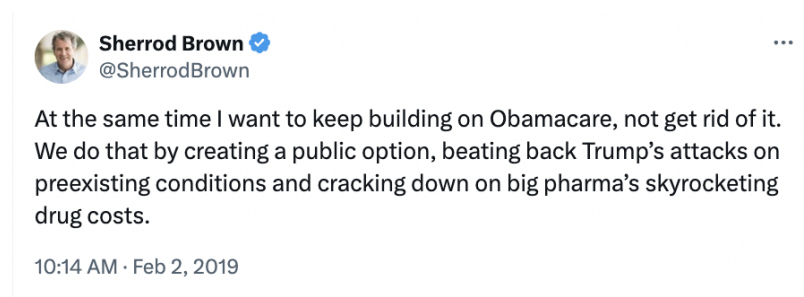


Sherrod Brown supports an extreme plan that could force rural hospitals, like the 78 in Ohio, to close their doors. Brown's plan threatens the health, jobs, and income of Ohio's hardworking families in rural areas.

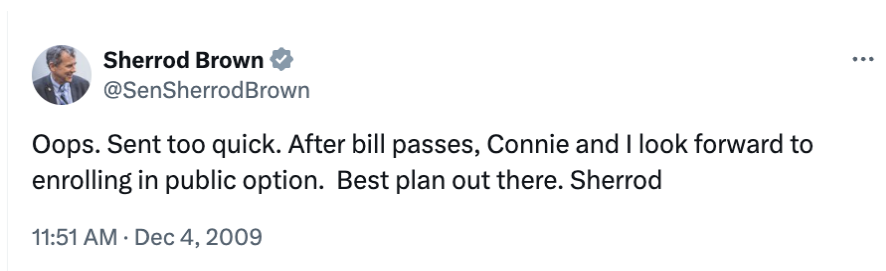
Sherrod Brown supports a public option.

- **Sherrod Brown supports a public option.** “At the same time I want to keep building on Obamacare, not get rid of it. We do that by creating a public option, beating back Trump’s attacks on preexisting conditions and cracking down on big pharma’s skyrocketing drug costs.” (Sherrod Brown, [Twitter](#), 2/2/19)



(Sherrod Brown, [Twitter](#), 2/2/19)

- **VIDEO: “Of course I wanted the public option.”** BROWN: “[I] think that this bill is such a huge step forward for our country. Of course, I wanted the public option. I wanted Medicare for all. But this is huge progress, and we’re going to continue to improve it. Senator Kennedy always said the fight for reform never ends, and there are lots of things we’ll want to do as we see how this bill unfolds in the next four years.” (MSNBC, [Morning Joe](#), 3/24/10)
- **In 2009, Sherrod Brown said that he and his wife looked forward to enrolling in the public option, calling it the “best plan out there.”** “Oops. Sent too quick. After bill passes, Connie and I look forward to enrolling in public option. Best plan out there. Sherrod.” (Sherrod Brown, [Twitter](#), 12/4/09)



(Sherrod Brown, [Twitter](#), 12/4/09)

- **In 2009, Sherrod Brown even co-sponsored an amendment requiring all Senators to enroll in public option.** "Just left Senate floor. Now co-sponsoring amdt to require senators to enroll in public option. Never before had fed govt insurane [sic]." (Sherrod Brown, [Twitter](#), 12/4/09)



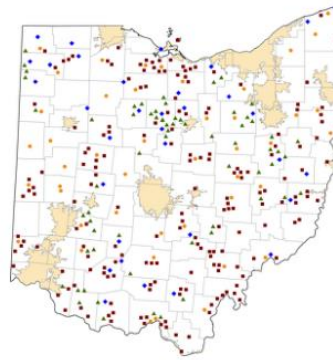
(Sherrod Brown, [Twitter](#), 12/4/09)

A Navigant study found that a public option puts rural hospitals, like the 78 in Ohio, at risk of closure.

