

TO: House Health and Human Services Committee

FROM: Dr. Gerard S. Brungardt MD
Physician Director – Mission Integration – Via Christi Health

DATE: March 18, 2015

RE: House Bill 2319

Chairman Hawkins and members of the committee,

Thank you for the opportunity to provide written testimony on the very important issue of expanding access to KanCare to approximately 170,000 vulnerable Kansans, many of whom are working, but are not currently eligible for the program.

I have the pleasure of serving many of these patients at the local safety net clinics here in Wichita. One example is Maria, a 53 year old lady I have cared for at Guadalupe Clinic, one of the clinics in the community that serves the working poor who are medically underserved, precisely those who would benefit by KanCare Expansion. She is a key caregiver for her in-laws and her grandchildren (all of whom have health care coverage through Medicare or CHIP). Her husband left her several years ago. She and her daughters work different part-time jobs and do not have health insurance. She has diabetes, hypertension and recurrent pain and bleeding from her uterus and has been told she needs a hysterectomy. Most months she cannot afford her medicines - particularly her insulin - and will make do as best she can. She is beginning to have eye problems and nerve problems because of her poorly controlled diabetes. She is at increasing risk of suffering a stroke because of her poorly controlled high blood pressure. Whenever she does seem to 'get a little ahead' in terms of time or money, an emergency of some sort comes up with one of her family members. She often needs to go to the ER with severe bleeding from her uterus - where she is stabilized and discharged and told she needs to have a hysterectomy. She does not want to go thousands of dollars in debt by having a hysterectomy and so this keeps getting put off.

With access to KanCare, Maria would be able to have a regular doctor she could call with questions and concerns, one who would care for her diabetes and hypertension. She would be able to get her medicines on a regular basis and get the surgery she needs. Most importantly, she would feel a member of the community - someone who "counts", someone whom her community recognizes as important enough to provide with the basic need of health insurance.

The example of Maria highlights for us the key reasons we should expand KanCare to include those who currently do not have a "ticket" to the health care system. First and most important is that this confirms in and for the person their dignity. Second is that this provides an ongoing relationship with a physician. Third it gives access to otherwise prohibitively expensive tests, medicines and procedures. A fourth element involves what this says about us, we who are currently choosing to not recognize these brothers and sisters of ours as our neighbors.

Pope Francis has untiringly reminded us of the dignity we all carry within ourselves in communion with those around us. When we isolate someone from our community (as we are now doing by denying some an entry into needed health care) that person experiences a poverty more profound than material possessions, than the inability to buy needed medicine. They experience the poverty of being denied their innate human dignity, of not being recognized as someone who counts, of not being treated precisely as a *someone*.

We all know the importance of having a primary doctor – a family doctor – to care for us. This is being expressed in the current move to “patient centered medical homes”. A primary care doctor can provide the support and counsel needed to work through difficulties and catch things early – before a problem becomes a major complication or hospitalization. Maria needs a regular primary care doctor she can call on in times of need.

Most of us have experienced the growing cost of modern day health care. Even many with good health insurance have difficulty getting all the bills paid. How much more so for those in need of KanCare expansion? The many tests, medicines and procedures that Maria needs will allow her to better care for herself and her family.

Finally, this all says more about ourselves than we may care to admit. Recall that Jesus rejected the lawyer’s question “Who is our neighbor?” Jesus did not give a list or description of those who are our neighbor. Rather, he turned the question back on them asking “Which of these three, do you think, *proved* neighbor to the man who fell among the robbers?” (Lk 10:36). The real question is: Who do I recognize as a person? Who do I recognize as one deserving my love? To whom do I prove myself neighbor?

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Pope Francis see inter alia Ev. Gaud. 190-192
“Maria” is a composite case drawn from over 25 years clinical experience caring for patients at Guadalupe Clinic.