

Our healthcare professionals' tireless work throughout the pandemic has been critical to Kansas' COVID-19 recovery efforts. Our rural hospitals deserve - and need - the support and resources to do their job, and Medicaid Expansion not only helps providers financially and keeps hospitals open, it also gives essential workers a safety net and provides coverage for caregivers serving our most vulnerable neighbors.

MEDICAID EXPANSION

Kansas is one of only 12 states that has not expanded Medicaid. Expanding Medicaid would provide care to almost 165,000 Kansans, providing a boost to the state and local economy, and improving services and reducing healthcare-related financial pressures for Kansans. By the end of 2020, it is estimated that failure to expand Medicaid has cost over \$4.5 billion in federal funding that could have reimbursed Kansas medical providers and hospitals for serving lowincome patients.

The most recent Kansas Speaks survey conducted by the Docking Institute for Public Affairs at Fort Hays State University continued to show broad support for Medicaid expansion in Kansas, with 63.5% of respondents expressing support for the measure and 71.8% acknowledging that it would help rural hospitals stay in business. ORP found this to be true during discussions with hospitals and other rural medical providers during the 2019 and 2020 Tours. In some cases, failure to expand Medicaid has prevented medical providers from expanding services that would not only serve low-income workers and others who qualify for Medicaid, but the whole community.

WORKFORCE

Even before the pandemic, rural Kansas experienced a workforce shortage, especially in high-demand fields like healthcare. Discussions with local leaders during the 2020 Tour indicated renewed concern about Kansas' ability to recruit and retain healthcare professionals when in competition with surrounding states that have expanded Medicaid. Kansas doctors and medical professionals will continue to provide services to uninsured patients, but it will be harder to meet community needs if Kansas health systems are unable to pay as much as their nearby competitors.

With an older population in many rural communities, the need for healthcare workers throughout the state is critical to ensure that Kansans living in long-term care settings can remain close to their families. Those living in poverty are more susceptible to chronic illness that requires more medical care, without which it can be harder to work. Without healthcare workers or adequate insurance coverage for caregivers and low-income support staff, seniors and Kansans with disabilities may find it impossible to remain in their homes.



Lieutenant Governor Rogers met with Colby Mayor Gary Adrian and other Colby and Thomas County leaders to discuss strategies to encourage mask wearing and other COVID mitigation strategies.

TELEHEALTH

As rural Kansas healthcare providers have had to overcome workforce challenges and other obstacles, many have reported benefiting from increased telehealth options over the past year. During the pandemic, Governor Kelly has increased access to telehealth for patients and providers through multiple executive orders allowing doctors to prescribe medication and do routine checkups via telemedicine. These orders have also allowed licensed out-of-state providers to perform more telehealth services for Kansas patients in order to enable social distancing at healthcare facilities.

Recognizing that additional telehealth services only helps those with an internet connection, Governor Kelly supported emergency funding to enhance broadband access through the SPARK Taskforce. With Kansas families needing access to telehealth and distance learning in unprecedented ways, grant funding was also provided to unserved and underserved communities to help low-income families who cannot afford high-speed internet.

RURAL EMERGENCY HOSPITALS

While expanding Medicaid would place Kansas providers and patients on an even playing field with surrounding states, advances in medical technology, changes in federal regulations, and shifting rural demographics requires a new look at healthcare delivery models. Recent changes in federal Medicare and Medicaid regulations present a new opportunity through an alternative funding model that is more customized to local needs. This model of funding would allow hospitals with underutilized inpatient hospital beds to become "rural emergency hospitals," maintaining their emergency departments while boosting needed local primary care and specialty healthcare services, such as dental care. While this model would not cover uncompensated care for uninsured Kansans who would qualify under Medicaid Expansion, it would encourage more regional coordination, targeted local services, and make better use of a limited workforce.

Governor Laura Kelly visiting Plastikon Industries where she announced that Kansas had surpassed \$2 billion in capital investment in 2020 – in spite of the COVID-19 pandemic and global recession.



MENTAL HEALTH

Concerns regarding access to mental health services throughout the state's rural areas have only become more amplified. The need for social distancing has also caused many to experience increased isolation. ORP discussed this issue in-depth with mental health professionals and community leaders from Northwest Kansas and across the state during the tour. While many Kansans have certainly faced challenges in accessing essential mental health services during the pandemic, ORP was encouraged to hear stories of local providers and patients making use of expanded telehealth services, reducing commutes and actually increasing patient visits in some areas.

COVID-19 AND RURAL KANSAS

Rural Kansas has not been immune to the effects of COVID-19. It has strained capacity at healthcare facilities across the state and increased stress on rural healthcare workers, long-term care workers, emergency response and public health officials, and many others. Governor Kelly and the Kansas Department of Health and Environment have worked tirelessly to support local officials and healthcare workers by targeting resources and promoting behaviors that are proven to limit infections and reduce community spread. Continued cooperation will be critical to increasing testing, distributing vaccines, and supporting hospitals.



MEDICAID EXPANSION AND RURAL HEALTHCARE ------

With so many Kansans losing employer-based health insurance during the pandemic through no fault of their own, the need to expand Medicaid in Kansas became more apparent than ever. ORP met with healthcare providers and administrators in Southeast and South Central Kansas, two regions that are struggling with hospital shutdowns and loss of revenue.

Like most of the state, providers described how they voluntarily delayed elective procedures at the beginning of the pandemic to save PPE and protect patient safety. This caused healthcare providers to lose revenue at the same time many of their patients were losing their job-based healthcare benefits. While providers eventually resumed most services, their revenues and volumes have remained unpredictable.

Providers have also turned to telehealth and curbside treatments to reduce potential risk and reach more patients, but strain on hospital resources continued throughout the year.

Participants shared how they have helped their communities by responding to outbreaks at meatpacking facilities and offering mobile services. But with community advocates reporting repeat unemployment claims, increased demand for food assistance, and unmet transportation needs, Southeast Kansas has felt the pinch of not having expanded healthcare access potentially more than any region of the state.

In Neosho County alone, 400 uninsured people could access preventative healthcare if Medicaid was expanded. This is especially true for residents with chronic health conditions. As one provider said: "If they drop off insurance, they just won't go." In addition to helping patients access the care they need, providers also addressed how Medicaid expansion would help them provide services in smaller towns that currently lack a healthcare provider. Other community health leaders shared how they would work to address food deserts and transportation barriers and offer telemonitoring services if they had more resources through Medicaid expansion. For now, however, uncompensated care has stretched their healthcare systems thin.

Kansas healthcare providers have endured these challenges for many years, with one health system CEO saying they have had to "reinvent" themselves to continue serving their communities. Though Kanas healthcare providers are very resilient, the state will be unique in the region after Missouri and Oklahoma voters chose to expand Medicaid in 2020, joining Colorado, Nebraska, and 36 other states. With increased healthcare access and less unreimbursed care, Kansas providers face the possibility of more difficulty recruiting health professionals and providing services compared with their peers just across the border. As the same CEO warned, "There's a limit to how many times we can reinvent ourselves before it impacts quality or safety."





Hospital Association

KDOT Cost Share project improves access to hospital in Greeley County.

Kansas ICU nurse recognized for her service.

Podiatry Clinic Staff at William Newton Hospital in Winfield, Kansas.

Neighbors show appreciation for Lindsborg **Community Hospital.**