



**March 15, 2013**

**Testimony in support of HB 2025**

**To:** Senate Public Health and Welfare Committee

**From:** Anna Lambertson, Kansas Health Consumer Coalition

Madam Chair and Members of the Committee,

Thank you for the opportunity to comment today on HB 2025 establishing the Robert G. (Bob) Bethell joint committee on home and community based services and KanCare oversight. I am happy to be here today on behalf of the Kansas Health Consumer Coalition, a statewide non-profit organization with the mission of advocating for affordable, accessible and quality health care in Kansas.

KHCC supports the establishment of legislative oversight of KanCare. The state of Kansas has taken important steps to help smooth the transition to KanCare. However, there will be bumps in the road.

Legislative oversight of KanCare will be an important tool for achieving the goals of KanCare, and for ensuring transparency and accountability for consumers and all stakeholders invested in making KanCare successful.

We respectfully ask that you pass HB 2025 with the House amendments intact.

I would like to draw attention to sections of the legislation that we feel deserve particular merit.

First and foremost, we are delighted that HB 2025 honors former Representative Bob Bethell. His commitment to helping vulnerable Kansans was felt by many and his presence is sorely missed. That his last act as a legislator was to try to pass oversight legislation is no coincidence. He cared deeply.

Second, Section 1 (a) enumerates the data and information that will be provided to the oversight committee, including, but not limited to, "quality measures and enrollment and disenrollment in specific plans, KanCare provider network data, and appeals and grievances made to the KanCare ombudsman." Section 1 (f) also allows the committee access to caseload data and to any report submitted by the Kansas Department of Health and Environment to CMS or HHS.

Access to such data and information will be crucial for the oversight committee to evaluate whether or not the goals of KanCare are being realized, whether or not KanCare consumers are experiencing improved health outcomes, and whether or not they are able to access the services they need. By having access to such data, the oversight committee will be able to consider over time if problems exist, and will be able to recommend solutions.

Third, Section 1 (e) (2) specifies reporting requirements for the oversight committee, including, but not limited to, information about access to care, quality of services, beneficiary satisfaction, health outcomes, and summaries of case resolution by the KanCare ombudsman.

Fourth, we appreciate that Section 1 (d) emphasizes the importance of regular meetings. We want the committee created by this legislation to have real oversight of KanCare, not just in name only. Frequent meetings during the regular legislative session as well as the interim are crucial for the oversight committee to be up-to-date and able to report on the status of KanCare implementation over time.

Finally, we are pleased that Section 1 (b) requires that members to the oversight committee be appointed from standing House and Senate health committees. Doing so will help ensure that the joint oversight committee consists of members with substantive expertise in health policy.

Thank you again Madam Chair for the opportunity to comment today and support HB 2025.