- **According to a 2019 Navigant study, a public option could put up to 55% of rural hospitals at risk of closure.** “Those who think rural families will be immune to the consequences of an incremental approach like a public option or Medicare buy-in should take a closer look. The outlook isn’t good for our rural hospitals at risk under any of the three proposals. According to a new Navigant study, offering a government insurance program reimbursing at Medicare rates as a public option on the health insurance exchanges created by the Affordable Care Act (ACA) could place as many as 55% of rural hospitals, or 1,037 hospitals across 46 states, at high risk of closure across the country. Here in Iowa, a public option could put 58% of our rural hospitals at high risk of closure, according to the study.” (Julius Schaff, “Medicare expansion plans would jeopardize rural hospitals,” [Des Moines Register](#), 09/09/19)
- **The Navigant report considers the effects on both “critical access” hospitals and “short-term” hospitals.** “Navigant was engaged by the Partnership for America’s Health Care Future to quantify the potential financial impact of various public option scenarios on 1,898 rural critical access hospital and short-term acute care rural hospital revenues. We focused our analysis on rural hospitals since they are thinly capitalized and have the smallest margin for error in their cash flows of any hospitals, and since their communities are heavily dependent on them.” (Jeff Goldsmith and Jeff Leibach, “The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” [Navigant](#), 08/19)
 - **Per the Rural Health Information Hub, there are 78 “critical access” hospitals and “short term” hospitals in rural areas of Ohio.**

Ohio Rural Healthcare Facilities

	33 Critical Access Hospitals
	65 Rural Health Clinics
	183 Federally Qualified Health Centers*
	45 Short Term/PPS Hospitals*



*Sites according to data.HRSA.gov (October 2023), showing only locations outside of [U.S. Census Bureau](https://www.census.gov) Urban Areas with a population of 50,000 or more

(Rural Health Information Hub, [Rural Health for Ohio Overview](#), updated 8/31/23)

***Editor's Note:** The data has since been updated, but the numbers remain the same.*

- The study found three scenarios in which a public insurance option would spur an exodus of patients from higher-paying commercial plans, drive down net revenue for rural hospitals, and negatively impact the communities they serve. “The analysis incorporated three scenarios in which the availability of a Medicare public insurance option would induce a shift of patients from higher-paying commercial plans, driving down rural hospital net revenue and negatively impacting the communities they serve.” (Jeff Goldsmith and Jeff Leibach, “The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” [Navigant](#), 08/19)
 - In the first scenario, Navigant found rural hospitals could lose 2.3% in revenue under a public option, which would place 28% of rural hospitals at a higher risk of closure. “Revenue loss to rural hospitals is projected to be 2.3% under a Medicare public option if only the uninsured and current individual market participants shift to the public option, placing an estimated 28% of rural hospitals at high risk of closure (Scenario 1).” (Jeff Goldsmith and Jeff Leibach, “The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” [Navigant](#), 08/19)
 - The first scenario puts 11 rural hospitals in Ohio at “high-risk” of closure.

High-Risk Rural Hospitals by State — Scenario 1

STATE	HIGH-RISK RURAL HOSPITALS	% OF HIGH-RISK RURAL HOSPITALS
KS	35	41.7%
MS	34	55.7%
GA	29	46.0%
MI	27	36.5%
MN	25	29.1%
IA	25	27.8%
IL	24	30.8%
KY	21	31.8%
AL	20	50.0%
AR	19	39.6%
MO	19	31.7%
IN	16	41.0%
OK	16	32.0%
PA	15	34.9%
WI	15	20.5%
MT	13	27.7%
WV	12	46.2%
NE	11	24.4%
OH	11	17.2%
TX	11	9.4%
WA	10	27.0%
FL	9	42.9%
NC	9	20.0%
ME	8	40.0%

(Jeff Goldsmith and Jeff Leibach, “The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” [Navigant](#), 08/19)

- **The second and third scenario found that if between 25% and 50% of workers switched from private insurance to a public option, hospital revenues would decrease significantly and increase the risk of closure for rural hospitals.** “If employers shift between 25% and 50% of their covered workers from commercial coverage to a Medicare public option, hospital revenues are projected to drop between 8% and 14% and cause an estimated 51% to 55% of rural hospitals to face high risk of closure, with an additional 39% to 41% facing moderate risk (Scenarios 2 & 3).” (Jeff Goldsmith and Jeff Leibach, “The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis,” [Navigant](#), 08/19)
- **The second scenario puts 26 rural hospitals in Ohio at “high-risk” of closure.**

