

Testimony on:

House Concurrent Resolution 5013

Presented to:

Appropriations

By:

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Mister Chairman and Members of the Committee, thank you for the opportunity to provide testimony in opposition to House Concurrent Resolution 5013. The Kansas Association for the Medically Underserved (KAMU) is an association of 45 primary care safety net clinics who share the mission of increasing access to primary health care services, regardless of a patients' ability to pay, and who provide health care services to more than 241,000 people throughout the state at 85 clinic sites.

Among the patients our clinics serve, nearly 50% are uninsured and low-income. The vast majority are employed – some with more than one job – but their employers do not provide health insurance benefits and their hourly wages aren't enough to purchase coverage individually. They are often construction workers, restaurant or hotel staff, retail workers—people who work hard and whose lives are no less important than those who have access to or can afford health insurance. Although our member safety net clinics provide health care services to these individuals without regard to their ability to pay, providing for all who are in need is impossible with the limited resources available. In addition, if a patient requires specialty care our clinics don't provide, such as surgery or oncology services, there are few (in some locations no) private practices that will accept them. Many of these people would have greater and easier access to the care they need with the expansion of KanCare. Covering all Kansans with incomes up to 133% of the Federal Poverty Level will, simply put, save lives and contribute to a more productive society.

Numerous studies have been conducted on the cost of this expansion to the State of Kansas, all with different outcomes. All but one have been very limited, focusing only on the dollars that Kansas will pay for the expansion and not considering the economic impact that would result. The study released this week commissioned by the Kansas Hospital Association is comprehensive in nature and considers the additional jobs and economic growth in the health care sector resulting from the expansion of KanCare. I respectfully submit that this singular study provides the best evaluation of the financial impact of expansion. Other states, such as Ohio and Florida, have also taken this into consideration in their decisions to expand their states' Medicaid eligibility requirements.

Our safety net clinics' resources are stretched to the breaking point in their efforts to provide care for all who are in need, and the current budget includes a cut to their state funding. They cannot continue to meet the growing need for affordable, quality healthcare given this combination without expanding KanCare. Our estimate of the impact of this expansion *just* for our federally funded health centers indicate that they would receive at least an additional \$12 million annually in patient revenue, which will ensure their future viability.

Your vote to oppose this resolution is not about political beliefs or philosophy. It is about believing that all Kansans matter and should have the opportunity to be healthy and productive. Thank you for the opportunity to provide this testimony in opposition to HCR 5013.