



<https://library.ndsu.edu/search-find/research/research-assistance/health-insurance-rural-america-partial-equilibrium>

Dr. William Nganje is Chair and Professor in the Department of Agribusiness and Applied Economics at NDSU. His research focuses on risk management; financial analysis; economics of obesity, food safety and food terrorism; experimental economics; and consumer choice theory. He received his Ph.D., from the University of Illinois at Urbana-Champaign in 1999. He has received multiple research and teaching awards and he is an Associate Editor for International Food and Agribusiness Management Review. See more about Dr. Nganje here: https://www.ndsu.edu/agecon/faculty/william_nganje/

Abstract: The cost of rural health continues to be high in the United States despite an overall improvement in national health insurance enrolment. Stakeholder's perception of adverse selection remains a culprit in the challenges of rural insurance markets. Risk attitude has been revealed as an alternative for measuring this phenomenon, given the 2014 prohibition law on pre-existing conditions and a subsequent repeal in 2018 accompanied by extensive debate in congress. We examine the existence of adverse selection in rural insurance markets by comparing the effects of pre-existing or chronic health conditions and risk attitudes in a Principal-Agent model.

Dr. Nganje's article can be accessed
here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6734485/>

Articles

[Farmer's Preferences for Alternative for Crop and Health Insurance Subsidy](#)

"In addition to production risks, farmers desire to balance personal risks of health care. A theoretical framework is developed for holistic health and crop insurance products that provide the opportunity to switch a portion of existing crop insurance subsidy for greater health

coverage. A random utility discrete choice experiment is used to assess farmers' stated preferences for holistic insurance products. Farmers prefer higher levels of coverage and are price sensitive. A sample of farmers did not prefer the subsidy switch. However, the subsidy switch is preferred by older farmers, those with higher health care spending, and farmers who have experienced major health problems."

[US Department of Health and Human Services. Health Insurance Coverage for Americans with Pre-existing Conditions: The Impact of the Affordable Care Act. ASPE Issue Brief. 2017](#)

"The Affordable Care Act (ACA) put in place a range of nationwide protections for Americans with pre-existing health conditions. Under the ACA, insurance companies cannot deny coverage or charge higher premiums based on a person's medical history or health status. In addition, policies cannot exclude coverage for treating a pre-existing condition, must include limits on out-of-pocket spending, cannot include limits on annual or lifetime coverage, and, in the case of most individual and small group market policies must cover essential health benefits"

[USDA \(2015\). "Affordable Care Act Gives New Farmers the Freedom to Farm"](#)

"As every farmer and rancher will tell you, life on the farm means you make tough choices every day. At times the challenges and risks facing farmers, especially those just starting out, can seem difficult and daunting. Now, thanks to the Affordable Care Act, new farmers have one less thing to worry about: they no longer have to choose between doing what they love and having access to affordable, reliable health insurance coverage for themselves and their families."

[CMS Rural Health Strategy](#)

"To inform the development of a strategic plan to improve health care in rural America, the Centers for Medicare & Medicaid Services (CMS) Rural Health Council sought input on the challenges and local solutions associated with providing high quality health care in rural communities through a series of listening sessions with rural stakeholders and consumers. The result has led to the identification and resolution of several specific health care provider issues, better understanding of the impact of CMS policies on providers, and a rural health strategy."

National Resources

[Federal Office of Rural Health Policy](#)

"The Federal Office of Rural Health Policy (FORHP) was created in 1987 to advise the Secretary of the U.S. Department of Health and Human Services on health care issues impacting rural communities, including: access to quality health care and health professionals; viability of rural hospitals; and effect of the Department's proposed rules and regulations, including Medicare and Medicaid, on access to and financing of health care in rural areas."

[Rural Public Health](#)

“The Rural Information Center (RIC), a service of the National Agricultural Library (NAL), assists rural communities by providing information and referral services to rural government officials, community organizations, libraries, businesses, and citizens working to maintain America's rural areas.”

[Indicators of Health Insurance Coverage at the Time of Interview](#)

“The U.S. Census Bureau, in collaboration with five federal agencies, launched the Household Pulse Survey to produce data on the social and economic impacts of Covid-19 on American households. The Household Pulse Survey was designed to gauge the impact of the pandemic on employment status, consumer spending, food security, housing, education disruptions, and dimensions of physical and mental wellness.”

[Rural Health Information Hub](#)

“The Rural Health Information Hub (RHIhub) is the nation's rural health information source. The website offers an online library, coverage of rural issues, state guides, toolkits, program models, and more. RHIhub provides customized assistance by phone or email and is funded by the Federal Office of Rural Health Policy.”

North Dakota Resources

[Center for Rural Health](#)

“The Center for Rural Health (CRH) connects resources and knowledge to strengthen the health of people in rural and tribal communities.” Established in 1980, this is the federally designated State Office of Rural Health for North Dakota. The department is within the School of Medicine & Health Sciences at the University of North Dakota in Grand Forks, North Dakota.”

[Community Health Profiles](#)

Statistical profiles for North Dakota Counties. These reports include demographics, vital statistics, adult behavioral risk factors, crime and information on children’s health. Reports are produced at the request of communities.

Media

[A Rural Health Crisis: The Changing Landscape of the 1980s and Beyond, RHIhub, 2019](#)

“Highlights issues in the 1980s that resulted in a wave of rural hospital closures, including an economic shift from manufacturing, farm closures, and changes in the Medicare payment

system. Features interviews with rural health experts Tom Ricketts, Caroline Ford, Ira Moscovice, Tim Size, and Kevin Fickenschier." (video)

[Life Support: The Economics and Politics of Rural Health Care, Prairie Public, 2016](#)

Examined the innovative steps communities in North Dakota are taking to ensure that the rural population receives health care, even when it entails some very nontraditional approaches. The documentary was awarded a bronze Telly Award. Production funding for this program was provided by a grant from USDA Rural Development and by the members of Prairie Public." (video)

Professional Associations

[North Dakota Rural Health Association](#)

"We bring together diverse interests and provide a unified voice to promote and enhance the quality of rural health through leadership, advocacy, coalition building, education and communication."

[Minnesota Rural Health Association](#)

"MRHA is a non-profit, membership organization missioned to strengthen the health, health care and well-being of rural Minnesotans through leadership, advocacy, education and collaboration."

[National Rural Health Association](#)

"NRHA is a member-driven organization. Our members direct staff so that together we are making a difference in the health and health care options of rural Americans. Members tell staff what events they want to attend, what policies they want to enact or change, and what resources are needed to improve the health of millions of rural Americans."

[National Association of Rural Health Clinics](#)

"The National Association of Rural Health Clinics (NARHC) strives to improve quality, cost-effective health care in rural and underserved areas. The Rural Health Clinics Program (RHC Program) is the means. NARHC works with Congress, federal agencies, and rural health allies. We promote, expand, and protect the interests of clinics in the RHC Program. NARHC members become actively engaged in the legislative and regulatory process through the Association."