



COMMITTEE FOR  
STRONGER RURAL  
COMMUNITIES

# HEALTH CARE IN RURAL AMERICA: **A REPORT CARD**

MINNESOTA'S 7TH CONGRESSIONAL DISTRICT

The Committee for Stronger Rural Communities (CSRC) Health Care Report Card measures the record of individual lawmaker support for improving health care access, quality and affordability in rural America. In 2020, the CSRC Health Care Report Card focuses on the voting record of U.S. Rep. Collin Peterson, MN-07.

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Congress has a significant role in shaping national policy for rural health care. The success and failure of federal lawmakers in writing rural health legislation can be measured both by the individual lawmakers, and the Congress as a body, as often a single lawmaker's efforts are shaped by forces outside of that one legislator's control (such as the Congressional calendar, the legislative process of amending bills, and leadership priorities). The CSRC report card serves to examine the voting record of individual lawmakers – in this case, Rep. Peterson.

## **WHY REP. PETERSON?**

The district represented by House Agriculture Committee Chairman Peterson is the largest by land mass in Minnesota, with a heavily rural population. In his position as Chairman of the House Agriculture Committee, and as a member of the Veterans Affairs Committee, Rep. Peterson has influence in committee over some federal healthcare programs, in addition to his floor vote.

## LONG TERM OUTLOOK

Even before the COVID19 pandemic, rural hospitals and health care providers across America were operating under strain. The list of reasons is long and has challenged the ability of rural health care providers for years:

- Compared to urban and suburban areas, rural communities have more older, sicker residents, who must drive further distances to get routine or emergency care.
- Providers struggle to recruit and retain qualified staff and specialists in rural communities, because of competition with urban and suburban providers.
- A lack of consistent broadband coverage in rural communities creates difficulties for implementing widely-praised telehealth and remote health care efforts

Members of Congress representing rural districts have attempted for years to pass legislation seeking to level the playing field between rural and urban/suburban health care. Inequities persist despite those efforts for many reasons, including the sheer scale and volume of demand for health care in more densely-populated parts of the country.

It is the position of CSRC that members of Congress representing rural communities should have a record

advocating positions to improve health care access, lower cost and maintain standards of both continuity and quality of care.

## IMPACT OF COVID19

On top of the existing strain on rural health care networks, and people who rely on rural health care providers, the global COVID19 pandemic places new stress. There are reports of hundreds of hospitals around the country having closed their doors or nearing closure due to the financial shock of treating COVID19 cases among their rural populations.

The loss of a local hospital can have a profound effect on a rural community:

- Reduced access to critical care providers;
- Loss of routine care providers and specialist services (such as obstetrics) who may work at the hospital or the hospital-supported local health care network; and
- Significant general job loss, as hospitals and health care providers are often among the largest employers in rural counties. In total, health care comprises 14 percent of employment in rural communities, with the average Critical Access Hospital employing 127 people with an annual payroll of \$6 million.

## CRITERIA

The CSRC Health Care Report Card identified five specific areas where Congress could work to improve rural health care:

1. **Improve health care coverage**, through better insurance options.
2. **Lower health care prices for consumers**, particularly for prescription drugs.
3. **Broaden and strengthen the primary care physician workforce**, so rural communities have the workforce they require.
4. **Expand telemedicine services**, including the expansion of broadband networks in rural areas, to give health care professionals the tools they need.
5. **Create new and improve existing federal funding** for rural health care, to keep some parity with existing standards for health care in urban and suburban communities.

The longstanding record of Rep. Peterson is one focused on the needs of Minnesota's 7th Congressional

District. He voted against the Affordable Care Act when it was first proposed in 2010, citing gaps in how it would address health care inequities in MN-07.

Later, he resisted efforts to overturn the ACA, instead supporting legislation to fix problems with the ACA and noting a lack of a responsible program to replace the ACA. In the near-term, Rep. Peterson's voting record sides with the needs of his constituents in MN-07, with efforts to boost Medicare reimbursements to health care providers, lower drug costs and improve both accessibility and quality of care in western Minnesota.

As recently as June, Rep. Peterson urged Health and Human Services Secretary Alex Azar to fix paperwork issues under the CARES Act that, left unaddressed, could mean reduced Medicare funding for struggling rural health care providers. Rural hospitals have an impact on the health of both the residents and the economy of their communities, and Rep. Peterson demonstrates a record of working to ensure those health care networks continue to serve their communities.

