



NEWS

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IRHA to promote HIP 2.0 to rural Hoosiers, plans to advocate increase in tobacco tax

TERRE HAUTE, Indiana – Plans to advance Hoosier health reforms with HIP 2.0, particularly in rural areas of Indiana, are expected to “help those who most need it,” said Don Kelso, executive director of the Indiana Rural Health Association (IRHA). The state’s Healthy Indiana Plan (HIP) has been in place for more than six years, and Gov. Mike Pence recently announced plans for implementing HIP 2.0, a new Medicaid reform program which will allow up to 350,000 low-income adult Hoosiers to have access to a consumer-driven health care coverage program.

If approved by federal officials, HIP 2.0 will specifically alleviate the healthcare coverage gap created by the Affordable Care Act (ACA). “Given that more than half of these adults live in rural areas, HIP 2.0 is critically important,” said Kelso.

The executive director also noted that Hoosiers with “the most serious health issues that are not fully addressed or supported” typically live in rural areas of Indiana. “These people often are physically isolated from healthcare centers and clinics, and since many live at the federal poverty level, they don’t possess the financial resources to get needed help,” Kelso added.

“We at IRHA are grateful to Governor Pence and to the Indiana Family and Social Services Administration for doing the heavy lifting in putting together a strong solution to a very serious challenge,” he said.

HIP 2.0 addresses healthcare access issues for Hoosiers aged 19 to 64 who live at the federal poverty level. Hoosier children (under age 19) will continue to have access through existing federal and state programs.

IRHA is also supporting and advocating for an increase in Indiana’s tobacco tax to help both improve healthcare access and the general health of rural Hoosiers. The proposed funding for HIP 2.0 will come from Indiana’s tobacco tax, from the Indiana Hospital Assessment Fee program and federal Medicaid funding.

“People who smoke generally need more healthcare services than people who don’t, so it’s only fair that they help provide these healthcare services through additional state tax revenue,” Kelso said.

The association plans to actively seek this increase during the next session of the General Assembly.

Kelso also noted that IRHA will be focusing on addressing healthcare access issues caused by the lack of medical professionals, particularly in rural areas. “Indiana’s healthcare workforce issue needs some serious attention,” he said.

“We have qualified and licensed nurse practitioners and physician assistants who can make significant contributions to improve primary care access to healthcare in rural areas,” explained Kelso. “But the way that patients are allowed to directly access primary care through nurse practitioners and physician assistants is outdated.”

“IRHA’s position is that qualified nurse practitioners and physician assistants should be allowed to practice to the fullest extent that their license permits.” Such reforms will allow HIP 2.0 to be implemented “in a most effective level.”

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About the Indiana Rural Health Association

The Indiana Rural Health Association was organized in 1997 and is a nonprofit organization working to enhance the health and well-being of rural populations in Indiana through leadership, education, advocacy, collaboration, and resource development. The strength of the organization is through the present diverse membership and the founding organizers who are committed to impacting the health of citizens through the identification of rural health issues and through advocacy roles in both the public and private sectors. IRHA membership is made up of 2,600 diverse individuals and organizations, making it the largest rural health association in the nation, and a nationally recognized leader in rural health care. For more information, visit www.indianaruralhealth.org.