STATE OF KANSAS	**)**	**PLANNING & ZONING AND**
WYANDOTTE COUNTY	**)) SS**	**REGULAR SESSION**
CITY OF KANSAS CITY, KS	**)**	**THURSDAY, MAY 25, 2017**

The Unified Government Commission of Wyandotte County/Kansas City, Kansas, met in regular session Thursday, May 25, 2017, with ten members present: Bynum, Commissioner At-Large First District; Walker, Townsend, Commissioner First District; McKiernan, Commissioner Second District; Murguia, Commissioner Third District; Johnson, Commissioner Fourth District; Kane, Commissioner Fifth District; Markley, Commissioner Sixth District; Walters, Commissioner Seventh District; Philbrook, Commissioner Eighth District; and Holland, Mayor/CEO, presiding. Walker, Commissioner At-Large Second District, was absent. The following officials were also in attendance: Doug Bach, County Administrator; Gordon Criswell, Joe Connor and Melissa Mundt, Assistant County Administrators; Ken Moore, Chief Legal Counsel; Bridgette Cobbins, Unified Government Clerk; Maureen Mahoney, Asst. to Mayor/Chief of Staff; Rob Richardson, Director of Planning; Janet Parker, Administrative Assistant, Planning; Byron Toy, Planner; Emerick Cross; Commission Liaison; and Captain Ray Nunez, Sergeant-At-Arms.

MAYOR HOLLAND called the meeting to order.

ROLL CALL: Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum, Holland.

INVOCATION was given by Sister Theresa Bangert of Our Lady and St. Rose Catholic Church.

Mayor Holland asked if there were any revisions to the agenda. **Bridgette Cobbins, UG Clerk,** said a blue sheet has been distributed. Under the Non-Planning Consent Agenda, we have two new items. Item No. 3 is a plat regarding the King Estates along N. 124th north of Hollingsworth Rd. Item No. 4 is a plat of Schlitterbahn Vacation Village Fourth Plat along N. 98th and Parallel Parkway.

Mayor Holland said tonight we have two distinct parts of our meeting. The first is Planning and Zoning, and that will be handled first followed by our regular Commission meeting. I will start by asking the Clerk to read the Planning and Zoning statement following by the items on the agenda.

Bridgette Cobbins, UG Clerk, read the statement.

Ms. Cobbins asked if any members of the Commission wished to disclose contact with proponents or opponents on any item on the Planning and Zoning Agenda. **Commissioner Philbrook** said I've been in contact for Special Use Permit #SP-2017-30 for and against. **Mayor Holland** said let the record show no further disclosures.

Ms. Cobbins read the items on the Planning and Zoning Consent Agenda.

Mayor Holland asked anyone in attendance tonight any Commissioner or staff who would like to remove an item from the Consent Agenda please come to the microphone to do so at this time. Any item not removed from the Consent Agenda will be voted on by a single vote. No one came to the microphone to remove an item.

Action: **Commissioner Kane made a motion, seconded by Commissioner Johnson, to approve the Consent Agenda**. Roll call was taken and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

Mayor Holland recognized former Administrator Dennis Hays. We approved his retirement a while ago, now we just approved a vacation for you.

PLANNING AND ZONING CONSENT AGENDA

SPECIAL USE PERMIT APPLICATIONS

ITEM NO. 1 - 171139…SPECIAL USE PERMIT APPLICATION #SP-2017-19 - TERESA A. HERNANDEZ

Synopsis: Renewal of a special use permit (#SP-2014-79) for a miniature horse at 840 Shawnee Road, submitted by Robin Richardson, Director of Planning. This would be a renewal of a special use permit previously approved in 2009 and 2015. The Planning Commission voted 7 to 0 to recommend approval of Special Use Permit Application #SP-2017-19, subject to:

Urban Planning and Land Use Comments

1. How is animal waste currently disposed of and how will it be disposed of in the future? How much waste is produced?

   Applicant Response: She is so small waste is not a problem. Waste is less than a large dog.

2. What are you doing, if anything, to ensure that proper grass cover is maintained on the area where the horse is? What are your plans to maintain grass cover in the future to prevent erosion and run-off?

   Applicant Response: The land is divided into two parts. Grass is planted every year on both parts.

3. Is the yard fenced on all sides to prevent the horse from roaming? Has the horse been able to escape from the yard in the past?

   Applicant Response: The entire yard is fenced. She is not able to escape the yard and get out.

Public Works Comments: None.

Conservation District Comments

1. There are two major soil types identified: Know silt loam, 7 to 12 percent slopes and Knox silt loam, 18 to 30 percent slopes. These soil types are considered highly erodible when the surface is denuded of a protective cover.
2. The property has a good grass cover at this time. The grass cover needs to be maintained. Good management of the grass is important to control runoff.
3. The animal waste needs to be disposed of in a manner that protects the community downstream. It appeared that there was a pile of straw outdoors which could be bedding. If it is bedding, it could be contaminated with animal waste products. This needs to be properly stored and disposed of in a safe manner.

Staff Conclusion

The applicant has housed the miniature horse on the property for several years, during which time Planning staff has heard of no issues from neighbors or adjacent property owners. The small stature of the animal, approximately 26 inches, means the animal more closely equates to a dog than a full-sized horse. Animal waste will not exceed what would be expected of a large dog. The yard is entirely fenced and divided into two portions, which can be separated. Grass cover is ensured by planting of seed every year and rotating the mini-horse between the two sections of the yard for roaming. The fenced yard also prevents the mini-horse from roaming into the street or neighboring properties. In review of these considerations, it is recommended that this petition be approved for renewal, subject to the following stipulations:

1. The special use permit is approved for two years.
2. Horse manure shall be picked up weekly to prevent odors from becoming a nuisance to adjacent property owners.
3. Applicant shall maintain compliance with Conservation District comments.
4. Per the decision from the Board of Zoning Appeals on April 10, 2017, the 16' x 8' shed that was constructed in 1999 must be removed. The two existing sheds that were built prior to 1960 are considered legal nonconforming and are permitted to remain.

Action: **Commissioner Kane made a motion, seconded by Commissioner Johnson, to approve Special Use Permit Application #SP-2017-19 for two years, subject to the stipulations.** Roll call was taken on the motion and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

ITEM NO. 2 – 171141…SPECIAL USE PERMIT APPLICATION #SP-2017-30 – WIL ANDERSON WITH BHC RHODES

Synopsis: Special use permit for a tire operation (DLS Tire Centers, Inc.) at 7150 Kaw Drive, submitted by Robin Richardson, Director of Planning. The applicant is seeking approval for his client to operate an automotive business at 7150 Kaw Drive. The Planning Commission voted 9 to 0 to recommend approval of Special Use Permit Application #SP-2017-30, subject to:

Urban Planning and Land Use Comments

1. Applicant is seeking approval for five years (recommended for approval for two years).
2. Per Sec. 27-593(b)(20)d.1-3.
    a. Parking of the automobiles under heavy service repair, or mechanics shall not be placed within a required parking/paving setback area and shall not reduce the capacity of a parking lot below that required by Sections 27-466 through 27-470.
    b. Parking shall be upgraded to current standards and regulations including medians, landscaping, and screening.
    c. Each automobile shall be in a striped, designated parking space.
3. Please provide a more detailed site plan that shows dimensioned parking spaces.
   Applicant Response: See attachments
4. Please provide a more detailed description of the use and what the operation will entail.
   Applicant Response*:* See attachments
5. Per Sec. 27-593(b)(20)a.
    a. Upgrade parking, including striping and/or resurfacing of parking lots, if deemed necessary by staff.
    b. Landscaping, screening, and façade improvements to meet commercial design guidelines.

The parking lot needs to be repaired where necessary and restriped to code compliant dimensions.

6. Noise greater than 80dB(A) at repeated intervals for a sustained length of time at any point on the property line or noise which causes the day-night noise level average to exceed 65dB(A) for any residence for a sustained period.
7. No equipment, material or vehicles, other than operable motor passenger cars, may be kept, parked, stored or displayed closer than 25 feet to a street line unless such area is screened from the street by a solid fence or other obstruction, set back not less than six feet from the street line and not less than three feet in height.
8. No outside storage of materials, including tires, may be permitted anywhere on the property.
9. In order to have legitimate signage, a sign permit must be filed with the Urban Planning and Land Use Department by a licensed and bonded sign company with the Kansas City, Kansas Business Licensing Department.

a. No displays on the sidewalk, this includes signs, pennants, attention attracting devices, etc.

