Dear Members of the Kansas Congressional Delegation:

Rural communities today face various challenges in creating a sustainable and effective health care delivery system. Demographic changes due to outmigration and an aging population means that local hospitals are increasingly dependent on fewer people in a Medicare-heavy payer mix. Because of this, over the past several years, health care professionals from across Kansas have worked together to develop an alternative model for rural health care delivery that acknowledges the need for local centers that can provide preventive and primary care, chronic disease management, and emergency services while serving as an access point to other, larger hospitals when higher level services are needed. This reinvented model is referred to as the Primary Health Center.

As Secretary of the Kansas Department of Health and Environment, I would like to express my support for this initiative. I believe it is essential that alternative models of care be explored to ensure continued access to health care services in rural areas. Unfortunately, we have seen firsthand the effects on a community when a hospital closes. Not only is the local community hospital an economic engine, but it is also the cornerstone of the health care delivery system. So on behalf of KDHE, I would like to pledge our commitment to work with the Kansas Hospital Association, other interested stakeholders, and the Federal Government on pursuing this alternative delivery model as part of a pilot program administered by the Centers for Medicare and Medicaid Services (CMS) outlined in the Fiscal Year 2019 Labor, HHS, and Education Appropriations bill.

Kansas has always been a leader in rural health care delivery innovation, and the Primary Health Center model is only the latest example. Back in the 1940s and 1950s, we successfully leveraged the Hill Burton program to establish centers for health care access in rural communities. We piloted and implemented the Swing Bed program, essentially designing the program as it now stands in rural hospitals around the country. Kansas was one of the first seven states to test and demonstrate the Essential Access Community Hospital/Rural Primary Health Center program, which ultimately led to the Critical Access Hospital program. I am confident that Kansas will again rise to the occasion to lead the next innovative approach in sustaining quality, accessible health care services in rural areas, and I look forward to working with our federal partners in achieving this goal.

Sincerely,

Lee A. Norman, M.D., Secretary