American Heart Association.

November 12, 2019

Representative Landwehr, Chair
Special Committee on Medicaid Expansion

Chair Landwehr and Committee Members:

I am writing on behalf of the American Heart Association (AHA) regarding KanCare Expansion, which expands eligibility for KanCare to those that live 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.

As this committee considers the way forward with providing Kansans the coverage that they need, AHA asks that you please consider a plan that doesn't cause needless delays and take years to work through approval and legal challenges. The goal of any expansion proposal is to provide uninsured Kansans with needed access to care, a complicated series of waivers without deadlines will simply leave Kansans in an uninsured limbo. We also ask that the committee focus on improving access and quality of care and that good progress isn't stymied by consideration of premiums and co-pays, which pose a disproportionate economic burden on low income Kansans.

The AHA fully supports continued consideration of an increase in the tobacco tax as a possible revenue source for KanCare Expansion of $1 or more per pack. An increase in the tax of E-cigarettes and smokeless tobacco should also be considered to bring these products in line with their combustible counterparts. Increases in tobacco prices lead to substantial reductions in their use for both youth and adults.[ix] In turn, this will help lower the KanCare bottom line through lowering health care costs.[x] It is estimated that Kansas currently spends $237.4 million in smoking related KanCare expenditures. [xi]

In closing, I would like to respectfully urge the committee 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 33 states and Washington DC that have opted for some form of expanded eligibility.

Sincerely,

Kari Rinker, MPA
State Government Relations Director
American Heart Association

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[iii] Shen JJ, Washington EL. Disparities in outcomes among patients with stroke associated with insurance status. Stroke 38(3):1010-1016.

[iv] Rice T,LaVarreda SA,Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. Med Care Res Rev 2005; 62(1): 231-249.

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[ix] 11 Congressional Budget Office. 2012. Raising the Excise Tax on Cigarettes: Effects on Health and the Federal Budget. Retrieved from: http://www.cbo.gov/sites/default/files/cbofiles/attachments/06-13-Smoking_Reduction.pdf . Accessed on February 19, 2018

[x] 0 World Health Organization. Raising tax on tobacco. Accessed online March 3, 2019 at https://apps.who.int/iris/bitstream/handle/10665/112841/WHO_NMH_PND_14.2_eng.pdf;jsessionid=91B8B6AF7E9E98B45D000573E61D8C53?sequence=1.

[xi] https://www.tobaccofreekids.org/problem/toll-us/kansas