KanCare Expansion Public Hearing

Written testimony from partners
04.13.2022

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April 5, 2022

As a center for independent living established in 1986 by a group of disabled veterans, Three Rivers Inc., has proudly advocated for access to healthcare and services that assist individuals with disabilities to live successfully in their communities. There is a misguided belief that all individuals with disabilities currently qualify for the Kansas Medicaid program, KanCare. This is not accurate. Thousands of Kansans have some level of disability that affects their ability to work full-time but not to the extent that they are deemed Medicaid eligible. This is also true for many veterans who do not qualify for VA services. We regularly work with individuals who are patching together several part-time jobs to simply exist. Without access to insurance and healthcare, this existence is much harder.

Expanding access to KanCare will lead to a healthier workforce, healthier communities, and healthier families. We ask your support to expand KanCare and help Kansas families live a healthier, and happier life. Thank you.

Audrey Schremmer, MA
Executive Director

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April 13, 2022

To: The Alliance for a Healthy Kansas Medicaid Expansion

Reference: AARP Kansas Testimony in Support of the Expansion of Eligibility for KanCare

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. AARP has nearly 38 million members and offices in every state. For AARP's more than 280,000 members in Kansas, we strongly urge the Kansas Legislature to expand KanCare to include Kansans with incomes up to 133 percent of the federal poverty line (138 percent with the 5 percent income disregard), as set forth in the Affordable Care Act (ACA).

Nearly 165,000 Kansans struggle without access to affordable health care because the state legislature has failed to expand KanCare this year. According to research from AARP's Public Policy Institute, expanding KanCare would provide health coverage for an estimated *20,219 uninsured Kansas residents aged 50-64* who were living at or below 138 percent of poverty in 2010.

Kansas is one of only 12 states that has yet to expand KanCare health care to hard-working residents who earn less than $18,000 per year. These Kansans include parents, farmers, and small business employees. Many are between the ages of 50 to 64 who have lost their jobs during the pandemic. They all struggle without access to affordable health care.

Every state that borders Kansas has expanded Medicaid health care.

KanCare expansion under the ACA will both *expand access to health care* for people who desperately need it and *save the state money*. This issue is particularly important to Kansans who are 50 or older but not yet eligible for Medicare. Every day, thousands of hard-working Kansans who have lost their jobs or are struggling in jobs without health coverage are denied access to affordable health care. During the historic economic recession, many of these individuals lost their jobs and their employer-sponsored insurance coverage. AARP is committed to helping older Americans who've lost their jobs, are struggling to find new ones, or who are struggling in jobs without health benefits but don't currently qualify for KanCare. Expanding KanCare will help these thousands of 50 to 64-year-olds.

Expanding KanCare will provide coverage for hardworking people who've paid into it throughout their working lives but are now struggling to make ends meet. Older adults are particularly vulnerable to deterioration in function and health status if they do not have health coverage. This plan will give people without insurance access to preventive care that can save lives and ease dangerous and expensive emergency room overcrowding that hurts all of us.

Keep in mind that when Kansans without health coverage need emergency room and other hospital care, their bills are unaffordable. When bills are unpaid, hospitals must charge more to cover their losses, and insurance premiums increase – for all of us.

Expansion means that these individuals, those who are the most vulnerable and in most need of care, would be afforded coverage while the state would be able to fund the coverage through the increased federal match. It makes fiscal and practical sense to expand KanCare while ensuring that there are no reductions or cuts to valuable programs to the most vulnerable and in-need population.

While many Americans were able to access health care in 2014, our friends, neighbors, even family who most need access to affordable healthcare are still struggling without coverage. Expanding KanCare will give thousands of hard-working Kansans the opportunity to stay healthy and build financial security. Expanding access to affordable care supports caregivers, saves lives and money.

If Kansas expands KanCare in 2022, the federal government will fund 90% of the entire program, and billions of Kansas tax dollars will come back to the state.

By not expanding KanCare, the state legislature has left tens of thousands of hard-working residents without access to affordable health care. Legislators have also allowed over five billion of Kansas tax dollars to go to other states that are expanding Medicaid health care. This includes all our border states.

We applaud efforts to find a solution to this critically important issue and we respectfully request your support of the expansion of the KanCare Program.

Glenda DuBoise
AARP Kansas State Director

ALLIANCE FOR A HEALTHY KANSAS

Legislative Testimony
April Holman, Executive Director
Alliance for a Healthy Kansas
Virtual Public Hearing on KanCare Expansion
Wednesday, April 13, 2022

Kansas Policymakers –

Thank you for allowing me the opportunity to provide testimony in support of KanCare Expansion.

My name is April Holman and I am the Executive Director of the Alliance for a Healthy Kansas. The Alliance for a Healthy Kansas is a broad-based statewide coalition of organizations and individuals that have come together to improve the health of Kansans. Our first policy goal is to improve access to care by expanding KanCare, the Kansas Medicaid program. Alliance members include business leaders, doctors and hospitals, social service and safety net organizations, faith communities, chambers of commerce, advocates for health care consumers, and others.

My purpose today is to urge the passage of KanCare expansion legislation in 2022.

Costs are rising and Kansans are paying more to take care of themselves and provide for their families. Health care is no exception. Expanding KanCare will reduce health care costs for everyone by providing health insurance to 150,000 residents in rural areas, small towns, and cities across the state. Expanding KanCare will provide coverage to hardworking Kansans and result in much-needed investments in our communities to strengthen our hospitals, clinics, and provider networks. It will also make Kansas more competitive with neighboring states that have expanded Medicaid, protecting jobs and ensuring Kansas continues to be a good place to live, work and raise a family.

Expanding KanCare will:

- **Reduce health care costs for everyone.** Every Kansan is paying the price for not expanding KanCare. When low-wage Kansans can't get health coverage that means more in ER bills, increased uncompensated care for hospitals, and untreated mental and physical health needs. This means individuals, families, and businesses all end up paying more for health care. Expanding KanCare will bring the cost of health care down for everyone.

- **Protect Kansans from medical debt.** People all over the state feel the effects of rising costs for housing, food, and other needs, including health care. Almost half of Kansans

have medical debt or know someone who does. By expanding KanCare, tens of thousands of people will be able to afford insurance coverage. That protects them from medical debt, so they can use those savings to pay for other essentials.

- **Fix eligibility limits, which are currently too low.** The income limit to qualify for KanCare is less than $8,345 a year for a family of three, which is less than $4 per hour. Expanding KanCare would raise the income eligibility limits so that more hardworking Kansans who contribute to the economy can get the health care they need for themselves and their families.

- **Preserves and strengthens rural health care.** Kansans in our rural communities already have a hard time accessing health care when and where they need it and rural health care providers face high levels of uncompensated care. Seventy rural hospitals are currently at risk of closing across our state, more than any other state our size. Expanding KanCare would strengthen and sustain the rural health care system and help ensure rural Kansans get the health care they need while giving a boost to their economies.

- **Make Kansas more economically competitive.** Expanding KanCare would increase the state's economic output by $17 billion and increase the personal income of Kansans by $6.3 billion over the next three years. Expanding KanCare will not only improve the health of Kansans, but it will also help our state compete with our neighbors who have expanded eligibility for their Medicaid programs.

A recent survey by national research firms, Perry/Undem and Bellwether Research, found nearly 4 out of 5 Kansans (78 percent) want low-wage families to have access to KanCare for coverage they can count on if they are not offered health insurance through a job or cannot afford to buy it on their own.

We urge your support for an open debate on KanCare expansion legislation in the Kansas Statehouse so that the voices of the 8 in 10 Kansans supporting expansion can be heard and expansion can be enacted in our state.

fightcancer.org

The American Cancer Society Action Network (ACS CAN), the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government. Access to quality health care directly affects people's ability to prevent, detect, and survive cancer. The sad reality is that too much cancer death and suffering is attributable to gaps in our health care system.

Affordable, comprehensive health insurance is a critical tool in treating and surviving a cancer diagnosis. American Cancer Society research shows:

- Medicaid expansion will promote earlier cancer detection, fewer deaths and improved outcomes for patients.
- Medicaid expansion was associated with improved rates of colorectal[i], prostate, and cervical cancer screenings[ii].
- Individuals enrolled in Medicaid prior to their cancer diagnosis have better survival rates than those who enroll after their diagnosis.
- Medicaid expansion led to an increase in both total and earlier-stage cancer diagnoses in expansion states, while the gap in diagnoses between expansion and non-expansion states widened[iii].
- Medicaid expansion was associated with decreased cigarette and other tobacco product purchases, as well as increased access, utilization, and coverage of evidence-based smoking cessation medications[iv].

Currently, thousands of Kansans, the majority of whom are working, are without the insurance coverage necessary to access and afford routine screenings, preventive care, or cancer treatment should they be diagnosed. It is critical that lawmakers work together to expand KanCare up to 138% of the federal poverty level. Doing so will ensure that thousands of low-income Kansans have access to lifesaving health insurance coverage that includes screening, diagnostic and cancer treatment care.

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April 13, 2022

Proponent, KanCare Expansion

I am writing on behalf of the American Heart Association (AHA) regarding KanCare Expansion which provides eligibility for KanCare to those living up to 138% of the Federal Poverty Level (FPL). The AHA believes that KanCare Expansion will have a significant, positive impact on many, including the estimated 150,000 Kansans living in the "Medicaid gap". Many of these Kansans are currently living with and affected by cardiovascular disease (CVD) or will be in the future.

In 2015, 41.5% (102.7 million) of the U.S. population had at least one cardiovascular disease (CVD) related condition.[i] For these patients, access to affordable and adequate health insurance is a matter of life and death. Further, the connection between having health insurance and health outcomes for this population is clear and well documented. Americans with CVD risk factors who are underinsured or do not have access health insurance, have higher mortality rates[ii] and poorer blood pressure control[iii] than their insured counterparts. Uninsured stroke patients also suffer from greater neurological impairments, longer hospital stays,[iv] and higher risk of death [v]than similar patients with adequate coverage. Uninsured and underinsured patients are more likely to delay seeking medical care[vi] during an acute heart attack. Clearly, a lack of access to quality, comprehensive healthcare is bad for Kansans.

Low-income populations are disproportionately affected by CVD – with low-income adults reporting higher rates of heart disease, hypertension, diabetes, and stroke. Americans with a history of CVD make up 28% of the Medicaid population.[vii] Medicaid is a lifeline to the over 68 million low-income children, pregnant women, and adults in this country[viii] and provides critical access to prevention, treatment, disease management and care coordination services for low-income individuals.

In closing, I would like to respectfully urge you to support a KanCare Expansion bill striving to eliminate undue complexities. It is vital that Kansans living with CVD are provided heart and stroke care like the people living with CVD in the 38 states and Washington DC that have opted for some form of expanded eligibility.

