

My name is Alana Foster and I live with a physical disability. I am eligible for services under the HCBS waiver and Medicaid. I have been a manual wheelchair user for ten years and in 2016 I was denied durable medical equipment, or a power wheelchair, which I need to be an active participant in the community.

In December of 2016, I graduated from Washburn University and am currently seeking employment. Upon being denied the power wheelchair, I was feeling uneasy about my future employment opportunities without the power wheelchair and I wasn't sure what needed to happen next. I could have contacted the ombudsman, however I felt that just like any other issue regarding my healthcare, the process was sure to be complex. Between class assignments, making phone calls and working at my internship, I didn't feel I would be successful in contacting the ombudsman, particularly during the last semester of my undergraduate career.

While the process of contacting may in fact be time consuming, the most nerve-racking part of contacting the ombudsman was the feeling of intimidation. How is a person supposed to consult an ombudsman who is working under the direction of the very program that denied the equipment in the first place? How can one be confident the ombudsman has their best interest in mind over the agency?

In 2011, I began my college career in a manual chair. Within a year's time, I was diagnosed with two separate blood clots in my leg. Ultimately, the hospital stays over the next few years severely impacted my ability to get around in my manual chair, like I had done for so many years before. In the spring of last year, I was fitted for the power wheelchair with the hopes that I would get a job, or even attend graduate school shortly after the chair was received.

Within a month of obtaining the notice of denial, the chair manufacturer filed an appeal for a peer-to-peer review, which led to the power chair being denied for the second time. Upon

learning that the peer-to-peer review only included the physician who wrote the order for the equipment, I was confused. If someone has multiple medical conditions that are beyond the scope of a single doctor, then how is KanCare getting a clear picture of what could be several reasons a person may need equipment they were denied? For these reasons, I urge the committee to support the bill.