid expansion has enabled more rural citizens to have health insurance and has financially stabilized some of the most vulnerable rural hospitals. Those rural hospitals in nonexpansion states provide more uncompensated care, putting them at risk of closure. During the budget impasse of Governor Wolf’s first year, rural hospitals in the Commonwealth were operating on the brink of closure because of delayed Medicaid payments from the state. When lives are on the line, state government needs to fulfill its responsibilities to the people. Politicians should not play politics with the basic needs of the people they are supposed to represent.

### **NO**

There are nearly seven hundred rural hospitals on the brink of financial collapse in the United States. They stay open because of huge injections of taxpayer money into an unsustainable system. The numbers simply do not add up. Rural populations are shrinking, yet residents of these areas believe they have a right to a hospital. Rural areas have plenty of other amenities. For example, they are much less polluted with car exhaust and concentrated

heavy industry than their suburban and urban counterparts. They have open vistas, and peace and quiet. Residents do not have to sit in traffic for hours simply to get to work. However, what rural areas do lack is easy access to a hospital. But why should the residents of a state or the citizens of the rest of the country fund what comes down to a personal decision about where to live?

Rural hospitals are falling apart because of the realities of our market economy, and it is no place for government to continue to waste public money sustaining them. Rural areas often have trouble attracting enough doctors and medical personnel to staff a hospital. Rural residents tend to lack good health insurance or have no insurance at all, and so the hospital is forced to function while providing services for free or at far under market value. In addition, in many areas, there simply are not enough people requesting services at the hospital to justify keeping the doors open. Should rural residents be provided with medical care? Of course. But a general physician or small clinic could suffice, and patients could travel for more-severe conditions. Sustaining failing rural hospitals is just another reason the cost of health care in the United States continues its exponential climb.

## For More Information

The **Pennsylvania Office of Rural Health** (<http://www.porh.psu.edu/>) at Pennsylvania State University is a partnership among the federal government, the Commonwealth, and the university. There are fifty state offices funded by the Federal Office of Rural Health Policy in the U.S. Department of Health and Human Services and Pennsylvania Department of Health.

The **U.S. Department of Health and Human Services Federal Office of Rural Health Policy** (<https://www.hrsa.gov/rural-health/index.html>) was created in 1987 to address rural access to health care, study the market stability of rural hospitals, and the role of Medicaid and Medicare in financing rural hospitals.

The **National Organization of State Offices of Rural Health** (<https://nosorh.org/>) provides news, studies, and discussion of best practices related to rural health issues across the country.

From *Pennsylvania Politics and Policy: A Commonwealth Reader, Volume 1*. Edited by Michelle J. Atherton and J. Wesley Leckrone (Philadelphia, Temple University Press, 2018).