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## 2020 Arizona Rural Health Advocacy Agenda

### 54th Legislature – 2<sup>nd</sup> Regular Session

#### Background:

More than 1.6 million people live in rural Arizona, about 24% of the State's population.<sup>1</sup> Overall, rural Arizonans are older, have less formal education, are poorer, and face more health service barriers, compared with Arizona's urban communities. More than 17% of Arizona's rural residents are over the age of 64, compared to 12.5% in urban communities. Unemployment rates are higher and, not surprisingly, rural households have less income: \$48,000 median income compared to \$68,000 for urban households. More rural residents have below a 9th grade education and fewer have a college or professional degree. Premature mortality is higher and rural residents have a harder time obtaining healthcare due to provider shortages. The Population-to-Provider ratio in Arizona's frontier (961:1) and rural communities (561:1) compares poorly with Arizona's urban communities (351:1). Dentists, behavioral health providers, primary care and specialist physicians, long term care providers, etc., are far less likely to practice in rural Arizona.

Still, rural residents enjoy Arizona's beautiful geography and rich cultural heritage. Most rural communities are great places to live and raise a family, away from the day-to-day hustle of urban centers. It's ironic that the distance from hectic city life that rural residents seek, also creates barriers to essential services and opportunities.

In spite of demanding operating conditions, a core infrastructure for health services does exist. Rural community "health safety nets" operate in many communities, comprised of hospitals, community health centers, rural health clinics, medical practices, EMS providers, and public health services. Arizona has an excellent telehealth system, supported by the UA College of Medicine, which extends medical and specialty consults into rural communities. Rural health safety net providers make a significant contribution to local economies; they are among rural Arizona's largest employers. One economic impact assessment conducted in just ten of the state's fifteen Critical Access Hospitals, showed an employment impact of 4,681 employees and total economic impact of \$235million. Today, if every rural hospital and provider were included, the impact would be far greater.

State investment in health infrastructure including broadband, health professional education, workforce development, jobs programs, and public health are critically important to Arizona's rural residents and local economies.

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<sup>1</sup> ADHS PCA Profile, 1/15/19



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## Advocacy Agenda (2020):

### Priorities, Goals & Opportunities

Priority	Goal	Legislative and Executive Examples
<b>AzRHA supports initiatives that will:</b>		
Health Workforce & Economic Development	<ul style="list-style-type: none"> <li>✓ Create employment opportunities &amp; higher paying jobs in rural AZ</li> <li>✓ Grow Arizona's rural healthcare workforce</li> <li>✓ Ensure viability of rural hospitals, avoid rural hospital closures</li> </ul>	<ul style="list-style-type: none"> <li>• HB2587 – Appropriation for CHWs</li> <li>• SB1167 – FQCHC GME Reimbursement</li> <li>• SB 1168 – Nursing Workforce Workgroup</li> <li>• Workforce data repository appropriation (2019; SB,1096)</li> <li>• Executive - (\$6m) for rural community colleges</li> <li>• Executive- (\$8m) Business One-Stop Portal</li> <li>• HB2019 Career Technical Education Districts</li> </ul>
Technology & Broadband	<ul style="list-style-type: none"> <li>✓ Expand broadband &amp; internet connectivity</li> </ul>	<ul style="list-style-type: none"> <li>• SB1223 – (\$10m) Rural Broadband Grants</li> <li>• Executive - (\$59m) Executive broadband smart highway</li> </ul>
Child & Family Health	<ul style="list-style-type: none"> <li>✓ Expand dental services for AHCCCS members</li> <li>✓ Fund school-based health and behavioral health services</li> <li>✓ Improve chronic disease management</li> <li>✓ Increase access to childcare</li> <li>✓ Strengthen foster care systems</li> </ul>	<ul style="list-style-type: none"> <li>• SB1151 / HB2246 – Diabetes self-management, (AHCCCS)</li> <li>• SB 1170 – Dental coverage , pregnant women (AHCCCS)</li> <li>• SB1216 &amp; SB1169, Personnel for school counseling</li> <li>• HB2588 – Increase child care reimbursement</li> <li>• School –based behavioral health reimbursement (AHCCCS)</li> <li>• Executive budget (\$5m) / SB1323 – Kinship foster stipend</li> <li>• HB2535 – Boost adult oral health coverage, AHCCCS</li> </ul>
Behavioral Health	<ul style="list-style-type: none"> <li>✓ Prevent substance (i.e., opioid, alcohol, tobacco, vaping) abuse</li> <li>✓ Address psychological illness &amp; prevent suicide</li> </ul>	<ul style="list-style-type: none"> <li>• SB1390 – Behavioral health rates study</li> <li>• HB 2250 – Behavioral health treatment assessment</li> <li>• HB2258 – Substance abuse education (grade 5-12)</li> <li>• HB2608 - Overdose and disease prevention program</li> <li>• Executive budget (\$2m) loan repayment, school counselors</li> </ul>
Tribal Health	<ul style="list-style-type: none"> <li>• Ensure resources are available to address significant health disparities</li> </ul>	<ul style="list-style-type: none"> <li>• HB2244 – Dental health services, Native Americans</li> </ul>