Kansas Hospital ASSOCIATION

TO: Senate Public Health and Welfare

FROM: Tara Mays, Vice President State Legislative Relations

DATE: March 10, 2022

RE: Senate Bill 501

On behalf of the members of the Kansas Hospital Association (KHA), we appreciate the opportunity to provide comments on Senate Bill 501.

Our hospitals are required to meet certain thresholds to even be eligible to participate in presumptive eligibility. They must make sure that 95 percent of PE determinations are completed accurately, that 98 percent of the PE determinations and KanCare applications are submitted to the KanCare clearinghouse within 5 days of the PE determination and that 60 percent of the PE applicants ultimately achieve KanCare elibility.

Currently we have 15 member hospitals that are qualified entities. Our hospitals accounted for under 330 of the total approved presumptive eligibility approvals processed through the entire year of 2021.

Our hospitals are already work to:

- notify KDHE of each presumptive eligibility in a timely manner
- assist individuals with completing and submitting the necessary documentation
- notify the applicant of date presumptive eligibility will end if necessary documents aren't submitted

The provisions outlined starting on Page 2, (f) (1) seem to outline requirements if hospitals fail to meet any of the standards of the bill. While we already meet most of the requirements of the earlier sections of the bill, the requirements mandating additional staff training in (2) (B) on page 2, line 32, appears to us to be arbitrarily defined as all "applicable". Currently KDHE certifies those that can perform presumptive eligibility already. It does raise the question, are the applicable staff only those certified by KDHE?

In addition, some of our participating hospitals outsource the processing and follow-up on presumptive eligibility. Should SB 501 be passed, our hospitals have concerns that the outsourcing of those services may no longer be possible, which could require us to have to hire additional employees inside the hospital. At a time when there is already a workforce shortage, the provisions, as proposed in Senate Bill 501, would appear to be an unfunded mandate that could require our hospitals to employ more administrative staff. This may provide very little in overall return, while potentially adding additional costs to healthcare.

We would ask that if this committee works Senate Bill 501, that they allow for assurances that our hospitals can continue to use contracted vendors for the processing of the requirements set out in this legislation. In

addition we would request clarity on which hospital staff would actually need receive additional training should the punitive actions outlined in the bill ever need to be taken.

Thank you for your consideration of our comments.