10. Please provide pictures of current operations in other cities.

Applicant Response: See attachments

Public Works Comments

1. Items that require plan revision or additional documentation before engineering can recommend approval: none.
2. Items that are conditions of approval (stipulations):
   a. The existing shared use drive entrance at Kaw Drive is in poor condition and shall be replaced or resurfaced to meet UG and KDOT standards.
   b. The proposed development project will require KDOT review and approval prior to construction permit acquisition.
   c. Construction plans shall meet UG standards and criteria and shall be reviewed and approved by UG prior to construction permit acquisition.
3. Comments that are not critical to engineering's recommendations for this specific submittal, but may be helpful in preparing future documents: none.

Business License Comments

If approved, applicant will need to file and maintain the annual occupation tax application with this office. We find no prior business record associated with this applicant. There have been a number of industrial type businesses over time at this location, two of which were for vehicles sales from 1998 through 2000 and 2009 through 2011. None of those businesses were for auto repair.

Staff Conclusion

If approved, staff stipulates the following:

1. The applicant and landlord shall comply with all of the stipulations prior to the special use permit becoming valid and the applicant opening their business
2. No outside storage of display of any materials, including tires

3. Site must be cleaned up, including removing the concrete pads and poles along Kaw Drive, installing landscaping along Kaw Drive, and removing all weeds present in the parking lot
4. Maintaining the condition of the repaired, striped, and landscaped parking lot
5. Each automobile shall be in a striped, designated parking space.
6. No equipment, material or vehicles, other than operable motor passenger cars, may be kept, parked, stored or displayed closer than 25 feet to a street line unless such area is screened from the street by a solid fence or other obstruction, set back not less than six feet from the street line and not less than three feet in height.
7. Noise greater than 80dB(A) at repeated intervals for a sustained length of time at any point on the property line or noise which causes the day-night noise level average to exceed 65dB(A) for any residence for a sustained period.

   Applicant shall work with nearby residents to ensure that noise does not become a problem.
8. Approval shall be for two years.

Action: **Commissioner Kane made a motion, seconded by Commissioner Johnson, to approve Special Use Permit Application #SP-2017-30 for two years, subject to the stipulations.** Roll call was taken on the motion and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

VACATION APPLICATION

ITEM NO. 1 – 171142…VACATION APPLICATION #U/E-2017-4 – DENNIS AND DENISE HAYS

Synopsis: Vacation of utility easements at 4907 and 4909 North 126th Street and 12456 and 12458 Meadow Lane, submitted by Robin Richardson, Director of Planning. The applicants, have applied to vacate the utility easements on the shared side and rear property lines of the following properties in the Canaan Lake West Phase 1 subdivision:

4907 North 126th Street (Lot 24)

4909 North 126th Street (Lot 25)
12456 Meadow Lane (Lot 76)
12458 Meadow Lane (Lot 75)

The applicants own these four contiguous properties and intend to consolidate the properties and use the additional land as a yard extension for the existing single family house at 4909 North 126th Street (Lot 25).

The Planning Commission voted 9 to 0 to recommend approval of Utility Easement Vacation Application #U/E-2017-4, subject to:

Urban Planning and Land Use Comments

Sidewalks

The Required Improvements Division of the Subdivision Ordinance requires that sidewalks be installed on one side of all local residential streets. This comment stipulates that if any improvements are made to Lot 24, the property owner shall install a segment of sidewalk along the frontage of Lot 24 from the end of the existing sidewalk on Lot 23 to the existing sidewalk curb ramp on Lot 24. This sidewalk shall be installed at the time of the improvements. This stipulation applies to the property regardless of ownership.

The property owner must install sidewalks along the frontage of Lots 75 and 76 if Lots 74 or 77 are developed. The sidewalk shall be installed at the time that Lot 74 or 77 is developed. This stipulation applies to these properties regardless of ownership.

Public Works Comments

1. Items that require plan revision or additional documentation before engineering can recommend approval: none.
2. Items that are conditions of approval (stipulations): The County Surveyor makes separate technical review of easement vacation exhibit, and/or plat, and submits comments directly to the preparer of the vacation/plat. Provide easement vacation documents and/or plat in accordance with County Surveyor comments.
3. Comments that are not critical to engineering's recommendations for this specific submittal, but may be helpful in preparing future documents: none.

Action: **Commissioner Kane made a motion, seconded by Commissioner Johnson, to approve Utility Easement Vacation Application #U/E-2017-4, subject to the stipulations.** Roll call was taken on the motion and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

PLAN REVIEW APPLICATIONS

ITEM NO. 1 – 171143…PLAN REVIEW APPLICATION #PR-2017-16 – NICOLE ANDERSON WITH STUDIO A ARCHITECTURE LLC

Synopsis: Preliminary and Final Plan Review for a weight room and multi-purpose athletic facility for the KCKCC athletic team at 7250 State Avenue, submitted by Robin Richardson, Director of Planning. The facility will replace the outdoor tennis courts south of the existing soccer field and track facility. The proposed facility is an 18,486 square feet single story building. The Planning Commission voted 9 to 0 to recommend approval of Plan Review Application #PR-2017-16, subject to:

Urban Planning and Land Use Comments

1. Building Articulation

The commercial design guidelines require that building walls be divided into increments of no more than 45 feet through articulation of the façade. This can be achieved through combinations of at least three of the following techniques:

a. Divisions or breaks in materials;
b. Building offsets (projections, recesses, niches);
c. Window bays;
d. Separate entrances and entry treatment; or
e. Variation in rooflines.

Please revise the preliminary development plan to incorporate additional building articulation.

Staff Comment: The revised development plan meets these requirements.

2. Windows

The commercial design guidelines require that windows should total at least 60 percent of the building frontage facing streets or parking lots.

Staff recognizes that this requirement is intended for commercial storefronts and is not appropriate for a weight training and multipurpose athletic facility. However, a windowless building does not meet the intent of the design guidelines. Please provide windows along at least 25 percent of the linear building frontage.

Staff Comment: The revised development plan meets these requirements.

3. Landscaping and Screening

Please provide a landscape plan for the immediate vicinity. Include the following:

a. At least 75% of the length of building foundations must be planted with ornamental plant material such as ornamental trees, flowering shrubs, perennials, and groundcovers.

b. At least 5 trees are required in the immediate vicinity. Commercial uses are required to provide 1 tree for every 7,000 square feet of site area. The commercial design guidelines require that this requirement be exceeded by 75%.

Staff Comment: The revised development plan meets these requirements

Public Works Comments

1. Items that require plan revision or additional documentation before engineering can recommend approval: none.
2. Items that are conditions of approval (stipulations): Construction plans shall meet UG standards and criteria and shall be reviewed and approved by UG prior to construction permit acquisition.
3. Comments that are not critical to engineering's recommendations for this specific submittal, but may be helpful in preparing future documents: none.

Action: **Commissioner Kane made a motion, seconded by Commissioner Johnson, to approve Plan Review Application #PR-2017-16.** Roll call was taken on the motion and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

ITEM NO. 2 – 171144…PLAN REVIEW APPLICATION #PR-2017-17 - NICOLE ANDERSON WITH STUDIO A ARCHITECTURE LLC

Synopsis: Preliminary and Final Plan Review for an enclosure to house the fire truck for the KCKCC Fire Science program at 6840 State Avenue, submitted by Robin Richardson, Director of Planning. The Planning Commission voted 8 to 0 to recommend approval of Plan Review Application #PR-2017-17, subject to:

Urban Planning and Land Use Comments

Building Materials

All building facades shall be at least 50 percent masonry. Cementous siding may be used to meet 50 percent of the total masonry requirement. Adding a 4 foot masonry wainscot wrapping around the front of the building would satisfy this requirement.

Staff Comment: The revised site plan meets this requirement.

Public Works Comments: none.

Action: **Commissioner Kane made a motion, seconded by Commissioner Johnson, to approve Plan Review Petition #PR-2017-17, subject to the stipulations**. Roll call was taken on the motion and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

PLANNING AND ZONING NON-CONSENT AGENDA

SPECIAL USE PERMIT APPLICATION

ITEM NO. 1 – 171140…SPECIAL USE PERMIT APPLICATION #SP-2017-29 - STEVE BEAUMONT/KCAI LP D/B/A CHATEAU AVALON

Synopsis: Renewal of a Special Use Permit (#SP-2015-19) for live entertainment for Chateau Avalon at 701 Village West Parkway, submitted by Robin Richardson, Director of Planning, The applicant is requesting renewal of a special use permit to have live entertainment on the patio from 11 a.m. to 11 p.m. on Friday and Saturday nights. The Planning Commission voted 8 to 1 to recommend approval of Special Use Permit Application #SP-2017-29, subject to:

Urban Planning and Land Use Comments

1. Will the types of entertainment performances (live bands) remain the same?
   Applicant Response: There is no current existing entertainment happening.
   In the event that a small band or live entertainment is hosted, hours will vary.
2. Approval will be for two years.

