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House Health and Human Services Committee

March 16, 2015

Chairman Hawkins and members of the Committee, thank you for the opportunity to submit testimony regarding SB 121, which would change the meeting requirements and membership of the Robert G. (Bob) Bethell joint committee on home and community based services and KanCare oversight. My name is Megan Foreman, and I am the Policy Director at Oral Health Kansas, Inc. We are the statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission through advocacy, public awareness and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

Oral Health Kansas' policy priorities include advocating for the most effective delivery of dental services to KanCare beneficiaries, as well as the elimination of administrative barriers for dental providers who participate in the program. We also are working with the Kansas Department of Health and Environment on a project through the Centers for Medicaid and Medicare Services to increase the number of children on KanCare who receive preventive dental services.

The KanCare program is an essential safety net for the citizens of Kansas, especially children, who have no alternative financial means to access health and dental services. As the second largest expenditure of the state budget, Oral Health Kansas believes KanCare should be subjected to both programmatic and fiscal legislative oversight. Our organization worked closely with other health advocacy organizations and legislative leaders to develop the membership structure of the Oversight Committee; the current statute reflects compromise and much cooperation between advocates and legislators in 2013.

Programmatic oversight. Oral Health Kansas supports the provision in SB 121 to add a second consecutive meeting day to the third and fourth quarter Oversight Committee meetings. The voices of KanCare consumers are often limited to three minutes apiece, which is not enough time for many people to tell their stories accurately. This change follows the recommendations of the 2014 Oversight Committee.

Fiscal oversight. Oral Health Kansas strongly opposes the portion of Sec. 1(b) that strikes the direct appointment of an Oversight Committee member by the Chair of the House Appropriations Committee and the Chair of the Senate Ways and Means Committee. The Medicaid program is the state's second largest budget expenditure; the fiscal policies are highly complex and require legislative expertise in budgeting matters. To remove this expertise, we believe, could weaken the Oversight Committee's ability to oversee the critical intersection between cost and programmatic effectiveness.

Thank you for the opportunity to communicate our concerns.