

**Testimony on Senate Bill 252**  
presented to  
**Senate Public Health and Welfare Committee**

by

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Chairman Suellentrop and Members of the Senate Public Health Committee,

My name is Adam Proffitt, and I serve as the State Medicaid Director for the Kansas Department of Health and Environment, Division of Health Care Finance. Thank you for granting me the opportunity to present testimony in support of Senate Bill 252, which will expand Medicaid eligibility in Kansas to provide coverage to the full adult expansion population.

Let me begin by saying thank you to the Senators who co-sponsored this piece of legislation, including the five co-sponsors that serve on this committee. Your commitment to providing affordable, integrated health care is commendable.

Expanding Medicaid eligibility coverage in Kansas is good public health policy. By expanding Medicaid, Kansas will be able to offer high quality, integrated and affordable health care to some of our state's most vulnerable citizens. Currently, there is a coverage gap in Medicaid. We will close the coverage gap that exists today, and we will be able to make great improvements in public health outcomes for the state, which have suffered greatly compared to other states over the past several years. In fact, according to the 2019 America's Health Rankings Annual report, Kansas has seen the largest decline in Public Health ranking since 1990 of any state in America<sup>1</sup>. The three states with the largest declines have not expanded Medicaid, while the four states with the largest increase in ranking have expanded Medicaid<sup>1,2</sup>. While expanding Medicaid alone will not improve the health of our residents, it is one aspect you can make a difference in. Public health occurs at the individual level, the community level and the government level, and this is where you can help improve Kansas health outcomes.

In 2018, under the previous administration, KDHE testified in opposition to expanding Medicaid, citing a need to focus on improving operations in the current program<sup>3</sup>. The areas of concern that were specifically listed were 1) Strengthening the mental health system, 2) Expanding access to substance abuse treatment, 3) Additional work opportunities, 4) Increasing access through tele-medicine and tele-monitoring and 5) Standardizing processes across our three MCOs. I am happy to report that, two years later, KDHE has made great progress towards these goals. KDHE no longer considers these barriers to expanding Medicaid eligibility.

Moreover, items 1 and 2 will see even greater improvement by expanding Medicaid, as mental health and substance use disorder services are listed as essential health benefits and are considered as required minimum coverage for expansion. SB252 also contains a work referral program, which will address the concerns under item 3, by utilizing an existing State program to provide resources to assist in finding gainful employment.

KDHE not only supports SB252 but is well positioned to be able to implement the components of the bill that relate to our agency. Expanding to the full adult expansion population effective January 1, 2021 and placing responsibility for each component of the bill with the agency best suited to administer each provision mitigates many of the concerns that were raised during our testimony to Interim Committees this past fall. The sequencing of events, and provisions attached to the bill are favorable to a smooth implementation, as well as ultimately gaining approval from CMS.

We look forward to continuing to partner with the legislature to improve the health of all Kansans.

Citations:

- 1 [www.americashealthrankings.org](http://www.americashealthrankings.org) 2019 Annual Report Executive Highlights, page 11
- 2 [www.kff.org](http://www.kff.org) Status of State Action on the Medicaid Expansion Decision
- 3 February 14, 2018 KDHE Acting Secretary testimony on SB38 in the Senate Public Health Committee