



To: Chairwoman Brenda Landwehr, and members of the House Health Care and Human Services Committee  
From: David Jordan, President and CEO, United Methodist Health Ministry Fund  
Date: January 26, 2022  
RE: HB 2463

**Chairwoman Landwehr and Members of the House Health Care and Human Services Committee:**

Thank you for the opportunity to provide public comment in opposition to HB 2463, which prohibits changes to the state's Medicaid program, KanCare, and requires the extension of the current KanCare managed care contracts through the end of 2025.

The United Methodist Health Ministry Fund (Health Fund) is a 35-year-old, \$70-million health philanthropy located in Hutchinson. Our mission is to improve the health of Kansans. We focus on three strategic areas—access to care, early childhood development, and Healthy Congregations, a program aimed at addressing community health by engaging churches throughout Kansas.

We support efforts to build sustainable health systems that ensure Kansans have access to care. Over the last several years, we shared this Committee's and the Legislature's support for both the creation of the Rural Emergency Hospital Model and the Certified Community Behavioral Health Clinic (CCBHC). Unfortunately, HB 2463, by prohibiting "any substantive or material change" to the KanCare program, would make it challenging for either of those models to be implemented until 2026, threatening tens of millions of dollars for Kansas providers and limiting access to care.

Beyond preventing innovative new models of care from being implemented, this legislation would also make it very difficult for the state's Medicaid program to conduct day-to-day business. For instance, the overly broad prohibition on substantive and material changes could prevent changes to which drugs are on and off the preferred drug list, including new therapies to treat COVID-19.

The bill would also make it more challenging for the state to take advantage of new opportunities such as extending postpartum coverage or reducing the Home and Community Based Services (HCBS) waiting list.

Given the need to have a fiscally sound Medicaid program, it is important that the state be able to develop and implement quality control measures to improve the program and reduce costs as well as to make cuts should there be budget constraints. As written, this bill would bar the Medicaid program from making any cuts to its program, instituting any anti-fraud provisions, and increasing provider oversight/quality measures, which are needed to manage a fiscally responsible program.

The bill also requires a two-year extension of the current KanCare program. While we enjoy collaborative working relationships with the current managed care organizations, simply extending the contracts prevents both the managed care organizations and the state from developing a KanCare program that meets the current demands of KanCare's 400,000 enrollees. A lot has changed in health care since KanCare 2.0 launched in 2019, and KanCare enrollees, providers, and taxpayers are negatively impacted by simply extending these programs for two years rather than supporting the development of a new, more innovative KanCare program.

Thank you again for the opportunity to testify in opposition to HB 2463. Please let me know if you have any questions or if I can be of assistance.