For more information contact:
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[i] RTI. Projections of Cardiovascular Disease Prevalence and Costs: 2015–2035, Technical Report. http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf
Accessed June 19, 2017.
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[vii] Kaiser Family Foundation. The Role Of Medicaid For People With Cardiovascular Diseases. 2012. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_cd.pdf. Accessed August 15, 2016.
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Ascension Via Christi

To: Gene Suellentrop, Chair
Public Health and Welfare Committee

From: Don King, Senior Vice President, Ascension Health
CEO and Kansas Ministry Market Executive, Ascension Via Christi

Date: January 21 2020

Subject: Testimony in Support of Senate Bill 252

Thank you Chairman Suellentrop and members of the Senate Public Health and Welfare Committee for allowing Ascension Via Christi to provide this testimony. My name is Don King and I am the CEO of Ascension Via Christi in Wichita, Kansas. Today, Ascension has 2,600 care sites in 20 states and the District of Columbia. Ascension Via Christi is the largest healthcare system in our state with more than 6,100 employees and serves Kansas through our nine owned or co-owned hospitals, physician clinics, and outpatient ancillary and retail (home based services).

We provide over $360 million in wages and salaries to our associates, resulting in $12.6 million in state taxes withheld. In FY 2018, we provided $68.8 million in community benefit, which includes $27.8 million in charity care and $16.8 million in unpaid costs of Medicaid services.

On behalf of Ascension Via Christi, I want to thank Governor Laura Kelly and Senate Majority Leader Jim Denning for their efforts in drafting a bipartisan bill that expands our state's Medicaid program, KanCare, in a manner that both provides much needed health coverage and appropriate health care to our most vulnerable Kansans in a fiscally responsible manner. Expanding access to health care to an additional 150,000 Kansans is in keeping with our mission and shared responsibility to serve all persons with special attention to those who are poor and vulnerable and to protect and promote the inherent dignity of all human life from conception to natural death.

We are confident that bringing approximately $900 million of our federal tax dollars back home to Kansas annually – will create jobs, boost our economy, and reduce the amount of charity care and uncompensated care our hospitals across the state currently provide. More importantly, it will improve the health of Kansans.

While we acknowledge that expanding KanCare will not solve all the challenges facing our state's health care delivery system, we believe it does provide an opportunity to transform our mental health and substance abuse treatment model and rural health care.

It is important to Ascension Via Christi that our state take the necessary measures to maintain access to healthcare in our rural communities. SB 252 includes a provision for establishing a rural hospital transformation program to support rural hospitals and their communities. It includes identifying new delivery models, strategic partnerships and implementing financial and delivery system reforms. Because this bill encourages implementation of strategies designed to preserve rural healthcare

services, we are hopeful that the additional financial resources generated will provide our rural healthcare partners the time and flexibility to best serve their communities.

The current crisis in the state of Kansas' mental healthcare system creates a less-than- ideal environment and significant safety issues for patients and staff. Currently, we have patients sitting in our emergency rooms for multiple days before they can be transferred to the state hospital in Osawatomie. Many of these patients are either uninsured or covered by Medicaid. We are asking for your support to create a higher level of attention and discussion around this issue that will ultimately lead to action from both a policy and financial standpoint. We believe expanding KanCare would go a long way in providing the additional financial resources needed to address the challenges of our mental health system.

For these reasons, we ask for your support of Senate Bill 252. Thank you for your consideration of my comments.

COMMUNITY CARE NETWORK OF KANSAS
Health. Equity. Justice.

From: Alice Weingartner, Chief Strategy Officer, Community Care Network of Kansas
RE: Testimony to support KanCare expansion
April 13, 2022

I am Alice Weingartner, Chief Strategy Officer of Community Care Network of Kansas. We are a statewide association serving 34 health centers and community-based clinics across Kansas. The clinics in this growing network are open to anyone, with a specialty of serving the most vulnerable and underserved Kansans. Last year, the network served one in nine Kansans. The over 320,000 Kansans who receive care at state-funded clinics disproportionately come from the working poor, the uninsured and those who receive health coverage via KanCare. These clinics provide whole-person care including medical, dental, pharmacy, mental health, substance use disorder, case management and wrap-around services to meet transportation and other social and economic needs. Clinics provided these services through more than 1 million patient visits in 2021.

Community Care Network of Kansas long has supported expanding the state's Medicaid program because expanding KanCare would produce immediate benefits for some of the most vulnerable Kansans. As the state's largest provider of comprehensive care for medically underserved populations, we know how increasing the number of individuals with access to KanCare would result in improved patient outcomes and overall community health. An estimated 165,000 Kansans don't earn enough to afford quality health insurance but have incomes that are too high to qualify for KanCare, leaving them without health coverage. Most are employed and many work multiple jobs to provide for their families.

Expanding KanCare is a practical and cost-effective way to help healthcare consumers, providers and communities by closing the coverage gap, reducing uncompensated care costs and bringing desperately needed federal dollars into the Kansas economy. Expansion would strengthen the healthcare system and the economy overall.

Expanding KanCare would have a major effect on the ability of clinics in the Community Care Network to deliver high quality care to low-income Kansans. We believe Community Care Network clinics will serve more than half of the expansion population. Many, if not most of those who would become eligible through expanded KanCare would be served by clinics in our network. In fact, our clinics already are treating a significant number of them. Approximately a third of our patients currently are uninsured and more than 84% report income levels at or below 200% of the Federal Poverty Level (FPL). A significant share of these patients would be able to receive KanCare if the state expanded the program; at least one out of five of current Community Care clinic patients would be eligible if Kansas expanded Medicaid, according to the Kansas Health Institute.

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Community Care clinics are critical local resources, especially in underserved communities. Because they serve all who come through their doors regardless of their ability to pay, the amount of uncompensated care compared to their budgets is staggering; $42 million in 2020.[1] While expanding KanCare would not cover all uncompensated care, we know it would reduce this number dramatically. For example, federally qualified health centers (FQHCs) in expansion states were more likely to report improvements in their financial stability (69% vs. 41%) and their ability to provide affordable care to patients (76% vs. 52%), when compared to FQHCs in non-expansion states.[2] Without doubt, expansion would shore up the network of Community Care clinics. In fact, Kansas health centers would have received an additional $16.7 million revenue in 2020 if KanCare expansion had already taken place.[3]

The economic value of expansion is even greater when one considers its impact on employment. In the case of Community Care clinics, these are health care jobs, providing good wages and benefits. The jobs are local and will remain local, with employees living in the communities they serve. Further community economic growth occurs as the new health care jobs generate jobs in other industries, including retail and construction. The full-time and part-time jobs created through the increase of economic activity resulting from additional health center revenue in communities would lead to $7.3 million increase in aggregate earnings.[4]

Research shows that community health centers in Medicaid expansion states have greater operational capacity, serve more patients, and achieve better health and utilization outcomes than CHCs in non-expansion states.[5] That research documents improvements in asthma treatment, body mass index screening and follow-up, hypertension control, and mammograms and follow-up visits for abnormal results increased. Another study found that health centers in expansion states were more likely to have the capacity to address behavioral health needs of patients.[6] Health centers in Medicaid expansion states were almost 20% more likely to offer medication-assisted treatment for opioid addiction, provide counseling and other behavioral health services, and coordinate patient care with social service providers in the community (58% v. 48%) than CHCs in non-expansion states. A recent study demonstrated this positive impact on quality of care and service utilization was especially high for health centers serving rural areas.[7]

This common sense solution would help Kansas maximize the return on its investment in the state's healthcare system, of which health centers are a critical part.

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[1] Data self-reported by Community Based Primary Care Clinic Program grantees to Kansas Department of Health and Environment, 2020

[2] Lewis C, et.al. The Role of Medicaid Expansion in Care Delivery at Community Health Centers. The Commonwealth Fund. April 2019.

[3] Community Care analysis based on revenue data self-reported by Federally Qualified Health Centers to the US Health Resources and Services Administration, 2020

[4] Community Care calculation based on U.S. Department of Commerce RIMS-II multipliers for NAICS Code 621400 (Outpatient Care Centers).

[5] Rosenbaum, S, et. al. Community Health Centers: Growing Importance in a Changing Health Care System. Kaiser Family Foundation. March 2018.

[6] Lewis C, et.al. The Role of Medicaid Expansion in Care Delivery at Community Health Centers. The Commonwealth Fund. April 2019.

[7] Cole, MB, et. al. Medicaid Expansion and Community Health Centers: Care Quality and Service Use Increased for Rural Patients. Health Affairs, June 2018.

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My name is Doug Iliff. I've been a family physician for 47 years, and I'm still in active practice in Topeka. I spent five years at Ft. Bragg, two of them as a faculty member, six years in the Stormont Vail emergency department, and the rest in independent family practice. I was the first practice management blogger for the American Academy of Family Physicians, and I did a faculty development fellowship at the University of North Carolina-Chapel Hill.

Summary: I'm old, and I've been around. But I can still think.

I want to address my fellow conservatives in the Kansas legislature. I'm a free marketer with some libertarian leanings. So far as it is practical or possible, I believe in local government and personal responsibility. I'm familiar with the Oregon experiment with Medicaid, and I know its strengths and weaknesses. What it describes fits with my experience: Medicaid patients, as a whole, tend to live the "lives of quiet desperation" described by Thoreau. They have a hard lot, sometimes their fault, and sometimes not. Stressful family structure can leave them disorganized and difficult to manage well from a medical perspective. It was no surprise to me to learn that Medicaid helped them psychologically and financially, but not medically.

My longtime sympathies are with those of you who think it's a bad idea to subsidize bad behavior. I get that. The apostle Paul advised that "if a man will not work, neither should he eat. In a perfect world, that would work, and everyone would eat by the sweat of their brow, unless disabled by disease or age. But we don't live in a perfect world.

The world we live in will take care of anyone who shows up in the emergency room, including motorcyclists who won't wear a helmet, illegal immigrants, and citizens who won't get vaccinated. That's the way it is. It doesn't do any good to imagine we live in Never-Never Land.

So let's get practical. Our present practice in Kansas is to deny KanCare benefits to able-bodied citizens who can't, or won't, work for a living. Philosophically, I'm with you. I've long been ambivalent about KanCare expansion. But who actually suffers? Who pays the price? First, it is the hospitals who must care for them when they cross the threshold. Second, it is all of us who end up subsidizing hospitals with our insurance premiums.

On principal, but in defiance of practicality, we are shooting ourselves in the foot by denying our hospitals a stream of revenue which enjoys a huge federal subsidy. My federal taxes pay for the uninsured in other states; and then, through my insurance, I pay for the uninsured in Kansas.

It's time to exercise a little good old-fashioned Kansas common sense. Hold your nose, and pass the ammunition. Live to fight a better battle on another front.

April 5, 2022

El Centro

SU CONEXIÓN A LA COMUNIDAD

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Alliance for a Healthy Kansas Public Hearing on KanCare Expansion:

For over a decade, El Centro has provided health navigation services to thousands in Wyandotte and Johnson Counties in Kansas, primarily assisting those who are uninsured and face barriers in accessing community resources. Much of our work involves helping people apply for and utilize the KanCare program. While the program has served as a lifeline for many Kansans who are unable to obtain health insurance through their employer, there are some 150,000 who remain uninsured. Even in places like Johnson County ranked 1st in health outcomes across Kansas, resources are limited, and the system is strained to provide health care services to everyone who needs them. We see this in our work with the community every day as we witness people experience long wait times for appointments, be denied the care they need because they are uninsured, and not be able to afford their care due to rising health care costs.