3. Live entertainment shall be limited to the patio from 6 p.m. to 11 p.m. on Friday and Saturday nights.

   Applicant Response: The applicant proposed amending the requested hours on the application to 11 a.m. to 11 p.m. all days of the week.

   Staff Response: This is acceptable with staff.

Public Works Comments: none.

Business License Comments

Applicant has a current annual entertainment license at this address, due for renewal in May of this year.

Staff Conclusion

Staff recommends approval of this petition subject to the following stipulations:

1. Approval will be for a period of two years.
2. Live entertainment shall be limited to the patio from the hours of 11 a.m. to 11 p.m. all days of the week.

Steve Beaumont, 701 Village West Parkway, KCK, Chateau Avalon, said we're here asking for the renewal of our special use permit for Chateau Avalon. We hope to play jazz music on the patio. We do this primarily as a service to our guests. I'd say about 90% of the people that are on our patio any given day are guests. We are starting to see a little bit of visits from Wyandotte County Piper area and a little bit of Cerner. There might be some visitors from someplace else at the Chateau, but the vast majority would be from the Chateau.

Mayor Holland opened up the public hearing.

No one appeared in support.
No one appeared in opposition.

Mayor Holland closed the public hearing.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Kane, to approve Special Use Permit Application #SP-2017-29 for two years, subject to the stipulations.** Roll call was taken on the motion and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

MAYOR'S AGENDA

ITEM NO. 1 – 171145…DISCUSSION: FUTURE OF SAFETY NET CLINICS IN KCK.

Mayor Holland said I want to hold this and do the Consent Agenda first.

NON-PLANNING CONSENT AGENDA

Mayor Holland said we have Non-Planning Consent Agenda. There were two items blue sheeted onto that.

Action: **Commissioner Murguia made a motion, seconded by Commissioner McKiernan, to approve the Consent Agenda**.

Mayor Holland said anyone who would like to remove an item from the Consent Agenda may do so now. All items will be voted on by a single vote otherwise. No one is moving to remove any of these items.

Roll call was taken and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

ITEM NO. 1 - MINUTES

Synopsis: Minutes from regular session of April 27, 2017; and special sessions of April 27 and May 4, 2017.

Action: **Commissioner Murguia made a motion, seconded by Commissioner McKiernan, to approve.** Roll call was taken on the motion and there were nine

"Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

ITEM NO. 2 – WEEKLY BUSINESS MATERIAL

Synopsis: Weekly business material dated May 4, 11, and 18, 2017.

Action: **Commissioner Murguia made a motion, seconded by Commissioner McKiernan, to receive and file.** Roll call was taken on the motion and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

Item No. 3 – 171152….PLAT: KING ESTATES

Synopsis: Plat of King Estates, located along N. 124th north of Hollingsworth Road, being developed by Reginald B. King, submitted by Brent Thompson, Engineering Division Manager/County Surveyor, and Wayne Moody, Interim County Engineer.

Action: **Commissioner Murguia made a motion, seconded by Commissioner McKiernan, to approve and authorize Mayor to sign said plat.** Roll call was taken on the motion and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

Item No. 4 – 171153….PLAT: SCHLITTERBAHN VACATION VILLAGE FOURTH PLAT

Synopsis: Plat of Schlitterbahn Vacation Village Fourth Plat, located along N. 98th and Parallel Parkway, being developed by Schlitterbahn Waterparks & Resorts, submitted by Brent Thompson, Engineering Division Manager/County Surveyor, and Wayne Moody, Interim County Engineer.

Action: **Commissioner Murguia made a motion, seconded by Commissioner McKiernan, to approve and authorize Mayor to sign said plat.** Roll call was

taken on the motion and there were nine "Ayes," Townsend, McKiernan, Murguia, Johnson, Kane, Markley, Walters, Philbrook, Bynum.

PUBLIC HEARING AGENDA

No items

STANDING COMMITTEES' AGENDA

No items

ADMINISTRATOR'S AGENDA

No items

COMMISSIONERS' AGENDA

No items

LAND BANK BOARD OF TRUSTEES' AGENDA

No items

MAYOR'S AGENDA

ITEM NO. 1 – 171145…DISCUSSION: FUTURE OF SAFETY NET CLINICS IN KCK

Synopsis: Discussion regarding the future of safety net clinics in Kansas City, KS, submitted by Lindsay Behgam, Executive Coordinator to the Mayor.

Mayor Holland said I will preface this by saying this Commission has entered in both it's State Legislation Packet and the Federal Legislation Packet an active effort to expend Medicaid in the state of Kansas and an active effort to maintain healthcare coverage nationally. The state legislature actually voted to pass the expansion of Medicaid which was vetoed by the Governor. They fell, I believe, just three votes short of overriding that mandate. That vote, that veto and failed override is putting healthcare in Wyandotte County in jeopardy. I did reach out to our federal delegation.

I reached out to Senator Moran's office, Senator Robert's office, and Congressman Yoder's office. I am pleased to say a representative from Senator Moran's office is here. Thank you, sir, for being here. We appreciate that very much. We need to encourage our state legislators and our federal delegation to help serve the uninsured in Wyandotte County.

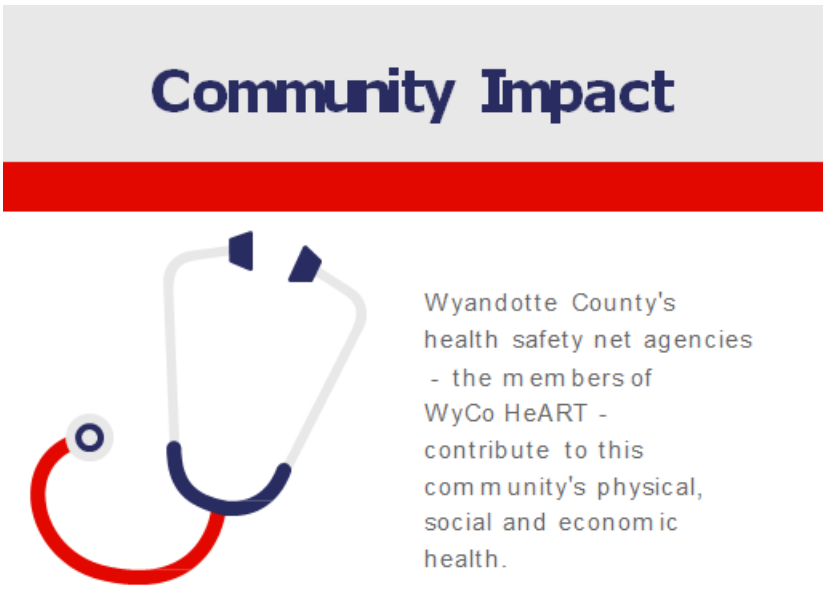
Before the Affordable Care Act, we had 26% of our population uninsured. The Affordable Care Act and through Enroll Wyandotte and the Community Health Council, which this group represents, was able to reduce our uninsured from 26% to 14%, nearly cutting it in half. We estimate about 6,000 families, which is anywhere from 14,000 to 18,000 people in our county are counting on the Affordable Care Act. The bill that passed the house would end coverage for these people and would be devastating not only to our people, but to our economy. This is critical.

It has also created a trickled down…we talked about the trickled down theory. This is a trickled down crisis that is hitting our Safety Net Clinics in Kansas City, Kansas.

I recently had the opportunity to meet with our Safety Net Clinics and hear their story and I said I think the Commission and the public and our senators, our legislators need to hear your story. I've asked them to come tonight and to present their situation so we can understand the plight of healthcare and indigent care in Kansas City, Kansas.

