



June 15, 2021

Chair Scott, Ranking Member Fischbach, and Members of the Committee, thank you for providing me the opportunity to speak on this important topic. My name is Kent Mattson and I am the CEO of Lake Region Healthcare, a rural healthcare organization located in West Central Minnesota. I will be testifying on behalf of the Minnesota Hospital Association.

I have been the Lake Region Healthcare Enterprise CEO since May of 2020 and have worked within the organization for over 20 years. Lake Region Healthcare is made up of two hospitals, a PPS community-based not-for-profit hospital in Fergus Falls and a critical access hospital located Elbow Lake. We have eleven clinic locations in communities across West Central Minnesota as well as an assisted living facility and two surgery centers, one in Fergus Falls and another in Morris. Our team is made up of over approximately 1,100 staff members and roughly 110 physicians and providers.

I believe that hospitals are one of the basic physical and organizational facilities needed for communities to thrive. No matter the size, location, or demographics, hospitals and health systems are the cornerstone of communities across our country.

This is especially true in rural areas. Hospitals and health systems provide accessible and high-quality care in remote areas, we are major employers that provide good paying jobs, and we serve low population areas that have a disproportionately aging population with increased medical needs and limited mobility.

This past year, our rural hospitals answered the call to service during the COVID-19 pandemic. We have been on the front lines helping to control the spread of the virus through testing, contact tracing, and vaccine deployment and treating those patients who got COVID-19. We have also been a trusted source of public health information for our neighbors in our communities.

We know that rural hospitals and health systems face enormous challenges. This includes declining reimbursements and increased costs, difficulties recruiting and retaining our health care workforce, and limited access to capital. In fact, the Minnesota Hospital Association reported that of the 31 Minnesota hospitals with negative operating margins, all but two were in rural areas.

Rural hospitals also face the need to update or replace outdated facilities. These large expenses can be a huge burden given our lack of access to capital. With our limited size and razor thin margins, we are often unable to access the needed funding through traditional methods. This makes investments from Congress that create loan and grant opportunities for rural health care systems critically important. At our critical-access hospital in Elbow Lake, we were the thankful beneficiary of a USDA Community Facilities Direct Loan and Grant Program.



In 2013, we finished construction on the Prairie Ridge Healthcare Facility. This 53,000 square foot state-of-the-art hospital replaced an aging and deficient facility that was built in the 1960's, and which had long ago outlived its useful life. This upgrade was a complete game changer that vastly enhanced patient safety and accessibility, expanded services such as general surgery, orthopedics, and obstetrics, and upgraded technology to better serve patients in our local communities.

Prairie Ridge is now serviced by 49 onsite physicians, advanced practice providers, and certified registered nurse anesthetists. We have been able to recruit and retain 37 new providers since we announced the new facility. In addition to a strong provider team, Prairie Ridge also employs an additional 120 nursing, operations, facilities, and administrative staff. And Prairie Ridge provides outreach to other surrounding rural communities.

Per year, Prairie Ridge averages roughly 190 ambulance runs, 660 surgeries scopes, 25,000 lab tests, and 18,000 provider visits. And I am proud to say, the Prairie Ridge Clinic has administered over 3,000 COVID Vaccinations.

The positive impact this facility upgrade has had on the community cannot be overstated. In addition to the expanded health care services and good paying jobs, the Prairie Ridge facility has become a major source of pride and a community hub. For example, it hosts the Grant County Veterans Memorial, there is a community room open for public use, and there is even a dining café.

None of this would have been possible without a \$16 million dollar loan from the USDA Community Facilities Direct Loan and Grant Program. That money gave us the financial viability to make this incredible project come to life. We truly are a success story that should be replicated in communities across the country.

Beyond the physical infrastructure needs of hospitals, I also would encourage the committee to consider strong investments in broadband that will ensure all people have access to telehealth services regardless of their zip code. This pandemic has illustrated the importance of telehealth services particularly around mental health and specialty care.

Without high-quality facilities and a strong infrastructure system, our rural hospitals will not be able to carry out our mission to serve our communities and patients. We stood up and responded to the call to action from the Covid crisis, and must be able to stand ready to respond to the next public health crisis, in addition to serving our populations, day in and out. In closing, I want to thank the committee members for your service to our country and for your support to rural hospitals and health systems. I look forward to answering your questions.



APPENDIX A

Prairie Ridge Healthcare Facility Information



Location: Elbow Lake, MN

Built: 2013 (Photo on Left)

Size: 53,000 Square Feet
Replaced aging and deficient
26,000 Square foot facility
(photo below).



