



ECKAN

East Central Kansas Economic Opportunity Corporation
1320 S. Ash • PO Box 40 • Ottawa, KS 66067-0040
(785) 242-7450 FAX (785) 242-0305

March 12, 2015

Richard Jackson, CEO
East Central Kansas Economic Opportunity Corporation (ECKAN)
Testimony for House Health and Human Services Committee on House Bill 2319

Chairman Hawkins and members of the Committee:

Thank you for the opportunity to submit testimony to the Committee and to voice support for House Bill 2319. We appreciate this opportunity to present testimony in support of expanding Medicaid insurance in Kansas. Expansion of Medicaid will help provide security to many of our hard-working customers that, without medical insurance, are unable to access vital health services.

ECKAN, a Community Action Agency, is charged with fighting the causes and conditions of poverty in the nine Kansas counties that it serves. Every two years ECKAN conducts a "Community Needs Assessment" to identify areas of service need for low-income individuals residing in its service area. Our 2013 Community Needs Assessment identified access to "Affordable, quality healthcare" as the fourth most important need. Additionally, the fifth most critical need was identified as "Adults without health insurance." Likewise, nearly 75% of ECKAN community partners and service providers indicated affordable and quality health care was often or always a need for the low-income populations they serve.

ECKAN and, more importantly, the Kansans that it serves are interested parties in this debate. Lack of health insurance is one of the most important needs for our customers and is a major barrier to self-sufficiency. Those without insurance are often unable to work due to the symptoms of untreated and chronic physical and/or mental health disease. Low-income individuals that are employed (45% of our Community Needs Assessment respondents identified that they were employed) are not guaranteed health insurance by their employers. Many of our working clients do not receive health insurance benefits and do not qualify for federal subsidies towards purchasing insurance on the exchange, as their incomes are too low to qualify. As such, they are an illness away from utter financial ruin and certain unemployment.

Our uninsured customers' anecdotal reports are often heartbreaking and remind us daily of how important this issue is. It is essential to keep in mind that many of our customers are parents who are responsible for caring for the next generation of Kansans. Being a parent is a difficult job for even the healthiest of moms and dads. A parent with untreated illness, however, faces additional challenges that make it very difficult to fulfill all of the responsibilities that come with parenting. Being uninsured, then, is also an issue that can have negative effects on a family. What will become of the kids if mom and dad are too sick to properly care for them?

Helping People • Changing Lives

Anderson, Coffey, Douglas, Franklin, Johnson, Lyon, Miami, Morris, and Osage Counties
An Equal Opportunity Program

Page 2

On behalf of the Kansas families that we serve, we encourage you to take action to expand Medicaid. Attached to this testimony are some stories about our uninsured customers. I encourage you to read through these stories and ask yourself what might be different for these individuals and their families under an expanded Medicaid. We believe that Medicaid expansion will have a positive impact on many of customers' lives. ECKAN's mission is to help families and individuals achieve self-sufficiency and it is our belief that Medicaid expansion will aid us in doing so. The end result will be a more prosperous, secure and healthy Kansas for all.

Sincerely,

Richard Jackson, ECKAN CEO, CCAP

ECKAN Customer Stories

Story # 1

I have an uninsured Mother, married with 3 kids, who has a rare blood disorder called TTP (Thrombotic thrombocytopenic purpura). It's a life threatening disorder but there are limited places that she could go to for treatment. She had to stay in a hospital in Wichita for over a week until her white blood cells got up to a safe number. Once she was released she had to travel 180 miles round trip, plus turnpike fees, 2 sometimes 3 time a week for blood work and plasma transfusions. The transfusion was an all day process because once she got done with her treatments she had to wait around and rest before she was allowed to travel and most treatment days they wanted her to have a friend drive her. Her treatments left her tired and had to be done so often that she was unable to find a job let alone work, her husband had to take off of work, which he is employed through a temp agency, so he makes \$8.50 an hour, and the grandmother of the kids had to take the youngest to work with her because they couldn't afford childcare. This mom once got a bill for close to \$500,000 and I believe that was just for the week of being in the hospital and one treatment. I referred the mother to apply for Kancare, SSI and to apply for help through the hospital to maybe "write off" some of the bills. She was denied for both Kancare and SSI, but with the denial letters the hospital was able to write off most or even all of her bills. Also, this is not the first time this has happened. Two year before she went through this for the first time, but was accepted through Kancare, but once her TTP was in remission her Kancare was cancelled. This disorder is a recurring disorder that can come back at anytime. This mother now has a part-time job, but has limited sick time and would probably lose her job if this disorder came out of remission.

-I have twelve parents all together on my caseload. 7 out of 12 are uninsured. Most my parents on my caseload either don't go to the doctor or go to our Health Dept. that offers services on a sliding scale based on income.

Story # 2

This coordinator is currently a case manager for a 44 year female with 5 children. This client has current diagnoses of narcolepsy and type I diabetes and has no health insurance. Client's annual income is about \$4,000 a year. Client would not qualify for insurance on the Federal Market Place because her income does not meet the guidelines. The only way she is able to visit a doctor is when she goes to the emergency room. This happens about three times in a typical month, when her blood sugar levels spike to a level where she is in a life threatening emergency. If Kansas would expand Medicaid for my clients and others in similar situations, this client would be able to select a doctor to help her regulate her blood sugar before her situation turns into a crisis.