

# AGWEEK

Monday, October 19, 2009

## **AG-AT-LARGE: Health insurance is a looming ag issue**

Mikkel Pates, [Agweek](#)

FARGO, N.D. — There are many agricultural policy issues out there, but the current health care-health insurance debate should be of particular interest to farmers and ranchers.

Greg Tullis, who works from Moorhead, Minn., with Northland Community and Technical College system's farm business management program, doesn't have a breakdown on what farmers are paying for health insurance and medical care.

"Even if I had it, often we're going to miss what they are receiving in insurance if their spouse works at a different job," he says.

Some of the highest premiums Tullis has seen are for people in their 50s, where some of them have pre-existing conditions, are \$1,000 a month, or \$12,000 a year, for health insurance, which usually have a high deductible with it.

Andy Swenson, a North Dakota State University Extension Service farm management specialist, says the health care reform debate probably has a bigger impact on farmers than the rest of society because they are largely self-employed.

Swenson says farm management records in the Red River Valley don't keep track of that specific line item for medical and health care.

Only 60 percent of those in the out-state areas do.

Of the 251 out-state farms in the survey, they averaged \$9,400 per year in those expenses.

"Some in there don't have health insurance, they just cover their medical stuff out of pocket," Swenson says.

Swenson says it probably would make sense that more spouses in the more populous eastern third of North Dakota have jobs and access to company-provided health care. Tullis acknowledges that with the deepening recession and company layoffs, some more farmers may be finding themselves scrambling for health care. Hard to say.

Jon Bailey, director of rural research and analysis at the Center for Rural Affairs in Lyons, Neb., earlier this summer described a survey of the Access Project, which was conducted in cooperation with the University of North Dakota Center for Rural Health in Grand Forks and Brandeis University in Waltham, Mass.

The 2007 survey included 2,017 responses from farmers ages 18 to 64.

The survey said 54 percent of those responding got their health insurance coverage through a working spouse. Swenson and Tullis acknowledge that's probably about right for North Dakota.

Says Bailey: "Health reform that continues to rely solely on the private insurance market and attempts to strengthen employer-provided insurance, no matter how regulated or reformed, will be irrelevant to a large number of rural people. If you want farmers to continue growing the food for our families, and if you want rural communities to thrive, then availability of affordable and quality health insurance must be effectively addressed."

The survey says that among the uninsured farmers and ranchers, they spent some 10 percent of their income on health care, and 32 percent of them had accrued medical debts.

I think there's a solution. I saw a hint of it in an article in The Atlantic magazine, by David Goldhill, a media and technology executive. Goldhill describes the relatively short history of health insurance: group health insurance introduced in 1929; employer-provided health insurance started after World War II; companies introducing it as an employee magnet when the government froze wages; a federal law making plans tax-deductible for companies in 1954. Then came Medicare and Medicaid.

He described how health insurance has gone to catastrophic coverage to pay a part of every health care expense.

"We've become so used to health insurance that we don't realize how absurd that is," Goldhill writes. "We can't imagine paying for gas with our auto-insurance policy, or for our electric bills with our homeowners insurance, but we all assume that our regular checkups and dental cleanings will be covered at least partially by insurance."

That can't go on.