STATE	HIGH-RISK RURAL HOSPITALS	% OF HIGH-RISK RURAL HOSPITALS
KS	63	75.0%
IA	51	56.7%
MN	49	57.0%
MS	45	73.8%
GA	43	68.3%
MI	42	56.8%
KY	40	60.6%
IL	39	50.0%
MO	35	58.3%
OK	31	62.0%
AR	30	62.5%
AL	26	65.0%
OH	26	40.6%

(Jeff Goldsmith and Jeff Leibach, "The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis," [Navigant](#), 08/19)

- The third scenario puts 27 rural hospitals in Ohio at "high-risk" of closure.

STATE	HIGH-RISK RURAL HOSPITALS	% OF HIGH-RISK RURAL HOSPITALS
KS	67	79.8%
IA	52	57.8%
MN	49	57.0%
MS	48	78.7%
MI	44	59.5%
GA	43	68.3%
KY	43	65.2%
IL	39	50.0%
MO	37	61.7%
AR	33	68.8%
OK	32	64.0%
TX	30	25.6%
MT	28	59.6%
AL	27	67.5%
OH	27	42.2%

(Jeff Goldsmith and Jeff Leibach, "The Potential Impact Of A Medicare Public Option On U.S. Rural Hospitals And Communities: A Scenario Analysis," [Navigant](#), 08/19)

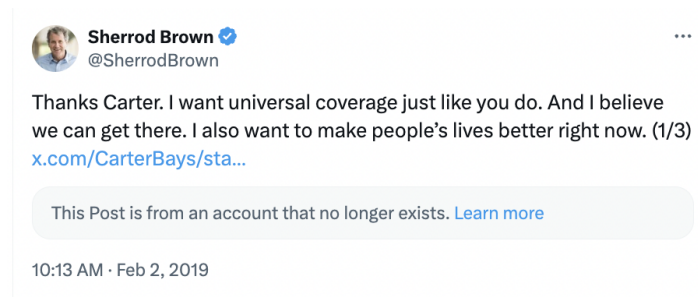
Closing rural hospitals could threaten the health, jobs, and income of hardworking Ohioans.

- **“Rural hospitals and health systems provide much needed access to affordable, quality health care for patients close to home, and operate as economic anchors in their local communities, supporting good paying jobs and infusing the local economy with spending on goods and services.”** (American Hospital Association, “Rural Hospital Closures Threaten Access,” [September 2022](#), accessed 5/1/24)
- **The typical rural hospital employs 300 people and serves a community of about 60,000; when the sole hospital in the community closes, it decreases per capita income in the county by \$1,400.** “The typical rural hospital employs about 300 people, serves a community of about 60,000. When the only hospital in a county closes, there is a decrease of about \$1,400 (2018 dollars) in per capita income in the county.” (“Rural Hospital Closures: More Information – Closure Search for Maine,” [University of North Carolina Center for Health Services Research](#), Accessed 01/22/20)
- **Patients in affected communities travel 5 – 30 miles to access care.** “Patients in affected communities are traveling 5 to 30 miles to access inpatient care (12.5 miles on average); however, 43% of the closed hospitals are more than 15 miles to the nearest hospital, and 15% are more than 20 miles.” (“Rural Hospital Closures: More Information – Closure Search for Maine,” [University of North Carolina Center for Health Services Research](#), Accessed 01/22/20)
- **According to a report from the American Hospital Association, the closures of rural hospitals “have an outsized impact on the health and economic well-being of rural communities.”** “Yet 136 rural hospital and health systems have closed from 2010 to 2021 (see Figure 1 below), according to the UNC Cecil G. Sheps Center for Health Services Research, which has had a detrimental impact on their communities in a variety of ways. While rural hospitals were partially buoyed by the Provider Relief Fund and other sources of COVID-19 assistance that limited closures in 2021, the financial outlook for many rural hospitals moving forward is precarious. These closures – whether due to declining financial performance, geographic isolation or low patient volume – have an outsized impact on the health and economic wellbeing of rural communities. Additionally, rural hospitals are disproportionately impacted by issues such as coverage trends, workforce and regulatory barriers.” (American Hospital Association, “Rural Hospital Closures Threaten Access,” [September 2022](#), accessed 5/1/24)

Sherrod Brown has supported Medicare for All, a plan that could force rural hospitals to close their doors.