## THE LEGISLATIVE RECORD

<p><b>The CARES Act</b></p>	<p>Originally introduced in the U.S. House of Representatives on Jan. 19, 2020, Congress passed the CARES Act on March 26, and President Donald Trump signed it into law on March 27.</p>	<p>The CARES Act included \$100 billion to reimburse health care providers for expenses or lost revenues attributable to COVID-19.</p>	<p> Peterson voted for the bill, and followed up with an <a href="#">April 9 letter to HHS Secretary Alazar</a> urging the emergency health care funds be “equitably distributed to small rural hospitals, critical access hospitals and other rural providers who are in grave need of help.” He wrote Azar again on June 23, asking the HHS Secretary to issue guidance on how rural hospitals are to account for CARES Act funds in order to prevent providers from experiencing Medicare reimbursements reductions.</p>
<p><b>The HEROES Act</b></p>	<p>Introduced in the U.S. House of Representatives on May 15, 2020.</p>	<p>The HEROES Act includes:</p> <ul style="list-style-type: none"> <li>• \$75 billion for testing and contact tracing;</li> <li>• \$7.6 billion for Community Health Centers to expand capacity; and</li> <li>• \$150 million for states to create dedicated teams to deploy to nursing facilities struck by COVID-19.</li> <li>• Increases by 25 percent the VA payment to disabled veterans for purchase of PPE for veterans and their caregivers or home health aides.</li> <li>• Establishes zero cost-sharing (out-of-pocket costs) for COVID-19 treatment under VA health plans.</li> </ul>	<p> Peterson voted for the HEROES Act.</p>
<p><b>The Rural Hospital Frontier Fairness Act</b></p>	<p>Introduced to the House of Representatives Feb. 22, 2019</p>	<p>Through a fix to existing law, this legislation offers sole community hospitals greater flexibility to offer higher wages to attract and retain qualified health care providers in rural areas, and lower drug prices.</p>	<p> Peterson sponsored this bipartisan legislation with Rep. Scott Tipton, R-Colo.</p>
<p><b>Medicare Buy-In and Health Care Stabilization Act</b></p>	<p>Introduced to the House Feb. 25, 2019</p>	<p>The “Medicare Buy-In” bill would allow people over 50 to obtain Medicare coverage for a premium based on the cost of their benefits, and it includes many individual market reforms intended to lower overall health insurance costs.</p>	<p> Rep. Peterson co-sponsored the legislation.</p>

<b>Medicare Negotiation and Competitive Licensing Act</b>	Introduced to the House Feb. 7, 2019	Requires the Secretary of Health and Human Services to negotiate lower prices of prescription drugs furnished under Medicare Part D.	 Co-sponsored by Rep. Peterson.
<b>Prescription Drug Price Transparency Act</b>	Introduced to the House Feb. 7, 2019	Establish standards under Medicare to create transparency of drug costs and payments.	 Co-sponsored by Rep. Peterson.
<b>Protecting Americans with Preexisting Conditions Act of 2019</b>	Introduced to the House Feb. 6, 2019	Prevent efforts to reduce consumer protection under the ACA, forcing sicker people into more expensive, less effective insurance plans.	 Rep. Peterson voted in favor of the bill.
<b>The Save Rural Hospitals Act</b>	Introduced in the 115th Congress, on June 20, 2017	This highly-regarded legislation proposed new financial relief for rural hospitals by eliminating “Medicare sequester” and providing a permanent extension of the Medicare rural ambulance and “super-rural” ambulance add-on payments. Further, it would establish a new hospital designation for Critical Access Hospitals to allow them to provide emergency and outpatient care.	 Peterson was an original co-sponsor of this bipartisan legislation.
<b>American Health Care Act of 2017</b>	Introduced March 20, 2017	Legislation intended to weaken protections for consumers, this bill would have forced many lower-income rural constituents off their health insurance and increased out-of-pocket expenses and other consumer costs for health care.	 Rep. Peterson voted against the bill.

## CONCLUSION

U.S. Rep. Collin Peterson has demonstrated a career-long commitment to improving health care for his rural constituents, including expanding services to veterans, lowering prescription drug costs, and putting rural hospitals on an even playing field with urban and suburban hospitals for Medicare payments.

Peterson’s actions, as an original author of legislation like the **Rural Hospital Frontier Fairness Act** or as a co-sponsor of model legislation like the **Save Rural Hospitals Act**, or simply through his floor vote for the emergency COVID-19 relief (the **CARES Act** and the **HEROES Act**) show he is supporting or writing legislation that meets CSRC criteria to improve health care in his rural district. 🌱



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