



HOW THE HEALTH INSURANCE LAW HAS AFFECTED RURAL COUNTIES

The federal Affordable Care Act resulted in a significant drop in the number of Texans without health insurance, including in rural areas. For example, the percentage of residents with health insurance in Gonzales County grew by 11 percentage points from 2013 to 2014.

However, some plans may have high co-pays or deductibles, and do not fully cover patients' health care needs.

The chart is based on data from Enroll America, a Washington, D.C.-based coalition of health care providers, faith organizations and small businesses that works to increase the number of people receiving health care through the federal law.

The figures — the most current available — are estimates based on previous enrollment data and analysis from surveys.

County	Uninsured 2013	Uninsured 2014
Austin	19%	14%
Bastrop	21%	14%
Burleson	22%	15%
Caldwell	26%	18%
Colorado	24%	16%
Fayette	19%	13%
Gonzales	29%	18%
Guadalupe	17%	12%
Hays	18%	13%
Lee	19%	14%
Milam	24%	16%
Travis	19%	13%
Washington	19%	14%
Williamson	13%	10%
State of Texas	22%	17%
United States	16%	11%

Continued from previous page

\$12 million in charity care a year in Caldwell County. Many of the hospital's patients earn too much to qualify for Medicaid but not enough to afford private insurance, Haynes said, adding that most work for small businesses or in service jobs that don't include health coverage. The hospital offered to help people find coverage under the Affordable Care Act, but fewer than 10 of the 100 people who used the help bought coverage. For the rest, it was cheaper to pay the law's fine for going without coverage, which varies but is at least \$95 for an individual per year.

The 25-bed hospital operates the only mammography center in the county and sends its Care-a-Van mobile health unit to schools, churches and community centers five days a week to provide basic childhood care, such as immunizations, medicines and lab tests, and well-child checkups.

"There are a lot more kids than two pediatricians can see," Haynes said.

There's a sliding-scale fee, with the maximum charge of \$20 for patients with no insurance.

The hospital also provides a free diabetes education program for adult patients. But some uninsured patients with diabetes skip medications or use a lower dose to make their prescriptions last longer, Haynes said. Then they show up in her emergency room "really sick."

FLYING TRAUMA PATIENTS TO CITY HOSPITALS

Rural hospitals face additional hurdles when it comes to emergency care. ERs must be open 24/7, but a rural hospital may get two emergency patients one day, none the next and 10 the day after that, said McBeath, of the hospital association.

"How do you staff for that?" he asked, adding that many rural hospitals lose money on emergency room operations.

In addition, rural hospitals don't have capacity

to provide more sophisticated — and profitable — emergency services. Most rural hospitals are Level IV trauma centers, the second lowest rating in a system that reflects the level of care the facility can provide. In acute cases, such as a massive heart attack or stroke, Level IV hospitals provide basic life-support services but must transfer patients to a larger facility that can provide advanced procedures.

In Central Texas, the only Level I trauma centers — the highest rating — are University Medical Center Brackenridge and Dell Children's Medical Center in Austin. The 60-bed Scott & White Hospital in Brenham, which has a Level III rating, serves patients from Bluebonnet's service area, including Austin, Burleson, Colorado, Lee, Fayette and Washington counties.

But in rural emergencies, getting to a hospital that may be 30 miles away is challenging.

In many areas, EMS services rely on volunteers and may lack advanced life support equipment. Getting to patients and taking them to a hospital