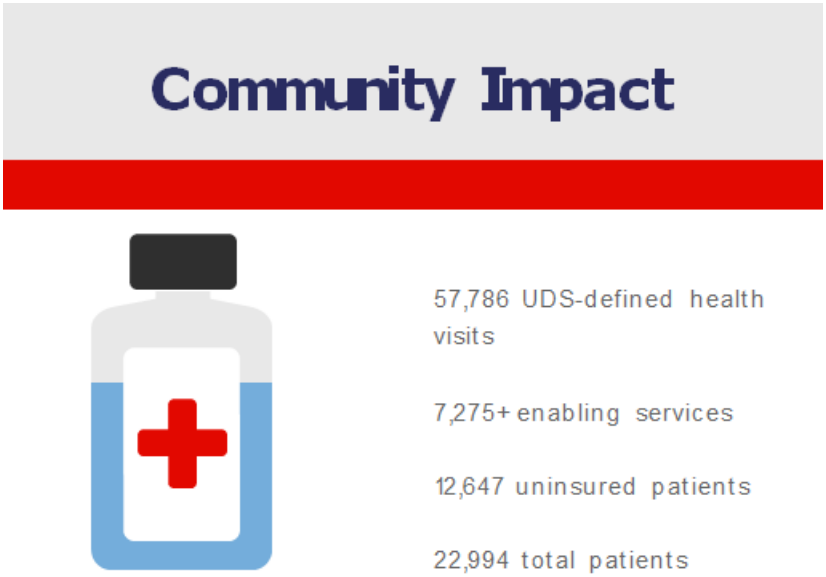
Jerry Jones, 803 Armstrong, Community Health Council of Wyandotte County, said it's a pleasure to be here; a pleasure to be here with the WyCo HeART Team, the Health Access Resource Team. Let's just jump right into it.

The Community Health Council is honored to be here tonight with folks from Duchesne Clinic, Riverview, and the New Community Health Center that is a conglomerate of Turner House and Silver City and University of Kansas, Dr. Sharon Lee with Southwest Family and Mercy and Truth. I feel like we're the wall. I use the analogy of Game of Thrones that this team behind me really is what I would consider the nights watch. They're the ones who are really working with the most medically, economically, and socially vulnerable in all of Wyandotte County.



In doing so, they really are contributing not just to the physical help, but to the social and economic health of the community.

As we were looking through what is the economic impact of this particular group, we realized when we started counting up the combined FTEs who are serving this community, it's about 125 folks. A little bit under $19M worth of economic impact created by my organization and the folks' organizations sitting behind me.



The last time I was here, we talked a little bit about how many folks are being served. Combined, they're seeing a little under 23,000 individuals, most of whom are obviously Wyandotte County residents. More than half are uninsured. It's hard to imagine providing a service where you know that half of the folks you see do not have the ability to pay for your services and all told, just a little bit, just a shade under 60,000 visits. We included this number.

That number that you see that is 7,275 enabling services. A great number of that includes Riverview Health Services. Riverview Health Services if there is someone that you know in Wyandotte County that is wrestling with diabetes, chances are they are working with Riverview. Most all of the Safety Net Clinics here in Wyandotte County are relying heavily upon Riverview to really work with folks who are wrestling with diabetes. There is over 7,000 services combined between Riverview as well as the folks that are being treated with our community health worker initiative at the Community Health Council.

Community Impact

We used this analogy before. The number of folks that they would see would not only fill Sporting Park, but that would leave a few thousand people in the parking lot waiting to get in. Imagine more than half of the folks in that arena not being able to pay to sit in that arena. That's essentially what happens with the Safety Net Clinic that more than half of the folks they see don't have the ability to pay for their services.

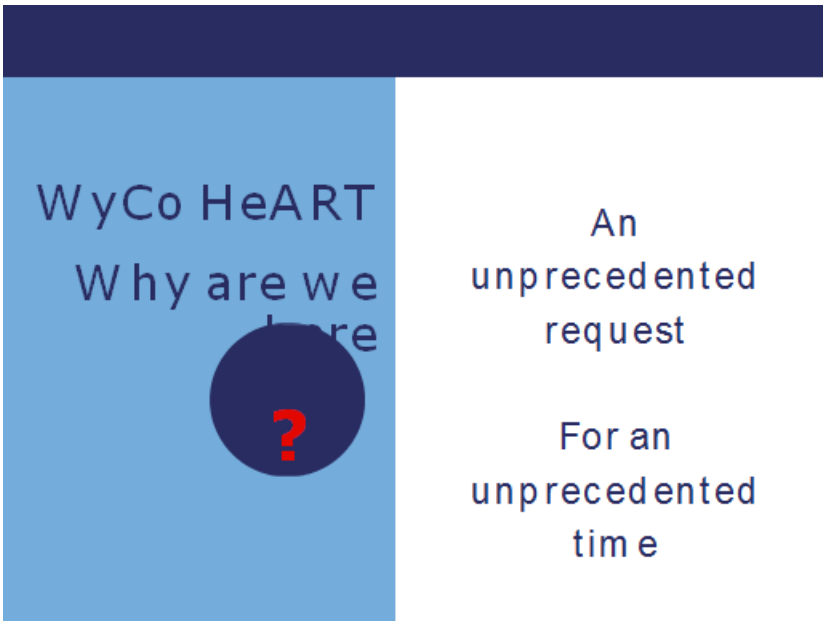
Community Impact

Uncompensated care: $3,392,875

Enabling services: $3,000,000+

Total uncompensated impact on community health: $6,392,875

All told, just a shade under $3.4M last year in 2016 in uncompensated care. When we were calculating the things that we're not able to bill for: care services, all the diabetes services not billable, the work of Community Healthwork currently in the state of Kansas, not currently billable; not just in Kansas, but really in most states right now the work of community health workers are not currently billable. It's well over $6M in uncompensated impact to the community. Those numbers just don't tell the story like for each one of those dollars, you're looking at lives that are being impacted. They're literally saving lives, especially the folks who are sitting behind me.

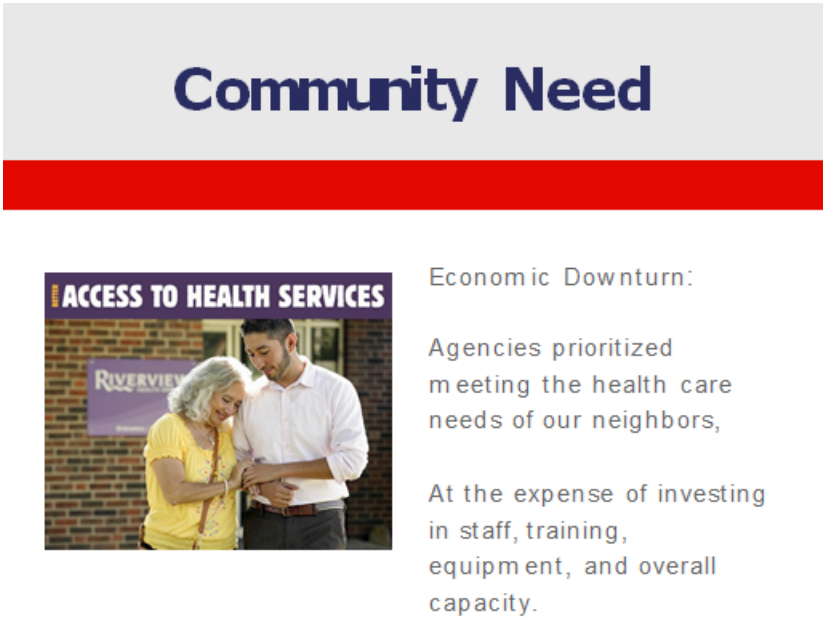


Why are we here? Again, this is a rather strange request for us and a difficult one to ask, but at the same time we're here because we've never found ourselves in a situation quite like this. We understand that the economy is still struggling to get back after the crash. The folks behind me are having to put all of their resources in meeting just the basic needs of the folks who come in. Often times there's so much more that they'd like to be able to do that's not clinical in nature, but they just don't have the capacity to do because the resources aren't there.

As we mentioned because they're putting so much into the care of the individuals that come in, they don't have the opportunity to recruit and develop additional staff and to really build capacity or really to do the work that they have really begun to take on which is really the work of innovation. How might they work together to create a more integrated system that's

virtually impossible for them to do right now. In spite of that, they're still trying to figure that out.

Mayor Holland, you had eluded to this earlier. The state of Kansas really advanced legislation further than it had been in the last two or three years to expand KanCare in the state; three votes short, but those three votes mean that there are almost 12,000 residents in Wyandotte County who will not get access to health insurance this year because that override vote was three votes short.



In really tiny print, you can see there that 11,759 folks equals almost $50M in economic impact that will not be coming to Wyandotte County, but those folks are still needing care. Those folks still go to the Safety Net Clinics. A lot of those folks will end up at KU Emergency Department. Bob Paige was sharing just a couple of weeks ago that Wyandotte County accounts for about 40% of their uncompensated care at KU. This expansion not only hinders the Safety Nets, but it also hinders the larger system as a whole and, of course, the cuts to Medicaid services not only hurt the folks behind me, but the folks at Wyandotte Inc. took a big hit with that as well.