Improved Patient Safety, Privacy, and Accessibility



Safety and accessibility took a high priority in the design of the new facility. Corridors, doorways, and bathrooms give easy wheelchair access throughout the building while advanced medical equipment is integrated with safety features. All ten hospital rooms are equipped with Medicare ceiling lifts; making it easier to move patients throughout the room. This same lift system is also implemented in the Rehabilitation

Department providing valuable aid to physical therapists in enabling patients to restore their strength. The layout of the new facility also allows for different areas to be locked down after hours or in case of an emergency. The drive-through Emergency entrance enclosed within the building serves for convenience, safety, and privacy for ambulance and emergency drop off.



Prairie Ridge's technology within the new hospital provides a safer environment for staff, patients, and visitors giving peace of mind to families.

Expanded Services

It is important to Prairie Ridge that we offer services close to home while also promoting jobs to families in our rural community. The new facility has aided in the ability to add several Family Practice providers and expanded services in the areas of General Surgery, Orthopedic Surgery, and Obstetrics.



Upgraded Technology



State-of-the-art technology results in quicker test results and more efficient use of our patients' time. Electronic exam tables and patient lift systems increase comfort and safety. New microscope technology, incubators, and automated analyzers produce consistent results while lab technicians are free to perform other tasks. Ultrasound, Dexascan, MRI, and mammogram technologies will continue to be utilized in addition to a new CT Scanner,

Digital X-Ray, and a mobile X-Ray Unit to scan patients at bedside. This technology lets our patients have a shorter visit with faster, more detailed results.



Wireless and Mobile Health access allows our providers to practice untethered; providing portable access to patient electronic medical records. The use of iPads, flatscreen monitors, and other devices change the way they collect, examine, and deliver healthcare information. Multiple areas within the hospital offer a full suite of audio, video and web conferencing designed to meet the needs of our ever-changing healthcare arena. The Nurse Call System not only connects patient to nurse but also networks emergency response communication throughout the building. Prairie Ridge recognizes that our patients are entitled to the benefits of cutting-edge technology; giving assurance of quality and confidence in our rural community.



Community Impact

In addition to bringing healthcare close to home for this rural community, the Prairie Ridge Campus has become a point of community pride. It hosts the Grant County Veterans Memorial, a community meeting room, and an open dining café.

Key Statistics

Prairie Ridge is serviced by a total of 49 onsite Physicians, Advanced Practice Providers, and CRNAs. Since opening the new facility in 2013, Prairie Ridge has been able to recruit and retain 37 new providers to continue to provide and/or expand services for family practice/primary care, surgical services, and other specialty care services. In addition to a strong provider team, Prairie Ridge employs an additional 120+ nursing, operations, facilities, and administrative staff.



In addition to serving the Elbow Lake community, Prairie Ridge provides outreach to Morris, Evansville, Hoffman, Herman, and other surrounding rural communities such as Wendell, Hancock, Ashby, and Barrett. Annually, Prairie Ridge Averages* 189 Ambulance Runs, 663 Surgeries/Scopes, 25,547 Lab tests, and 18,423 Provider Visits. To date, the Prairie Ridge Clinic has administered 3,092 COVID Vaccinations.

*Average over the last 4 years.

Service Lines Offered

ALLERGY/IMMUNOLOGY

Asthma and allergic condition clinic consults for pediatrics and adults

Skin scratch testing for 64 food/environmental antigens

Allergy testing for medications

Allergy shots

AMBULANCE SERVICES

CARDIOLOGY

Clinic Consults (A-fib, Syncope, Cardiomyopathy)

Cardioversions

Cardiac stress tests

Treadmill Stress Tests

Nuclear Med Stress Tests-Standard treadmill

Cardiolite treadmill

Chemical stressing stress tests (LEXI SCAN)

EKG stress tests

Pacemaker insertions and programming

Pacemaker clinic

Carotid massage

Cardiac rehabilitation

Cardiology clinics

Pacemakers-dual and single chamber

ICDs-dual and single chamber

Cardiac resynchronization therapy device implants

Implanted Cardiac Loop Recorders

Cardiomem implants

Synchronized cardioversion

Interpretation of echocardiogram and stress tests

Tilt Table Testing

Teleheart Consults

COLONOSCOPY AND ENDOSCOPY

EGD-diagnostic, screening, rescreening, ph testing, esophageal manometry

Bronchoscopy-diagnostic with brushings, washing, and biopsies

Flex sig

DIABETES MANAGEMENT (GROUP AND INDIVIDUAL SESSIONS AVAILABLE)

DIETITIAN (Elbow Lake)

Weight Loss

Heart disease

Renal disease

Diabetes

Cholesterol

EMERGENCY DEPARTMENT (LEVEL 4 TRAUMA CENTER)

INPATIENT SERVICES

INTERVENTIONAL RADIOLOGY

Clinic consults for pain disorders/vascular interventions

Radiology consultations provider-provider

Vascular follow up after vascular interventions.

