



KANSAS ACADEMY OF
FAMILY PHYSICIANS

CARING FOR KANSANS

Testimony: SB 38 – KanCare Expansion
Senate Public Health and Welfare Committee
February 14, 2018

By: John Feehan MD FAAFP, Kansas Academy of Family Physicians

Chairman Schmidt and Members of the Committee:

Thank you for the opportunity to be here today **supporting SB 38**, on behalf of the Kansas Academy of Family Physicians (KAFP)*. My name is John Feehan and I am a family physician in Olathe. I am also the President of the Kansas Academy of Family Physicians.

In family medicine, we strive to achieve the triple aim: better care for patients, improved outcomes, and lower costs. I have practiced family medicine in Olathe since 1987. Throughout these years, we have welcomed patients with private insurance, Medicare, Medicaid, and uninsured. I have seen patients who delay coming to have their health care needs addressed until in crisis. Ultimately, these patients end up sicker, and get their care through the emergency department. I have seen patients with neglected diabetes care due to lack of insurance and financial resources. Their disease progresses to result in complications of renal failure, or heart disease.

As we graduate from medical school we take an oath, the Hippocratic Oath, which reminds us of our obligation *to all of our fellow human beings*. The mission of the KAFP is to support and serve family physicians of Kansas as they advance the health of Kansans. This means promoting access to ALL Kansans, not just those with insurance. Most Kansas family physicians take this to heart.

There are 150,000 mothers and fathers, sons and daughters, brothers and sisters, friends and neighbors who could have access to healthcare services if KanCare were expanded as outlined in this bill. Most of them are working adults, some with two or three jobs. However, they fall into the crack between the current KanCare program, making too much to qualify, and the Affordable Care Act, not making enough to qualify. **The 150,000 patients who could be impacted by KanCare expansion represent more than the entire population of Olathe, where I practice.**

I have had the opportunity to be a volunteer at Johnson County Health Partnership. In the midst of the most prosperous county in the state, I was amazed at the number of hard working young adults – many working two jobs to barely make ends meet – still unable to afford health insurance.

As I volunteered, I saw many patients unable to afford insurance due to pre-existing health conditions, including older patients, not yet eligible for Medicare, who delayed treatment of their high blood pressure or their diabetes. These patients had significant health needs, were making an effort to contribute, and were incredibly appreciative of the care provided and shown. *And this was in the most prosperous of our Kansas counties!*

Our emergency departments are, by default, where many of those without insurance seek their care – the most expensive place to receive care. Hospitals are faced with

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providing costly primary care through the ER. As you are aware, many hospitals in our state are in dire financial straits. Coverage of more Kansans through KanCare expansion would give vital support to hospitals providing critical access to health care for many rural Kansans.

A common question posed: what has been the experience of those states that have enrolled in Medicaid expansion? A review of the literature suggests expansion has had clear economic benefits for those states:

- *Coverage* – “Significant coverage gains in reductions and uninsured rates, both among the low-income population broadly and within specific vulnerable populations.”(1)
- *Uncompensated care* – Hospital financial reporting suggests that coverage expansions are contributing to a national reduction in hospital uncompensated care costs.”(2)
- *Economic measures* – Analysis finds positive effects of expansion on multiple economic outcomes, despite Medicaid expansion enrollment growth initially exceeding projections in many states.” (1) States have “almost universally shown job growth and positive economic impacts over time.(2)

These and other reviews suggest that Medicaid Expansion is a win-win. Our fellow Kansans would have access to care that is critical to their health and well-being; there would be a down-stream financial positive impact for our critical access hospitals (and all hospitals in the state that provide uncompensated care to the general community); and to our communities at large.

It seems only fitting that with testimony presented to this Senate Committee on Valentine’s Day, we challenge ourselves to support our fellow Kansans: to show that Kansas is the true **HEART OF AMERICA**, by reaching out and supporting change that facilitates access to quality cost effective health care for all Kansans.

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.

We urge your support of **SB 38**. Thank you again for this opportunity to provide testimony.

*KAFP represents over 1,730 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.

1. Kaiser Family Foundation: ‘The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review. Sep 25,2017 <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-u>
2. Economic Impact of the Medicaid Expansion: https://aspe.hhs.gov/system/files/pdf/139231/ib_MedicaidExpansion.pdf