



March 14, 2012

To: Senate Committee on Public Health and Welfare
Sen. Vicki Schmidt (Chair)
Sen. Pete Brungardt (Vice Chair)
Sen. David Haley
Sen. Terrie W. Huntington
Sen. Laura Kelly
Sen. Richard F. Kelsey
Sen. Mary Pilcher-Cook
Sen. Roger P. Reitz
Sen. Chris Steineger

RE: Support for SR1831

On behalf of the Kansas Kidney Coalition, I am writing to support Senate Resolution 1831, which requests Governor Sam Brownback, the Secretary for Aging and Disability Services, the Department for Aging and Disability Services, the Secretary of Health and Environment and the Department of Health and Environment to delay the implementation of the statewide KanCare program until July 1, 2013.

As of June 2011, 2,579 Kansans receive life-sustaining dialysis treatments because of kidney failure, or End-Stage Renal Disease (ESRD). Some 30 - 40% of dialysis patients have Medicaid as either their primary or secondary insurance.

Transitioning to Medicaid Managed Care must be done carefully for people with kidney failure who are fragile individuals and have complex medical conditions. These patients have a high need for careful care coordination due to the following factors:

- Any disruptions in regular dialysis treatments can result in hospitalizations or possible death due to the life-sustaining nature of dialysis treatments;
- People with ESRD have a high rate of co-morbid conditions, such as diabetes and cardiovascular disease. Medicaid Managed Care plans must coordinate with and include physicians beyond those related to patients' kidney disease needs;
- There is a need for treatment coordination between Medicaid Managed Care plans, physician groups, dialysis providers, vascular surgeons and nephrologists to ensure continuity of care;
- Transplantation is best for the patient and saves money for the Medicaid program. However, those patients who are appropriate for and want to pursue transplantation have an additional need for coordination between Managed Care plans and transplant centers; and
- Transportation to dialysis treatments is vitally important, and if it is included as a benefit in the Medicaid Managed Care plan, it must be included in a way which allows dialysis providers to work with

transportation companies to ensure an appropriate level of service for this population.

We would rather see a delay in implementation of Medicaid Managed Care than a transition that could cause negative or harmful effects to Kansans with kidney failure if the necessary waivers, implementation plans, provider contracts, and education to providers and consumers are not accomplished in the current time frame.

Thank you for allowing us to present this written testimony in support of SR1831.

Sincerely,

Wendy Funk Schrag

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Kansas Kidney Coalition Member Organizations

American Nephrology Nurses Association
DaVita
Dialysis patients and family members
Dialysis Patient Citizens
Fresenius Medical Care North America
Heartland Kidney Network
Kansas Dialysis Association
Kansas Dialysis Services
National Kidney Foundation of Kansas and Western Missouri
Renal Advantage, Inc.
Transplant recipients
Via Christi Transplant Center