

To: Senate Committee Health and Welfare

From: David J. Powell, CLU, ChFC, CFP, RHU - Private Citizen

Date: March 12, 2013 - Hearing Date - March 13, 2013.

Re: SB210

Contact Information: 315-320-2091 - office; 316 - 641-2151 cell.

Chairwoman Pilcher-Cook and committee members: thank you for the opportunity to provide you with testimony in **OPPOSITION TO SB210**.

Unfortunately state government is full of examples of departments that though accident or intent demonstrate actions that on the surface appear to be beneficial and above board, but upon deeper view prove to be dubious in nature.

Smoke and mirrors are often used to misdirect attention from actual achievements.

This bill, I believe, is just such an instance. Personal protected health or medical information **SHOULD NEVER** be used for "any public health purpose" unless a citizens should choose to "opt-in."

To point out the deceptive nature often used, I need only point out such recent action by the KDHE. I must, at this point assume it was intentional, because no one seems to have noticed this action, nor made a point of discussion of it.

I am referring to the **MODIFICATION IN THE RFP FOR THE KEES PROJECT DONE 3/2012**, shortly after **KDHE** joined **DHCF** changing the **KMED** project to the **KEES PROJECT**.

**ARE YOU, THE GOVERNOR, LT. GOVERNOR OR THEIR STAFF AWARE** that this program is now required to be fully functional to promote, support and fully carry out the operations and activities of PPACA (aka ObamaCare) including the full operations of the Exchanges, both subsidized and non-subsidized enrollments?

So, despite that overwhelming **opposition to OBAMACARE BY THE CITIZENS OF KANSAS**, somehow it seems it is being implemented in our state!!

This provision is contained numerous time in the following modification of the KEES RFP contained on the Kansas web site **KANSAS.GOV** under the heading **KEES\_KDHE\_SOW**.

**Anyone can find it - I did. It is buried way in the back of the RFP. Not untypical of the action of those using "smoke and mirrors."**

An excerpt follows:

# KEES Project

## KDHE-DHCF Statement of Work

(fka/K-MED)  
3/1/2012

### 33.2 Background

KEES will have the functionality to expand to additional medical programs quickly and easily as necessary, especially programs and changes related to the Affordable Care Act. .... Information will move to and from KEES from several existing KDHE-DHCF systems. KEES is also expected to serve as the means for the public to access the Kansas health insurance exchange for purchasing private sector health insurance, both subsidized and non-subsidized.

I am simply asking you to take a deeper look at what is being requested in this bill, **SB210**.

I can not see the State of Kansas becoming another government body placing themselves in between the private conversations and consultations and of the right to privacy between a physician and their patient.

Neither the Federal Government nor State entities should have access or use of private health information without a citizen's choice to "opt-in" to its use.

We, the people, depend upon you, our State and our Constitution to protect us.

**Please OPPOSE SB210.**

Respectfully,

David J. Powell, CLU, ChFC, CFP, RHU  
Private Citizen