



Shawnee County Health Agency  
Community Health Center

*Leading the Way to a Healthier Shawnee County*

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**House Bill 2319 – Support**

House Health and Human Services Committee

Alice Weingartner, Director  
Shawnee County Health Agency-Community Health Center

March 18, 2015

**Chairman Hawkins and members of the committee** – On behalf of Shawnee County Health Agency-Community Health Center (SCHA-CHC), I appreciate the opportunity to provide written testimony in support of House Bill 2319.

SCHA-CHC has provided primary care services as a Federally Qualified Health Center in Shawnee County since 1993. In 2014, 24% of patients of our patients were covered by Medicaid, 13% covered by Medicare and 28% covered by private insurance. This leaves 34% of our patients without any type of health insurance.

In 2014, 37% of our patient visits were for uninsured patients who were assessed with incomes that put them 100% of federal poverty level or below. This translates into a family of 4 living on an income of no more than \$29,100 per year and a single person surviving on just \$11,770 per year. It is also important to note the 96% of those we provide health care for report an income of 200% of poverty and below.

Currently, we collect about \$219,000 from visits by patients who are assessed at 120% of poverty or below. If KanCare 2.0 were to be implemented, we would expect to see reimbursement of approximately \$1,123,000. As a result of this additional \$904,000 in revenue we would look to expand access to services.

In 2014, 80% of our patient population in 2014 were over the age of 25 and 37% of our patient population is employed at some level. With that being said, many remain uninsured because health insurance is not available through their employer, or they may be working multiple jobs and are forced to make a choice between purchasing health insurance, or paying rent and buying food to feed their family.

KanCare 2.0 would provide access to healthcare coverage options for newly eligible individuals while employing personal responsibility through cost sharing and rewarding healthy outcomes and responsible health choices.

Shawnee County is in the midst of a safety net system redesign. The purpose of the redesign is to increase access for people with limited means. Having more residents of Shawnee County covered by health insurance will better ensure an improved revenue stream to cover the costs associated with increasing staff and locations. In turn this would support hospitals as they work to redirect patients from the high cost of the emergency room to a primary care setting.

Currently, SCHA-CHC employees 9.3 full-time medical providers with an average income of \$89,190 and an additional 45+ support staff which includes nurses, interpreters, customer service and billing staff with an average income of \$31,678. All of these individuals work collectively to provide a patient center home for those we serve. We would welcome the opportunity to employ more individuals to increase access to quality health care in Shawnee County.

I consider myself fortunate to work with amazing staff who is dedicated to helping meet the needs of each person who walks through our doors. And each day we hear story after story of the challenges our patients face. Here are a few examples of Shawnee County residents who could benefit from KanCare 2.0:

- 29-year-old woman with a husband, 2 children and a job with health insurance. She did everything right and then had a horse-riding accident and shatters her ankle. She had surgery to correct and got a post-operative infection and had to be off her feet for many weeks. She lost her job and her insurance and could no longer get the second surgery needed to enable her to walk normally and get another job.
- 38-year-old father of two, married, small-business owner. He and his brother have a restaurant in which he works 50-60 hours per week. Business has yet to become steady so he cannot afford insurance. He is diabetic but cannot always afford his insulin. He has had 3 heart attacks, and is quickly developing other complications of his diabetes because he cannot afford the medicine and office visits necessary to keep his disease under control. Fortunately our prescription assistance program staff was able to enroll him in a program with a pharmaceutical manufacturer and he is now receiving free insulin.
- 45-year-old woman employed by a law firm. She is a victim of domestic violence which resulted in her having fractures of 3 vertebrae in her neck. Emergency surgery was done and kept her from becoming a quadriplegic, but she spent several months in a rehab hospital. While she was there, her mother applied for disability for her. With that she received Medicare, but only Part A which covers hospitalizations. She does not have coverage for doctors' visits or medications. She is unable to return to work because of the neck injury. She has asthma, but cannot use conventional inhalers because of complications from the neck surgery. Even though her Medicare does not give her outpatient benefits, it renders her unable to get assistance through other programs that help the indigent. Her monthly disability check is \$5 over the limit that would qualify her for Medicaid. Our social worker was able to obtain a free nebulizer for her from one of our community partners so that she could get her asthma medications, which should keep her out of the emergency room.

Thank you for your consideration of my comments in support of HB 2319.



Alice Weingartner  
Director