Expanding KanCare this year should be the top priority for all, as year after year thousands are left without insurance and have no options to obtain it. We know that with insurance through KanCare, people will have better access to services they need to stay healthy and thrive. We know they will be healthier to work and contribute to our economy. We know that not expanding KanCare will continue to cost Kansas, not only financially but literally with our health and lives.

El Centro and the communities we serve fully support KanCare expansion and we ask you now to consider the many benefits it will bring to our great state over the potential cost. As states around us have expanded their programs, many Kansans are considering leaving just to get the health care they need and deserve. Help keep Kansas on the map of states who value the health and livelihood of its residents! More importantly, help keep Kansans healthy through better access to care by expanding KanCare.

Thank you for your consideration and support.

Justin Gust, Director of Community Health
El Centro, Inc.

FAITH VOICES FOR MEDICAID EXPANSION TESTIMONY TO MEMBERS OF THE KANSAS HOUSE AND SENATE

Faith Voices for Medicaid Expansion is an effort to bring the voices of faith communities across Kansas to legislators in Topeka. These voices care about Kansans who are currently going without health care. For more than 150,000 Kansans, their only option is emergency care or medical debt to address their health care needs. This is not a political issue. It is a moral issue for those who believe we are called to love and care for our neighbors.

Beyond the clear moral argument, faith communities across Kansas are concerned about health care in their small towns and rural communities where Dr's offices, clinics and small hospitals are struggling to stay afloat. They provide services to patients who have no payment source resulting in 34 rural hospitals at immediate risk of closing and 36 rural hospitals at high risk of closing. The fact that states who have not expanded medicaid have a higher percentage of hospitals at risk of closing is easy to understand.

Many believe it provides health care to people who don't want to work. Approximately 68% of those eligible for expanded medicaid are in working families. Many are people we called "heroes" during the pandemic. They are care providers for our children and elderly, retail and restaurant workers and farm hands. KanCare eligibility currently provides no coverage options for adults without a disability and without children under the age of 18. The Affordable Care Act Marketplace only offers premium tax credits to households earning $30,004 - $87,840 per year for a family of three. Therefore, there's a coverage gap for some of Kansas' lowest income residents - those who make too much to quality for KanCare and those who do not make enough to afford a Marketplace plan without the help of a subsidy.

We are one of only 12 states without expanded medicaid. Kansans federal tax dollars are going to 38 other states. Since the federal government will partner with Kansas to pay 90% of the cost, expansion will provide more than 20,000 jobs, it will enable on-going health care in small towns and rural communities, and most importantly offer health care coverage for those who are going without, we believe it is a priority for our state legislature to make KanCare Expansion available in Kansas.

Faithful people look not only to their own interests, but also to the interests of others. Faith Voices for Medicaid Expansion are asking members of the Kansas legislature to look to the interests of their fellow Kansans who need health care. It will benefit all Kansans.

Thank you.

Submitted by Cathy Matlack
Faith Voices for Medicaid Expansion

INDEPENDENCE
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INNOVATION
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April 13, 2022

Thank you for the opportunity to share information on behalf of the member organizations of InterHab. Our members serve Kansans with intellectual and developmental disabilities in every part of the state.

Direct Support Professionals (DSPs) are the fastest growing occupation in the United States but the demand is outpacing the supply. According to the Bureau of Labor Statistics, between 2014 and 2024 will have been a 48% increase in demand for DSPs. Since the days of de-institutionalization, the shift in service delivery toward community integration has meant a reliance on DSPs to keep individuals with IDD safe, healthy and happy in the community.

Expanding Medicaid in Kansas up to 138% of the FPL would make health care affordable for the thousands of dedicated but low-paid workers who help Kansans with disabilities with daily tasks like dressing, housekeeping, toileting and being active in their communities. For many years in Kansas, Direct support professionals (DSPs) have been paid below a living wage and have had limited access to health insurance and other benefits. According to reports on health care access, most employed adults say that having health insurance made it easier to work or made them better at their jobs.

We want to take care of our caregivers. Like any other workforce, DSPs benefit from the chronic care management they receive when they have access to health care. For example, studies have shown that in states that expanded Medicaid, there was a 40 percent increase in patients filling their diabetes prescriptions. The chronic health condition, which requires daily medication to maintain, is prevalent among poorer Americans. The price of insulin has increased sharply in the last decade. Untreated, diabetes can lead to more serious complications like kidney damage or heart disease.

In Kansas, 68% of those eligible for Medicaid expansion work or are in working families. When the COVID-19 pandemic hit, many DSPs were left with no access to affordable health coverage, even as they risked their personal safety to provide essential services.

Thank you again for holding discussion on this important issue. The membership of InterHab supports initiatives that will improve the quality of life, health and wellbeing of our state's DSP workforce.

Testimony Regarding Medicaid Expansion
April 2022

Dear Members of the Senate Committee on Public Health and Welfare:

My name is Jean P. Hall and I am a university researcher in the state of Kansas. Thank you for this opportunity to provide testimony in support of Medicaid Expansion in our state. I am presenting today findings from a national study regarding employment of people with disabilities living in Medicaid expansion states compared to those living in non-expansion states (see attached article). Using national data from the Urban Institute's Health Reform Monitoring survey, my co-authors and I found that employment among people with disabilities living in Medicaid expansion states increased after implementation of the expansion in 2014, while rates of employment for people with disabilities living in non-expansion states decreased over the same time period. **People with disabilities living in Medicaid expansion states were significantly more likely to be employed than those living in non-expansion states, even after we controlled for local employment rates in each state.** For this study, people with disabilities included those with chronic physical and mental health conditions.

Kansas has a strong tradition of supporting and encouraging employment for its citizens with disabilities through legislation such as Employment First and through programs like the Medicaid Buy-In program, Working Healthy. But, these initiatives and programs are not sufficient. **The great majority of Kansans with disabilities are still unemployed. The state is missing a critical opportunity to allow many more people with disabilities to work and maintain their Medicaid coverage via the Medicaid expansion. Contrary to the arguments of some in the legislature, we found that people with disabilities are *more likely* to work in states that expanded Medicaid.** Expanding Medicaid should therefore be seen not as a handout, but rather as a springboard to employment. As people with disabilities no longer have to go through a disability determination process to qualify for federal cash benefits and Medicaid, they will be able to increase their employment and they will also be paying state income taxes and helping to offset their medical costs. Moreover, **our previous evaluation of the Working Healthy program in Kansas found that, as Kansans with disabilities increased their employment levels, their medical costs actually decreased. This is a win-win situation for people with disabilities, their communities, and the state.**

I would be pleased to answer any questions you might have about our national study or our statewide evaluation of the Working Healthy program. Thank you for all that you do to empower people with disabilities to be contributing members of the Kansas economy.

Jean P. Hall

Medicaid Expansion as an Employment Incentive Program for People With Disabilities

Jean P. Hall, PhD, Adele Shartzer, PhD, Noelle K. Kurth, MS, and Kathleen C. Thomas, PhD

Before the Patient Protection and Affordable Care Act (ACA), many Americans with disabilities were locked into poverty to maintain eligibility for Medicaid coverage. US Medicaid expansion under the ACA allows individuals to qualify for coverage without first going through a disability determination process and declaring an inability to work to obtain Supplemental Security Income. Medicaid expansion coverage also allows for greater income and imposes no asset tests.

In this article, we share updates to our previous work documenting greater employment among people with disabilities living in Medicaid expansion states. Over time (2013–2017), the trends in employment among individuals with disabilities living in Medicaid expansion states have become significant, indicating a slow but steady progression toward employment for this group post-ACA.

In effect, Medicaid expansion coverage is acting as an employment incentive program for people with disabilities. These findings have broad policy implications in light of recent changes regarding imposition of work requirements for Medicaid programs. (*Am J Public Health.* 2018;108:1235–1237. doi:10.2105/AJPH.2018.304536)

Historically, people with disabilities often have been locked into poverty to maintain eligibility for categorical Medicaid coverage because of strict limits on income and assets.[1,2] Because earnings and savings could result in loss of critically needed coverage, Medicaid acted as a work disincentive for many Americans with disabilities. Research we conducted 2 years after implementation of Medicaid expansion under The Patient Protection and Affordable Care Act (ACA; Pub L No. 111-148, 124 Stat 855 [March 2010]), however, showed that employment rates for people with disabilities were greater in states that expanded Medicaid than in states that did not expand Medicaid, indicating that higher earning thresholds and no asset testing associated with Medicaid expansion coverage allowed people with disabilities to increase their employment in those states.[2] We update findings regarding 2017 trends in employment among people with disabilities in Medicaid expansion and nonexpansion states and discuss associated public health and policy implications.

TRENDS WORTH WATCHING

In our previous work,[2] data from the nationally representative Health Reform Monitoring Survey indicated that trends in the share of adults with disabilities who reported employment increased in Medicaid expansion states but decreased in nonexpansion states, even after controlling for local employment rates. At that time, the difference in trends between expansion and nonexpansion states was not statistically significant, perhaps because of a relatively small sample size in the pre-ACA period and a likely time lag between availability of Medicaid expansion coverage and the opportunity to obtain employment. We used the same analytic techniques (including controlling for local employment rates), but with the addition of data through September 2017, to reexamine trends in employment among adults with disabilities living in Medicaid expansion and nonexpansion states. Respondents were considered to have a disability and included in the analyses if they answered yes to this question: "Do you have a physical or mental condition, impairment, or disability that affects your daily activities OR that requires you to use special equipment or devices, such as a wheelchair, TDD [telecommunications device for the deaf], or communications device?"

