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FAMILY PHYSICIANS

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Testimony: SB 252 – KanCare Expansion

January 24, 2020

By: Dr. Lynn Fisher, Kansas Academy of Family Physicians

Chairman Suellentrop and Members of the Committee:

Thank you for the opportunity to be here today **supporting SB 252**, on behalf of the Kansas Academy of Family Physicians (KAFP)*. My name is Lynn Fisher and I am a family physician practicing in Wichita, but who formerly practiced in Plainville, KS.

In family medicine, we strive to achieve a triple aim: better care for patients, improved outcomes, and lower costs. In my practice, I see patients every day who have private insurance coverage, Medicare, KanCare, and those who are self-pay. I also see patients without insurance on a daily basis.

There are 150,000 mothers and fathers, sons and daughters, brothers and sisters, friends, and neighbors who could have access to healthcare services if KanCare were expanded as outlined in this bill. Most of them are working adults, some with two or three jobs. However, they fall into the crack between the current KanCare program, making too much to qualify, and the Affordable Care Act, not making enough to qualify.

Every day as a physician, I live with any number of tensions that are trying and consume my energy. But the tension that will keep me up at night is thinking about those patients who can't get the testing needed to make an accurate diagnosis or, worse, can't get the treatment needed due to lack of insurance.

One of those is the woman I diagnosed with metastatic lung cancer to her brain. She came to me very late in the disease progression, and only after she became so sick and disoriented that she and her husband knew something was desperately wrong. They had no insurance, so she had put off coming to see her physician.

That kind of experience leaves me with painstaking questions: What would life have been like for that family if that patient had been insured and had seen a physician when she first had increasing cough and shortness of breath? Would a simple chest x-ray have seen the lung lesions? Could I have helped her quit smoking?

This is not a rare example in the life of a physician. The truth is the working poor and those in the margins fall through the cracks despite my efforts and those of

my partners and critical access hospital. We discount office visits, write off bad debt, prescribe the least costly medications, find special grants to cover cancer and other screenings – and still patients in our communities are falling through the cracks. We are forced to make too many treatment decisions on the basis of a patient’s insurance status.

The Hippocratic Oath addresses a physician’s obligation to *all* of our fellow human beings, not just to those with the right insurance plan. Family physicians take this to heart. KAFP’s mission, therefore, includes promoting access to ALL Kansans, not just those with insurance.

SB 252 provides work referral requirements, subsidizes employer-sponsored insurance to support employment and would end if the federal commitment falls below 90%. Savings and new revenues would fund the expansion. Most importantly to us, it would achieve a Kansas health care triple aim: **better care for patients, improved health outcomes, and lower costs.**

We urge your support of SB 252, so that we may begin insuring up to 150,000 Kansans in need as soon as possible. Thank you again for this opportunity to appear on behalf of KAFP. I’m happy to stand for any questions you may have.

*KAFP represents nearly 2,000 active, resident, and student members across the state. The mission of KAFP is to promote access to, and excellence in, health care for all Kansans through education and advocacy for family physicians and their patients. Quality health care and health outcomes for our patients guide our public policy work. As family physicians, we see people of all ages, both men and women, and we work with almost every type of ailment and illness that afflict our patients.