



Testimony before the House Health and Human Services Committee
Opponent Testimony on House Bill 2578
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Chairwoman Landwehr and Members of the Committee,

Thank you for the opportunity to present our testimony on House Bill 2578, regarding certification of Certified Community Behavioral Health Centers (CCBHCs). My name is Sonja Bachus, and I am CEO of Community Care Network of Kansas. Community Care is the primary care association for the state of Kansas, representing a network of 28 health clinics delivering care at over 100 sites across Kansas. The majority of our members are federally qualified health centers (FQHCs) or FQHC look-alikes, as designated by the federal Health Resources and Services Administration (HRSA). Together, this network of clinics served 334,066 unique patients through more than 1 million patient visits in 2022. Ten percent of those visits were for behavioral health services.

Community Care Network of Kansas member clinics are dedicated to ensuring that all Kansans have access to high quality health care; access is quite literally the reason they exist. When our members decide where to locate clinic sites and what services to provide, community needs are considered above any other factor. Our clinics' behavioral health services are growing and becoming more sophisticated because our members have identified the need to increase access to mental health care. In doing so, they are coordinating closely with other providers in the areas they serve, including the Community Mental Health Centers (CMHCs). Demonstrating their confidence that FQHCs and Rural Health Clinics (RHCs), last year KDADS invited Community Care and five of its members to participate in a SAMHSA grant to support expansion of high quality integrated behavioral health services.

Because of our network's commitment to increasing access, we are opposed to HB 2578. Our opposition is centered on two changes that seem simple, yet have significant consequences. Lines 13 and 14 of the bill contain changes that would prevent the Kansas Department for Aging and Disability Services (KDADS) from certifying any entity other than a CMHC as a Certified Community Behavioral Health Center (CCBHC). If those changes were to become law, the number of CCBHCs in Kansas would be capped at 26, and the state would not be allowed to add new CCBHCs regardless of whether they meet

federal and state standards for certification. Those entities would be precluded from providing certain kinds of behavioral health services—and from receiving the reimbursement that goes with it.

If Kansas were to take this unprecedented backward step, it would fall out of step with the rest of the nation. In our research, we could find only two other states that place such limits on CCBHC certification. On the contrary, most states and the federal government welcome and even encourage FQHCs as CCBHCs. According to data provided by the U.S. Department of Health and Human Services, dually certified FQHCs and CCBHCs exist in 27 states. With more than 60 FQHC/CCBHCs nationwide, more than ten percent of all CCBHCs are also FQHCs.

When the federal Substance Abuse and Mental Health Services Administration (SAMHSA) created the CCBHC model ten years ago, they borrowed many elements from FQHC structure and practices. FQHCs had already been delivering integrated physical and behavioral health care for years. SAMHSA notes that the initial guidelines for CCBHCs were informed by FQHC standards. Key elements of the CCBHC model, such as a patient-led governance structure and serving patients regardless of their ability to pay were already longstanding FQHC requirements before the CCBHC model was introduced. Additionally, SAMSHA has awarded CCBHC planning and implementation grants to FQHCs.

When the Legislature created the CCBHC certification process in 2021, it was heralded as the most significant transformation of the state’s mental health system in decades. While we are still early in the CCBHC implementation process, nothing has changed the belief that CCBHCs will produce better mental health outcomes. Given our belief in this model, it is hard to understand why we would want to limit access to this improved care by artificially limiting the number of CCBHCs. Because HB 2578 limits access to care, we urge you to vote against it in its present form.