



KANSAS ACADEMY OF
FAMILY PHYSICIANS

CARING FOR KANSANS

Testimony: HB 2556
House Committee on Health and Human Services
March 20, 2024
Dr. Doug Gruenbacher, Quinter KS (In-person)

Chair Landwehr and Members of the Committee:

Thank you for the opportunity to submit testimony **in support of HB 2556**. The Kansas Academy of Family Physicians (KAFP) represents nearly 2,000 family physicians, resident physicians and medical students across our state. Providing quality health care and quality health outcomes for our patients guide our public policy work.

Family physicians are the largest primary care specialty in Kansas. We not only serve our communities and treat our patients in urban, suburban, rural and frontier areas, but we live in those same communities. Our patients are, many times, our neighbors. They serve on our school and church boards with us. They are teachers at our schools. They are our colleagues and loved ones. We take an oath when we graduate medical school, which reminds us of our obligation *to care for all of our fellow human beings*. This means promoting access to quality healthcare for *all* Kansans, not just those with insurance.

My partners and I provide full-scope primary care in Quinter at Gove County Medical Center. For 21 years I have seen patients who:

- have delayed their care due to their inability to pay;
- have received their primary care in the emergency room due to their inability to pay;
- have gone bankrupt due to their inability to pay;
- stop medications or care due to under-insurance with high deductibles; and
- have worked multiple part time jobs to try to make ends meet, but not be eligible for insurance as an employee benefit.

Two years ago, I had a patient who delayed getting a colonoscopy due to his inability to pay. He worked just above the minimum wage and couldn't afford the care he needed. I was very worried about him having colon cancer. Multiple months went by and he eventually did get the colonoscopy, which actually showed a large precancerous polyp. A few more months and it would have turned into cancer. He was lucky. If he would have had cancer, he probably would have declared bankruptcy due to the treatment he would have required.

But this is not just about the working class adults, Medicaid expansion would have a tremendous impact on children as well. Last month, I was seeing a young male who needed testing to evaluate abdominal pain. He should have had extensive lab and imaging, but due to cost concerns and lack of insurance, no testing was done. Again, this child was fortunate and recovered without incident, but this is not always the case.

The emergency room has become the primary care location for many of our most vulnerable patients. Laws require emergency care to be given regardless of pay. Who pays for that care? And when that emergent heart attack turns into a chronic medical condition requiring multiple medications and doctor visits, who pays for that care? Most of the time, uninsured patients will stop their medications or treatments due to cost concerns. The inability to afford medications and treatments create more costs for society. We have a choice. We can pay for prevention or we can pay for expensive emergencies.

As a Kansas family physician, I am saddened by what my hard working, uninsured patients experience every day. The truth is that these episodes are more commonplace than people realize because hardworking, low-income Kansans cannot afford adequate health insurance. Because they live in Kansas, the “working poor” find themselves in a coverage gap imposed by some of the strictest Medicaid eligibility requirements in the nation. They earn too much to qualify for Kansas’ Medicaid program, but not enough to qualify for financial assistance toward private coverage. As Kansas is one of the last states to expand Medicaid, I have spoken with many colleagues in states who have proceeded with expansion. Medicaid expansion has been a game changer for their ability to provide comprehensive primary care that is focused on prevention rather than emergency care.

Furthermore, in Kansas, 68% of rural hospitals, including my own hospital which provides care for an 8+ county area, are at risk of closing, more than any other state of our size. If hospitals close and physicians leave a community to find employment in another town, what will our farmers and factory workers do when there is an accident? What if an employee is injured on the oil fields? Where do our young families deliver their babies? If rural hospitals can’t keep their doors open, these patients will have to drive further and further to find quality care.

Expanding Medicaid isn’t about giving free services to the unemployed. It’s about providing healthcare that will extend the life of patients currently in the workforce but caught in the coverage gap. It’s about supporting our rural hospitals and keeping physicians in Kansas, by approving a business model that isn’t depleted by uncompensated care from the outset. This isn’t a political or ideological position.

We urge you to expand Medicaid for our patients and communities in Kansas. As physicians, we cannot continue to deny our friends and neighbors access to quality, affordable healthcare.

About Kansas Academy of Family Physicians

KAFP represents nearly 2,000 active, resident, student and life members across the state. Our member physicians are vibrant and trusted members of their communities and are dedicated to creating a healthier Kansas. 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.