



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2368		DATE: 2/7/2022	
COMMITTEE: Health and Mental Health Policy			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2022 12:52 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I Am In Support of This Bill and The Intent of this Legislation on Its's Face. It Makes Sense To Serve Seriously Ill Children With-In Their Own Homes. These Children Deserve Our Support and Professional Care of Missourians. This Is the Correct and Right Humanin Action To Take For Our Missouri Children. Will the \$2.5-Million Be Appropriated This Year?



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRIAN KINKADE		PHONE NUMBER: 573-893-3700	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE: VP CHILDREN'S HEALTH AND MEDICAID ADVOCACY	
ADDRESS: 4712 COUNTRY CLUB DRIVE			
CITY: JEFF		STATE: MO	ZIP: 65109
EMAIL: bkinkade@mhanet.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/7/2022 7:42 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DALLAS POLEN		PHONE NUMBER: 816-547-7623	
REPRESENTING: CHILDREN's MERCY		TITLE: VICE PRESIDENT OF GOVERNMENT RELATIONS	
ADDRESS: 2401 GILLHAM ROAD			
CITY: KANSAS CITY		STATE: MO	ZIP: 64108
EMAIL: dapolen@cmh.edu	ATTENDANCE: Written		SUBMIT DATE: 2/6/2022 1:46 PM
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About the ACE Kids Act In April 2019, this Act became law, providing an opportunity for states to improve care for children with medically complex conditions who represent a disproportionate percentage of Medicaid spending on kids. ACE Kids supports better care coordination for these children, working within the structure of the existing Medicaid program. Beginning Oct. 1, 2022, states may opt in to serve this population of children with enhanced federal matching funds of 15 percent above the regular matching rate for six months. The program is voluntary for states, families, and providers. HB 2368 would opt Missouri into this program, improving the opportunity for medically complex children to receive better care coordination for the services they need. These children require serious and ongoing care—they often see six or more specialists and more than a dozen physicians. Just coordinating all those doctor visits can become a full-time job for parents. ACE Kids – A Concept that Works ACE Kids can better align delivery and payment models for the most efficient use of Medicaid funding by:

- Addressing existing challenges and burdens identified by families and physicians who care for these children •
- Providing and coordinating care across multiple providers •
- Providing services and easing access to out-of-state care

A recent national CMS Innovation Center demonstration – the CARE Award – involving 10 children's hospitals in eight states tested patient-centered, pediatric-focused coordinated care models tailored to 8,000 children with medically complex conditions. After just one full year of implementation, medical costs were reduced, and family experience improved under the innovative delivery model. Inpatient days decreased by 32%, Emergency Room discharges decreased by 26% and Medicaid spend was reduced by 2.6%. Children's Mercy – A CARE Award Hospital Children's Mercy was one of the 10 CARE Award hospitals, and we continue to provide care coordination for medically complex children through our Beacon Program, resulting in better outcomes and decreased cost. Opting into the ACE Kids program will advance this important work at Children's Mercy and throughout the state of Missouri which will help support the expansion of services and enable us to serve more children with medical complexities through the Beacon Program. The Beacon Program at Children's Mercy Kansas City provides a pediatric medical home for hundreds of children with medical complexity from birth to age 21 years. Children in the program typically have been diagnosed with complex, systemic, medical problems and use mechanical devices to treat their conditions. Complex or systemic medical problems our patients have can include neuromuscular diseases, neurodegenerative diseases, genetic syndromes, congenital heart diseases, encephalopathy (from hypoxic or ischemic events or from traumatic injuries), gastrointestinal disorders, and respiratory conditions (including dependence on supplemental oxygen or positive pressure support). Siblings of children with medical complexity can also be seen in our program. Children in the Beacon Program and their families are cared for by a comprehensive medical

