



January 30, 2024

House Health and Human Services Committee  
Opposition Testimony to House Bill 2578

Chair Landwehr, Vice Chair Eplee, and Ranking member Ruiz,

I am Stuart Little, appearing on behalf the Kansas Behavioral Health Association (BHAK) in opposition to House Bill 2578. BHAK is the state's trade organization dedicated to substance use disorder treatment, mental health, and prevention providers of behavioral health care without regard to where a consumer seeks services.

We support policy and funding that increases access to care with the fewest barriers for Kansans in need. We believe that increased capacity and access improves outcomes for consumers, providers, and funders. Consumer choice in behavioral health care has value and is required for Medicaid programs. Our organization believes House Bill 2578 perpetuates behavioral health delivery in one system and strains, perhaps to a breaking point, a broad range of other Kansas groups working equally hard to provide services.

The current systems of providers of Kansas delivering behavioral health services are broader and more diverse than this bill acknowledges. I will speak specifically about the BHAK providers. Our providers and others you may hear from work in countless cooperative arrangements with mental health centers in large and small ways at the local level. A limited number of Medicaid services are currently available for consumers in a wide array of providers including the child welfare system, and the federally qualified health centers. BHAK members provide Medicaid funded SUD services, and the limited number of mental health services we are allowed to. Our members operate the full spectrum of services including residential and women's programs that are an essential treatment component in short supply and underfunded.

In the future, a BHAK member may seek status as a certified community behavioral health center (CCBHC). House Bill 2578 prevents that for us and any other entity in Kansas. The current law restricting the first to become a CCBHC concludes the end of June 2024 and state policy does not block others who may want to consider the CCBHC certification. That does not mean anyone, or everyone, will automatically become a CCBHC, overwhelm the provider systems, or risk the State's investment in the first group allowed admission. The currently and soon-to-be certified CCBHCs were all provided resources, support, and a guarantee of no competition. While we did not support that protection, that policy objective has been completed.

The decision by any member of BHAK or any other provide to consider CCBHC status in the future will require careful and very significant investment of resources and time. Any provider seeking certification must provide the required CCBHC services. No

one can advance through the process without demonstrating to KDADS and the federal government their ability to provide all required services. If they cannot, they will not be certified. KDADS and the federal government will approve based on an applicant's ability to provide all services. They will also evaluate the impacts and benefits of certification plans based on the specific needs and access of the Medicaid population in Kansas.

In short, anyone seeking CCBHC status has a complex, expensive, and long process with no guarantee of success. Few will risk the investment of resources, but prohibiting anyone with the ability to serve from doing their work is a troubling policy choice for Kansans.

Finally, it's helpful to contemplate the nature of our behavioral health system you may hear from today, and the complexity of care and funding underlying the premise of this bill that intimates fewer, not more helpers, is the right policy.

Your debate about Medicaid expansion over the last decade is relevant on this bill as well. Whichever side you are on regarding expansion, HB 2578 hurts and does not help the system of services. If you support Medicaid expansion, the system will need more capacity and diversity of providers this bill blocks. Are you a Medicaid expansion opponent? Stopping this bill creates more access to needed services without expansion. A decision to not advance House Bill 2578 can address either future and we believe that is the best policy choice that helps providers serve people.

This bill says "only one of us" when we need everyone. Amid the largest behavioral health crisis in American history this bill affirms only one access to services. We oppose setting policy that limits instead of broadly embracing all who can help.

I'm happy to answer questions at the appropriate time.

Sincerely,



Stuart J. Little, Ph.D.  
Behavioral Health Association of Kansas

City on a Hill – Garden City  
CKF Addiction Treatment - Salina  
Corner House - Emporia  
DCCCCA - Lawrence  
Higher Ground - Wichita  
New Chance – Dodge City  
New Dawn - Topeka

Burrell/Brightli - Olathe  
Sims-Kemper - Topeka  
Miracles - Wichita  
Substance Abuse Center of Kansas – Sedgwick County  
Heartland Regional Alcohol and Drug Assessment Center –  
-Johnson County  
Seventh Direction - Wichita