



March 9, 2022

Senator Richard Hilderbrand, Chair
Senate Committee on Public Health and Welfare
Re: SB 501, Opponent

I am writing on behalf of the American Heart Association (AHA) regarding SB 501, which would create barriers for those accessing public assistance programs (KanCare and SNAP). If passed, SB 501 will certainly result in both a loss of food access and health care access for Kansans, including an untold number of our children. We believe the legislature should be improving access for these programs instead of creating additional barriers that have not even been proven to limit program abuse. The extra requirements duplicate what our legislature has already done to protect our social programs and are expected to come at a great expense to the state. **AHA opposes SB 501 for the following reasons:**

- Additional vague, unnecessary, and burdensome reporting requirements for medical and food assistance enrollees that will result in loss of aid for unintentional and potentially unavoidable noncompliance. This is especially concerning considering the [main groups that make up our KanCare program are children, people with disabilities, and the elderly](#)—all groups who would be at the mercy of others to maintain enrollment or lose coverage.
- KanCare coverage “lockouts” for unintentional and potentially unavoidable failure to report a change in circumstance that will result in loss of coverage. Again, many of these lockouts could be applied to people who cannot report their own circumstances such as infants or children.
- Administratively burdensome agency cross checking, which will create delays and reduce access to public assistance due to anticipated staff shortages and extended wait times for enrollees. The cumulative impact on our state staff and state budget of not trusting our existing systems—created by this legislature in the best interest of Kansans—could be enormous.

Additionally, SB 501 contributes to negative perceptions of Kansans who rely on these programs to provide for themselves and their families. These are heart moms and dads, stroke, cardiac and other caregivers, people living with cardiovascular disease and diabetes, folks recovering from strokes, and low-income families and front-line workers that rely on food assistance to provide their kids with healthy food, contributing to overall wellbeing and good mental health.

The investments required for the federal and state agency cross checking will create additional complexity in a system that has already been criticized by the legislature for systemic KanCare application backlogs. Advancing this bill seems to undermine other efforts by this very legislative body, and puts Kansas' most vulnerable, including our babies and children, at risk of losing access to basic health care and nutrition.

The American Heart Association respectfully requests that you do not advance this bill.

Sincerely,

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