Soft tissue biopsies

US guided Fine needle thyroid biopsies

US guided fine needle breast biopsies with and without axillary lesions.

Bone marrow biopsies

PICC Placement

Port Placement



Blood patch
Epidural steroid injections
Cervical, thoracic, and lumbar
Joint injections
SI joint, shoulders, hips (trochanteric, intraarticular), knee, wrist, etc.
Trigger point injections
Radio frequency ablations
Cervical, thoracic, and lumbar spine
Associated median branch blocks of cervical, thoracic, and lumbar spine
Genicular RFA for knee pain
Thoracentesis
Paracentesis
Tunneled drainage catheter placement for chronic ascites or pleural fluid accumulation
Chest Tube Placement
Loop recorder placement
Pacemaker implant: single and dual chamber

LABORATORY SERVICES

OBSERVATION STAY

OCCUPATIONAL THERAPY

Certified lymphedema especially post-surgical
Hand therapy
Pediatrics for feeding, neurological disorder, weakness, behavior modification, tone reduction, post-surgical upper body
Cognitive testing with follow up meeting for education/strategies/recommendations
LSVT BIG for Parkinson's
Concussion management

ORTHOPEDICS AND SPORTS MEDICINE

OUTPATIENT SERVICES

Radiofrequency ablation
Blood transfusions
Epidurals
IV therapy
IV antibiotics
Infusions
Radiologically guided injections
General injections
Protime clinic
Medication administration with monitoring

TELEPSYCHIATRY

PHYSICAL THERAPY

Pre-Post-surgical conditions: (Joint replacement, back and neck surgery, Knee scope, ACL, ankle, rotator cuff repair, shoulder replacement)
Injury related conditions: Back, Neck, Hip, Knee, shoulder, elbow, foot/ankle

Hand therapy
Neurological Conditions: Parkinson's BIG program, traumatic brain injury, spinal cord injury, stroke, multiple sclerosis, ALS, imbalance, ataxic gait
Geriatric Conditions: Fall prevention, home safety, osteoarthritis
Vertigo/Dizziness/ Vestibular Rehab/BPPV Rehab
Sacroiliac dysfunction: pregnancy, injury
Pediatric conditions: developmental delay, torticollis
TMJ Dysfunction
Ergonomic Work Station Evaluation
Myofascial Release
Kiniesotaping/Athletic Taping/bracing

PRIMARY CARE AND INTERNAL MEDICINE

Child and teen checkups
Well-baby exams
Chronic Care Management/Care Coordination Services
Immunizations
Sports physicals
ICC/DOT physicals
DOT collections
Skilled nursing home visits
Assisted living visits
FAA physicals
Special issuance exams
Women's Health
Family planning.
Breast and cervical cancer program.
Menopausal counseling and services.
Prenatal care and OB exams.
Well-women physicals.
Internal Medicine Clinic Consults
complex medical issues such as but no limited to cardiac disorders, diabetes with pump adjustments, thyroid disorders, pulmonary issues, renal, and liver disease.

DIAGNOSTIC IMAGING

General
Dexascan
CT Scan
MRI
Mammography
Nuclear Medicine
Ultrasound
SURGICAL SERVICES
General Surgery
Podiatry Surgery
Orthopedic Surgery



SPEECH THERAPY

Cognitive testing
LSVT Parkinson's BIG and LOUD
Pediatrics with SOS Feeding
Voice Production
Swallowing
Language Comprehension
Vital Stimulation Adults and Children
Communication Skills

SLEEP SERVICES

Overnight oximetry studies
Sleep apnea evaluations

SWING BED PROGRAM

WOUND CARE

Non-healing chronic wounds
Pressure ulcers
Diabetic ulcers
Venous ulcers
Arterial ulcers
Skin lesion removal and biopsies
Traumatic wounds
Surgical wounds
Abdominal stomas
Continenence disorders
Rash and lesion identification
Minor burns

Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)* of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Agriculture

Subcommittee: Commodity Exchanges, Energy, and Credit

Hearing Date: 06/15/2021

Hearing Title :

"Examining Opportunities for Growth and Investment in Rural America"

Witness Name: Kent Mattson

Position/Title: CEO

Witness Type: Governmental Non-governmental

Are you representing yourself or an organization? Self Organization

If you are representing an organization, please list what entity or entities you are representing:

Minnesota Hospital Association
Lake Region Healthcare/Prairie Ridge Healthcare

FOR WITNESSES APPEARING IN A NON-GOVERNMENTAL CAPACITY

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

Are you a fiduciary—including, but not limited to, a director, officer, advisor, or resident agent—of any organization or entity that has an interest in the subject matter of the hearing? If so, please list the name of the organization(s) or entities.

