



Written Testimony on:
HB 2118, as Introduced

Presented to:
Kansas Senate Committee on Financial Institutions and Insurance

By:
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Chairman Longbine and members of the committee. I am the Executive Director of Health Ministries Clinic (HMC). HMC is a Federally Qualified Health Center (FQHC) that serves Harvey County and surrounding communities. We are considered a Charitable Health Care Provider as defined by Kansas State Statute. We provide medical, dental and behavioral health care with an emphasis on ensuring these services are available to everyone regardless of ability to pay and/or insurance status. I appreciate the opportunity to submit testimony in support of HB 2118.

Healthcare providers, especially in rural and medically underserved areas, are a precious resource. This bill addresses some regulatory language that has the effect of unnecessarily restricting the ability of these providers to fully serve their communities. As a FQHC our main malpractice insurance is provided through the Federal Tort Claims Act (FTCA). This coverage only applies to services that we provide through our official federally approved “scope”. As I will point out shortly there are multiple reasons Charitable Healthcare Providers may want to offer additional services that are not considered “in scope” and therefore not covered under FTCA. The current regulations do not allow insurers in Kansas to offer partial coverage (i.e., GAP coverage) that would exclude the services being rendered under our FTCA policy. This forces us to look at all-inclusive policies, which in addition to being unnecessary and exceedingly expensive, are actually prohibited under the terms of our FTCA which does not allow dual coverage.

This bill has very real consequences. Many FQHCs serve communities that have limited providers and we are often asked to do tasks that fall outside of our scope. In many of the rural and underserved areas we work in if we are unable to provide coverage the community is forced to bring in outside and often times temporary providers that are more expensive and less connected to the area. For the sake of brevity let me offer you just two examples that highlight this issue. Many FQHCs would be willing to serve new nursing home patients who are unable to travel to their clinic, but this is not traditionally viewed as an “in scope” activity. A second example involves individual providers who are willing to assist local hospitals in covering their Emergency Departments. Since this falls outside of their employment and thus their FTCA coverage these providers are essentially precluded from serving their community in this way.

This bill, among other things, creates an opportunity for insurers to offer this limited exposure coverage and for this to be done in a way that is affordable. I respectfully urge you to pass HB 2118 and allow clinics like mine to continue meeting the pressing and ever changing health care needs of our communities.

Sincerely,

Matthew Schmidt
Executive Director