



**An independent voice for
those served by KanCare.**

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Chair Schmidt and member of the Senate Public Health and Welfare Committee; thank you for the opportunity to appear as a neutral conferee on SB 332.

I am here on behalf of the KanCare Advocates Network (KAN). KAN is a coalition of advocates whose collective interests include issues impacting children and adults who are served by KanCare under the Kansas Medicaid program.

KAN is an organization that advocates on behalf of all communities served by KanCare. We understand the reasoning behind SB332 and appreciate it shining a light on the issues surrounding this troubled program. KanCare has not served the DD community well.

KanCare has not worked for any HCBS population. People have routinely lost access to services since the inception of this program as evidenced by the drop in nursing facility caseload and frail elderly waiver caselode in a state that is aging. Hospital readmission rates are on an uptick since inception when the national averages are sharply down. KanCare has failed people with disabilities and seniors.

As an organization that has been outspoken on this issue as well as an organization that represents all populations served by KanCare we cannot fully support this bill because it does not treat all populations equally. That being said we are not here to stand in the way of the DD community if this is what they want. We do, however, think that this is a good time to work on a plan to carve out all 7 populations for their LTSS and medical needs. We should also consider passage of other reform acts similar to the DD reform act for other populations to protect them from further erosion of the community infrastructure they count on for their survival.

Thank you for your attention to this issue and we ask that you support HB2591. We will be available for questions at the committee's request.

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