Community Need

Blue Cross Blue Shield of KC is pulling out of Obamacare in 2018

AHCA proposal:

Increased instability in the health care environment

and

$26,000,000 loss in subsidies for health insurance premiums.

We expected legislation at the federal level to create a level of instability in the market. We were not prepared for the news that we all heard yesterday with Blue Cross Blue Shield leaving the marketplace. That actually leaves one provider in the marketplace for this area. It's a group called Medica.

In talking to the Enroll Wyandotte staff, they indicated about close to 95% of all the plans that they help shuffle people through, work through Blue Cross Blue Shield; Blue Cross Blue Shield is pretty much leaving the individual market. Unless they had a grandfathered plan before October 1, 2013, they're out of luck.

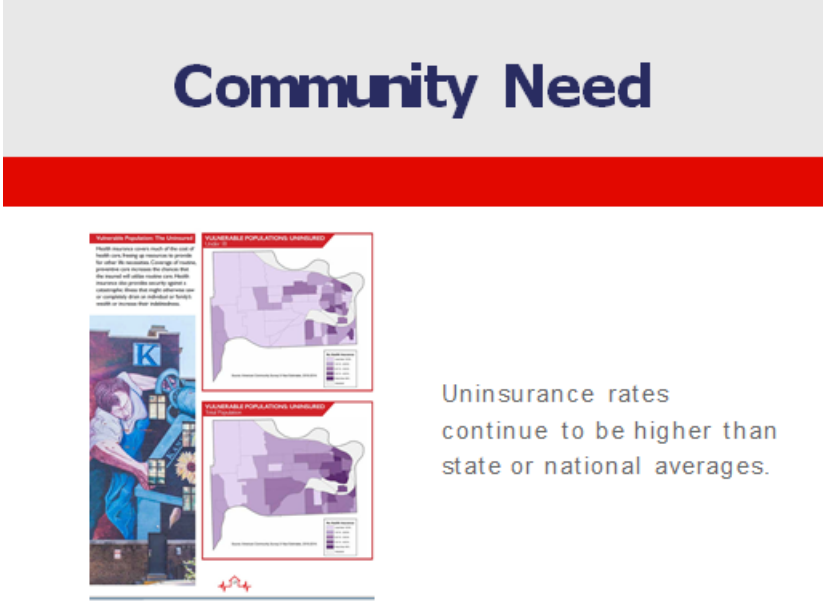
We also understand that the lone insurer left in the marketplace, Medica, is indicating that they're only going to offer 10,000 plans for this area so Wyandotte and Johnson County combined, 10,000 plans. The plans weren't popular last year. I don't see them getting more popular this year.

This number here, the $26M is, we were like what is the most conservative estimate of economic impact. Wyandotte County has roughly 6,000 plans that were purchased through the exchange. If we assume that it was only one person per plan, the loss would be $26M. What we do know that out of the 6,000 plans, there are about 13,000 plus who are covered through those 6,000 plans so you essentially double that number and that's the actual economic impact.

A couple of slides ago we showed what the economic impact of what Medicaid expansion would be. This number, if we were to do it on a non-conservative basis, would be over $50M loss in premiums. That's what's at risk if…and we know that it's not likely to

happen that the AACH will pass as written. The Senate is going to come up with their own bill but if it's anything close to that, it's going to be a devastating impact and we know where those folks are going to go. They're going to continue to go to the clinic; they're going to continue to show up in the ER.

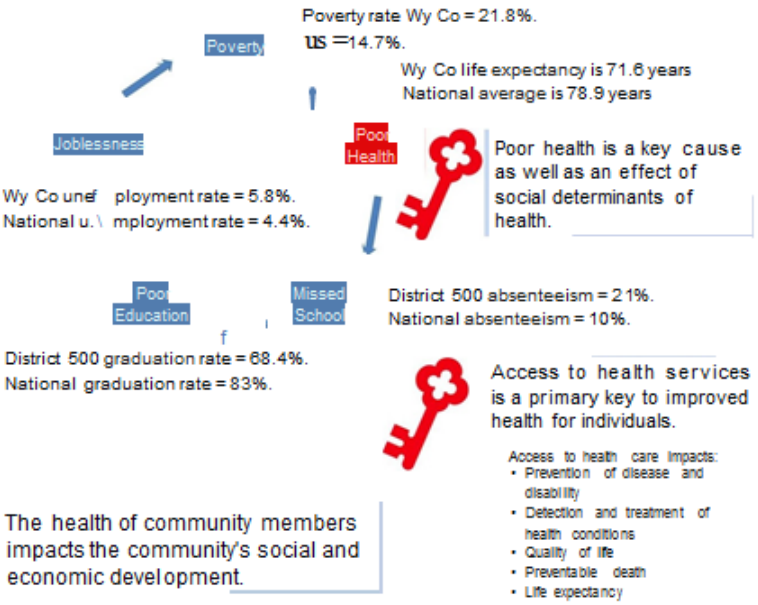
The need is great. The Health Department and the University of Kansas have been doing an amazing job with the Community Health Needs Assessment. We wanted to just show this slide because what it shows…you see there's a red and a blue chart there. What it indicates is that 18% of residents in Wyandotte County delayed putting off a doctor's visit because they couldn't afford it. That number next to it is the state average. These numbers are pre AACH. These numbers are pre Blue Cross saying they're leaving the market. Even with all the advancements that we've made in getting folks covered, you still had 18% of folks who felt like they couldn't go to a doctor's appointment because they couldn't afford it. We're still looking at about 10% of our folks who are struggling with access to care.



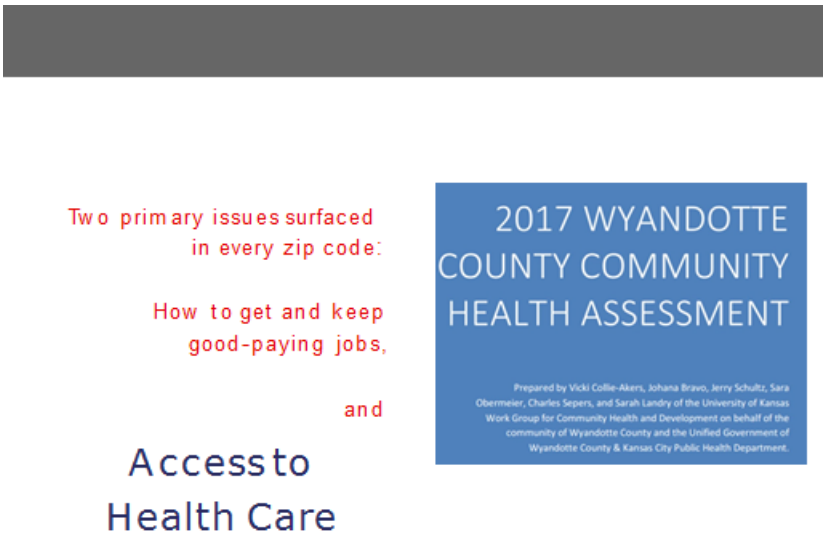
On the other side of this in response to community health needs assessment, the folks from the Health Department convened folks at New Bethel Church to really look at what the community had. What was the community saying about what was most important. They laid out their top 19 responses from the community health needs assessment. They asked folks to go through and identify the areas that are of most concern to you. The one that came up with the most votes with 47 was access to healthcare.

This graphic is from…I don't know if you all have seen this the Health Equity Action for Transformation Report that was done by the council. I have copies here if you haven't read it. I'd love for you to take the opportunity to read it. Here, what we're just indicating is this is where the uninsured live in Wyandotte County. The darker the purple, the more likely a resident is to be uninsured. If you figure, you can kind of find your district on that and that's where the most uninsured are. Coincidentally, those areas are also the areas that are most likely to come to the Safety Net Clinics.

We understand that there has been a shift. There is an improved, an enhanced level of understanding about the social determinants of health. Access to healthcare, we consider a very important social determinant of health. Preventive health, primary care, chronic disease management, wrap around services, all of these things are at risk with the news from Blue Cross yesterday and with proposed legislation in DC. More than that, these folks behind me are working to keep people healthy, healthy workforce, lower absenteeism, keeping kids healthy, and keeping them in school. It's interesting that asthma not only is like the number one reason for absenteeism in school, it's the number two reason for absenteeism at work because parents will stay home with a kid who's missing school because of asthma. When these folks behind me are working to keep kids in school that means parents are at work so there is an added value there.

