

93. HEALTH CARE

Rural Health Care Quality and Accessibility

We support:

1. Increasing awareness of the health care resources available to rural populations.
2. Providing additional health care resources where needed.
3. Efforts to direct state funding to medical schools to train additional qualified family physicians who will practice medicine in rural areas.
4. Residency programs to provide post-graduate family physician and primary care training away from major metropolitan-based medical training centers.
5. Programs and incentives to encourage doctors, nurses, and other health care professionals to practice in rural Illinois.
6. The development and implementation of programs to assess rural hospital programs, rural health care facilities, and alternative methods of delivering rural health care.
7. Efforts to develop mobile medical equipment and facilities to bring basic health care services to rural areas of the state.
8. Adequate ambulance service in all rural areas.
9. State regulations to allow the development of limited service hospitals to meet emergency care and other needs where the market will not support a traditional full-service hospital.
10. Legislation that provides exemptions to new state and federal regulations for volunteer fire departments and ambulance services.
11. The maximum possible use of the private sector in providing health care.
12. Increased funding and improved delivery of mental health services to rural populations.
13. Exemptions in the two Emergency Medical Technician (EMT) rule to allow rural ambulances to proceed to the scene of an emergency call.
14. Granting continuing education credit to EMTs for their time spent responding to emergency calls.
15. The expansion of the size and scope of the Rural Nurse Practitioner Scholarship Program (RNPSPP).
16. An increase in state appropriations for programs that allow for recruitment, training, and retention of additional health care professionals to serve rural counties of Illinois.

We will:

1. Encourage county Farm Bureaus to host or sponsor community forums of interested professional and lay groups to assess rural health care and facilities in their county.
2. Encourage county Farm Bureaus to host or sponsor rural health and awareness activities including making screening and testing available to their members.
3. Continue to support the Rural Illinois Medical Student Assistance Program (RIMSAP) in its efforts to provide medical practitioners for rural communities in Illinois. We encourage expansion of that program to meet the changing health care needs of rural Illinois.
4. Encourage the American Farm Bureau Federation to place a higher priority on its continuing study of the problems of the delivery of health care services in the United States.
5. Support an Agricultural Physicians and Nursing Program that would educate health care professionals in dealing with agricultural accidents and injuries.
6. Work with the Illinois Department of Public Health to reinstate and maintain all levels of Emergency Medical Technician (EMT) training and testing at convenient locations throughout the state as administered prior to the elimination of EMT basic level testing in Illinois. This will ensure that adequate volunteer services can be retained as a Basic Life System (BLS) and minimize additional mandatory training placed on Emergency Medical Technician Basics (EMT-B). Additional unfunded mandates will impose hardships on the rural volunteer emergency ambulance services. The state of Illinois should look at ways to provide funds for any additional mandates.
7. Encourage funding to rural ambulance services to increase their ability to employ additional certified Pre-Hospital Registered Nurse (PHRN), strengthening their rural emergency response and treatment capabilities.
8. Work to establish a unified EMT and Fire Service Training/Cadet program in which high school students who meet the requirements of the State of Illinois and of the program are able to serve in rural areas.

9. Support the concept of providing health insurance through the market place by allowing portability including insuring pre-existing conditions.

Payment for Health Care Services

We support:

1. Allowing Medicare recipients to purchase private health care plans that are actuarially equivalent to the current Medicare plan. The plan would receive a payment from Medicare to cover some or all of the costs of the premium.
2. Incentives which could be provided to Medicare recipients to allow them to participate in private or alternative plans.
3. Efforts to eliminate or significantly reduce cost shifting from Medicaid and Medicare to individuals and third party payers.
4. Privately funded optional care delivery systems such as Health Maintenance Organizations (HMO's) and Preferred Provider Organizations (PPO's).
5. Efforts to encourage the medical profession to accept Medicare assignments. Rural and urban hospitals should be reimbursed equally for providing services to Medicare and Medicaid patients.
6. Relaxation of state and federal mandates which require that certain provisions be included in all health insurance policies. Consumers should be given choices as to what provisions are included in their health insurance programs.
7. Further expansion of medical savings accounts that would qualify for a tax credit to allow individuals and their employees to set aside money in anticipation of future health care costs.
8. An increase in the limit of the contribution amount for all health savings accounts.
9. Consideration of a voluntary regional insurance purchasing cooperative to permit individuals and small companies to receive the same price advantages that corporations receive.
10. Efforts to simplify and make uniform all insurance forms to reduce the cost of processing.
11. Efforts to detect fraud and abuse of Medicare and Medicaid. We encourage swift and vigorous prosecution of those who are found guilty of defrauding these programs.

We will seek legislation to allow non-penalty and tax-free transfers from IRAs to health savings accounts for major medical emergencies.

We urge repeal of the Patient Protection and Affordable Care Act, and support a more market oriented system of health care delivery.

We oppose:

1. Mandated employer-provided health insurance.
2. Any movement to a single-payer health care system.
3. All tax increases to solve the Medicare problem.
4. Any further tightening of Medicare provider reimbursement.
5. Increasing Medicaid eligibility, in an effort to have national health care reform, that would result in increased cost shifting to the states.

Health Care Delivery Cost

We support:

1. Programs to reduce the inflation in health care costs.
2. The development and implementation of programs to provide incentives for consumers to practice wellness and disease prevention.
3. Tort reform to reduce the practice of defensive medicine (i.e. redundant, excessive or unnecessary testing primarily for purposes of liability concerns rather than diagnostic purposes).
4. Every possible effort to affect cost management while providing accessible high quality health care.
5. State and federal efforts to reduce medical malpractice insurance costs, including limitations on certain punitive and non-economic damage awards, pre-filing mediation boards, and peer review.
6. The use of innovations such as surgical centers or outpatient facilities to allow consumers to opt out of expensive hospital costs when they are unnecessary.

7. The development of an aggressive education-information program for health care consumers to assist them in selecting the most cost-effective health care procedures.
8. Encouragement of regional hospitals to specialize in specific treatment areas with shared access to eliminate unnecessary duplication of equipment and personnel.
9. A periodic review of state regulations and licensing requirements for hospitals and medical professionals to determine the appropriateness of the regulations and licensing requirements in light of changes in the health care delivery system.
10. Efforts to allow consumers to purchase medications that are physician prescribed, as opposed to having to accept a substitute, in order to receive any reimbursement from their insurance carrier.