

This lists all answers to Question Three of North Carolina Health News' voter guide questionnaire. Unless otherwise noted, the answers were given directly to one of our reporters.

Question 3: What needs to happen to ensure people living in rural areas have access to adequate health care, physicians and hospital services?

[NC 1](#)

G.K. Butterfield: It is critical that we ensure people in rural areas have access to quality health care, which is why I helped reauthorize the Children's Health Insurance Program and worked to strengthen Community Health Centers, which residents in rural areas rely on for many health care needs. We also must ensure we have a health care workforce that can meet the needs of North Carolina's communities, which is why I drafted and passed into law legislation to support loan repayment for health professionals in high need areas. I also strongly support the use of technology to bring health care to rural communities, which is why I have advocated to expand rural broadband access and telemedicine services.

Roger W. Allison did not answer the survey.

[NC 2](#)

George Holding did not answer the survey.

Linda Coleman did not answer the survey.

Jeff Matemu did not answer the survey.

[NC 3](#)

Walter Jones did not answer the survey.

[NC 4](#)

David Price: a. Rural hospitals, as they've existed since the end of WWII, might not always be the best way to provide rural health care anymore, but what comes in their place and what are you doing to make that happen?

b. What federal policies could be created to enhance the role of telemedicine?

I agree that Congress needs to address the issue of an inadequate access to rural health care. As a Member of the House Appropriations Committee, I have supported increased funding for various loan forgiveness programs for future health care professionals, including doctors, dentists, and nurses. I also believe that Congress needs to provide robust funding for federally qualified health centers (FQHCs), which can fill in the gaps between rural hospitals.

The Veterans Health Administration has done well incorporating telemedicine models into their health system, and I believe that it is something that private insurers should be working towards as well.

Barbara Howe: It is not the government's role to ensure that everyone have access to healthcare, but if the government would get out of the way, a truly free market healthcare system could offer much greater opportunity for most people to have access to adequate healthcare. As you mention in your question, telemedicine will be a greater part of our future healthcare system. The best thing government can do is to get out of the way and let the market blossom.

Steve A. Von Loor did not answer our survey.

[NC 5](#)

Virginia Foxx did not answer the survey.

DD Adams: Of specific concern in the 5th District is access to healthcare. All but two of the counties within the District are rural and are challenged by closing hospitals and the lack of providers. I support:

- Promoting the use of community health workers to provide education, referral and follow-up, case management, and home visitation
- Increasing funds for non-profit healthcare organizations
- Providing higher education financial incentives for those serving underserved areas;
- Facilitating the delivery of consultative, diagnostic, and treatment services using telemedicine for patients who live in areas with limited access to care
- Promote competition in the healthcare industry by allowing more kinds of medical professionals to provide care (e.g. nurse practitioners, PAs, etc.) through an overhaul of medical licensure and “scope of practice” laws
- Allow the U.S. government to negotiate drug prices

[NC 6](#)

Mark Walker did not answer our survey.

Ryan Watts did not answer our survey.

[NC 7](#)

David Rouzer did not answer the survey.

Dr. Kyle Horton: Our rural hospitals are disproportionately dependent on Medicare and Medicaid, as our population is aging and economies have not grown with good-paying jobs in much of rural America. Unfortunately, as Washington politicians have gutted Medicare and Medicaid, including cutting back on provider reimbursements, many of our rural hospitals are threatened financially. I’ve also worked in emergency care, and know how important it is to have rural hospitals and emergency rooms open—accidents are a leading cause of death in rural America because of distance to care. We must strengthen Medicare and Medicaid, as well as provider reimbursement in rural America so that providers continue practicing in medically underserved areas. We should allow student loan forgiveness and invest in scholarships and training opportunities for

those who choose to practice in rural areas. I also support direct federal protections and block grants to maintain access to emergent care, evidence-based burn care, and other safety net care because every American deserves quality health care no matter where they live.

[NC 8](#)

Richard Hudson did not answer our survey.

Frank McNeill did not answer our survey.

[NC 9](#)

Mark Harris: There's a proposal that has been on the table with the farm bill that would require individuals that are physically able to either be getting a job, in school, or in job training in order to continue to receive food stamps. I think that was a great proposal, [but I'm] not sure that it's going to actually pass. I think the Democrats have somewhat held that up over that one issue. I'm not quite sure what the future of that holds.

I think the goal is for people that are on food stamps to not be reliant on them and to get off of them eventually. That should be the goal of any of our programs, for folks that are physically able to work. I think that is probably something that will come in the future, and I certainly would be in favor of.

Dan McCready: Folks in rural North Carolina deserve better access to quality, affordable healthcare. We need to expand Medicaid, provide incentives for newly trained doctors and nurses to work in more rural areas, and have reasonable tort reform.

Jeff Scott: I advocate a consumer-driven health care system, a model that applies across the board to both rural and urban constituencies. There is no substitute for allowing broad personal and business choices to determine how the health care industry operates. Physicians choose where they can best ply their trade, hospital interests choose real estate services to find the best locations and customers choose services that they hope are at least "adequate" to meet their

needs. I have no opinion on whether telemedicine is good or bad. The federal government should have very little control over how people choose to interact with their doctor. The industry itself can prescribe standards and best practices, but there is no reason for the law to limit consumer choice. Other forms of protectionism built into the health care industry also raise costs, such as the artificial limits on doctors. American doctors overall earn twice as much as their European counterparts but there is not a significant difference in health outcomes. I advocate liberalizing the market for talent, among other reforms, to constantly raise productivity and reduce costs.

[NC 10](#)

Patrick McHenry did not answer our survey.

David Wilson Brown: I think single payer will make a big difference on that. I think a big reason why so many of our rural community hospitals have been closing is there's not a strong financial motive—many of the people in those areas can't afford private insurance. If everyone was insured, that would give a more level playing field. Those in the rural communities could have access to hospital care that would be financially viable to those private institutions. If it comes to it, the government needs to subsidize to make those [hospitals] available.

I think there are probably some good potentials with [telemedicine]. I'm an IT guy. I've already talked about using video conferencing to help keep in better touch with my constituents, but I certainly think that that is an option to explore to free some doctors up to reach some areas that are under serviced.

[NC 11](#)

Mark Meadows did not answer our survey.

Clifton B. Ingram did not answer our survey.

Phillip Price: Passing Medicare for All. I think expanding Medicaid again will help. We've got these rural hospitals, especially in my district, that are closing down services like labor and delivery.

We have over 50 percent of the babies being delivered in my district are paid for by Medicaid. Just expanding coverage, it's how we're going to get the services back, getting the funding for it.

[NC 12](#)

Alma Adams: I think we can use something [like] what we used to use for libraries and you have mobile units. Right now, in some of these remote areas and some of these rural areas, there are no hospitals. I think we could probably stand to use more urgent care centers, those kind of modified hospitals, that would be sort of mobile in, in a sense that we could move them into certain communities so that people can be cared for, some people in our state have to go miles and miles to a hospital. That could be the choice between life and death for some people if you have to go too far. We need to bring those hospitals to those communities; bring that medical care to those communities. And if we have to do it in terms of remote mobile units, and those kinds of things, I think that's something we need to look at.

Paul Wright did not answer our survey, but did provide a statement.

[NC 13](#)

Ted Budd did not answer our survey.

Kathy Manning did not answer our survey.

Tom Bailey did not answer our survey.