Lake Region Healthcare/Prairie Ridge Healthcare

Please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you, the organization(s) you represent, or entities for which you serve as a fiduciary have received in the past thirty-six months from the date of the hearing. Include the source and amount of each grant or contract.

None

Please list any contracts, grants, or payments originating with a foreign government and related to the hearing's subject that you, the organization(s) you represent, or entities for which you serve as a fiduciary have received in the past thirty-six months from the date of the hearing. Include the amount and country of origin of each contract or payment.

None

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

- I have attached a written statement of proposed testimony.
- I have attached my curriculum vitae or biography.

* Rule XI, clause 2(g)(5), of the U.S. House of Representatives provides:

(5)(A) Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to brief summaries thereof.

(B) In the case of a witness appearing in a non-governmental capacity, a written statement of proposed testimony shall include— (i) a curriculum vitae; (ii) a disclosure of any Federal grants or contracts, or contracts, grants, or payments originating with a foreign government, received during the past 36 months by the witness or by an entity represented by the witness and related to the subject matter of the hearing; and (iii) a disclosure of whether the witness is a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing.

(C) The disclosure referred to in subdivision (B)(iii) shall include— (i) the amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing; and (ii) the amount and country of origin of any payment or contract related to the subject matter of the hearing originating with a foreign government.

(D) Such statements, with appropriate redactions to protect the privacy or security of the witness, shall be made publicly available in electronic form 24 hours before the witness appears to the extent practicable, but not later than one day after the witness appears.

**Committee on Agriculture
U.S. House of Representatives
Information Required From Nongovernmental Witnesses**

House rules require nongovernmental witnesses to provide their resume or biographical sketch prior to testifying. If you do not have a resume or biographical sketch available, please complete this form.

1. **Name:** Kent D. Mattson
2. **Organization you represent:** Lake Region Healthcare/Prairie Ridge Healthcare
3. **Please list any occupational, employment, or work-related experience you have which add to your qualification to provide testimony before the Committee:**

20+ years of institutional knowledge at Lake Region Healthcare
30+ years practicing law

4. **Please list any special training, education, or professional experience you have which add to your qualifications to provide testimony before the Committee:**

Juris Doctor from the University of Minnesota School of Law

5. **If you are appearing on behalf of an organization, please list the capacity in which you are representing that organization, including any offices or elected positions you hold:**

Chief Executive Officer
Previously Chief Strategy and Legal Officer

**PLEASE ATTACH THIS FORM OR YOUR BIOGRAPHY TO EACH COPY OF
TESTIMONY.**



Kent Mattson

Chief Executive Officer

Lake Region Healthcare

Fergus Falls, MN

Kent Mattson was appointed Enterprise CEO of Lake Region Healthcare (LRH) in May 2020. He has over 20 years of institutional knowledge of the organization and healthcare experience having served as part-time General Counsel for LRH since the late 1990s. Kent joined LRH fulltime in January 2018 to become the Chief Legal and Strategy officer.

As enterprise CEO, Kent serves as the chief and most senior leadership position for LRH and its affiliated companies, reporting directly to the LRH Board of Trustees. He serves as the Chief Executive Officer for LRH, Mill Street Residence, and Lake Region Healthcare Foundation, and has oversight responsibility of Prairie Ridge Healthcare (PRH), the non-profit critical access hospital and clinics, headquartered in Elbow Lake, MN.

Kent holds a Juris Doctor from the University of Minnesota Law School, and an undergraduate degree from the University of Minnesota – Duluth. Prior to joining LRH, Kent had been in private practice at Pemberton Law Firm since 1993.

Kent is a Fergus Falls native and has a long history of pride in the organization dating back to the years his mother Kathy served as a nurse at Prairie Ridge and Lake Region, and eventually a long-time manager at LRH. Along with his wife Nancy, he enjoys spending his spare time with his four children and granddaughter at the lake and exploring the outdoors.