



To: Senate Public Health and Welfare Committee/Chair Sen. Gene Suellentrop  
From: Denise Cyzman, CEO, Community Care Network of Kansas  
RE: Testimony to support SB 252  
January 23, 2020

The clinics comprising the Community Care Network of Kansas are driven by mission. It is grounded in the unwavering belief that all Kansans, regardless of ability to pay, have the right to good health. And it is confirmed by the number of patients who seek primary, behavioral and dental care at our clinics every year.

In 2019, approximately 328,000 Kansans – more than 1 in 9 of the state population – sought care in our network. For the first time in history, the number of visits exceeded 1 million. Based on decades of data, almost \$50 million of that care was delivered without any compensation. This number is salient as Kansas contemplates expanding its Medicaid program. What might appear at first blush to be counter-intuitive, that unacceptably high figure actually will decrease – even as more than 130,000 additional citizens receive health insurance coverage through KanCare.

Allow me to explain.

We believe Community Care Network clinics will serve more than half of the expansion population. In fact, we already are treating a significant number of them. More than a third of our patients currently are uninsured and more than 90% report income levels at or below 200% of the Federal Poverty Level (FPL). A Kansas Health Institute study reported at least one out of five of the networks' current patients would be eligible for Medicaid through expansion. Additionally, forecasts from 16 of 35 clinics that receive state aid suggest the change in payment for existing patient care alone could deliver almost \$17 million annually. That will begin to reduce the level of uncompensated care.

A second KHI study estimated 43,000 newly enrolled adults would seek care at a Community Care clinic. Community Care Clinics are well-positioned to serve these patients and provide the care they currently do without. Newly enrolled KanCare patients will be able to access care teams that provide a wide range of comprehensive services. Data from Kansas community health centers show all of them provide primary and dental care, and 95% provide behavioral health services. Increasingly, they provide pharmacy, vision, lab, x-ray and other “enabling services; services that address life circumstances that make it challenging to access health services and achieve good health.”

Data from states that already have expanded Medicaid prove increased access to care, increased availability of services, increased utilization of services, and increased affordability of health care. The effects are even more pronounced in rural areas.

All of these factors will allow our clinics to better fulfill their mission. The straightforward provisions of this legislation will give our teams the ability to focus on what they do best – provide care. Not having to dedicate essential resources to additional administrative responsibilities that accompany dealing with

lockouts and work requirements maintains attention on the patient. Uninterrupted, comprehensive care results in improved health outcomes.

Allowing more than 130,000 underserved but deserving Kansans to improve their health outcomes will result in healthier communities, a healthier work force, and an overall healthier state.

We are encouraged Kansas lawmakers are debating and appear poised to approve this consequential legislation, a compromise forged by the efforts of Governor Laura Kelly and Senate Majority Leader Jim Denning.

The real-life consequences of being uninsured result in real-life heart-breaking consequences. Medicaid expansion saves lives. Further delays in expanding Medicaid does not.

We urge this committee to find favor with Senate Bill 252 and pass it to the floor for consideration. Your constituents deserve it.

Thank you.