



March 18, 2024

Senate Committee on Public Health and Welfare  
Opposition Testimony to House Bill 2578

Chairwoman Gossage and Members of the Committee,

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 healthcare.

We support policy and funding that increases access to care, increases capacity, and improves outcomes for consumers, providers, and funders. Consumer choice in behavioral health care has value and is required for Medicaid programs. House Bill 2578 perpetuates behavioral health delivery in one system and strains, perhaps to a breaking point, a broad range of other Kansas providers.

A diverse systems of providers deliver behavioral health services in Kansas. BHAK providers and others use a limited number of Medicaid services currently available in the SUD treatment field, the child welfare system, federally qualified health centers, and early childhood providers, to serve others. We provide Medicaid funded SUD services, and the limited number of mental health services. 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, and the amended version, prevents us and any other entity in Kansas from that status. After June 2024 state policy does not block others who may want to consider the CCBHC certification. No one will automatically become a CCBHC, overwhelm the provider systems, or risk the State's investment in the first group allowed admission. The current CCBHCs were all provided resources, support, and a guarantee of no competition.

The decision by any provider 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. The House amended version is equally bad. No provider will invest resources for a service they are not legally allowed to provide.

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.

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 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 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 is not enough. We oppose setting policy that limits instead of embraces all who can help.

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