With the additional data, significant trends and differences between them are beginning to emerge (Figure 1). We used a difference in differences design to first examine trends in the share of adults with disabilities who reported not working because of a disability before and after implementation of the ACA and Medicaid expansion. In Medicaid nonexpansion states, most adults with disabilities must continue to apply for Supplemental Security Income (SSI) and undergo a disability determination process affirming that they cannot substantially work to be eligible for Medicaid. It was not surprising then that we found no significant change in the share of adults reporting not working because of a disability ($P = .42$) in nonexpansion states, where a disability determination is still necessary for Medicaid eligibility. In Medicaid expansion states, however, a significant change over time was found: people with disabilities were significantly less likely to report not working because of a disability

ABOUT THE AUTHORS

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Correspondence should be sent to Jean P. Hall, PhD, University of Kansas, 1000 Sunnyside Ave, Room 1052, Lawrence, KS 66045 (e-mail: jhall@ku.edu). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

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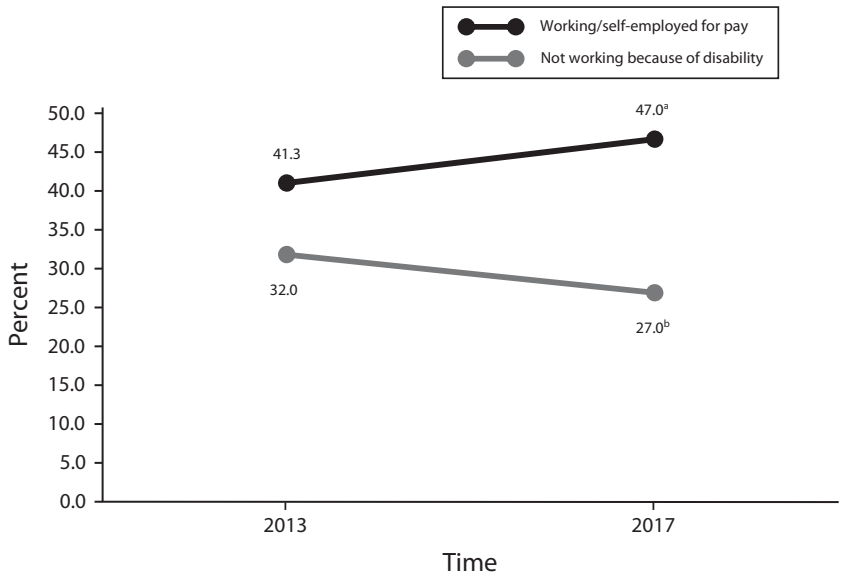

Note. Effects are adjusted for individual characteristics (age, gender, race/ethnicity, primary language, education, marital status, family income, health status) and geographic characteristics (metropolitan status, region, and age- and gender-matched local employment) at each wave of data collection. States implementing the Medicaid expansion as of December 2014 include AZ, AR, CA, CO, CT, DE, DC, HI, IL, IA, KY, ME, MD, MS, MN, NH, NJ, NM, ND, NV, NY, OH, OR, RI, VT, WA, and WV.

Source. Authors' analyses of Health Reform Monitoring Survey, 2013–2017; based on multivariable logistic regressions and predictive margins of time (pre–Patient Protection and Affordable Care Act [ACA], 2013, vs post-ACA, 2017) and Medicaid expansion status.

[a]Wald test $P = .09$.

[b]Wald test $P = .036$.

FIGURE 1—Trends in Working and Not Working Because of Disability in Medicaid Expansion States: United States, 2013 and 2017

post-ACA compared with pre-ACA ($P = .036$). This finding indicates that in Medicaid expansion states, the need for adults with disabilities to prove an inability to work to obtain Medicaid coverage is decreasing. A 2017 study[3] identified a similar trend when examining rates of applications for SSI in Medicaid expansion states: SSI applications in those states declined by more than 3% while increasing in nonexpansion states.

Next, we examined trends in the share of adults with disabilities who reported being employed or self-employed pre- and post-ACA Medicaid expansions. In nonexpansion states, the share who were employed decreased over time but not significantly (43.5% pre-ACA; 41.4% post-ACA; $P = .34$). In expansion states, the change over time was positive and approaching significance (41.3% employed pre-ACA; 47.0% employed post-ACA; $P = .09$). Moreover, we found a difference approaching significance in employment trends between expansion and nonexpansion states ($P = .06$). The increase in the share of people reporting that they were employed was greater in expansion than in nonexpansion states. These findings correspond with the finding of decreased rates of unemployment resulting from disability in Medicaid expansion states.

Although the difference in differences design has some limitations, controlling for numerous personal and geographic characteristics in the model increases the likelihood that the parallel trends assumption is satisfied and also improves the precision of the estimates. Moreover, the trends noted here are similar to those documented by another study[3] indicating that people with disabilities living in Medicaid expansion states were decreasing their rates of both applying for SSI and declaring themselves unable to work because of disability. In those states, they can now access expanded Medicaid without a disability determination.

One might reasonably expect these adults with disabilities first to explore coverage through expanded Medicaid to ensure that it met their needs. Then, having obtained adequate coverage without first needing to declare an inability to work, these individuals might attempt to enter employment. Marginally significant increases in employment over time for people with disabilities in Medicaid expansion states, especially when compared with adults with disabilities living in nonexpansion states, indicate that this process is occurring.

Future research should explore whether the decrease in SSI applications in expansion states includes people with disabilities who received SSI benefits previously but returned to work because Medicaid coverage allowing increased income and no asset tests was available. These trends are certainly worth watching as changes to Medicaid and Medicaid expansion rules continue to occur, particularly regarding work requirements.[4]

PUBLIC HEALTH AND POLICY IMPLICATIONS

Four years after implementation of the ACA, numerous studies have documented positive health, life, and work outcomes associated with Medicaid expansion for a wide range of populations. For example, Medicaid expansion is linked to decreases in infant mortality, decreases in medical divorce rates, increases in early detection of cancer, decreases in days of work missed because of illness, and increased insurance coverage for many groups, including youths, veterans, and people of color.[5–9] Medicaid expansion also has had positive results for states, including revenue gains, economic growth, and reductions in uncompensated care.[8,10] Our findings add to this literature by documenting increased employment and decreased unemployment rates among American adults with disabilities.

These findings are particularly timely given recent decisions by some states to impose work requirements on enrollees in Medicaid expansion programs.[4] Our research indicates that coverage through Medicaid expansion by itself acts as a work incentive program for people with disabilities, without

imposition of work requirements. Increased employment, coupled with decreased reliance on federal disability benefit programs, among Americans with disabilities will, over time, result in increased tax revenues for states and decreased federal expenditures, while improving quality of life for enrollees.[2,11] For Americans without disabilities enrolled in Medicaid, many of whom transitioned from being uninsured to having coverage through Medicaid expansion and were in fair to poor self-reported health before enrollment, consistent access to care may result in improved health over time and increased ability to work.[8,12] Policymakers should consider that such changes may take time, much like the gradually increasing trends in employment among people with disabilities shown here. AJPH

CONTRIBUTORS

J. P. Hall contributed to the conceptualization and design of the study and interpretation of the data analyses and led the drafting and revisions of the article. A. Shartzer conducted the data analyses and contributed to the interpretation of the data analyses and drafting and revisions of the article. N. K. Kurth and K. C. Thomas contributed to the conceptualization of the study, interpretation of the data analyses, and drafting and revisions of the article.

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Note. The contents of this article do not necessarily represent the policy of National Institute on Disability, Independent Living, and Rehabilitation Research; Administration for Community Living; US Department of Health and Human Services; or Robert Wood Johnson Foundation, and one should not assume endorsement by the federal government.

HUMAN PARTICIPANT PROTECTION

The Health Reform Monitoring Survey has institutional review board approval through the Urban Institute's institutional review board (federal-wide assurance 0189).

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April. 13, 2022

Alliance for a Healthy Kansas Public Hearing on KanCare Expansion: Thank you for the opportunity to submit testimony in strong support of expanding Medicaid. The KanCare Advocates Network (KAN) is a coalition of organizations and individuals who advocate on behalf of the 400,000 Kansans who depend upon the Kansas Medicaid program, KanCare, and its seven HCBS waiver programs for their health care and long-term supports and services.

As a coalition, KAN has closely monitored KanCare policies and processes and advocates for a variety of solutions to improve KanCare. Since KAN began, expanding Medicaid has been a top priority of our legislative platform. With 150,000 Kansans who do not have health insurance, this issue continues to be a high priority issue for all KAN partners, collectively and individually.

The reasons for expanding are many and varied, but among the most compelling are:

- Expansion spurs economic growth
- Expansion is a Kansas-based solution
- Expansion protects access to care, especially in rural areas
- Expansion provides health insurance to 150,000 hardworking Kansans who can't afford other coverage
- Expansion helps uninsured military veterans and their families
- Expansion controls health insurance costs

For these reasons and many more, KAN strongly supports KanCare expansion and we ask for your support and leadership in making it a reality in Kansas. Thank you.

Sean Gatewood, KAN co-administrator
Barb Conant, KAN co-administrator

Kansas Action for Children

April 13, 2022

Heather Braum, Health Policy Advisor
Kansas Action for Children
Testimony in support of KanCare expansion
Alliance for a Healthy Kansas hearing

Thank you for the opportunity to provide testimony in support of expanding KanCare. Kansas Action for Children is a nonprofit advocacy organization working to make Kansas a place where every child has the opportunity to grow up healthy and thrive. We work across the political spectrum to improve the lives of Kansas children through bipartisan advocacy, partnership, and information-sharing on key issues, including early learning and education, health, and economic security for families.

We support expanding KanCare coverage because it will improve the health and well-being of Kansas children and families. **Healthy Kansas kids and families are critical to our state's future.** Their health depends on regular access to quality care, including wellness visits, screenings, vaccinations, mental health resources, and dental checkups. A lack of health care, especially in childhood, leads to chronic conditions, shorter life expectancy, increased lifetime medical costs, and sicker families.

Most low-income Kansas children are eligible for KanCare's Medicaid and CHIP programs. However, they may not all be signed up to receive that coverage. An increasing number of Kansas kids remain uninsured – an estimated 43,000 in 2019.[1] Expanding KanCare is critical to reversing this concerning trend. Studies show that when parents sign up for insurance programs, it is more likely they will enroll their kids as well. Also, kids' health reflects the health and well-being of their parents. **When parents are insured, kids are more likely to receive regular checkups and preventive care.**

Yet with few exceptions, parents don't currently qualify for KanCare. Expanding KanCare provides another option for affordable health insurance.

Right now, parent/caregivers of children can qualify for KanCare if their income is below 38 percent of the federal poverty level (FPL). That amount varies, depending on household size**. If a family of three makes more than $696 per month ($8,352/year) they cannot qualify for**

[1] 2019 is the most recent year this data estimate is available.
Alker, Joan, & Corcoran, Alexandra. (October 8, 2020). *Children's uninsured rate rises by largest annual jump in more than a decade.* Georgetown University Health Policy Institute Center for Children and Families. https://ccf.georgetown.edu/2020/10/08/childrens-uninsured-rate-rises-by-largest-annual-jump-in-more-than-a-decade-2/

Kansas Action for Children

KanCare in Kansas.[2] Expanding KanCare offers a solution.

Many employer-sponsored health insurance plans provide coverage for families. But what about families without employer-sponsored insurance (including small businesses) or that can't afford insurance? And what happens when families fall into the coverage gap – making too much to qualify for KanCare, yet not enough to purchase a plan on the insurance marketplace? Expanding KanCare to cover more Kansas parents is an effective multi-generation strategy that will improve the health and well-being of Kansas children.

Healthier moms = healthier babies. A baby's health is also tied to a mom's health. To reduce maternal and infant mortality, low birth weights, pre-term births, and post-birth complications, as well as address stark racial disparities in maternal and infant health, we must make sure moms-to-be have continued access to health care before, during, and after pregnancy.

Pregnant moms without health insurance (and whose family income is less than 171% of the federal poverty level) currently can only be covered by KanCare during pregnancy and then for 60 days after birth. In 2020, KanCare covered an estimated 31% of pregnancies (10,698).[3]

Short-term coverage is not enough. Moms must have health insurance to access care long before their pregnancy begins and for at least a year postpartum. Expanding KanCare would improve coverage for most of these women as they start and nurture their families.

