



KANSAS ACADEMY OF  
FAMILY PHYSICIANS  

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CARING FOR KANSANS

**Testimony: HB 2064 – KanCare Bridge to a Healthy Kansas**  
**House Health and Human Services Committee**  
**February 8, 2017**  
**By: Dr. Lynn Fisher on behalf of KAFP**

**Chairman Hawkins and members of the Committee:**

Thank you for the opportunity to be here today **supporting HB 2064**, on behalf of the Kansas Academy of Family Physicians (KAFP). My name is Lynn Fisher and I am the president of KAFP. Our organization represents over 1,660 active, resident, student and life 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.

I practice in Rooks County, which includes practice sites in Plainville, Stockton, and Palco. In addition to private practice for the past 11 years, I served as the medical director for a Federally Qualified Health Care Center in Hays for 7 of those years as well. I see patients in my practice every day who have Blue Cross Blue Shield or other private insurance coverage, Medicare, KanCare, and who are self-pay.

**In family medicine, we strive to achieve the triple aim: better care for patients, improved outcomes, and lower costs.** I see patients without insurance every day. While those with insurance can get needed immunizations such as a flu or pneumonia shot, which are known to prevent health problems and death, I routinely see patients who decline these because they lack health insurance and are unable to afford them.

We have a local community that provides a free flu shot drive, but it is a one-time opportunity. I often have my nursing staff act like social workers to fill out forms seeking free vaccines from manufacturers for uninsured patients. We do this because it is the right thing to do.

I assume that many of you have had age appropriate cancer screenings. For women, you have had a pap smear to screen for cervical cancer and a mammogram over the age of 40 to screen for breast cancer. For all of you over 50, I hope you have had a colonoscopy to screen for colon cancer.

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In my clinic we take advantage of programs that provide coverage for free mammograms and pap smears through Early Detection Works – that is IF funds are available through those important programs. Without a doubt, these screenings catch cancers in their earliest stages and save patient lives each year. Should they only be available to people who have insurance coverage? There are 150,000 mothers and fathers, sons and daughters, brothers and sisters, friends, and neighbors who could have access to these services if KanCare were expanded, as outlined in this bill.. Many of them are working – some have 2 or 3 jobs. They fall into the crack between the current KanCare program, making too much to qualify, and the ACA, not making enough to qualify.

Without violating anyone's HIPAA rights, I will tell you about some of my specific patients. I have one with severe COPD who declined flu and pneumonia vaccines, which are particularly important for people with impaired respiratory function such as that from COPD (formerly called emphysema). This person has a job but does not have insurance and cannot afford those vaccines. I have another patient over the age of 50 who has high blood pressure and anxiety. I see him every six months, but he can't afford to do a colon cancer screening or afford the flu or pneumonia vaccines, which are needed preventive services. These two patients from my practice come to mind because they decline potentially life-saving care because of cost. They are, sadly, not the only ones I could describe.

I have never limited the patients I accept based on their insurance or lack thereof, and neither have any of my practice partners. I have never turned away a patient from my practice because they have KanCare or have no insurance. But when I see a patient, I confess that I must pay attention to what kind of insurance he or she has, because I know that it will impact what I can do at that office visit. This distraction is frustrating. I have to focus on what their insurance will cover, instead of focusing on what's best for their health.

The Hippocratic Oath talks about our obligation to all of our fellow human beings. KAFP's mission includes promoting access to ALL Kansans, not just those with insurance. Most Kansas family physicians take this to heart.

As a provider who covers the ER in my critical access hospital, I often see people who seek care in the ER, basically the most expensive place to receive care, simply because they delayed going to the clinic due to lack of insurance coverage. Hospitals are faced with providing costly primary care through the ER. As you know, there are many hospitals in our state that are in dire financial straits. Coverage of more Kansans through expansion of KanCare would help hospitals that provide access to health care for many rural Kansans. In addition, there are good



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physicians who are burning out due to the increasing complexity of navigating health care, instead of just focusing on what we have been trained to do: taking care of patients.

HB 2064 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.

**You have the opportunity with this expansion bill to do something good for our state. You have the opportunity to achieve a Kansas health care triple aim: better health care for 150,000 Kansans, better payment opportunities for Kansas physicians, and better payments for our state's health care systems.**

For all these reasons we urge you to support HB 2064. Thank you again for this opportunity to appear on behalf of KAFP. I'm happy to stand for any questions you may have.