

JANUARY 2025

TRAPPED IN THE HEALTH CARE MAZE:

Struggling to Navigate Health Costs, Access, and Complexities in Rural North Carolina



To better understand the experiences and opinions of rural North Carolinians on health care access and affordability, we completed four community conversations in August of 2024 across four counties: Caldwell, Mitchell, Rockingham, and Wayne. From these conversations, we developed the following solutions that policymakers should consider enacting to make health care more affordable and accessible.

“When they [HCA] consolidated with Mission, services started getting cut. HCA cut services. This hospital here, 25 years ago, very seldom did anything ever get shipped out. It was handled here. We had surgeons. We had everything here. Now you can’t even get an appendix taken out at this hospital. You can’t have a baby at this hospital.”

– MITCHELL COUNTY COMMUNITY MEMBER

Access full report here:



KEY FINDINGS AND POLICY RECOMMENDATIONS

HEALTH CARE IS *Unaffordable*

Rural North Carolinians largely experienced increased stress, anxiety, and deteriorating mental health, and at times chose to delay necessary care due to uncertainty around cost and their experiences with medical debt. The unaffordability of health care services and prescriptions, ambulances, high insurance costs, inflation, and medical debt continue to put intense strain on already stretched family budgets and impedes economic mobility.

Solution: Take actions to lower the cost of health care and protect patients from financial burden.

- **Protect patients from medical debt:** Pass medical debt protections for patients with low incomes, including expanded financial aid eligibility, an interest cap on payment plans, and collection bans. Additionally, ensure accountability by passing strong enforcement measures.
- **Address premium and out-of-pocket costs:** Empower the Department of Insurance to review costs, limit copays and deductibles, and ensure transparent, stakeholder-informed rate reviews.
- **Lower prescription drug costs:** Curb Pharmacy Benefit Managers’ practices, such as manufacturer rebates and spread pricing, that inflate prescription drug costs.
- **Lower ambulance costs and limit unfair collection practices:** Require financial aid, cap payment plans, and ban wage or tax garnishments to make ambulance bills more affordable.

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HEALTH CARE IS *Unpredictable*

North Carolina's rural health care consolidation has raised concerns about provider availability, higher costs, increased facility fee charges, billing transparency, and reduced access to essential services, leading to perceptions of lower-quality care and increased patient loads on providers.

Solution: Take actions to address the impacts of hospital consolidation.

- **Protect patients from unjust facility fees:** Make hospital prices fairer by limiting facility fees, requiring patient notification, and adopting "site-neutral" payment policies to ensure consistent charges for the same services. States like Texas, Ohio, and Indiana already restrict facility fees for telehealth, drive-thru services, and certain locations.
- **Ensure patients receive understandable and straightforward bills:** Require hospitals to provide good faith estimates of a patient's charges at the time of their appointment and provide them with clear, comprehensive, itemized bills in a timely manner following a hospital visit or stay.
- **Increase ownership transparency and transaction oversight resulting from consolidation:** Strengthen oversight of healthcare transactions, set clear merger criteria, enhance ownership transparency, and enforce antitrust laws. Learn from states like Arizona and Louisiana about expanding market oversight.
- **Reduce anti-competitive practices:** Ban anti-competitive contract terms, like gag and non-compete clauses, to curb hospital pricing power, aligning North Carolina with states like Tennessee.

HEALTH CARE IS *Inaccessible*

North Carolinians face many barriers to accessing the care they need including inadequate health care networks, shortage of primary and specialist care providers, and bias and discrimination within the health care system.

Solution: Take actions to address barriers to finding and receiving needed health care.

- **Grant full practice authority to more providers:** Allowing Advanced Practice Registered Nurses (APRNs) to practice fully can address rural physician shortages, improve access, and save billions. Passing policies like The SAVE Act would expand care options, as seen in many states.
- **Ensure adequate in-network provider networks and accurate provider directories:** Enforce time and distance standards, limit wait times, and improve access to essential community providers. Additionally, increase the diversity of the health care workforce to better reflect local communities.