



## KanCare Expansion: Just the Facts

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### MEDICAID EXPANSION IS GOOD FOR PATIENTS AND PUBLIC HEALTH

Expansion increases access to primary and preventive care and enhances continuity of coverage, which improves health and ultimately reduces costs.

- Women in Medicaid expansion states are far more likely to get screened for breast cancer. The Radiological Society of North America reports that low-income women in expansion states are 25% more likely to be screened for breast cancer than those in non-expansion states.<sup>i</sup>
- Medicaid expansion enables states to offer new adult services for mental health and substance abuse with enhanced funding from the federal government — particularly critical service needs in light of care and capacity issues at Osawatomie and Larned State Hospitals and the alarming growth in opioid abuse.<sup>ii,iii,iv,v</sup>
- Expansion enables states to connect ex-inmates to health coverage, address their mental health or substance use disorder needs, and reduce recidivism.<sup>vi</sup>
- Both traditional and alternative expansions have been shown to increase coverage, and access to care and also generate savings and new revenue for the state.<sup>vii</sup>
- Michigan: Expansion is enhancing access to primary care — as of February 2015, more than half of expansion enrollees had visited a primary care physician, and enrollees were participating in the expansion program’s voluntary health risk assessment at more than twice the rate of enrollees in private health insurance plans.<sup>viii</sup>
- Oregon: A landmark study of Oregon’s Medicaid program found that, compared to similar people without coverage, those with Medicaid were 40% less likely to have suffered a decline in their health in the previous six months. They were also more likely to use preventive care (such as cholesterol screenings), to have a regular office or clinic where they could receive primary care, and to be diagnosed and treated for depression and diabetes. People with Medicaid in Oregon were also 40% less likely than those without insurance to go into medical debt or to leave other bills unpaid in order to cover medical expenses. In fact, the latest research from Oregon found that Medicaid coverage “nearly eliminated catastrophic out-of-pocket medical expenditures.”<sup>ix</sup>
- Arizona, Maine, and New York: Research published in the *New England Journal of Medicine* reported that expansion of Medicaid coverage for low-income adults reduced mortality by 6.1%.<sup>x</sup>

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- <sup>i</sup> Radiological Society of North America (30 November 2015). *Medicaid Expansion Improves Breast Cancer Screening for Low-Income Women*. Retrieved from [https://www2.rsna.org/timssnet/Media/pressreleases/14\\_pr\\_target.cfm?id=1849](https://www2.rsna.org/timssnet/Media/pressreleases/14_pr_target.cfm?id=1849).
- <sup>ii</sup> Medicaid.gov. *Behavioral Health Services*. Retrieved from <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/mental-health-services.html>.
- <sup>iii</sup> Rudd, R.A., Aleshire, N., Zibbell, and J.E., Gladden, M. (18 December 2015). *Increases in Drug and Opioid Overdose Deaths—United States, 2000 – 2014*. Retrieved from <http://www.cdc.gov/mmwr/pdf/wk/mm64e1218.pdf>.
- <sup>iv</sup> Hart, M. (11 January 2016). *Osawatomie admissions cap forcing patients to wait in hospital emergency departments*. Retrieved from <http://www.khi.org/news/article/moratorium-at-osawatomie-state-hospital-creates-ripple-effects-for-some-hos>
- <sup>v</sup> Hart, M. (27 January 2016). *Committee to KDADS secretary: Name your price to fix Larned staffing*. Retrieved from <http://www.khi.org/news/article/committee-to-kdads-secretary-name-your-price-to-fix-larned-staffing>
- <sup>vi</sup> Guyer, J., Bachrach, D., and Shine, N. (November 2015). *Medicaid Expansion and Criminal Justice Costs: Pre-Expansion Studies and Emerging Practices Point Toward Opportunities for States*. Retrieved from <http://statenetwork.org/wp-content/uploads/2015/11/State-Network-Manatt-Medicaid-Expansion-and-Criminal-Justice-Costs-November-2015.pdf>.
- <sup>vii</sup> Sommers, B.D., Blendon, R.J., and Orav, E.J. (January 2016). *Both The 'Private Option' And Traditional Medicaid Expansions Improved Access To Care For Low-Income Adults*. Retrieved from <http://content.healthaffairs.org/content/35/1/96.abstract>.
- <sup>viii</sup> Udow-Phillips, M., Laucsh, K.B., Shigekawa, E., Hirth, R., and Ayanian, J. (28 August 2015). *The Medicaid Experience In Michigan*. Retrieved from <http://healthaffairs.org/blog/2015/08/28/michigan-the-path-to-medicaid-expansion-in-a-republican-led-state/>.
- <sup>ix</sup> Baicker, K., Taubman, S.L., Allen, H.L., Bernstein, M., Gruber, J.H., Newhouse, J.P., Schneider, E.C., Wright, B.J., Zaslavsky, A.M., and Finkelstein, A.N. (2 May 2013). *The Oregon Experiment—Effects of Medicaid on Clinical Outcomes*. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMsa1212321>.
- <sup>x</sup> Sommers, B.D., Baicker, K., and Epstein, A.M. (13 September 2012). *Mortality and Access to Care among Adults after State Medicaid Expansions*. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMsa1202099>.