The health of moms and babies supports the health of our entire state.

For these reasons and more, KAC supports expanding KanCare; this policy is an investment in Kansas children and the adults who care for them that will pay off for generations to come. We call on Kansas lawmakers to support expansion – and pass it – especially as so many federal incentives are currently on the table and the entire state will benefit from this policy implementation.

Thank you for the opportunity to voice our support for KanCare expansion, and please do not hesitate to contact me at heather@kac.org if you have any questions.

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KANSAS ADVOCATES for BETTER CARE
making elder care better every day

April 13, 2022

KABC strongly supports expanding Medicaid eligibility. Eliminating gaps and providing access to health coverage can improve the overall health of adult Kansans of all ages. Older adults who have had health care as they age are likely to have better health outcomes and consequently lower costs per enrollee as they enter Medicare.

A report from the Government Accounting Office (GAO), "Medicare: Continuous Insurance before Enrollment Associated with Better Health and Lower Program Spending," showed older adults who had health insurance for six years prior to Medicare are more likely to report better health after Medicare enrollment. These same people cost Medicare less money (35% lower, on average) in the first years of enrollment because they used fewer or less costly health services. The savings to Medicare was an average of $2,343 per insured enrollee.

The 2012 Census counts 21,873 uninsured Kansans, ages 50-64, living below the 138% of the federal poverty level. These uninsured Kansans represent 31%, nearly one-third, of the 70,205 persons in this age group. This is almost double the national average of 18%.

These Kansans lack health insurance because they are not working or are working in low paying jobs without employer-based health insurance. They struggle to meet daily expenses, can't afford insurance on the private market and may have little to no retirement. Many are raising their grandchildren. Without health insurance before age 65, they are likely to avoid or defer seeking necessary medical care. As a result, they enter Medicare with chronic and/or untreated health problems.

Research done earlier this year show 78% of Kansas voters, across all political parties, support Medicaid expansion. The pandemic has underscored the importance of health insurance and having access to health care. Expanding Medicaid helps ensure that older adults enter Medicare in better health which ultimately saves Medicare costs when they reach age 65. Adults with regular and preventive health care have a better chance of being able to live at home, thus delaying or avoiding nursing home care altogether.

We urge the Kansas legislature to support the priorities and health of their constituents by expanding Medicaid.

On behalf of KABC members and volunteers, Dan Goodman, Executive Director

Kansas Advocates for Better Care (KABC) is a not-for-profit organization, beholden to no commercial interests and is supported almost entirely by donations from citizens who support our mission of improving the quality of care in all long-term settings. KABC was among a handful of non-profit consumer advocacy groups which worked to win passage of the Nursing Home Reform Act of 1987.

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TESTIMONY OF JAMI REEVER
EXECUTIVE DIRECTOR
KANSAS APPLESEED CENTER FOR LAW AND JUSTICE
-
ALLIANCE FOR A HEALTHY KANSAS VIRTUAL HEARING
IN SUPPORT OF HB 2675
APRIL 13, 2022

Members of the Kansas Legislature:

My name is Jami Reever; I am the Executive Director for the Kansas Appleseed Center for Law and Justice, a nonprofit, nonpartisan organization dedicated to the belief that Kansans, working together, can build a state full of thriving, inclusive, and just communities.

Kansas Appleseed supports Expanding Medicaid. More than 150,000 Kansans fall into a health coverage gap created by Kansas' failure to expand Medicaid.[1] Expanding eligibility will support some of the most vulnerable and hardworking citizens in Kansas. If Kansas expands KanCare, 90,000 uninsured adults age 19-64 would become eligible for coverage.[2] 68 percent of uninsured adults in Kansas are living below the federal poverty line.[3] 75 percent of Kansans who would be eligible for KanCare coverage under expansion are part of working families.[4]

The current coverage gap creates a disincentive to work. A person who works a minimum wage job earns more than the current KanCare eligibility cutoff, but not enough to qualify for private insurance subsidies. Kansas should remove this barrier to work by expanding eligibility for KanCare to these working families.

If all Kansans are to thrive it is essential for Kansas to expand Medicaid to every Kansan who needs it. Health care is a necessity and should be treated as such. Promoting the general welfare is a founding principle of our Constitution. We urge the legislature to pass Medicaid expansion in a way that removes all barriers to lifesaving medicine and healthcare for every Kansan.

Expanding healthcare coverage through Medicaid to low-income Kansans will save and improve lives. For example, in states that have expanded Medicaid, annual mortality rates among near-elderly adults were reduced by 9.4%. Access to healthcare for this population is proven to reduce disease-related deaths.[5] A review of over 600 studies that have been conducted since states first started expanding medicaid shows that expansion states have better outcomes in mortality, cancer, chronic disease,

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disabilities, sexual and reproductive health, behavioral health, state finances, racial disparities, socioeconomic disparities, and better social determinants of health than the states that have not expanded medicaid.[6]

Our failure to expand medicaid threatens public safety by putting unnecessary strain on our criminal justice system. Kansas Department of Corrections (KDOC) spent more than $83 million providing medical services to inmates in Fiscal Year 2021.[7] Medicaid funding covering the costs of in-patient hospital stays exceeding 24 hours for incarcerated individuals, mental health and substance abuse services reducing the number of those incarcerated, and coverage reaching newly-released individuals reducing recidivism are estimated to **save KDOC $11 million annually.**[8] Expanding medicaid coverage will save the state money, alleviate overcrowding in Kansas jails and prisons, reduce recidivism, and improve public safety in Kansas.

Because KanCare expansion provides life-saving support to hardworking low-income Kansans, saves the state money, and makes everyone safer, I urge you to take action on approving HB 2675 as soon as possible. Kansans deserve Medicaid Expansion.

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Kansas Breastfeeding Coalition, Inc.

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April 1, 2022

Brenda Bandy, Co-Executive Director
Kansas Breastfeeding Coalition
Written Testimony in Support of Medicaid Expansion
Kansas Legislature

Dear Kansas Legislators,

I am writing on behalf of the Kansas Breastfeeding Coalition (KBC) in support of expanding eligibility for Kansas Medicaid (KanCare). The KBC believes KanCare expansion will have a significant, positive impact on many, including the estimated 150,000 Kansans living in the "Medicaid gap". Many of these Kansans who would benefit from KanCare expansion are mothers and babies.

The research is clear – Medicaid expansion saves mothers' and babies' lives, particularly Black moms and babies. One study found a 14.5% infant mortality rate decline from 11.7 to 10.0 in African American infants in Medicaid expansion states, more than twice that in non–Medicaid expansion states. [1] Research shows that Medicaid expansion is significantly associated with seven fewer maternal deaths per 100,000 live births relative to non-expansion states, with the greatest decreases in mortality rates among Black, non-Hispanic women and Hispanic women.[2] Because of the large proportion of maternal, infant, and child health care and preventive services funded by Medicaid,[3],[4] Medicaid expansion may be among the most important ways Kansas can reduce maternal and infant mortality rate.

Thank you for the opportunity to provide testimony in support of KanCare expansion. There is much more research, data and insight to share, and Kansas Breastfeeding Coalition is happy to be a resource to the Kansas legislature as you consider next steps. Please feel free to me at bbandy@ksbreastfeeding.org if you have any questions.

Sincerely,

Brenda Bandy

Brenda Bandy, IBCLC
Co-Executive Director
Kansas Breastfeeding Coalition

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KANSAS CITY
MEDICAL SOCIETY FOUNDATION
CHARITABLE CARE, EDUCATION, PREVENTION & WELLNESS

Alliance for a Healthy Kansas Public Hearing on KanCare Expansion
April 13, 12-1 pm

Position – SUPPORT HB2675

The Kansas City Medical Society Foundation is the charitable arm of the Kansas City Medical Society. A 501(c)(3) public charity, we operate the Wy Jo Care and Metro Care charitable healthcare programs that deliver over $8 million worth of donated specialty care to uninsured patients each year. Over the past 15 years, our programs have helped people in our community access nearly $100,000,000 of heart bypasses, knee replacements, and other medically necessary specialty care that helps people live, work, take care of their families and contribute to their communities.

We consider ourselves experts in charitable healthcare; it is the core of our programming and mission. Based on our decades of work in charitable healthcare, we know the most effective and consistent way to bring health equity and access to our community is through Medicaid expansion. As such, we present this testimony today.

We know KanCare expansion is good for patients and public health and that it is the best option currently available to provide access to approximately 165,000 uninsured Kansans, including the people we currently serve.

Research based on the last seven years of states who have expanded Medicaid show positive health outcomes including substantial increase in coverage and improved access for all healthcare services; preventive care, primary care, and prescription drug access.

States who have expanded Medicaid show increased coverage for low- and middle-class workers as well as support for small businesses who have been burdened by the rising health costs that are also impacting businesses who provide health insurance to their employees.

KanCare expansion would improve access to mental health services and increase access to pre- and post-natal care. This plan would provide those who are uninsured an opportunity to have a medical home. This means better health outcomes including preventive care, early detection, treatment of chronic and serious medical issues, and above all, saving lives.

On behalf of the Board of the Kansas City Medical Society Foundation, we implore you to support passage of this legislation that fixes the coverage gap and increases access to healthcare in Kansas.

Karole Bradford
Chief Executive Officer

Kansas Coalition
against sexual & domestic violence

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Written Testimony
April 13, 2022
Proponent

The Kansas Coalition Against Sexual and Domestic Violence (KCSDV) is a statewide non-profit organization whose membership is the 25 sexual and domestic violence programs serving victims across Kansas. KCSDV provides information, training, and analysis on issues impacting victims of domestic and sexual violence, their families, and their communities. Our members, the local advocacy programs, are committed to providing quality services to victims of sexual assault and domestic violence, empowering victims to live independently without the ongoing fear of violence, and to helping victims secure resources necessary for a safe and healthy future.

One of the most critical issues for survivors in readjusting to a life without violence is stability…a stable job, stable housing, and stable health care.

The adverse effects of this violence can have long-term impact on the victim's health and well-being. The immediate injury due to the violence is just one piece of the picture. Additionally, victims of abuse and sexual violence may also suffer from chronic illnesses following them for years or even for the rest of their lives. Good, adequate health care is critical for shortening the length of recovery from this violence.

Victims with health issues for themselves or their children may hesitate to leave the abusive relationship if it means that they will be without health care. Assuring health care availability for all is a critical for victims and critical for Kansas.

KCSDV supports the expansion of health insurance coverages for this as well as other very vulnerable populations of Kansans. Because victims often live with years of residual health issues, adequate health care and health insurance coverage will provide another piece of stability in their lives going forward.

Please keep these Kansans in mind as you deliberate on this very important policy issue.

Sincerely submitted on behalf of KCSDV,

Lindsie Ford, JD
Public Policy Attorney
KCSDV
634 SW Harrison Street
Topeka, Kansas 66603

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Unity Is Strength

To: Alliance for a Healthy Kansas Committee on KanCare Expansion

Re: Testimony of Support for Expansion of Medicaid

From: Kansas Emergency Medical Services Association (KEMSA), Dave Johnston, President

Date: April, 13th 2022

The Kansas Emergency Medical Services Association (KEMSA) is the professional association representing the paramedics, EMTs and ambulance services serving the citizens of Kansas. KEMSA works on various regulatory and legislative matters as well as conferences and educational programs.

