



MISSOURI
& KANSAS

2340 E Meyer, Bld. 1, Ste. 300 B, Kansas City, MO 64132

March 4, 2025

Members of the Senate Ways & Means Committee

RE: Vagus Nerve Stimulation for Epilepsy Device Funding

Dear Members of the Senate Ways & Means Committee,

There are close to 30,000 Kansans living with epilepsy. Epilepsy affects 1 in every 26 people and is the most common neurological disease in children in the United States. Epilepsy does not discriminate and can affect all ages, causing a higher rate of premature death. Medication is the most common treatment; however, one-third of people with epilepsy are refractory or have drug-resistant epilepsy (DRE), my son included. People with DRE suffer from more seizure-related injuries, depression, anxiety, cognitive and memory impairment, increased mortality, and much more at a higher rate than those with controlled seizures. This small population is very fragile and vulnerable. DRE also significantly impacts employment, socio-economic strain, and significant financial and time burdens for parents and caregivers caring for these kids and adults who suffer from DRE. Statistics estimate there are approximately just over 1,000 Kansas Medicaid DRE members.

For our clients in Kansas, Vagus Nerve Stimulation (VNS) Therapy has significantly reduced seizures in this challenging population. We have heard numerous stories about how the therapy has led to a marked decrease in emergency room visits and, most importantly, improved our clients' quality of life. This includes reports of enhanced mood, verbal skills, and memory, as well as shorter recovery times after seizures. These benefits are equally important for the state, as they help reduce costs and may empower VNS patients to join the workforce.

Access to Vagus Nerve Stimulation (VNS) has significantly diminished across the state, raising urgent concerns for a vulnerable population in need of care. The primary factor driving this decline is the low reimbursement rates for hospitals, which limits their ability and willingness to offer this essential treatment. Consequently, many clients with the financial means must travel long distances repeatedly for evaluations and eventual implantation, while those lacking financial resources are effectively left without this life-changing option. The unavailability of VNS, despite fewer eligible candidates, represents a critical gap in treatment that cannot be overlooked.

I respectfully ask the committee to consider increasing funding for VNS hospital reimbursement to allow improved local access to this implant for this desperate patient population and their families.

I would be happy to discuss this further with you. Please use the contact information provided below to reach me.

Sincerely,

Bridgit Patterson

Bridgit Patterson
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