

March 15, 2012

TO: The Senate Committee on Public Health and Welfare

FR: Tom Laing, Executive Director, InterHab

RE: In support of SR 1831, requesting a delay in the implementation of KanCare

Thank you, Senator Schmidt for this hearing on SR 1831 which recommends a delay in the implementation of KanCare. InterHab supports SR 1831, and hopes that the full Senate will promptly consider a favorable recommendation by this committee that SR 1831 be passed.

We appreciated the work of members of this committee who voted for the HCBS Oversight Committee recommendation that non-medical services provided under the HCBS/DD waiver be removed from KanCare.

We also appreciate the sharpened focus brought to these issues by the chair early this session.

We are concerned however that the proponents of KanCare continue to espouse two improper and incorrect ideas, that:

1. the concerns expressed by thousands of your constituents are simply misguided, and
2. the Legislature has no role in forestalling the adoption of this program.

We are discouraged that many legislators have been persuaded that they can do nothing.

This committee can correct that misimpression by considering a very important step: the formal and official expression of the sense of the Senate that the launch of KanCare should be delayed.

We agree with those who say the Administration should take the lead in amending its own proposals, but they have not.

We agree that Legislative intervention is not the traditional route to take, but we disagree strongly with those who believe they can do nothing.

In a traditional relationship between the branches of Government, these issues would have been addressed. The current relationship between the branches has, on this issue, become non-productive. This resolution calls out this fact, emphatically, in hopes that both branches might yet be able to push the re-set button.

As we have listened to the public discussions surrounding KanCare, and the attention paid to what could become the largest financial transaction in the State's history, we are left with two profound impressions:

- First, it is stunning that virtually the entire Medicaid program of the State of Kansas and its 2.9 billion dollar budget is on a course to be out-sourced into the hands of out-of-state insurance contractors.
- Secondly, it is shocking that the adoption of KanCare is being attempted in a manner designed to intentionally bypass the constitutional role of the Legislature to be the check and the balance of the excesses of this or any Administration.

KanCare, in its current configuration is likely to become the most expensive and complex mistake ever made in our State's efforts to provide an efficient and reliable community network of services for persons with intellectual and developmental disabilities.

The push to implement KanCare must be slowed or stopped. Public and legislative concerns must be heard and considered. Multiple national examples of the destructive errors of hastily devised managed care programs must be heeded.

KanCare should be delayed until all questions can be answered, and until such time as the Legislature has had its proper opportunity to do its due diligence. We urge that you report SR 1831 favorably for the Senate's consideration.