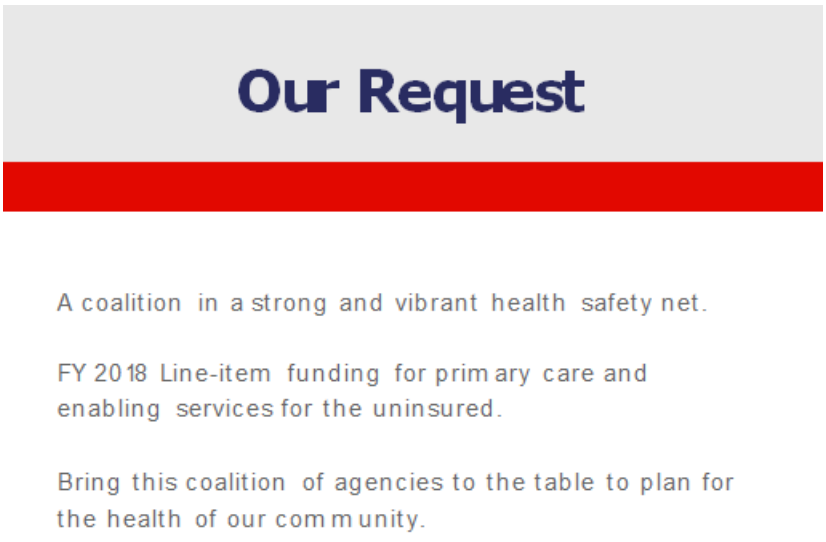


We're just kind of naming what the life expectancy is in Wyandotte County compared to the national average. In this report here, it will actually walk you through that there is a 21-year life expectancy gap from the furthest most eastern most part of Wyandotte County to the western most part. The further west you go, the longer you're going to live. The further east you go, you're going to go a little bit faster. What these folks are doing here are really looking to not only lengthen life, but really improve the quality of life.



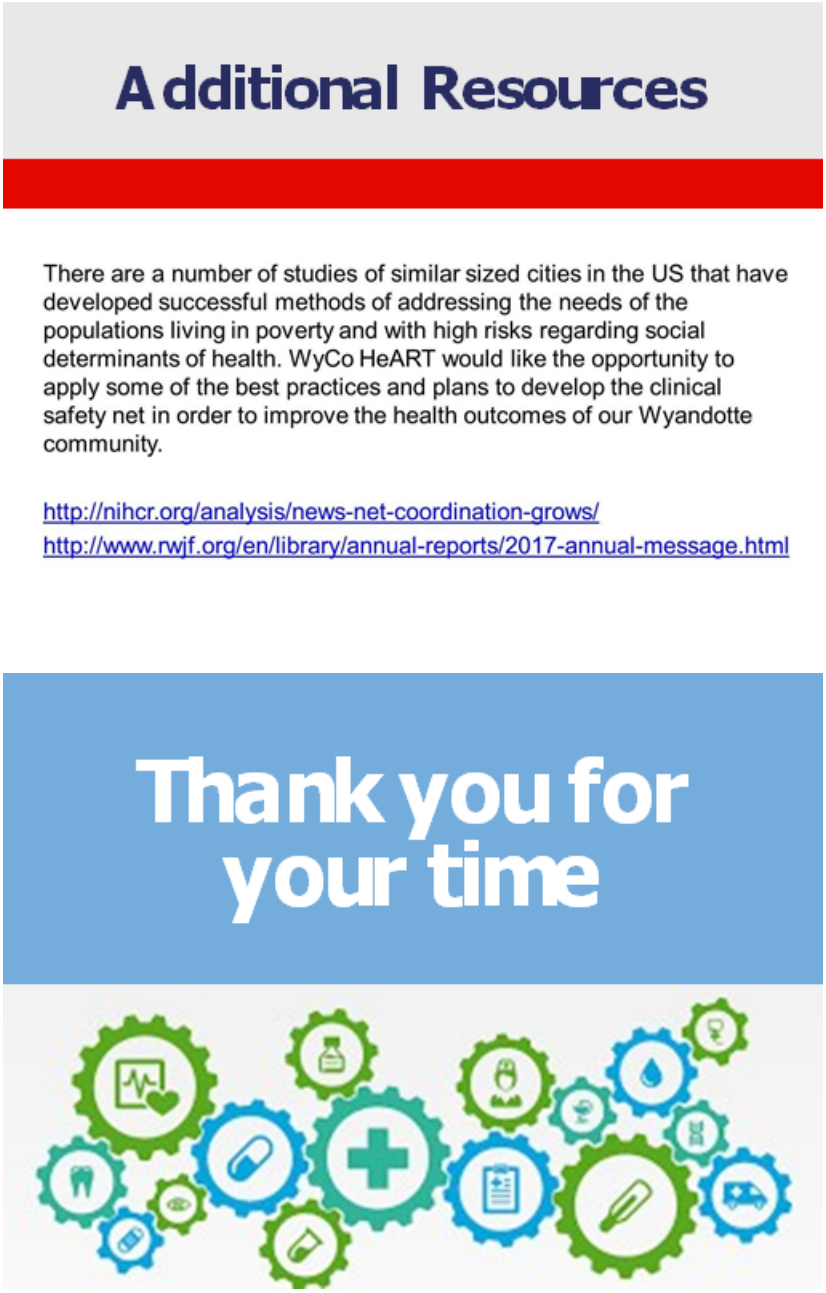
We've mentioned the Health Department Assessment and they surveyed all the different counties in Wyandotte County and there were only two areas in which every county had an overwhelming response about what's the biggest problem in your zip code. The first was obvious to us. How to get a good-paying job and how to keep it. Wyandotte is producing jobs like crazy. How do they get those jobs? How do they keep those jobs?

The second thing that stuck out to us was that access to healthcare was the other that across zip codes was the most prevalent challenge. How to get access to healthcare? That's really the challenge that we are facing right now. How might we, as a safety net, really begin to prepare ourselves for the changes that are happening at both the state and federal level.



This group behind me, they're strong and they're vibrant, but the funding models are changing and we need help. We need help to sustain this strong asset that the county has. We would love to be a line item in the budget. I'm up here asking for a crazy number, but the numbers that are in this report, the numbers that we see based on CVO's assessment, what we see with what the impact of Medicaid expansion would be, those numbers are, frankly, quite devastating. We're here to pick up the slack and we really need the Unified Government's help to do that.

With that I'm willing to open it up to questions. The folks behind me will give you much better answers than I will be able to, but if you have any questions or thoughts, I'd love to hear them.



Commissioner Johnson said this strikes me as a collaborative request from the organizations mentioned here. **Mr. Jones** said yes. **Commissioner Johnson** said I'm just wondering, pulling back on my prior life in terms of looking at not just requests from this group here, are you all looking at collaborative requests from other funders who the likes of which you all may be receiving funds from individually.

Secondly, has there been any discussion about collaborative expenses, ways that you might be creating efficiencies amongst the group in order to be able to address this issue as well. This is an issue that is very much important to me. I think the statistics would suggest that my district is one that's going to be probably most affected by this particular issue. I'm just interested to know if you've had that conversation. **Mr. Jones** said I think that's a very good conversation. The conversation that this group has been having collectively, prior to me even joining into their conversation…changes at the local funding level is how some of this conversation that we're having with you all today has come about. Prior to the change in leadership in DC, we began to see changes at the local funding level really moving more towards dealing with a kind of the breath of the social determinants of health unfortunately at the expense of Safety Net Services. It is that gap that has been created that really brings us here to the Unified Government.

We are hoping to be able to do exactly the things that you are talking about like how might we begin to collaborate, how might we begin to share resources. However, the way the current funding models are set up, it's set up for competition. It's set up for them to have to compete with one another.

For instance, my organization, Health Council, we are not a medical provider. As a result, we have chosen not to enter the fray when it comes to any Safety Net requests because they are right now having to compete with each other. Having one more organization trying to come in to tap into those dollars even makes it even worse.

What we're hoping is that by being able to stabilize the amount of uncompensated care we're doing, that will enable them to get up to capacity to where they then can start thinking about how might they innovate, how might they begin to integrate different things with one another. As it stands right now, they're having to compete in that funding market and this is really a plea to say help us not to have to compete. Help us come together as a county and solve some of these major challenges that they are facing collectively.

