Despite gains under Obamacare, roughly 800,000 Arizonans do not have health care coverage and premiums have tripled in the last three years. A new CBO study said the latest GOP health care plan result in an additional 400,000 Arizonans losing coverage.

Imagine living in an area that has no traditional medical care facility for 40 miles. Imagine that the only medical care near you was a rural facility for Medicare and Medicaid services that is understaffed and unequipped.

Access, staffing and other issues such as mental health dominated the 44th annual Arizona Rural Health Conference attended by nearly 200 in Flagstaff this week.

The biggest issue, said Dr. Daniel Derksen, is the hiring and retention of medical care staff in rural communities like St. John, Springerville and other areas across Arizona.

“Something like 70 percent of the population lives in the greater Phoenix area or Tucson, but 80 to 85 percent of health providers live in those areas,” Derksen said. “So there’s a mismatch and it’s really hard to recruit and retain health care professionals to serve in the areas they are most needed.”

Rural medical care providers were also worried about the new health care bill, which has stalled in the Senate. The draft bill would have cut 400,000 Arizonians’ Medicaid coverage and 100,000 Arizonians would lose subsides that help them buy health insurance.

“The net loss of people who are currently covered in Arizona is about 500,000 Arizonans who would become uninsured over the next 10 years, about 40 percent of that in the first year,” Derksen said. There would be a dramatic drop in the insured rate. It would reverse our progress.”

Cuts to Medicaid would have been “devastating” to patients in rural areas and to clinics and hospitals, Derksen said. The bill would have caused a string of closures of Medicaid facilities in rural areas at a rate that has not occurred since the 2008 recession.

Poor access is already a problem, said some participants.

“In our research, we are trying to find what services are available to rural people. In some cases they are so far away from some medical services that they are really limited in the choices they can make,” said Emeka Iloegbu, an intern with Area Health Education Center (AHEC). “You see stories on the news but you don’t know the back story.”

Getting to talk with the medical staff of rural areas also was a learning experience.

“We are not from the region or the nation so we don’t know what topics they wanted us to talk about,” said Nina Williams. “So actually having those intimate discussions with health care staff was crucial to developing our curriculum.”