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To: House Health & Human Services Committee
From: Lynn Fisher, MD, Vice President
Re: Testimony on HB 2319

Chairman Hawkins, Vice Chair Concannon, Rep. Ward & Members of the House Health & Human Services Committee:

Thank you for this opportunity to present testimony on House Bill 2319, on behalf of the Kansas Academy of Family Physicians (KAFP). Our organization has over 1,630 members across the state, of which more than 1060 are practicing physicians, 125 are resident-physician members, and the others are medical students and retired members. KAFP represents more than 1,560 practicing, resident and medical student members from across this great 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.

KAFP supports the proposed expansion of KanCare & HB 2319 and you have written testimony from our president, Doug Gruenbacher, MD, of Quinter. My name is Lynn Fisher, MD. Besides representing the Academy, I come to you today speaking from the view point of a rural Family Medicine physician in Rooks County, to discuss how the expansion of KanCare would benefit rural medicine. Thank you for allowing me the opportunity to voice our support for HB 2319.

I have practiced in town of Plainville, Stockton, and Palco in Rooks County for the past 9 years. I am a small business owner and run my own family medicine practice. I employ a physician's assistant, 2 full time RNs and a part-time RN. I do partner with the 4 other family physicians who practice in Rooks County in a unique way. We share front office staff and medical supplies, but at the end of the day, I am the one responsible for the paychecks of 5 people and for my share of the salaries for our front office staff.

I went into medicine so that I can make a difference in the lives and health of those who live in my community. I knew that I would likely choose a primary care field and return to rural Kansas after I was done. I wish I could have been a loan repayment recipient, but unfortunately I am not. I graduated with a lot of education debt and am still working hard to pay off those loans. I do not have a business degree and I often lead with my heart, and not my head, when it comes to the practice of medicine.

When I accept patients into my practice, I do not screen what kind of insurance the person has. Primary care practices in larger population areas may choose to limit the number of Medicare, KanCare, and self-pay patients they accept. When you live in rural America, you don't. Currently my self-pay patients represent about 10% of my visits per year. Those who have private insurance

make up about 50%, and patients with Medicare/KanCare make up about 40%. For my newer partners, their share of self-pay patients is higher.

We try hard to do right by the patient. I spend 45 minutes with a new self-pay patient coming into my practice. If they qualify for the full write-off (based on percentage of federal poverty guidelines) the visit will cost $15. It's not difficult to see that this will not cover my expenses. But I try not to think about it because I just want to do what is fair and just, and I hope that the mix of insured patients helps me to continue to provide this service. What other option would there be for a patient who needs to be seen? They could visit my local ER. However, the overall costs would be much higher and this would end up negatively affecting my local critical access hospital.

As I navigate through the office visit with a self-pay patient, I am often limited by what I can do for the patient. Some preventive services are available (pap smears, mammograms) as long as funding is there. I might be able to get a self-pay patient over 50 to do a fecal occult blood test every year to screen for colon cancer, but this is inferior to a colonoscopy. However, a patient will not spend the several hundreds to thousands of dollars in provider and hospital fees for these cancer screenings. I can advise immunizations to keep patients healthy and possibly lower future hospitalizations, but must work through the tedious paperwork for patient assistance programs.

I try diligently to prescribe generic prescription, but if a condition requires a medicine that isn't available as a generic drug, again I use my nurses as social workers in an effort to get patients signed up for medication assistance programs. I use local health departments and hospitals that do lab fairs at reduced costs so that I can appropriately monitor my patient's labs when a medical condition necessitates.

When I find problems that might necessitate a consult with a specialty physician, my patient must then figure out a way to pay for the full price of that visit. Some consultants may provide charity care, but many times the patient must pay for the full cost of that office visit. And if a procedure is not life-saving, even though the procedure/operation can improve pain or suffering, it will likely not be done without insurance. Again, it affects my local hospital when I can't order the routine screening tests that patients with insurance can undergo for a self-pay patient.

If more of my self-pay patients had insurance, I know that I could impact their health in a more meaningful and positive way. I could do what is in their best interest. As a Family Physician, I always try to prevent problems before they turn into costly health conditions.

Each year we face potential cuts to our payments from Medicare, and as patients lose their jobs and insurance, the burden on rural primary care physicians and our local hospital increases as we shoulder these costs and decreased payments.

Finally, I feel that these problems will make it harder to recruit future physicians and other advanced primary care providers to rural Kansas. We already face a disparity in pay with our specialist colleagues. If we were able to increase the number of patients who have KanCare in rural areas, it would help to sustain the necessary workforce to care for rural Kansas.

Thank you for listening. Please support HB 2319.