KEMSA is very concerned about the current financial health of the rural hospitals which are the backbone of the health care system throughout much of the state. Rural hospitals in Kansas are seriously challenged with many cutting back services and several on the brink of closure.

Kansas ambulance services will be forced (and this is already occurring) to transport a greater number of patients greater distances as more rural hospitals both minimize the services they can offer or close. Since the closure of the Independence hospital in October 2015, the local ambulance service (owned and operated by the City of Independence) has seen a huge increase in call volume and transport times. This has had a dramatic impact on the city budget as they have struggled to respond to the situation.

As many patients travel by private vehicle to other hospitals in the area around Independence, the ambulance agencies which service those hospitals have seen an unplanned increase in patient transfers creating additional demands upon their staffing and operations.

As most ambulance services in Kansas are funded by local governments, the closure of hospitals or the scaling back of services means a cost shift to the local government to increase the emergency medical service's capabilities.

Between the period of January 2010 and November 2016, 113 rural hospitals have closed in America with hundreds more listed as vulnerable to closing due to financial pressures. 63% of rural hospital closures are in states that have not accepted Medicaid Expansion. Kansas is in the crosshairs of this situation with our large number of rural hospitals and our failure to accept the additional federal dollars to fund the Kansas health care system.

Presently, ambulance services provide treatment and transportation services to a large number of patients who cannot pay for the service. This can create a tremendous financial burden on those who,

unfortunately, don't have insurance as well as on the local taxpayers who finance the local ambulance service. Many of these individuals would be covered by an expanded KanCare program. While the current payments made from the KanCare program for ambulance services are very low, and do not come close to covering the actual cost of the services; having more patients on KanCare would mean additional dollars in the way of additional payment for services.

KEMSA strongly supports the expansion of Kansas' Medicaid program, otherwise known as KanCare as legislation that will have a positive impact on the lives of thousands of Kansans as well as a tremendous impact on the financial well-being of health care institutions in the state.

Sincerely,

Dave Johnston
President
Kansas EMS Association (KEMSA)
dave@kemsa.org

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Alliance for a Healthy Kansas Public Hearing – April 13, 2022

Expand Medicaid to Repair Gaps in the Behavioral Health Continuum

Medicaid expansion is the insurance option for our fellow Kansans who don't make enough money to afford quality health insurance or health care exchange plans but have incomes that are too high to qualify for KanCare. Many are employed, but their employers do not provide insurance. Their treatment falls into the unreimbursed care category – and as a result they often postpone important health care needs.

These are Kansans stuck in the coverage gap, with no affordable insurance options. Both the 2019 Mental Health Task Force Report and Governor's Substance Use Disorder Task Force Report recommended expansion to cover 132,000 people in the gap. Our behavioral health programs struggle to sustain treatment for mental illness and addictions for a largely uninsured population. With workforce costs at a premium, access to care is more and more difficult. Expanding Medicaid will improve access to care for Kansans who need it most and bring millions of federal dollars to pay for it.

The Problem: Kansas ranks below the United States average, often in the bottom quartile, for behavioral --health outcomes in data from 2018 to 2021. The behavioral health continuum of care has broken down with higher rates of teen and veteran suicide, higher rates of behavioral health related arrests and unmet treatment needs. More people are accessing treatment at the highest end of the continuum while in crisis. Recently Kansas has taken strong steps to turn this trend around, but there is a long way to go.

Most of the Kansans served by addiction treatment facilities and community mental health centers are uninsured or under-insured. Without insurance, they forgo regular health care and often do not obtain medical and mental health care when they become ill. When they are finally forced to seek treatment in crisis and desperation, the cost of that treatment shifts to emergency rooms, state mental health hospitals and crisis centers. Too many of our citizens are currently homeless or incarcerated due to the gaps in our behavioral health continuum of care. At least five community hospitals have closed their psychiatric units in recent years. Because the Affordable Care Act anticipated Medicaid expansion, it also reduced the disproportionate share (DSH) subsidies to hospitals that used to help offset the costs of treating the uninsured – further adding to the burden of unreimbursed care.

Why this matters: Thirty percent of the people treated by community mental health centers in Kansas are completely uninsured. Nearly 70% of individuals served at community mental health centers have an income of less than $20,000. According to the 2019 Mental Health Task Force Report, "expanding Medicaid would undergird many of the (Task Force) recommendations by improving access to behavioral health services at all levels of care and allowing investment in workforce and capacity."

Contact: Amy Campbell ● 785-969-1617 ● campbell525@sbcglobal.net
P.O. Box 4744 ● Topeka, KS 66604

The bottom line: For many Kansans, access to important behavioral health treatment and supports is out of reach. A Government Accountability Office (GAO) analysis indicates that up to 25% of the new enrollees in states that have implemented expansion had mental or substance use disorder diagnoses. Federal cost sharing covers almost all of the expense for treating these individuals under expansion.

Today, Kansas' Medicaid eligibility threshold for adults is among the lowest in the country at less than 33 percent of the Federal Poverty Level (FPL). In addition, in our state, only adults who are caregivers, such as parents and guardians, are eligible at that level. Childless adults who are not disabled cannot qualify without a chronic disability for Medicaid, no matter how poor they are.

Multiple studies link poverty to occurrence and severity of mental illness in adults and children. Analysis by multiple committees and task forces has determined that Kansas behavioral health continuum of care is lacking due to the high amount of unreimbursed care and a lack of sustainable funding sources. Medicaid reimbursement covers a portion of the individuals served, but these rates are not covering the full cost of care. Covering more individuals would add stability to the programs and assist programs to hire qualified staff.

In summary: We support any effort that would make Medicaid available to Kansans who live within 138 percent of the federal poverty guidelines to cover needed behavioral health services. As Kansas forgoes the opportunity to expand KanCare, it will continue to see increased numbers of people who cannot receive services until they are in crisis; fewer local hospitals available to serve them when they are in crisis; fewer state hospital beds available for those needing inpatient treatment; and most treatment being provided at the highest possible cost, accelerating the depletion of the state resources available, and resulting in a vicious downward cycle.

Kansans pay federal taxes that go to fund Medicaid expansion in other states, while we leave our citizens without proper care. To prevent this, Kansas must reduce the number of people who have no insurance coverage. Doing so would make behavioral health services more widely available, encouraging earlier intervention and more consistent care and treatment during a person's illness. Due to the number of uninsured Kansans with behavioral health needs, our community mental health centers, community hospitals, safety net clinics and state mental health hospitals need new sources of public funding from the state coffers. If the state expands KanCare coverage, new money will become available to supplement SGF. That money could, in part, support the badly needed expansion of the state's healthcare workforce.

The members of the Kansas Mental Health Coalition urge the Kansas Legislature to expand Medicaid.

Thank you for your kind consideration,

Mary Jones, President

Amy Campbell, Lobbyist

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Alliance for a Healthy Kansas
Mock Hearing

April 5, 2022

Presented by:
Dr. Sherrie Vaughn, Ed. D.
Executive Director

NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support.

NAMI Kansas supports Medicaid Expansion as introduced so that more than 21,000 uninsured Kansans who experience mental illness, approximately 13 percent of the overall uninsured population in the state,[1] can access mental health care and treatment when they need it. Medicaid expansion increases opportunities for access to treatment, thus, decreasing the risks for hospitalization[2] while increasing utilization of community-based services.[3]

NAMI Kansas supports a full Medicaid Expansion to 138% of the Federal Poverty Level with a 90/10 match, to be effective no later than January 1, 2023.

NAMI Kansas supports the Medicaid Funding to include an annual hospital Medicaid expansion support surcharge of up to $35 million to be effective July 1, 2022 and no tax increase requirement.

NAMI Kansas supports a work referral program that promotes self-reliance for non-working Medicaid beneficiaries, including a modest contribution from the Medicaid enrollee for health services through monthly premiums and the hardship provision.

NAMI Kansas supports the creation of an advisory committee within the Kansas Department of Health and Environment to support rural hospitals in assessing viability and identifying new delivery models, strategic partnerships, and implementing financial and delivery system reform to improve health of rural communities.

The overall impact of Medicaid Expansion for Kansans is a gain for the State of Kansas. Medicaid Expansion supports our commitment to improve the health care of this vulnerable population of

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individuals while encouraging and promoting self-reliance and a hand up. On behalf of NAMI Kansas and for those in which we advocate and support, I urge you to pass Medicaid Expansion.

Thank you for the opportunity to provide this information to the Committee.

Sincerely,

Dr Sherrie Vaughn, Ed D.

Dr. Sherrie Vaughn, Ed. D.
Executive Director
NAMI Kansas

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[1] National Alliance on Mental Illness, *Medicaid Expansion and Mental Health Care,* 2013.
[2] McAlpine, D.D. (2000). Utilization of Specialty Mental Health Care Among Persons with Severe Mental Illness: The Roles of Demographics, Need, Insurance, and Risk. Health Services Research. 35.1
[3] Yanos, P.T., et al. Correlates of Health Insurance Among Persons with Schizophrenia in a Statewide Behavioral Health Care System. Psychiatric Services, 55(1).

ALLIANCE FOR A
HEALTHY KANSAS

Medicaid Expansion

Dennis E. Franks, CEO, FACHE
Dennis_franks@nmrmc.com
NEOSHO MEMORIAL
REGIONAL MEDICAL CENTER

Medicaid expansion interview questions (1-6)

1. What are some of the biggest challenges that you have seen patients face regarding Kansas withholding Medicaid?
    a. Patients without insurance coverage often delay care until they have to come to the emergency room for care when they are in bad shape. For example, not going to a doctor for a cold until it develops into pneumonia or for a cough until it develops into lung cancer. This often results in medical debt that goes unpaid. By expanding KanCare, tens of thousands of people will be able to afford insurance coverage. That protects them from medical debt, so they can use those savings to pay for other essentials.
    b. Expanding KanCare assists approximately 150,000 Kansans who need access to affordable health care coverage, many of whom earn too much to qualify for KanCare but too little to be eligible to receive financial assistance to purchase private insurance in the marketplace. The income limit to qualify for KanCare is less than $8,345 a year for a family of three, which is less than $4 per hour. Expanding KanCare would raise the income eligibility limits so that more hardworking Kansans who contribute to the economy can get the health care they need for themselves and their families.

c. Without regular care, the uninsured often wait until their health concerns reach the point of needing emergency care, which comes at a higher cost to all of us. Further, recent studies link Medicaid expansion to fewer opioid overdose deaths, better postpartum care, as well as lower rates of mental and physical health declines.

d. Costs are rising and Kansans are paying more to take care of themselves and provide for their families. Health care is no exception. When low-wage Kansans can't get health coverage that means more in ER bills, increased uncompensated care for hospitals, and untreated mental and physical health needs. This means individuals, families, and businesses all end up paying more for health care. Every Kansan is paying the price for not expanding KanCare. Expanding KanCare will bring the cost of health care down for everyone.