Commissioner McKiernan said I have talked with many of you here about this and how I am really perplexed. I'm at a loss for what path to take forward because I certainly recognize, and like Commissioner Johnson said, I certainly recognize that there are a lot of people in my district,

and many of you are physically located in our two districts, and we recognize that there are a lot of our residents who take advantage of these services.

As I've gone and investigated this a little bit more, as I do the academic thing, I go read about this. What I read is that most everybody agrees that local government funding of Safety Net Services is funding of last resort. I know that I've spoken with a couple of you and you say that we are at our last resort. Well, now I'm a little perplexed. I know stuff flows downhill and we're at the bottom of the hill, but how did it get here.

If we add you as a line item—basically our two major sources of revenue are property tax and sales tax in Wyandotte County. A property tax that already levees more dollars of tax per dollar of value than any surrounding county. A property tax that already makes people question whether or not they want to continue to pay that high rate of dollars per dollar in value. We're at a place where for us to make a move on property tax, we should be lowering it substantially so that there are fewer dollars of tax per dollar of value, which would be an immediate benefit to all of our citizens and many of the citizens that come and take advantage of these healthcare services would be benefited by that move.

If we decided to do a sales tax like Kansas City, Missouri, has done so that they can, in fact, fun well, three things strike me as being potentially troubling about that. First of all, a sales tax is the most aggressive form of tax we can have where those people who are coming to your clinics are likely going to be impacted more on a percentage basis by that sales tax than by any other, but also a sales tax which is to be put on a ballot by a local government and to be voted on by local citizens is always in jeopardy of whether or not it's going to be renewed. It's certainly is at the whim of whatever politicians are there and whatever voters are there at the time. It does not seem to me that a local referendum like that is a stable way to fund Safety Net Services for the future.

I have lots of other questions. If I can get a copy of this presentation as well, I would much appreciate it. You started to pull together some of the things that I've asked for. I know there is a very real, tangible, social, but also economic consequence to the gap that the clinics are feeling in their operations. I am just at my wits end as to figuring out what services do we not provide in the absence of something like an add-on sales tax, what services do we not provide, what services do we cut to fund this gap. I've asked many of you already if I have $1M and I can enhance the transit system or I can enhance the food delivery system or I can have a tax

reduction or I can invest in early childhood education for the generational fix. If I can do all these things, I get stuck as to how to make that decision. I see the need. I appreciate the need. Based on what I've read so far, local government funding is the funding of last resort and I can't figure out how to make it happen yet.

Commissioner Townsend said good evening, Mr. Jones, and to everyone else who is here in support of the Safety Net. Two things: one, in the list of services that the Safety Net currently provides are mental health issues, cover mental health needs are part of that service that you provide. **Mr. Jones** said absolutely. This group behind me, they're all working with Randy and the narrative services offered through Wyandotte, Inc. Dr. Lee, I don't know if you'd want to speak to or if anyone else.

Dr. Sharon Lee, Southwest Family Health Clinic, said I am a family practice doctor and family practice of approximately 30% of our work is in mental health. I think that is probably true for all of the primary care physicians that work at the Safety Net Clinics. In addition to that, not only are we doing that, but we're also providing medical care for those folks who have mental illnesses and who are being seen with Wyandotte, Inc. We're providing their medical services as well as providing both medical and psychiatric services at our clinics. **Commissioner Townsend** said thank you. I just wanted to make sure I understood that. When the list here was provided, I didn't see a particular reference to mental health.

Mayor Holland said can I say something else about Mental Health. We do have a mental health levee. We just raised it last year. We went from about $500,000 to about $700,000 in spending for mental health. It's on the county side of the budget. That puts us at the lowest of any county per capita in the state of Kansas. We spend $700,000. We spend just about a little under $5 per person on mental health services. Johnson County is a terrible comparison, but they spend about $18 or $20 per person on mental health services. Wichita, Topeka, Lawrence, all spend more than double what we do per person on mental health services. We're very low already on our mental health spend and that's one that is contemplated by state law that we would fund mental health and we're not doing a particularly good job of funding mental health now. I just wanted to through throw in.

Commissioner Townsend said that doesn't make me feel better, but thank you. The second thing, a good segway, what is the crazy number that you ask so I get used to hearing it. **Mr. Jones** said $3.392M. That's just the amount of uncompensated care that they're doing under I mean the status quo right now. That number will change. If, when Blue Cross leaves the market in 2018, that number's going to change. It's going to change for each and every one of them. It'll change for emergency departments all around. That's a big part of their function.

It's difficult to quantify the number of folks that they keep out of the emergency room. If you imagine that every time that they're in one of their clinics, that means that's one more time that they're not in a waiting room at an emergency department. Their ability to manage and deal with the influx that we know is coming the number seems crazy and yet it is really a low number. That is not as crazy as it probably could and should be. We're operating in a world that we're in right now and the world we're in right now it's about $3.4M in uncompensated care.

Commissioner Philbrook said well, I'm going to take us off in a different direction. Being a small business person and knowing how much insurance costs for employees and yourself…are you in a position, any one of you, or as a group in a position to possibly do a contract for services with small businesses so it could be a win/win situation where small businesses do contracts with you, send their people to see you versus having to pay the exorbitant fees that Blue Cross Blue Shield and some of the others want out of us for the individuals. I'd like to hear something for that.

Dr. Lee said we've been as creative as you might imagine in a number of different areas. At Family Health Care, we do have agreements with some of our neighboring workplaces to take care of their injuries to their workers. We go to the workplaces and give flu shots each year. We go to the workplaces when there's a flood, which thankfully we haven't had for a while and give tetanus shots to their workers. We do have already agreements with many of the small businesses in our area. I'm sure that some of the others do as well.

Commissioner Philbrook said how many would each one of you say you have as far as small business arrangements. **Dr. Lee** said we probably have about a dozen from the small businesses in our area. We're a small clinic. We have one doctor. It's not that we have 200, but we have about a dozen that use us on a regular basis and the things that they get for that, for example, it's

much easier for us to take care of a small laceration. If somebody has a cut on their arm from dropping something at work, we can get that stitched up for them at a much, much more reasonable cost than if they go to the emergency room.

Commissioner Philbrook said I understand. I see similar people in my office. I was looking for an alternative to some more income from you from business so businesses could help support the healthcare. That's what I was after. That would be a win/win situation for a lot of us small businesses. I know right now I know of two people that are going to be out of insurance here when Blue Cross Blue Shield takes a nosedive out of this. That's why I asked. **Dr. Lee** said I might also point out it's a complicated situation because the work that we can do is to help keep people out of the hospital, to help keep people out of the emergency room, but if people have to go to the hospital or have to be in the emergency room, they are still going to need insurance. **Commissioner Philbrook** said that's a different level of insurance. **Dr. Lee** said exactly. **Commissioner Philbrook** said we're talking two different levels: preventative and the other, regular care, and the other. I'm just suggesting possible regular care to preventive care that people would go see you and not end up in the hospital. That was all. Thank you. **Dr. Lee** said that is actually what almost all of us do every day with our diabetic patients and others.

Commissioner Bynum said a couple of comparisons and questions. First of all, to the mental health issue—for example, Shawnee County is a good comparison to us population wise and they allocate three times what we do through their own mental health mill levy, just FYI since we brought it up.

I have a question; $3.4M in uncompensated care and 12,000 uninsured in the community. If I divide that, assuming every single one of those 12,000 people came to a Safety Net Clinic, it's less than $300 in medical care per person when I break it down that way, it feels a lot better to me. I say that because I am willing to at least have that conversation in terms of some creative ability to help you almost per patient basis with the uncompensated care. I'm throwing it out as a conversation only. It's very difficult for us to hear the $3.4M number, but if I break it down and it's less than $300 in medical services per person, now I'm dealing with something that certainly seems more reasonable in terms of a conversation.

I envision creative strategies around a commitment from you that there is some sort of central place that funnels how many of the 12,000 did we see this month. That gets submitted to

us and maybe we can't compensate 100%, but we can reach an agreement on some level. I throw that out only as a conversation.

The second item I'm just curious about is the notion of concierge care. I've met people who've basically dispensed with health insurance and AARP flat fee to the healthcare provider on a monthly basis. Is that anything that's being looked at by the group for the consumers that you're working with?

Mr. Jones said I can tell you that this afternoon I was really grilling my team like what's at stake with Blue Cross leaving. What do we have to lose? After going through that, how might we, as a county, address that?

We were looking into different models: direct primary care models, what you were mentioning the move to like bundle payments, value-based care, what might it look like to manage a specific population. There are various models to explore. I think I would really leave it to Dr. Lee and the experts here as to what they might consider. Those are definitely things that the conversations are already beginning about what might that look like in the new reality.

