



To: House Health and Human Services Committee

From: Rachelle Colombo
Director of Government Affairs

Date: February 11, 2016

Re: HB 2615; charitable healthcare providers; continuing education credits for gratuitous care of eligible patients

The Kansas Medical Society appreciates the opportunity to offer the following comments as you consider HB 2615. The intent of this legislation is to encourage physicians and other health care providers to provide more charitable care to uninsured Kansans. We commend the sponsor of the bill for proposing a plan to expand charitable care to those Kansans who are uninsured through either private or public health insurance programs.

It should be noted that Kansas physicians have a solid record of providing charitable care, both in their offices, hospitals, in community indigent care clinics, and as part of very successful voluntary programs such as the Health Access models, which exist in Wichita, Topeka and Kansas City. Although it varies by specialty, studies over the years show that on average about 65-70% of physicians across all specialties provide charity care, and that of those who do provide such care, on average it represents about 6.5% of their professional time. It should also be noted that KMS was a principal sponsor of the charitable health care provider program, which was enacted twenty-six years ago in an effort to encourage physicians to provide charitable care. That program, which is referenced and amended in this bill, remains a very helpful tool to encourage health care providers to provide charitable care.

While we support efforts to encourage greater charitable care activities, we cannot say for certain that the incentive utilized by HB 2615 - that of giving continuing medical education credit in return for providing charitable care - will be widely taken up by physicians or other health care providers. For physicians, who must usually demonstrate for their board certification purposes at least 150 hours of CME every three years, of which about half of those hours must be in accredited, bona fide scientific and clinical learning experiences, the incentive in this bill, although well intended, may not yield significant results. That said, the CME incentive could be enough of an incentive to some providers that it increases the amount of charity care provided, which would be a good outcome.

It should also be said that many observers over the years have advocated using tax incentives to promote charity care by physicians and other health care providers. Although creating favorable tax incentives will reduce tax revenue, that cost could be more than offset by reductions in spending for public programs as more care is provided charitably. It is a concept that should receive more attention and study going forward as we search for ways to provide care to the uninsured. Likewise, we would encourage further study and discussion about expanding the liability protections available to physicians through the tort claims act for providing charitable care.

We appreciate and support the intent of this bill and the opportunity to offer these comments. Thank you.