

Krista Postai, Chief Executive Officer
Community Health Center of Southeast Kansas
3011 N. Michigan
Pittsburg, Kansas 66762
620-235-1867

Written Testimony of Krista Postai
Regarding House Concurrent Resolution No. 5013

Chairman Marc Rhoades and Members of the Committee.

I am Krista Postai, CEO of one of the largest safety net clinics in the state serving more than 30,000 people throughout the poorest region of Kansas with the poorest health indicators and outcomes in the state. We have clinics in four southeast Kansas counties – Allen, Cherokee, Crawford and Montgomery. Almost half of our patients are uninsured so we know something about the issue you are considering today and would like to tell you why this discussion shouldn't be about politics but people and not about the past, but our future.

If you live and work where I do – and some of this committee do indeed call southeast Kansas home – undisputed health data says you will die younger than those living anywhere else in Kansas. That's because you are more likely to have heart disease or cancer or a stroke or diabetes or asthma or die by your own hand. There is no secret behind this data. It's about people living in poverty for a 100 years – with incomes 25% below the state average – who have rarely had access to health care because they can't afford it.

Last week, a 50-year-old, hardworking and uninsured farmer walked into our clinic with symptoms, too horrific to detail, that any of you in this room would have sought care for long ago. It wasn't until he couldn't sleep anymore – which made it difficult for him to work – that his worried wife talked him into seeing a doctor. He didn't have the \$100 cash that most doctors' offices ask for when you're uninsured – you see, he's not one of those farmers with hundreds of acres of land and cattle – he's that guy you see at the intersection with the truckload of watermelon or the ears of corn 10 for \$1. He walked into our clinic at 6 p.m. one evening and on his followup visit the next day walked out with a diagnosis of end stage cancer. It had spread from one very treatable area to his lungs and into his bones.

A few months earlier a 43-year-old woman who works at a convenience store came in for swollen ankles. Also uninsured, she had been to three different ERs over the last year – and never the same because she always left behind a bill she couldn't pay – and was told to sleep with her feet elevated, reduce her salt and...go see her family doctor. She found us because she had no insurance and, at minimum wage with two children, there's no money or time left over for things like that. The reality was that this woman wasn't just sick, she was dying. A quick series of tests, which she would never have been able to pay for on her own, indicated that her ankles were swelling because she was in congestive heart failure and had been for months. A

cardiologist, whose time is donated to our clinic, determined that the damage was so great the only solution was a heart transplant. We all knew – she knew – this would never happen. We also knew, that it should never have gotten this far...that it could have been prevented if she had access to a medical home. We also knew that her children – whose father was long gone – would be motherless soon.

I would like to tell you these are isolated cases. They are not. I would like to tell you that it's getting better. In my 10 years of working in a safety net clinic, I've only seen the percentage of uninsured, hard-working people increase. I've also watched the health status of my friends and neighbors decline despite all we've – and many others like us – have done to reverse this trend.

While this Legislature's investment in clinics like CHC/SEK has gone a long way and is greatly, greatly appreciated, there is only so much we can do. A 40-year-old man with rectal bleeding for two years needs surgical intervention; a 37-year-old woman with constant severe pain and repeated miscarriages, needs a hysterectomy. We can identify the problem but we struggle daily to find ways to get the uninsured from the primary care we provide to the specialty care they need. The Kansas Legislature can be proud of what it's done to date to help this population, but I am here to tell you that we must do more.

You're going to hear a lot about the cost of expanding Medicaid and that is real. However, there is a greater cost when people go without basic medical care and the specialty care all of us need at some point in our life. In our region, some counties report that as many as 27% of its 18 to 65-year old population are disabled. Every day when I open my newspaper and read the obituaries, it is common to read of 50 and 60-year-olds dying "unexpectedly." As an employer, I talk with applicant after applicant who really have no skills I can use but they desperately need the health insurance we offer telling me of their inability to get a needed surgery or even something as routine as a mammogram. Have no doubt we are paying an extremely high price now but one measured in lives, not dollars.

Please understand that the decision you are making today is one of life or death. If you doubt this, come spend a day at any of our clinics and listen to the stories and look into the eyes of those whose only mistake was being born poor. You can invest in the health and well being of these Kansans....or you can take it away with this legislation.

Many other states have looked beyond the politics and the partisanship. Please, please let Kansas be one of them.