



**An independent voice for
those served by KanCare.**

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Chairman Smith and members of the House Committee on Taxation, I am Sean Gatewood, thank you for the opportunity to testify today as an opponent of HB2421.

The KanCare Advocates Network (KAN) is a coalition of more than 50 organizations and individuals who advocate on behalf of and serve and the 400,000 Kansans who depend upon the Kansas Medicaid program, KanCare, and its seven Home and Community Based Services (HCBS) waiver programs for their health care and long-term supports and services.

We are concerned about this current bill because of the potential for cuts to critical Medicaid-related services putting Kansas children and families at risk. The following programs help thousands of Kansans live successfully in the communities and yield positive outcomes such as reducing the number of children in foster care, with better health outcomes, returning people to the highest possible function and live a more fulfilled life. The single biggest question about these programs has never been whether or not they are effective, it has been funding.

- Developmental Disability (DD) waiting list 8 years long 4,500 people
- Physical Disability (PD) waiting list 2,000 people
- Increasing Protected Income Level to 300% SSI
- Extending post-partum care past 2 months
- Juvenile mobile crisis response
- Children's community mental health/substance abuse services
- Nearly 400 kids under the age of 6 are not being served by the autism waiver
- Evidence based practices fund for juvenile offenders
- Prevention of a Brain Injury Waiver

We have been able to balance the budget with one-time, time-limited money. This money, available through the various COVID relief acts, was designed to backfill losses in state revenue caused by shutdowns and other pandemic mitigation strategies so that states would not be forced to cut vital programs. While Kansas revenues are increasing it may not be enough to continue to hold Medicaid harmless as we have managed to do this year.

Maintaining adequate funding for the Medicaid program is a priority for the KanCare Advocates Network. It is critical for the State to fulfill its responsibilities to at-risk children, low-income families, older adults and persons with disabilities by maintaining a quality Medicaid program with the ability to make quality investments for Kansans that we agree need the services. For these reasons we oppose HB2421.

Once again, thank you all for your previous and continued support in improving the lives of Kansans served by the KanCare program. We ask you to oppose HB 2421.

Sean Gatewood

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KAN co-administrators