- **VIDEO: “I wanted Medicare for All.”** BROWN: “[I] think that this bill is such a huge step forward for our country. Of course, I wanted the public option. I wanted Medicare for All. But this is huge progress, and we’re going to continue to improve it. Senator Kennedy always said the fight for reform never ends, and there are lots of things we’ll want to do as we see how this bill unfolds in the next four years.” (MSNBC, [Morning Joe](#), 3/24/10)
- **In 2019, Sherrod Brown expressed his support for universal coverage.** “Thanks Carter. I want universal coverage just like you do. And I believe we can get there. I also want to

make people's lives better right now.” (Sherrod Brown, [Twitter](#), 2/2/19)



(Sherrod Brown, [Twitter](#), 2/2/19)

- **According to hospital administrators nationwide, a single payer government health care program would force rural hospitals to close.** “Adopting a single-payer government health care program that covers all Americans would force more rural hospitals to close, according to hospital administrators from Texas to Maine.” (Peter O’Dowd, “Rural Hospitals Say ‘Medicare For All’ Would End Up ‘Closing Our Doors’,” [WBLUR](#), 08/16/19)

***Editor’s Note:** “Medicare for All” and “a single payer health care program” are interchangeable terms.*

- **One hospital CFO said that Medicare for All would force their hospital to close within a year.** “The only hospital in Estes Park would be forced to close in less than a year if a single payer government healthcare program like “Medicare for All” was to be adopted, according to an official with Estes Park Hospital. ‘If this were to become a reality, most of your rural hospitals will disappear because by definition, if you lose money for everything you do, then it won’t take long to run out of money, and you’ll be closed,” said Tim Cashman, chief financial officer of Estes Park Hospital. “All of our commercial patients will go away, everybody will be on Medicare and I won’t be able to keep the doors open because I won’t be bringing in enough money to pay for my staff.” (Tyler Piolet, “Universal healthcare may have negative impacts on Estes Park Health,” [Estes Park Trail Gazette](#), 08/21/19)
- **Tim Nickels, Executive Vice President of the American Hospital Association said Medicare for All would have a “devastating effect on hospitals and the system overall with rural hospitals hit hard because they lack the financial cushion of the larger systems.** “The American Hospital Association, an industry trade group, is starting to lobby against the Medicare for all proposals. Unlike the doctors’ groups, hospitals are not divided. There is total unanimity,’ said Tom Nickels, an executive vice president for the association. ‘We agree with their intent to expand coverage to more people,’ he said. ‘We don’t think this is the way to do it. It would have a devastating effect on hospitals and on the system over all.’ Rural hospitals, which have been closing around the country as patient numbers dwindle, would be hit hard, he said, because they lack the financial cushion of larger systems.” (Reed Abelson, “Hospitals Stand to Lose Billions Under ‘Medicare For All,” [The New York Times](#), 04/21/19)

- HEADLINE, WBUR: “Rural Hospitals Say ‘Medicare For All’ Would End Up Closing Our Doors.”



(Peter O’Dowd, “Rural Hospitals Say ‘Medicare For All’ Would End Up ‘Closing Our Doors’,” [WBUR](#), 08/16/19)

- Per the Rural Health Information Hub, there are 78 combined “critical access” hospitals and “short term” hospitals in rural areas of Ohio.



(Rural Health Information Hub, [Rural Health for Ohio Overview](#), updated 8/31/23)

Editor’s Note: *The data has since been updated, but the numbers remain the same.*