Vic Meyers
Rural Hospital Policy

Core Idea

Rural Colorado cannot afford to lose its hospitals.

Spanish Peaks Regional Health Center in Walsenburg provides an important model worth examining. Its campus combines a Critical Access Hospital and extensive medical services with the Spanish Peaks Veterans Community Living Center.

Vic Meyers does not propose forcing that model on other communities or assuming that the same solution will work everywhere.

His approach is locally driven:

Take the Spanish Peaks model to rural communities in House District 47 that are struggling to maintain healthcare services. Show local leaders what has been built in Walsenburg. Ask whether some version of that model could meet their community's needs.

If the community wants to pursue it, Vic's job in the Colorado Legislature would be to ask:

What can the state do to help make it possible?

That could mean removing statutory or regulatory obstacles, creating or modifying state programs, coordinating with Colorado agencies, helping communities pursue available state and federal funding, or sponsoring legislation necessary to create a locally designed partnership.

The community decides whether the model fits.

The legislature helps make it possible.

Why This Matters

Rural hospitals operate under very different conditions from large urban hospital systems.

Colorado legislative staff identifies 43 rural hospitals in the state, including 32 Critical Access Hospitals.

Colorado's Department of Health Care Policy and Financing reports that many small and rural hospitals have consistently operated on razor-thin margins.

Federal Medicaid changes are expected to place additional pressure on rural healthcare by reducing coverage and increasing uncompensated care.

When a rural hospital loses services or closes, the consequences extend far beyond the hospital itself. Residents may have to travel much farther for emergency care, medical services and treatment. Healthcare jobs disappear, and the community loses an important economic institution.

Protecting rural healthcare therefore means protecting both people's access to medical care and the economic health of rural communities.

The Spanish Peaks Model

Spanish Peaks Regional Health Center in Walsenburg provides an unusual example within Colorado.

The campus includes:

- A 20-bed Critical Access Hospital
- Emergency and trauma services
- Ambulance services
- Surgery
- Diagnostic imaging
- Laboratory services
- Rehabilitation
- Clinics
- Pharmacy
- Dialysis services
- A 90-bed Veterans Community Living Center

The Spanish Peaks Veterans Community Living Center serves veterans, spouses, widows and Gold Star parents.

It is the only veterans nursing home in Colorado with a hospital located on the same main campus.

Colorado law establishes a distinctive partnership for the Walsenburg Veterans Community Living Center. The veterans center remains connected to the state and federal veterans-care system while operating through an arrangement involving the Huerfano County Hospital District.

Vic's Approach

Vic Meyers believes rural communities should determine their own futures.

He would bring the Spanish Peaks model to communities throughout House District 47 where healthcare facilities are struggling or where additional healthcare and senior/veterans services could strengthen the community.

The conversation begins locally:

- Would something like this help your community?
- What services does your community actually need?
- Could veterans care, senior care, hospital services, clinics or other healthcare services work together?
- What is preventing the community from doing it now?
- What could Colorado change to make it possible?

Vic would then take those answers back to the legislature.

Rather than Denver designing a healthcare system and imposing it on rural Colorado, the objective is to have rural communities identify the solution that works for them and have their state representative fight for the legislative tools necessary to implement it.

An Important New Opportunity

Colorado has been awarded $1 billion over five years through the federal Rural Health Transformation Program, with $200 million available annually.

Those funds are intended to support transformative and sustainable approaches to rural healthcare.

Vic believes communities in House District 47 should have a strong voice in how rural-health resources are used and should have help identifying funding opportunities that could support locally designed healthcare solutions.

Policy Principle

Local solutions. State partnership. Rural healthcare that stays rural.

The goal is not to reproduce Spanish Peaks Regional Health Center building for building.

The goal is to learn from something that already exists in House District 47, take that model to other communities, and ask:

Could some version of this work here, and what can Colorado do to help you build it?

Verified Source Material

Spanish Peaks Regional Health Center / Huerfano County Hospital District:
The current facility includes a 20-bed Critical Access Hospital and 90-bed Veterans Community Living Center, along with emergency, ambulance, surgical, imaging, laboratory, rehabilitation, pharmacy and clinic services.

Colorado Department of Human Services:
Colorado operates five Veterans Community Living Centers. Spanish Peaks serves veterans, spouses, widows and Gold Star parents. VA funding covers a portion of veterans' cost of care.

Colorado Revised Statutes §26-12-202:
Establishes the special contractual arrangement governing the Walsenburg Veterans Community Living Center and requires separate financial reporting and continued state ownership for purposes of federal veterans assistance and programs.

Colorado Legislative Council/JBC analysis:
Colorado has 43 rural hospitals, 32 of which are Critical Access Hospitals, and federal Medicaid changes are expected to increase financial pressure on the rural healthcare system.

Colorado Department of Health Care Policy and Financing:
Many small and rural hospitals operate on very thin financial margins. Colorado has also received $200 million annually for five years through the federal Rural Health Transformation Program.