September 25, 2019

Dear Administrator Verma:

As the Centers for Medicare & Medicaid Services looks to unveil a pilot program to test new health care models for rural communities, the Kansas Hospital Association Board of Directors would like to express our support for the model developed by members of KHA.

In late July, a delegation of Kansas representatives met with officials from the Center for Medicare and Medicaid Innovation on a proposal that is based on the Rural Emergency Medical Center Act of 2018. While we represent hospitals that are both large and small, urban and rural, we all realize if we don’t keep our health care network serving Kansans furthest from our population centers strong, health outcomes for the entire state will be put at risk.

Kansas’ hospitals have always been at the forefront of innovation when it comes to finding new ways to reach every Kansan with high quality health care. Kansas was one of the major participants in the EACH/PCH pilot program. This program led to the creation of the Critical Access Hospital model that has been so successful for the last 20 years. Now, we believe that continued population decline has put even the CAH model in jeopardy, and new innovations are needed to help some of our hospitals meet the needs of our most rural residents.

The REMC model is based on a multi-year collaborative project run by KHA. This project worked with communities to see how their needs could be met in an environment of rapid demographic and economic change. Like many other states, Kansas’ rural population is declining rapidly; but in Kansas’ case, that decline is manifested by a growing but increasingly efficient farming economy that requires fewer workers and an aging population that is living longer thanks to improvements in health care delivery. This makes the challenges for hospitals more difficult—fewer people but a larger cohort of older people. Kansas has already seen three hospital closures in the past year that have threatened access to health care services in those communities. This is a troubling situation, but one we believe may be resolved with innovative approaches to rural health care delivery.

If Kansas hospitals can enter into a pilot project with CMMI, we believe we could maintain access to healthcare provided by local hospitals currently at risk. A project that would allow hospitals to move away from providing acute care beds for overnight stays and focus on their mission of providing 24-hour emergency care, well-funded medical transportation to regional medical centers, excellent outpatient services, and a 9-5 on-site clinic for routine medical needs is ideal. This is the REMC model, and it has more to do with changing the way quality care is delivered rather than managing tenuous budgets. As you look to engage states on your pilot program this fall, we kindly request you consider the KHA proposal with favor and work with us to ensure the long-term viability of our state’s excellent rural hospitals.

Sincerely,

Dennis Franks
2019 KHA Board Chair