

Senate Health & Human Services
 04/25/2022 01:30 PM
 SB22-200 Rural Provider Stimulus Grant Program
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Dave Engel Amend Southeast Colorado Hospital District</p>	<p>Committee Members, I would like to begin with Thanking the committee and lawmakers in thinking of rural Coloradoans to aid our health care organizations.</p> <p>My District's concerns is the amount of funding which is very much welcomed, however does not hit the mark. We have a 53+ year old facility that is in desperate need of upgrades. You might ask, why has the facility not been better taken care of? It comes down to serving over 80+% of Medicare and Medicaid beneficiaries in our frontier part of the state. WE also have one of the lowest median incomes in the state.</p> <p>WE are currently evaluating how to upgrade our facility at a cost of \$17M to only touch the acute care part of our District. Another \$15M would be needed to upgrade our Longterm Care and Alzheimer's services. Both of these projects would be to make sure we have a safe facility for our staff to practice and provide a safe environment for our patients and residents.</p> <p>I wholly recommend the committee seriously look into increasing the support in this bill. I understand the state has several billion dollars of ARPA funding to allocate. The District would recommend \$5M per rural facility toward capital, infrastructure and equipment.</p> <p>Secondly, the 'Advisory' committee needs to have more representation from rural / frontier portions of the state. I recommend, the number of rural / frontier representation be increased and the Colorado Rural Health Center be allowed to assist in selection of individuals from rural Colorado.</p> <p>The District would welcome a one-time use of funds toward the above.</p> <p>I also recommend development of a 'stakeholder' group that is solely comprised of rural and frontier members that fully understand our portions of Colorado.</p> <p>Thank you for your time.</p> <p>Dave Engel - FACHE, NHA CEO Southeast Colorado Hospital District Springfield, CO</p>

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4-25-2022

Senate Health and Human Services Committee
RE: SB 22-200

I am Dave Engel – CEO / Administrator for Southeast Colorado Hospital District, Springfield, CO. Our District supports a Critical Access Hospital, Longterm Care and Alzheimer's center, Rural Health Clinic, Home Health and Hospice, Emergency Medical Services (Ambulance) and supporting diagnostic and treatment services. We serve 2500 square miles of frontier southeast Colorado (Baca County) to a population of 3200 lives and to many more that transverse this part of the state. This past week we cared for victims in a 7 vehicle motor vehicle accident.

Madam Chairman and Committee Members,

I would like to begin with Thanking the Senate Health & Human Services committee and bill authors in thinking of rural Coloradoans to aid our health care organizations.

My District's concerns are the amount of funding which is very much welcomed, however does not hit the mark.

We have a 53+ year old facility that is in desperate need of upgrades. You might ask, why has the facility not been better taken care of? It comes down to serving over 80 - 85% of our services to Medicare and Medicaid beneficiaries in our frontier part of the state. We also have one of the lowest median incomes in the state.

We are currently evaluating how to upgrade our facility at a cost of \$17M to only touch the acute care part of our District. Our patient rooms still share a single bathroom. Would you stay in a hotel what you shared a bathroom facility with another guest? Another \$15M would be needed to upgrade our Longterm Care and Alzheimer's services. Both of these projects would be to make sure we have a safe facility for our staff to practice and provide a safe environment for our patients and residents.

I wholly recommend the committee seriously look into increasing the support in this bill. I understand the state has several billion dollars of ARPA funding to allocate. The District would recommend \$5M per rural facility toward capital, infrastructure and equipment. We are extremely good stewards of all resources we are able to receive.

Secondly, the 'Advisory' committee needs to have more representation from rural / frontier portions of the state. I recommend, the number of rural / frontier representation be increased and the Colorado Rural Health Center be allowed to assist in selection of individuals from rural Colorado.

The District would welcome a one-time use of funds toward the above.



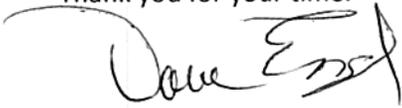
The hub of quality care in Southeast Colorado

PO: Baller

Of the approximately \$435k that is indicated in the original bill version, the District would use these funds toward improving the life of our residents, updating the resident's courtyard, upgrade needed laboratory equipment and/or a down payment toward an electronic medical record system.

I also recommend development of a 'stakeholder' group that is solely comprised of rural and frontier members that fully understand our portions of Colorado.

Thank you for your time.

A handwritten signature in black ink, appearing to read "Dave Engel". The signature is fluid and cursive, with a large initial "D" and "E".

Dave Engel - FACHE, NHA
CEO
Southeast Colorado Hospital District
Springfield, CO



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April 25, 2022

RE: Testimony for SB22-200, Senate Health & Human Services Committee

Madam Chair and Members of the Committee,

My name is Marsha Thorson, I am the Practice Manager for Gunnison Valley Family Physicians in Gunnison County. I am a member of the Primary Care Payment Reform Collaborative and a member of the Colorado Rural Health Center.

I would like to recognize the incredible work of all rural health care workers and staff from emergency medical services, small hospitals, the outpatient sector, and countless volunteers who responded to the pandemic during the past two years to provide the best care possible with the precious few resources we all had, especially during 2020. Also, I would like to thank Representative McCluskie and her co-sponsors for bringing this bill in an effort to improve access to health care in rural communities.

Two specific comments to improve the bill that I would like to make today:

First, representation on the advisory committee. I am the only rural provider on the Primary Care Payment Reform Collaborative and am consistently sharing a perspective that is unique to rural health among this group. It is imperative that this advisory committee offer true rural representation from all regions of the state. The challenges Gunnison County and the Western Slope encounter are different than those of Bent or Prowers County in the Southeast or Lincoln County on the Eastern Plains. I would recommend soliciting representation from rural hospital CEOs or their appointees which could include members of the rural hospital board. Many rural counties have County Commissioners who also serve as the Board of Health and oversee local health care systems (such as hospitals and local public health departments). Those are the Counties lucky enough to even have a hospital. Thirteen counties in Colorado, that is 20% of Colorado Counties DO NOT have a hospital.

Second, if the goals of the bill are to improve access to health care in rural communities, the investment has to be worthwhile and long-lasting. The investment needs to reach all rural health care providers, including clinics as we are a part of the rural health care system and are among the front line workers. The costs associated with updating buildings for ensuring code regulations are met, updating and replacing infrastructure, or making much needed improvements to technology such as implementing an electronic health record, or updating an electronic health record is incredibly expensive and beyond the budgets of rural hospitals and health care providers. The limitations to afford these improvements are driven by depressed local economies, more than half of our payer mix at my practice in Gunnison County are residents who have Medicare, Medicaid, or such high deductibles they cannot afford to seek routine care or keep up with actually paying their health care provider. For example, our local critical access hospital, Gunnison Valley Hospital, will need \$1M upfront to begin implementation for a new electronic health record, which will replace their existing 4 systems, and it is estimated that ongoing costs for the new system will

exceed \$500,000 per year. The amounts listed in this bill are appreciated but deeply inadequate to achieve any lasting investment.

I support the concept of this bill but would like to emphasize these two necessary improvements to make it a strong and worthwhile bill to increase access to health care for rural communities.

Thank you for your time.

Please contact me if you have any questions or need additional information at gvfpcb@gmail.com or (970) 641-0211.

Marsha Thorson, MSPH
Practice Manager