



House Bill 2319 – Support

House Health and Human Services Committee

Jason Wesco, President & CEO
Health Partnership Clinic

March 18, 2015

Chairman Hawkins and Members of the Committee:

On behalf of board of directors, staff and, most importantly, the patients of Health Partnership Clinic, I would like to thank you for the opportunity to provide written testimony in support of House Bill 2319.

Since 1992, our organization has provided access to affordable and cost effective health care for those in need in Johnson County. In 2012, we were granted federal Community Health Center (CHC) status and began providing services in Miami County. With our adoption of the CHC model, we began accepting third-party payment, most importantly, Medicaid. With the adoption of this new model, our organization has grown more than 170% in less than three years to now serve more than 14,000 individuals during 36,000 medical, dental and behavioral health visits annually. With this transformation, we are not only seeing more KanCare patients (now more than 40% of our practice), but we are also seeing more uninsured patients.

Even with this remarkable growth, we are only reaching about 13% of the low-income population in the communities we serve – there are an estimated 104,000 low-income individuals combined in Johnson and Miami County – many of whom that are either accessing more expensive care (in hospital emergency rooms or urgent cares) or who are foregoing care altogether. The only feasible way for our organization to expand to a scale that is large enough to meet the needs of a significant percentage of these patients is to have an expansion of the KanCare program.

KanCare 2.0, as described in HB 2319, would develop a federal Medicaid waiver that would be budget neutral with the goals of providing access to healthcare coverage options for newly eligible individuals while employing personal responsibility through cost sharing and rewarding healthy outcomes and responsible health choices. Additionally, an expansion of KanCare would have the following benefits in the communities we serve:



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- **Jobs:** HPC currently employs 62 individuals with an average salary of \$40,802 which is 5% higher than the per capita income for Johnson County of \$38,827 – the highest in the state - and significantly higher than the average per capita income of Kansans as a whole. Additionally, HPC provides excellent benefits. We estimate that a KanCare expansion could lead to the creation of as many 40 new additional jobs within the first year.
- **Cost Effective Care:** According to one of the KanCare Managed Care Organizations, HPC enrolled patients receive care at a rate that costs about 20% less than the average primary care provider – largely due to patients having access to a variety of services and subsequently not inappropriately accessing more expensive forms of care.
- **Expansion of Care:** An expansion of KanCare, would allow HPC to expand significantly, providing more cost effective care to more patients, providing a greater variety of services and providing care in additional locations. We estimate that in the first full year of a KanCare expansion, that we would generate nearly \$2M in additional revenue – about a 66% increase over our current total revenue.
- **Care Coordination:** HPC works closely with our six community hospitals to help ensure that individuals access care at the right place at the right time. In fact, the community hospitals that HPC works with were instrumental in the founding of our organization and are represented on our board of directors. As a demonstration of our commitment to coordinating care, HPC has invested in hiring care coordinators with five currently on staff – up from one just two years ago. As a further example of our efforts to coordinate care, HPC is currently engaged with United HealthCare in a project to identify those members that are accessing more expensive care and directing them to HPC. This pilot project has the potential to be replicated across other Community Health Centers in Kansas.
- **Competition:** Increasingly, HPC is competing with CHCs in other states in terms of recruitment for providers. Not having a KanCare expansion means that HPC is at a significant financial disadvantage and often cannot afford to compete with CHCs in states that have chosen to expand Medicaid.

Thank you for your consideration of my testimony in support of HB 2319. I hope that you will look favorably on this bill and pass it out of committee. Best wishes as you deliberate on this important matter.