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**House Health and Human Services Committee
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Mr. Chairman and members of the committee, thank you for allowing me to provide testimony today on SB 121 which proposes changes to the committee structure and meeting schedule of the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight.

My name is Sean Gatewood and I am the Interim Executive Director of the Kansas Health Consumer Coalition, a statewide organization with the mission of advocating for affordable, accessible and quality health care in Kansas. Since 2005, KHCC has brought together diverse individuals and organizations to build a coordinated voice for consumers, in particular the uninsured and underinsured, and to support policies that improve access to integrated medical, behavioral and dental health care for all Kansans.

Sec. 1(d) adds an extra day during the committee's meeting interim schedule, as recommended by the members 2014 Oversight Committee. Because of the complexity and scope of the issues that come before this committee, the KHCC strongly supports the addition of an extra day. We have had consumers who take the day off of work to testify, rearrange family and caregiver schedules and/or drive a long distance to Topeka only to be limited to telling their deeply personal story to the committee in 3 minutes. This is a much needed addition to the process because consumer input is critical to measuring the effectiveness of KanCare. Insurance companies, providers and State officials have ready access to legislators; however this committee needs to hear directly from consumers who may be limited by work schedules, long travel distances, and a sometimes daunting process. Increased opportunities for direct consumer involvement in the process are always appreciated.

However, we strongly oppose of the provisions in SB121 at Sec. 1(b) that remove the direct appointment of members from the Appropriations and Ways and Means Committees. This change was not recommended by the Oversight Committee, nor was it even discussed by the members. KHCC worked closely in 2013 with Rep. Crum on HB 2025 which created the Oversight Committee and have been actively engaged in its activities since the inception of KanCare. We have supported, and will continue to support, policies that encourage strong oversight and accountability in the KanCare program. We believe that this section of the bill weakens the committee's oversight by removing the direct ties between policy and the budget

Medicaid is the second largest expenditure of the Kansas budget. When KanCare was created, legislative program oversight was added to the existing Joint Committee on Home and Community Based Services which included statutory representation of the budget committees from both chambers. With the committee's expanded scope, the joint committee membership was broadened in 2013 to reflect the intersection of health policy and finance with the addition of members from the House and Senate health committees. This marriage of policy and finance gives the committee a unique perspective to provide comprehensive oversight. Removing the direct representation of either one removes the committee's ability to function as intended.

This committee is charged with the following fiscal oversight:

- Reviewing the number of individuals who are transferred from state or private institutions and long-term care facilities to the home and community based services and the associated cost

- savings.
- Oversight of savings resulting from the transfer of individuals from state or private institutions to HCBS.
 - Study and determine the effectiveness of the program and cost-analysis of the state institutions or long-term care facilities based on the success of the transfer of individuals to HCBS.
 - Consider the issues of whether sufficient funding is provided for enhancement of wages and benefits of direct individual care workers and their staff training and whether adequate progress is being made to transfer individuals from the institutions and to move them from the waiver waiting lists to receive HCBS.
 - Review and ensure that any proceeds resulting from the successful transfer be applied to the system of provision of services for long-term care and HCBS.
 - Monitor and study the implementation and operations of the HCBS programs, the children's health insurance program, the program for all-inclusive care of the elderly and the state Medicaid programs including, but not limited to, access to and quality of services provided and any financial information and budgetary issues.

This committee is required to report on the following measures of fiscal effect:

- Availability of information to the public about the provision of state Medicaid services under the KanCare program, including, but not limited to, accessibility to health services, extent of consumer satisfaction with health services provided and grievance procedures, including quantitative use data and summaries of case resolution by the KanCare Ombudsman.
- Comparison of the actual Medicaid costs expended in providing state Medicaid services under the KanCare program after January 1st, 2013, to the actual costs expended under the provision of state Medicaid services prior to January 1st, 2013, including the manner in which such cost expenditures are calculated.
- Comparison of the estimated costs expended in a managed care system of providing state Medicaid services under the KanCare program after January 1st, 2013, to the actual costs expended under the KanCare program of providing state Medicaid services after January 1st, 2013.

With these specific financial duties outlined in statute, KHCC asks that you amend SB 121 by removing the changes to the committee structure, returning that statute to existing law.

Thank you for the opportunity to appear before you today and I will be available for questions.