2. What are some preconceived disadvantages/consequences that have been put out there that Kansans could face if Kansas expanded Medicaid? Do you find these to be factual?

a. MYTH - That state budgets will have to be cut to support expansion, meaning cuts in education, etc. The state of Kansas cannot afford expansion.
a. FACT - However, that is not what we've seen in expansion states. The state of Kansas can afford to expand KanCare. The program is beyond BUDGET NEUTRAL because it would actually produce a NET SAVINGS to the state of Kansas. The state cost would be offset by additional revenues and savings.

b. MYTH - The federal government is unreliable and will decrease payments over time, leaving the state with the costs.
b. FACT - In Medicaid's 50-year existence, the federal government has reduced Medicaid funding only once, temporarily, in the early 1980s. Since that time, federal Medicaid funding has been increased nationwide in both 2003-2004 and 2007-2009 in response to recessions. Kansas' 2019 federal matching rate for Medicaid is 57.10. This means 57 cents of every Kansas Medicaid dollar is paid for with federal funds; the state pays 43 cents.

c. MYTH - Expansion only helps a few large, urban hospitals; rural hospitals receive very little funding.
c. FACT - It's true that large, urban facilities will receive more funding, but that's because they treat more patients. In truth, additional revenue from KanCare

expansion is extremely important to the bottom lines of rural and frontier hospitals. Expansion would cover 17.9 percent of an urban hospital's uncompensated care cost, but covers 25.8 percent of a rural hospital's and 44.3 percent of a frontier hospital's uncompensated care. The data and research couldn't be clearer. The large majority of rural hospital closures in recent years have taken place in states – like Kansas – that have not expanded their Medicaid programs. Rural hospitals in these states are six times more likely to close than those in expansion states.

3. Kansas is surrounded by states who have expanded Medicaid. Have you spoke with the local legislators, hospitals and community members from those states on how expanding Medicaid has affected their way of life?

    a. Kansas is one of 12 states nationwide that has not expanded its Medicaid program, leaving thousands of residents with no affordable health insurance options.
    b. Many in Kansas do not realize that their state is one of the few remaining states to not expand and that all the states bordering Kansas have expanded.
    c. In the case of Missouri, it is too soon to tell because of the political fights. In general, expanding Medicaid lowers mortality and does not significantly increase state expenditures per the Econofact article "Impact of Medicaid Expansion on State Budgets and Mortality" dated July 21, 2021 which review the impact on all expansion states.
    d. Medicaid expansion brings hundreds of millions of federal dollars back to states each year. This money ripples through the state economy, creating economic growth, new jobs, and new state revenue. Expansion states have experienced these benefits:

        ● Louisiana – Medicaid expansion in Louisiana created and supported more than 19,000 new jobs in the first year of implementation. After implementing expansion, disproportionate share payments to hospitals fell, and $4 billion in new revenue for the state's healthcare providers was generated.

        ● Montana – As of 2020, the expansion has saved the Montana state health department more than $30 million.

        ● Kentucky – According to the state's Secretary of the Cabinet for Health and Family Services, most of the federal money that has supported expansion in Kentucky has gone to doctors, hospitals, pharmacists, and other healthcare practitioners. Kentucky saw a 58% reduction in the uninsured rate from 2010 to 2019.

● Michigan – Increased federal funding coming into Michigan has created more than 30,000 new jobs and generated about $150 million in additional state revenue from income and sales taxes. Furthermore, a greater proportion of those enrolled in the Medicaid program reported being employed and/or a student.

● Colorado – During the first two years of expansion, Colorado experienced a $3.82 billion increase in the state GDP, a $102.4 million increase in general fund revenues, and a $643 increase in average household income. Additionally, 31,704 new jobs were created.

● Nebraska – Nebraskans approved Medicaid expansion in 2018 through a ballot initiative. Since its implementation in 2020, an estimated 90,000 Nebraskans became eligible for coverage under Medicaid expansion.

4. If a patient seeks emergency care at Neosho Memorial Regional Medical Center and they do not qualify for Medicaid, federal premium tax credits for ACA or their employer does not offer insurance and they cannot afford health insurance on their own, who ends up paying for the health care that was provided to them?

    a. Every Kansan is paying the price for not expanding KanCare. When low-wage Kansans can't get health coverage that means more in ER bills, increased uncompensated care for hospitals, and untreated mental and physical health needs. This means individuals, families, and businesses all end up paying more for health care.
    b. Expanding KanCare will bring the cost of health care down for everyone. Expanding KanCare will reduce health care costs for everyone by providing health insurance to 150,000 residents in rural areas, small towns, and cities across the state.
    c. The hospital is forced to absorb any cost of unpaid care. That cost is eventually passed on to insured patients in the form of higher insurance premiums. In some cases hospitals also may receive local taxes (that all pay) that helps support these unpaid costs.

5. What do you feel is the best way for Kansans who support the Expansion of Medicaid to advocate for the cause?

a. The overwhelming majority of Kansans want low-wage families to have access to KanCare for coverage they can count on if they are not offered health insurance through a job or cannot afford to buy it on their own.

b. In fact, more than 8 in 10 voters want their elected officials to vote to expand KanCare and the same margin want any Kansas politician who stands in the way of expanding KanCare to publicly explain their reasons for refusing to expand.

c. Kansans want a long-term solution for the health care coverage gap. Talk to your representatives and let's expand KanCare now.

6. What do you feel would be the greatest and most impactful aspect of expanding Medicaid in Kansas?

    a. Expanding KanCare will:

    ● **Reduce health care costs for everyone.** Every Kansan is paying the price for not expanding KanCare. When low-wage Kansans can't get health coverage that means more in ER bills, increased uncompensated care for hospitals, and untreated mental and physical health needs. This means individuals, families, and businesses all end up paying more for health care. Expanding KanCare will bring the cost of health care down for everyone.

    ● **Protect Kansans from medical debt.** People all over the state feel the effects of rising costs for housing, food, and other needs, including health care. Almost half of Kansans have medical debt or know someone who does. By expanding KanCare, tens of thousands of people will be able to afford insurance coverage. That protects them from medical debt, so they can use those savings to pay for other essentials.

    ● **Fix eligibility limits, which are currently too low.** The income limit to qualify for KanCare is less than $8,345 a year for a family of three, which is less than $4 per hour. Expanding KanCare would raise the income eligibility limits so that more hardworking Kansans who contribute to the economy can get the health care they need for themselves and their families.

    ● **Preserves and strengthens rural health care.** Kansans in our rural communities already have a hard time accessing health care when and where they need it and rural health care providers face high levels of uncompensated care. Seventy rural hospitals are currently at risk of closing across our state, more than any other state our size. Expanding KanCare would strengthen and sustain the rural health care system and help ensure rural Kansans get the health care they need while giving a boost to their economies.

● **Make Kansas more economically competitive.** Expanding KanCare would increase the state's economic output by $17 billion and increase the personal income of Kansans by $6.3 billion over the next three years. Expanding KanCare will not only improve the health of Kansans, but it will also help our state compete with our neighbors who have expanded eligibility for their Medicaid programs.

Healthier Kansans will make Kansas more attractive to business, allowing economic growth.

ORAL HEALTH KANSAS
ADVOCACY • PUBLIC AWARENESS • EDUCATION

Alliance for a Health Kansas
Medicaid Expansion
April 13, 2022

Oral Health Kansas is the state-wide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public, so Kansans know that all mouths matter. We stand in support of Medicaid Expansion.

One of the stories organizations opposed to Medicaid expansion have cited in the past as a reason to not expand Medicaid is the tragic death of Deamonte Driver. His story is not a reason to retreat from expansion. Rather it is an important reminder of how to learn from the consequences of a tragedy and to commit to doing better.

In 2007, Deamonte Driver died when an infection from an abscessed tooth went to his brain. Deamonte's mother, a lawyer, and a slew of case managers worked hard, but could not get the dental care he needed for the abscess.

When Deamonte died, the governor of Maryland's first reaction was to form a task force charged with crafting a list of remedies for the state's broken Medicaid system. His reaction was not to retreat and provide less support to low-income people through Medicaid. It was to do more to keep the people of his state healthy. Maryland adopted a number of policy changes and invested in an oral health infrastructure to ensure families like the Drivers can access the care they need.

The loss of Deamonte is proof that more needs to be done to ensure children and adults do not suffer from preventable diseases. In the years since his death, the oral health community has come together to demonstrate the importance of helping families do three things:

1. Access dental providers when they need them
2. Be able to afford dental care
3. Understand how to take good care of their teeth

Deamonte's family made the best of his tragic death. His mother became a dental assistant, and the community raised funds to establish the "Deamonte Driver Dental Project" mobile clinic, which goes to schools to provide the dental care students need. Deamonte's mom honored her son's memory by working in that mobile clinic. His oldest brother honored his memory by naming his first son Deamonte.

Deamonte's legacy is systems change with the goal of ensuring low-income families have access to the services they need. His life was cut tragically short, and nothing can change that. But he taught all of us a powerful lesson that the lives of people living in poverty are important and are worth investing in.

Oral Health Kansas believes Medicaid Expansion is one of the most important policy decisions Kansas could adopt. It would be the investment that we need in order to assure working Kansans can lead happy, healthy, and productive lives. Thank you for the opportunity to tell you the story of Deamonte Driver and his legacy. Oral Health Kansas supports Medicaid Expansion and urges the Kansas Legislature to approve it.

Tanya Dorf Brunner
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To: **Lacey Kennett, Alliance for A Healthy Kansas**
From: **Kevin Walker, Vice President of Public Policy and Advocacy**
Overland Park Chamber of Commerce
Date: **13 April 2021**

Thank you for the opportunity to submit written testimony in support of Medicaid expansion on behalf of the members of the Overland Park Chamber of Commerce.

The health care costs of low-income uninsured individuals are currently being passed on to businesses and others in the system. As part of a comprehensive and thorough review, the Chamber supports Kansas solutions that improve the quality and efficiency of the current KanCare/Medicaid system while maximizing coverage to those newly eligible under the federal Affordable Care Act.

Expansion of KanCare eligibility will not only help as many as 150,000 working but uninsured Kansans gain access to affordable health care. It can also provide a boost to our state's economy due to a healthier and more efficient workforce and by creating as many as 3,500 – 4,000 new jobs over the next five years (according to a study by George Washington University).

Additionally, expanding KanCare will lead to a reduction in our overall state spending on health care while alleviating the strain of the increasing cost of uncompensated care that hospitals and other providers are straining to absorb. These unnecessary costs are contributing to increasingly higher health insurance premiums being passed on to businesses and individuals because of those costs.

According to an analysis by Manatt Health Solutions, many of the dollars currently

spent by the state in providing required health care services to the uninsured would be reimbursed by federal funds, including as much as $75 million per year spent on mental and behavioral health care; $29 million spent annually to reimburse hospitals and clinics for uncompensated care they provide; and $9 million spent annually to provide medical services to prison inmates.

