

State of Kansas
House of Representatives

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Daniel R. Hawkins
Representative, 100th District

Testimony for HB 2591 Extending Current Kancare 1115 Waiver

Vice Chair and Committee members, I am Dan Hawkins and I appear before you as a proponent of HB2591.

As background, our current Kancare 1115 waiver had a three-year demonstration period with two one-year options. Last session we asked CMS for an extension to our 5-year waiver. The extension will end on December 31, 2018. As you are aware, the administration has been working on Kancare 2.0. When this legislative session started we were made aware of the increased cost of Kancare 2.0 as well as the many additions to the new waiver. A bill was introduced in the Senate and House to extend the waiver for one additional year. It become abundantly clear a one-year extension and a new RFP in one year was unworkable. Which brings us to the present and the need for a clear path forward.

I introduced HB 2591 to give us a clear path forward. HB 2591 extends the current 1115 waiver and all amendments included to January 1, 2018. You will see this date in the bill as it is important to capture all of the amendments made to the current waiver during the 2017 calendar year. This bill does that. In addition, this bill requires the agencies (KDADS and KDHE) to continue the current waiver until January 1, 2022. It will also require the agencies to continue the Kancare Improvement Working Group started last year by the Lt. Governor. This working group made great strides in solving lingering problems in the system.

A major piece of this legislation is to require the agencies to report to the committees on health at specific time frames concerning their progress on the next waiver. Their reports will be made on or before January 10, 2019 and each year thereafter until 2022. This will give the legislature ample opportunity to engage in the process.

House Health and Human Services

Date: _____

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Many of you have asked how I came up with a three-year time frame to stand up the next waiver. I first came up with the tasks that need to happen and then backed into a time frame for each task. They are as follows:

1. KDHE produces a new draft 1115 waiver and RFP for the legislature to review. This new 1115 waiver would be reviewed by the Health Committees during the 2019 Legislative Session.
2. During the Summer and Fall of 2019, KDHE would hold public hearings and gather comments on the new draft 1115 waiver. This comment period is required by CMS.
3. KDHE would incorporate the public comments and finalize the 1115 waiver and give it to the Legislature through the Health Committees during the 2020 Legislative session. This would include the final RFP Language.
4. KDHE then submits the 1115 waiver language to CMS during the late spring of 2020.
5. KDHE puts the RFP out for response from the companies on Oct. 1, 2020, with responses due from the companies by Dec. 31, 2020.
6. KDHE then has 6 months to evaluate all responses and negotiate contracts with the winning bidders. Contracts would need to be signed by June 30, 2021.
7. The winning MCO's would then have 6 months to stand up Kancare 2.0 for implementation on January 1, 2022.

I would ask the committee to support this legislation for Kancare 2.0.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daniel R. Hawkins". The signature is written in a cursive, flowing style.

Daniel R. Hawkins

Rep. 100th House District.