Dr. Lee said, again, I would just say that being as creative as possible in all of these different ways I think is important. For us, at Family Health Care, and I'm sure that the others are similar; we try all kinds of things. If I have a family that comes in and says we heard that Dr. Bower over in Johnson County is charging $50 a month and taking care of all of our family's needs, we're willing to try that with folks.

I have to tell you that in my experience, it has not worked well; but that doesn't mean that I'm not willing to try it again with any particular individual. If we had a group of people that wanted to do that we could do the same thing.

I believe that one of the things we're talking about are turnips. Many of these folks are turnips. That is, they don't have the money to do that. Isn't it the same like getting blood out of a turnip? The folks at my office are very adaptive putting in IVs and drawing blood, but I don't think they could figure out how to get it from a turnip. Part of our issue really is the level of poverty in our community. Yes, we can get very creative in all these different ways and we're willing to try all those things, but there's still going to be a point at which the floor is still dropping. We're still dropping down with each passing day.

One of the things that Jerry didn't go into specifics about I just want to say briefly is that one of the things that has happened to us in the past couple of years is that our funding was cut 10% from one of our big funding partners the first year. The second year it was cut 20% and 30% this coming year. That's part of what's happening to us is that our funding partners are choosing not to continue to fund us at a level we've been funded at for 15 years. I've been at this for 30 years, and I'm telling you it's looking real bad right now and we're coming to you all for help because it's looking bad.

Commissioner McKiernan said I want to say I'm going to do my academic thing and share something here. I want to say again it's saddening to me, it's frustrating to me, it's infuriating to me that we are facing this on the local level.

There was a report written with several chapters back in the year 2000, "America's Healthcare Safety Net: Intact but Endangered." I'm sure you all have read it, but I hadn't. It was written by the Institute of Medicine, Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers. Again, this is from 2000. Here's what they said.

> The Health Care Safety Net has historically functioned in a precarious fiscal environment, suffering through many changes in the national and local economies, changes in public policies, changes in the health care market, and changes in funding sources. Despite today's robust economy (written in the year 2000 before the great recession) safety net providers—especially core safety net providers are being buffeted by the cumulative and concurrent effects of major health policy and market changes.

It's 2017 and nothing has changed in that I am just really frustrated. This is a national problem; this is a global problem. As it relates to us, it's a national problem. Why are we here dealing with this on the very local level where we are already stretched to the point of breaking in terms of the fiscal support of our constituents?

Commissioner Johnson said I'm curious with regard to these 12,647 persons without insurance. How many of those persons are we seeing in our public Health Department? I don't know if anybody from Administration would know that, Doug or Joe. I'm trying to see if there's overlap

between the persons that we're seeing in the Safety Net Clinics and the persons that we're seeing in our public Health Department. They don't provide any medical—I was getting ready to say that maybe somewhat of an uninformed question to ask.

Mr. Jones said I wish I had better numbers. Several months ago, my staff indicated that they probably get anywhere from 3 to 5 calls a day from folks who were referred from the Health Department to them to figure out how to get connected usually to one of their clinics. That's anywhere between 15 – 25 calls a week just from the Health Department from folks who are seeking treatment at one of the Safety Net Clinics.

Dr. Lee said the Health Department's job is not really to provide primary care to people. It's a public health service. The Health Department's job is to make sure that infectious diseases that are ramping up in the community like syphilis—I don't know if you all are aware, but we have a syphilis epidemic going on right now. Those kinds of things are being addressed. They're not there to take care of high blood pressure, diabetes, the other things that happen to folks who need primary care.

I'm sorry; I don't mean to be answering all the questions. I know these guys got other things to say, but I do know that the public Health Department does a wonderful job, a really good job of its public work, but doesn't take care of primary care for folks.

Mr. Jones said, Commissioner Philbrook, you mentioned something a few minutes ago about the role, the relationship between clinics and business. There are a couple of different models. There's one model in particular I've been looking at, it's Healthy San Francisco. Of course, it's San Francisco. Their system is set up to where employers are paying into the city and then their employees are able to access the different Safety Net Services. I feel like what you might be suggesting is what does an actual relationship like folks from my shop seek services at one of their clinics. I don't want to speak for them. I would say that the group would be open to exploring that. As staff, we were looking at what is that relationship between employer and clinic and how might that work.

Commissioner Philbrook said I would be willing to put together a conversation between some small employers and your group to talk about possibilities of creating that sort of thing. Like I said, if we don't have to pay the extremely high cost to get people in just to see a doctor on a regular basis like for a cold or a sore throat or headaches so we can keep them out of the ER because that is where they go. Unfortunately, some of them will go to urgent care if they can find an urgent care open. If we can work on some kind of a model like that and be a little bit more creative and keep the government out of it—Sorry, I said that as a commissioner. This is true, but that way we save money in doing that too because then we don't have to deal with all the hoops and stuff we have to jump through dealing with government. As we all know, there's always extra work and extra people to add on when we do that. Thank you for mentioning that.

Mayor Holland said I want to close with a couple of statements. One, $3.4M, as he asked, that has been put before us. We are going into the budget session so we can discuss that. I will note for comparison, our County Mill Levy which funds our Health Department and our Mental Health Levy is at 34 mills. $3.4M would be a 10% increase in our County Mill Levy. It would be a significant increase in taxes on our community. I just want to put the number in perspective. You said you were asking for a big number so let's put the big number in perspective.

A couple of other big numbers, KU Med is losing about $100,000M a year in uncompensated care. Providence is losing between $5 and $10M in uncompensated care. There is a healthcare crisis in our nation and in our state. I believe this is ultimately a state and federal issue that the leadership in our state and federal governments need to take seriously and need to move forward. The state had an opportunity to expand Medicaid which would have brought dramatic relief to the Safety Net Clinics with people actually having access to healthcare. It would help our KU. It would help Providence and that would lower the costs of healthcare for all of us.

I agree that the current Affordable Care Act has problems. I don't know of anyone who has said it's a perfect system. It is a system that is providing healthcare for people and needs to have its situation fixed, but not repealed.

The Congressional Budget Office figure with the House plan that was voted on it does two things: one, it removes 23M people from healthcare access. 23M nationwide and that would be most of the people in Wyandotte County who are currently receiving it.

Two, it also forbids any state that has not already expanded Medicaid to do so now. So it would be a double hit. It would take $1T out of the healthcare system in this country. The only proposal that I have seen what they want to do with that $1T is give it in tax cuts to corporations.

I'm going to close with a statement, from a little known statement from the Declaration of Independence. "We hold these truths to be self-evident, that all (and I'll just say all people) are created equal, that they are endowed by the Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness."

When that was written, there was no such thing as healthcare. You just died at age 45 and moved on. Since then in the last 50 years, healthcare has become something that is fundamental to human rights. It is about life, liberty and the pursuit of happiness. If we still hold these truths as self-evident, we need our state government and our federal government to take seriously the fact that even the indigent care our Safety Net Clinics are able to provide are on the brink of not being able to provide any. If we lose these people sitting out here, if we lose this group, the wall is gone and we have nothing. Our citizens in Wyandotte County, the state of Kansas, and this country deserve better than that.

I appreciate you presenting the problem. I appreciate you telling the truth. You said how much do we ask for. I said ask for the number. What's the number? It's a big number, but that's the need and I appreciate your coming together as a group to bring that need to this Commission.

I also want to let you know I'm going to be sending the link for this video to our state legislators. I'm going to be sending the link to this video to our other congressional offices because we need help at the state and federal level to provide life, liberty, and the pursuit of happiness in our community.

I appreciate what you all are doing. Without you, we would be in a major bind and we're counting on you. We're going to have to figure out a way, somehow, to keep our Safety Net Clinics afloat. I don't know how to do that. Commissioner McKiernan, I don't know how to do that. I don't have a magic wand.

I thank you for coming tonight and I think we have—the ask is on the table, the situation is out there and we need to act. Thank you all for coming. I appreciate it.

Mayor Holland asked, Mr. Jones, would you like to make any summative comment.

Mr. Jones said I just wanted to thank the Commission for giving us the opportunity to come before you to make this request. We look forward to continued conversation to figure out how we might move the ball forward for our residents here in Wyandotte County.

Action: For discussion only.

MAYOR HOLLAND
ADJOURNED THE MEETING AT 8:05 P.M.
May 25, 2017

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Bridgette D. Cobbins
Unified Government Clerk

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