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HEALTHY KANSAS

## **Kansas will be devastated by the House and Senate Health Care Plans**

The United States House of Representatives' American Health Care Act (AHCA) and the Senate's similar Better Care Reconciliation Act (BCRA) will have a disproportionate negative impact on states, like Kansas, that have older, more rural populations.

The damage caused by these bills will impact Kansans in a variety of ways:

**Reduced access to care:** The Urban Institute estimates that 120,000 Kansans will lose health coverage under BCRA.

**Increased costs for Kansans:** States like Kansas, with an older, lower-income, and more rural population, will face the highest premium increases under BCRA. The Kaiser Family Foundation projects the monthly premium for a silver plan, after financial assistance, will increase by 82% in Kansas, from \$208 to \$379 per month. Deductibles and other out-of-pocket costs will also go up.

**Cuts to Medicaid:** The Urban Institute estimated that Kansas would lose \$1 billion in Medicaid funding over ten years under the AHCA (Medicaid is known as "KanCare" in Kansas). BCRA calls for steeper cuts to Medicaid over the long-term, resulting in billions of dollars in lost funding over the next 20 years. This would come on top of the nearly \$2 billion Kansas has already forfeited by not expanding KanCare. Both the House and Senate bills would eliminate the state's opportunity to expand the program, meaning that Kansas taxpayers will continue to fund expansion in 31 other states through much of the next decade.

Kansas also has very restrictive eligibility guidelines and offers few optional services under KanCare. As federal funding is slashed, the state will quickly be faced with a need to raise taxes or cut core services and eligibility for children, seniors in nursing homes, and people living with disabilities.

**Damage to rural communities:** KanCare is a more significant insurer in rural communities in Kansas than in urban areas. A recent analysis by the Georgetown Center for Children and Families and the University of North Carolina found that 36% of Kansas children living in non-metro areas are covered by KanCare, compared to 27% of urban kids. In addition, the proportion of children in KanCare is rising faster in rural areas than urban communities. KanCare also covers a higher percentage of Kansas adults living in small towns

and rural areas (9%) than in the state's metro areas (7%). Cuts to the Medicaid program will therefore have a disproportionate negative impact on rural Kansas.

**Lost Jobs and reduced economic activity:** The Commonwealth Fund estimated that the AHCA would result in the loss of 5,300 jobs and \$500 million of gross state product in Kansas over the next decade.

**Hospitals will be hurt, potentially close.** The Chartis Center for Rural Health and iVantage Health Analytics have classified more than 30 rural Kansas hospitals as financially vulnerable. Both AHCA and BCRA would worsen these financial problems by causing 120,000 Kansans to lose coverage, imposing drastic cuts to Medicaid, and eliminating the state's ability to expand the program.

The Commonwealth Fund estimates that the AHCA will result in 12% increase in uncompensated care at Kansas hospitals over the next decade. Benjamin Anderson, CEO of Kearny County Hospital in Lakin, recently told the Wichita Eagle, "Hospitals will have to make decisions, really conflicting decisions, between what is morally the right thing to do and what is financially sustainable. They're going to have to choose between providing some essential services for the benefit of the public and remaining open."

**Bottom line:** Both BCRA and the AHCA will harm Kansans and the Kansas way of life. Hardworking Kansans will pay more money for less comprehensive care. At the same time, Kansans and health care providers will face significant cuts in Medicaid spending. Kansas cannot afford these reckless health care plans.

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