

## **House Bill 2319 – Support**

House Health and Human Services Committee

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Chairman Hawkins and members of the committee – On behalf of the First Care Clinic, I am pleased to provide my testimony in support of House Bill 2319. We are the only clinic in Northwest Kansas that provides access to comprehensive medical, dental and behavioral health services under one roof regardless of a patient's ability to pay. Last year (2014) we provided over 13,000 visits to more than 5,500 patients, 37% of these patients had incomes at 150% or less of the federal poverty level and 29% had no insurance. This is only a fraction of the care that is provided to the uninsured throughout the state by clinics like mine.

My clinic is a member of the Kansas Association of the Medically Underserved (KAMU), the Primary Care Association of Kansas. I am the President of the KAMU Board of Directors, and I am pleased to represent them through this testimony, as well. KAMU has 52 member organizations, 43 of which are Kansas Safety Net clinics. In 2014, these clinics served 252,000 Kansans through 724,000 visits in 84 locations. Like our clinic, all safety net clinics provide healthcare services regardless of patient's ability to pay. Most patients have limited financial resources; two out of three live at or below the poverty level and almost 50% do not have health insurance.

Expanding KanCare is a decision to invest in our healthcare system and make needed reforms to the Medicaid program in Kansas. KanCare 2.0 would provide access to healthcare coverage for currently uninsured individuals while employing personal responsibility through cost sharing and rewarding healthy outcomes and responsible health choices. We have seen how increasing access to care through healthcare coverage makes a difference. When KanCare was implemented in 2013, the state made a major change in the way it handled dental services. It began paying for preventative services, such as cleanings and exams for adults. Before, Medicaid would only pay for an exam to determine if an extraction was needed, and the subsequent extraction if necessary. Having the state cover preventative dental services allowed patients with KanCare to access regular dental visits. They no longer had to wait until they were in dire pain to seek care. Many times these patients would access care in the emergency room. This is not the situation anymore. Our patients are taking responsibility for their care and avoiding emergency dental visits. Some patients even choose to pay out of pocket costs and have additional services provided that improves their oral health such as Root Planing and Scaling.



Expansion of KanCare would also have a direct impact on the financial status of my clinic. KanCare 2.0 would reduce uncompensated care in my clinic by \$240,000 and increase revenue by \$332,000. These amounts may not seem to be a lot of money, but they are significant to clinics like mine – those serving rural areas. Statewide, we estimate that about \$20 million of the \$44 million uncompensated care would be reduced. These estimates are intentionally conservative, and the ultimate impact could be larger. Decreasing uncompensated care and increasing revenue would allow the safety clinics to see more patients and increase the services we offer. Allowing us to increase the number we are able to serve means we can establish a healthcare home for more patients and reduce the number of patients who are accessing care through the emergency room.

In our clinic we have seen how access to preventative healthcare changes lives of patients and saves the healthcare system money at the same time. One patient in particular began accessing care at our clinic in 2009. He came to us with multiple diseases, including diabetes and hypertension. At the time of his first visit, his diabetes and hypertension were severely out of control. Through care at our clinic, he has regained control of his healthcare and all of his diseases are now controlled. He has also taken an extra step in his healthcare and 18 months ago began attending our peer learning classes. As of today, he has lost nearly 100 pounds and exercises 4 times per week. Prior to 2011 he was hospitalized 4 times. Since 2011 he has not had a single hospitalization. This is truly a success for the patient and the healthcare system.

I understand that there is concern on how to pay for the expansion of KanCare. Consider how we are already paying for the expansion for Kansans currently without health insurance and insufficient income to pay out of pocket for their medical services. Where do they go? They access their health care through the one place that won't turn them away. The emergency room. The most expensive and least effective form of healthcare for addressing most illnesses, especially chronic diseases. This is your time to help the hard working people of Kansas – your constituents, your neighbors, your family. I urge you to work HB2319.

Thank you for the opportunity to provide testimony. I am happy to stand for questions.