



To: Senate Public Health & Welfare Committee

From: Vicki Whitaker, Executive Director

Subj: Remote written Proponent Testimony on **SB 175**: Enacting the rural emergency hospital act to provide for the licensure of rural emergency hospitals.

Chair Hilderbrand, Vice Chair Gossage and members of the Committee:

The Kansas Association of Osteopathic Medicine (KAOM) appreciates the opportunity to provide proponent testimony on Senate Bill 175. This legislation will enable rural Kansas hospitals to convert their operation into the provision of the care and services their communities need in a financially viable manner.

Rural hospitals, whether in Kansas or other parts of the country, have struggled for years to remain on solid financial ground. The delivery of care and services has changed dramatically in the last few decades. Inpatient stays that in the past would have required many nights in the hospital now are overnight stays or outpatient surgeries and many surgeries once performed in hospitals are now done in surgical centers. Both inpatient stays and surgeries are the models on which hospitals, historically, were reimbursed upon.

Federal requirements now allow for Rural Emergency Hospitals (REHs) and this provides the Kansas Hospital Association (KHA) with the opportunity to aid its struggling rural hospitals. KHA has been working on models of care for rural hospitals for years with the goal of sustainability for them. To be successful, an REH's medical care should be focused on preventive and primary care. As the saying goes, "an ounce of prevention is worth a pound of cure." A focus on preventive care means a healthier population.

The federal requirements for a Rural Emergency Hospital model mandate the hospital must be in a state that allows for the licensing of them. SB 175, if passed, would provide the framework whereby rural Kansas hospitals can convert to Rural Emergency Hospitals. While it will mean the loss of inpatient stays for those rural hospitals choosing to convert to REH – it will also mean these hospitals can keep their doors open and provide necessary care to their communities.

KAOM appreciates the opportunity to support HB 175. Approximately 50% of Osteopathic physicians choose to practice primary care and many do so in rural areas, so the closure of rural hospitals is an issue that impacts them.

I can stand for questions when appropriate. Thank you.