

How would Medicare for All address our rural health crisis?: Sample letters to the editor

Letters-to-the-editor should be very brief (200 words or fewer), and make one clear point. Letters are strongest when writers use their personal voice, such as writing from the perspective of a doctor or medical student. You can send letters to local or national news outlets, or to the publications of your local medical society or medical specialty society. Review the outlet's submission guidelines, usually found on the "contact us" page; submit letters in the body of an email (no attachments), along with your phone, address, and brief bio. For assistance with editing or placement, contact clare@pnhp.org.

Doctor: When it comes to health care, rural Americans are getting left behind

Dear Editor:

I became a doctor because I believe everyone deserves a healthy life. It's incredibly frustrating to see millions of rural Americans left behind because of where they live. Compared to those living in cities and suburbs, rural Americans' life expectancy is [three](#) years shorter, and they are more likely to die from treatable illnesses: [45%](#) of heart disease deaths and [57%](#) of lower respiratory deaths in rural areas were considered preventable.

Poor health is no accident. We have been neglecting rural health care for years. Rural hospitals are [closing](#) at a rapid clip — mostly due to providing care to uninsured patients — and rural communities have serious shortages of [physicians](#). Rural patients are less likely to be [insured](#) and [receive](#) less preventative care like cancer screenings or medical advice about exercise, healthy eating, and smoking.

We must take action. Only single-payer Medicare for All will cover every American for all necessary care, regardless of where they live, and without the burden of copays, deductibles, and endless insurance company hassles. And only Medicare for All can provide rural hospitals with a lifeline of predictable funding based on community needs.

As a doctor, I prescribe Medicare for All.



Work-based health insurance doesn't work for rural Americans

Dear Editor:

When I hear politicians declare that Americans "love" our private health insurance, I wonder if that includes *rural* Americans. Most private insurance is based on employment, but rural Americans are nearly [twice](#) as likely to own their own business compared to those in cities and suburbs, meaning they're responsible for purchasing their own health plans.

Work-based insurance just doesn't work for rural America. Those who can't get plans through an employer must purchase ACA plans. But in many rural areas, only one plan is available in the "marketplace." Premiums for ACA silver plans are [40%](#) higher in rural areas, often with such high deductibles that families can't afford to use them. It's no surprise that rural families spend a higher [percentage](#) of income on premiums and out-of-pocket medical costs than those in metro areas.

We need to move away from a broken system that leaves rural communities behind. Only single-payer Medicare for All can cover everyone for all medical care, without the premiums, deductibles and shrinking networks that keep us from getting the care we need. And because Medicare for All is lifelong, it gives Americans the freedom to change jobs, go to school, or start a business — while knowing their health care is secure.

(continued)

Rural hospital closures cost lives

Dear Editor:

Rural hospitals are in crisis. Since 2005, [166 rural hospitals](#) have shuttered, with [673](#) more — a [third](#) of rural hospitals — at risk of closing. Nearly a third of rural Americans must travel more than 30 miles to a trauma center, and more than [half](#) of rural counties lack hospital-based labor and delivery services.

For rural Americans, a missing hospital can mean the difference between life and death.

A recent study found that rural hospital closures increased local patient deaths by [5.9%](#). Thousands of rural patients die simply because they can't get care fast enough.

We can do better. Single-payer Medicare for All will keep hospitals open and get rural patients the care they need. It would cover everybody in America for all medically necessary care, without the burden of copays, deductibles, and restrictive networks. And most critically for rural communities, Medicare for All would fund hospitals through annual global budgets based on regional and community health needs, not patient insurance status or corporate profits — something neither private insurance nor a public option could deliver.

Rural Americans have been left behind long enough. It's time for a health system that saves our hospitals and provides everyone with the care they deserve.

Private insurance is toxic to the health of rural hospitals

Dear Editor:

Hundreds of rural communities are about to lose their local hospitals. Since 2005, [166 rural hospitals](#) have shuttered, with a [third](#) of rural hospitals in the danger zone. Bad debt for rural hospitals has gone up about [50%](#) since 2010.

The financial health of rural hospitals depends largely on the insurance status of patients: [83%](#) of rural hospital closures occurred in states that did not expand Medicaid. The math is simple — hospitals that treat uninsured patients must absorb the cost of uncompensated care. On top of that, administrative costs eat up about a quarter of rural hospitals' budgets, largely due to the billing requirements of dozens of different insurers.

But under single-payer Medicare for All, every patient who walks in the door would be covered for all medically necessary care. Even better, Medicare for All would end the archaic fee-for-service payment model, a system that punishes hospitals that don't have a consistent flow of patients. Instead, we would fund hospitals through annual “global budgets” that are based on community health needs, not patient insurance status or corporate profits.

Medicare for All is the lifeline that rural Americans and our community hospitals need and deserve.

Doctor: Private insurance a barrier to care in rural communities

Dear Editor:

As a doctor, I find that the private insurance companies make it more difficult for patients — especially those in rural areas — to get the health care they need and deserve.

Rural Americans are more likely than those in cities and suburbs to be [uninsured](#), which is no surprise given premiums for ACA marketplace “silver” plans can be [40%](#) higher (or more) in rural areas.

Private insurers then obstruct access to care by creating artificial “[provider deserts](#)” – areas where doctors are available, but excluded from insurance networks, forcing some rural residents to travel 120 miles or more to reach “in-network” care. In 2019, [26%](#) of rural adults could not get health care when they needed it: [45%](#) said they couldn't afford it, and another [19%](#) said they couldn't find a physician who takes their insurance.

Commercial health insurance has failed rural America. Only single-payer Medicare for All can provide rural patients with full medical coverage and the freedom to choose any doctor and hospital, without insurance paperwork, deductibles, copays, or narrow networks standing in the way.

As a doctor, I prescribe Medicare for All.