team that consists of a primary care provider, nurse practitioners, social workers, clinical service coordinator, registered dietitians, and a pharmacist to create care plans that meet each child's unique needs and provide ongoing support for family members. Our team also frequently communicates with the specialists involved in each child's care to ensure coordinated care for all aspects of the child's medical needs. Not only do we see patients for routine well child checks, follow-up visits, and ill visits, but we also provide access to a Beacon physician or nurse practitioner 24 hours/7 days a week to discuss questions and concerns with a goal of reducing unnecessary Emergency Department (ED) visits. When patients do need to be admitted, we see them in the hospital to ensure continued coordination of care occurs. As children near adulthood, our team works with caregivers to determine supports needed for them when they become adults; we also help patients and their families transition to adult healthcare providers. Our Social Workers provide families help in identifying resources in the community to ensure all aspects of care are being supported. Data has shown that after being in the Beacon program, our patients have less ED visits, less hospital days, and less overall medical costs. Rates of completion of recommended care (including vaccinations, monitoring for anemia, etc.) remain high. In addition, satisfaction scores consistently are high. Thus, the coordinated care provided to patients in the Beacon program results in improved outcomes, decreased costs, and increased patient/caregiver satisfaction.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID WINTON		PHONE NUMBER:	
REPRESENTING: BJC HEALTHCARE; COX HEALTH		TITLE:	
ADDRESS: PO BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2022 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: MISSOURI CHAPTER, AMERICAN ACADEMY OF PEDIATRICS; PHOENIX HOME CARE, INC.		TITLE: LOBBYIST	
ADDRESS: 710A SOULARD			
CITY: SAINT LOUIS		STATE: MO	ZIP: 63104
EMAIL: webb@coestrategies.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/7/2022 12:08 PM
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The 1100+ physician, trainee and pediatric provider members of the Missouri Chapter, American Academy of Pediatrics support this bill to improve care and coordination of children with complex health needs. Phoenix Home Care, Inc., also supports this bill.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PABST		PHONE NUMBER: 573-690-4553	
REPRESENTING: UNIVERSITY OF MISSOURI HEALTH CARE		TITLE: PRINCIPAL	
ADDRESS: 217 EAST CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: jpabst@hbstrategies.us	ATTENDANCE: In-Person		SUBMIT DATE: 2/7/2022 10:30 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
In support			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JUSTIN ALFERMAN		PHONE NUMBER: 636-667-1093	
REPRESENTING: SSM HEALTH		TITLE:	
ADDRESS: 10101 WOODFIELD			
CITY: ST. LOUIS		STATE: MO	ZIP: 63132
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2022 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SHANTEL DOOLING		PHONE NUMBER: 573-353-3828	
BUSINESS/ORGANIZATION NAME: MISSOURI STATE MEDICAL ASSOCIATION		TITLE: DIRECTOR OF LEGISLATIVE AFFAIRS	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: shantel@msma.org	ATTENDANCE: In-Person		SUBMIT DATE: 2/7/2022 1:11 PM
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Missouri State Medical Association supports HB 2368, as it would increase access to health care.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILLIAM MARRS		PHONE NUMBER: 417-848-8561	
REPRESENTING: MERCY HEALTH; MERCY KIDS		TITLE: CONSULTANT	
ADDRESS: 211 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: govservicesjcmo@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2022 8:42 AM

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TO: Members of House Health and Mental Health Policy Committee
FROM: William Marrs, representing Mercy Health and Mercy Kids
HB 2368 (Patterson): In support
In April 2019, the ACE Kids Act became law, providing an opportunity for states to improve care for children with medically complex conditions who represent a disproportionate percentage of Medicaid spending on kids. ACE Kids builds on existing federal health home concepts, tailored to meet the unique needs of these children, and working within the structure of the existing Medicaid program. Beginning Oct. 1, 2022, states may opt in to serve this population of children with enhanced federal matching funds for health home services for limited duration. The program is voluntary for states, families and providers. The legislation builds off current law to establish specially designed health homes for children with medically complex conditions beginning on Oct. 1, 2022. Participation is voluntary for children and their families, providers and states. States that opt to create these health homes will receive a higher federal matching rate (15 percent above regular matching rate for the state, not to exceed 90 percent) for six months. The bill also provides \$5 million for state planning grants. Eligible children include those with at least one chronic condition cumulatively affecting three or more organ systems and severely reducing cognitive or physical functioning who require medication, durable medical equipment, therapy, surgery or other treatments. The Act also addresses care of children with one life-limiting illness and rare pediatric disease—as defined in the Food, Drug, and Cosmetic Act. To qualify as a health home, providers and health teams must demonstrate the ability to coordinate the following

Care for children with medically complex conditions, develop an individualized comprehensive pediatric family-centered care plan, coordinate access to subspecialized care, and coordinate appropriate care with out-of-state providers. States must develop a plan to educate providers on the availability of health home services for children with medically complex conditions and develop a plan to educate families with children eligible to receive health home services. States have flexibility to develop their own methodology for determining payment, including the use of alternative payment models. Designated Health homes shall coordinate prompt care for children with medically complex conditions, including access to pediatric services at all times and develop individualized comprehensive pediatric family-centered care plan for children with medically complex conditions. All Pediatric Health Systems in Missouri including Mercy, BJC, SSM, MU and KC Children's Mercy are prepared to provide the necessary subspecialized pediatric services and programs for children with medically complex conditions, including the most intensive diagnostic, treatment, and critical care levels as medically necessary as well as palliative care service and all necessary care coordination. Participation with the ACE Kids Act will be good for the most vulnerable and needy Missouri children. The increase in Federal funding will enable better coordination of care, increased access to care and improve the

health and family lifestyles of these high-risk children. Equally important is the recognition that with improved access and coordination of care come better outcomes at a lower cost. The Missouri children covered by this program constitute only 1-2% of all children but this small number of children consume up to 40% of all medical resources. This is truly a situation in which increased funding will result long term in better outcomes. A true win-win for Missouri and our kids.