Further, a thoughtful, well-designed Kansas-specific program to expand KanCare in could ultimately generate more than $126 million in savings and new revenue, more than offsetting the predicted cost of approximately $57.5 million, thus netting the state more $69 million in revenue.

For the reasons stated above, the Chamber respectfully requests that you support the creation and adoption of Medicaid expansion plan. Thank you for your consideration.

SKIL Resource Center Inc.
More Resources for People with Disabilities
SKIL of Western Kansas • PO Box 366 • Hays, KS 67601
www.skilonline.com

Alliance for a Healthy Kansas
Virtual Hearing
April 13, 2022

Thank you to the Alliance for a Healthy Kansas for allowing SKIL to present testimony today. My name is Lou Ann Kibbee and I am the Systems Advocacy Manager for Southeast KS Independent Living (SKIL) Resource Center. SKIL is a Center for Independent Living that advocates for the rights of, and provides services to, thousands of people of all ages with all types of disabilities annually across the State of Kansas. SKIL fights for justice and equality with and for them, to have the same opportunities as other people do. Opportunities to live in our homes, receive the supports and services needed, receive an equal education leading to a productive and fulfilling vocation, develop relationships and families as desired, get involved in our communities, and partake in recreation and hobbies as they choose. SKIL is driven by a philosophy of consumer choice, in that they have the freedom to make decisions and choices about their lives, as well as having the dignity of risk.

SKIL has testified many times to legislative committees and others in support of KanCare Expansion in Kansas. Employment of Kansans with disabilities should be a priority in Kansas. Employment is a real key to true independence for everyone. Although progress has been made with some programs in our State through the years, it is so important that all people with disabilities who want to work are encouraged and supported. Unfortunately, some people with disabilities who work part time do not make enough income to qualify for health insurance through the marketplace and too much for regular KanCare, and therefore go without healthcare coverage. Their income does not allow them to access the healthcare needed, so they go without sometimes, which can intensify their health issues. Part time employment is many times the step needed toward full time employment for people with disabilities. But health insurance is so important for those of with disabilities, that without coverage, they could get discouraged about working.

The workforce shortage of Personal Care Attendants (PCAs) and Direct Support Workers (DSWs) has become a drastic and deadly issue everywhere but especially in the rural areas. This is being caused by multiple reasons. Currently they receive low wages and no benefits. One benefit is that many potential workers (PCAs & DSWs) do not have access to health insurance. When I

interview applicants for myself, one of the biggest concerns from potential PCAs is whether health insurance is available. I have private paid my attendants for 25 years and am unable to provide health insurance. Many attendants work part time and fall in the gap, not making enough to qualify for the marketplace. Health insurance would be a benefit well deserved by people working in an occupation that unfortunately is not labeled very "desirable", even though I cannot explain the impact that my Personal Care Attendants have made in my life through the last 45 years. My life would never be the same without them. I would certainly not be where I am today without them.

SKIL believes that KanCare Expansion would support these two groups of people, among many other individuals. We ask that you support the expansion of KanCare which will encourage more people with disabilities toward employment, as well as benefit vital workers that we need to assist us in our homes.

Thank you again for allowing SKIL to submit our support of KanCare Expansion in Kansas!

United Community Services of Johnson County

April 4, 2022

Kristy Baughman, Director of Education and Planning
United Community Services of Johnson County, Inc.
9001 W. 110th St., Ste 100
Overland Park, KS 66210

Dear Representatives:

On behalf of the residents of Johnson County and of all Kansas, we urge you to expand eligibility for receipt of benefits under the Kansas program of medical assistance (KanCare). Expanding eligibility will improve the health and economic well-being of Kansas families.

Expanding KanCare would reduce the cost burden of health care for thousands of residents. For the approximately 32,000 Johnson County residents living in poverty, the cost of health care can be a significant portion of the household budget. According to the Economic Policy Institute, health care costs a family of three in the Johnson County area approximately $8,490 per year.

Additionally, expansion of KanCare will support housing stability by reducing medical debt and poverty for low income households. With KanCare expansion, low income households can redirect spending on housing, transportation, childcare, healthy food, and other needs.

Lack of health insurance exacerbates health disparities in communities of color. In Johnson County, the uninsured rate for Black residents is more than three times the uninsured rate for White residents. Nearly one quarter of Latino residents are uninsured. Expansion of KanCare could help to mitigate health disparities such as those we have seen during the COVID-19 pandemic.

Expanding KanCare would increase access to primary and preventative care and would lead to improved health outcomes for all Kansans by reducing the cost of uncompensated care and enhancing continuity of coverage and care for chronic illness. Kansas could lower overall mortality rates by expanding KanCare, as many of our neighboring states have done.

United Methodist HealthMinistryFund

To: Alliance for a Healthy Kansas Committee on KanCare Expansion
From: David Jordan, United Methodist Health Ministry Fund
Date: April 13, 2022
RE: KanCare Expansion

I am writing in support of efforts to expand KanCare in Kansas. Expanding KanCare would be the most impactful action that Kansas could take to improve the health of Kansans and to improve the delivery of care in Kansas. It's critically important to the health of Kansans and to our economy that the state expands KanCare.

The United Methodist Health Ministry Fund is a 36-year-old health philanthropy headquartered in Hutchinson. The Fund annually grants approximately $2 million for programming in specific areas of interest, including access to care, early childhood development and Healthy Congregations. Over the last three decades, we have provided more than $75 million in funding to improve the health of Kansans.

To date, Kansas has lost over $5.4 billion by not expanding KanCare. We cannot afford to wait any longer to act. Expanding KanCare is a budget positive policy proposal. It is well past time to bring $1.8 million of our tax dollars back to Kansas every day to create jobs, protect our hospitals and improve the health of 150,000 Kansans.

Below, you will find that the research and experience from other states support that expanding KanCare is the right decision for Kansas.

Improves access and health

More than 150,000 Kansans, our family, friends, and neighbors, currently fall into a health coverage gap. They earn too much to qualify for KanCare but too little to be eligible for financial help to buy private insurance. These hardworking men and women are left with few options for affordable health coverage.

A Kansas family of three with an annual income of $8,345 makes too much to be covered by KanCare, and too little to receive Affordable Care Act (ACA) marketplace subsidies. In this case, a single mother with two kids who works a minimum wage job 23 hours per week falls into the coverage gap – earning too much to qualify for KanCare and too little to qualify for health coverage through the ACA.

Why is this important? Because the absence of insurance coverage is hazardous to their health and that impacts all Kansans. The uninsured receive less preventive care, are more severely ill when diagnosed, and receive less therapeutic care and fewer medications after diagnosis than those with coverage. They're more likely to have chronic illnesses and less likely to have those illnesses under control.

Those who are uninsured and suffer from cancer, heart disease, diabetes, or any number of other diseases have a higher rate of disability and death than those with the same illnesses who have insurance coverage. And these health-related data don't begin to address the financial implications of being uninsured, from increased risk of debt and bankruptcy to diminished employment productivity. To put it simply, those without insurance are sicker, poorer, and more likely to die than the rest of us.

The Hutchinson News reported the story of Brenda Brown's mother, who was uninsured for about three years because she fell into the coverage gap. As a result, despite not feeling well, she delayed care until she was old enough to qualify for Medicare. But it was too late. When she finally received a long overdue mammogram, doctors discovered that she had stage four breast cancer and it is now terminal.

Expanding KanCare would have covered Brown's mother, allowing her to receive the routine and preventive care that may have saved her life. Her story is not unique—thousands of insured Kansans like her have delayed care and have suffered as a result.

Expanding KanCare will increase access to primary and preventive care, improve health, and reduce costs.

Protects our hospitals and our communities

As noted, tens of thousands of hardworking Kansans are uninsured because of the failure to expand KanCare. As a result, they have few options for affordable coverage, which results in our hospitals, safety net clinics, mental health centers and other providers caring for thousands of these hardworking Kansans without being paid.

Forcing providers to shoulder uncompensated care puts them in a financially vulnerable position. According to a national study, this puts more than 1/3 of our local hospitals at risk of closure and weakens the overall health care system. The hospital in Independence, Kansas, closed and the lack of Medicaid expansion was consistently cited as an important factor. It would be a tragedy to allow that to happen in other rural communities – especially when we have a solution.

In order to prevent hospital closures, Kansas communities are raising local taxes to support their hospitals and to offset the uncompensated care costs. For instance, Arkansas City raised their sales tax 1.5 cents to support the hospital. Expanding KanCare would have brought the same revenue to the hospital and would have negated the need to raise local taxes. This is true in dozens of Kansas communities.

Expanding KanCare will protect and benefit all hospitals, safety net clinics, and other community providers. Hospitals in rural communities stand to gain significantly. They are also more likely to be major employers in their communities. As a result, the increase in revenues from having more covered patients greatly assists those rural hospitals and the communities they serve.

Not expanding KanCare could limit access to health care in all Kansas communities. We cannot afford to lose another hospital because we have not expanded KanCare and our communities cannot afford to raise local taxes to pay for patients who would be covered by expanding KanCare.

At a time when all Kansans are experiencing the pinch of increased costs to provide for our families, health care is no exception. Expanding KanCare would not just benefit those in the coverage gap, it would also help bring down the costs of health care for Kansans and reduce costs for businesses.

Creates Jobs & Stimulate the Economy

Expanding KanCare is a pro-growth policy that will bring hundreds of millions of federal dollars to Kansas annually, which ripples through the state economy, creates jobs, and allows savings in other areas. Because expanding KanCare is a Kansas-specific, budget neutral proposal, those benefits would require no investment by the state, compared to what it spends trying to boost Kansas' economy in other ways. In fact, a report by the Commonwealth Fund, a private foundation that aims to promote a high-performing health care system, estimated that the state would spend less on Medicaid expansion than on subsidies to business, which are also intended to promote economic growth.

The data are clear that expanding KanCare would create jobs and economic impact in Kansas. According to a 2019 report by Kansas State University economist John Leatherman, expansion of KanCare would create more than 13,000 new jobs, with most coming in the health care field at hospitals and nursing and residential facilities. In addition, expansion would generate job growth in other industries, including real estate, retail and construction.

Next door in Colorado, a recent report found that Colorado's economy supports more than 31,000 additional jobs due to Medicaid expansion. By FY 2034-35, that number will grow to more than 43,000. If we expand KanCare, we can create thousands of good paying jobs in Kansas.

Fiscally responsible Kansas-based solution

As the Legislature searches for revenue to deal with school finance and other priorities, we have forfeited billions of dollars by foregoing KanCare expansion. Bringing those dollars back to Kansas is a fiscally responsible, budget-positive proposal. The bottom line is that expansion would not only pay for itself, but could provide a surplus to the state to help address other critical budget needs, including mental health, substance use treatment, and criminal justice.

More than 35 other states have chosen to bring home their federal tax dollars and expand their Medicaid programs. Multiple studies show that these states have seen substantial budget savings and job growth, allowing them to address budget shortfalls and invest in their other critical priorities like education and transportation.

We cannot afford to wait any longer. Let's expand KanCare.