

Sara Prem
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American Lung Association
Kansas & Greater Kansas
City

2019 Special Committee on Medicaid Expansion
Kansas State Capitol
300 SW 10th Street
Topeka, KS 666612

Re: Medicaid Expansion

Greetings:

The American Lung Association in Kansas and Greater Kansas City has a unique perspective on what individuals need to prevent disease, cure illness and manage chronic health conditions. The diversity of the patients and consumers we represent in Kansas and across the nation enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves.

We are committed to ensuring that Medicaid provides adequate, affordable and accessible healthcare coverage. We strongly support Medicaid expansion in Kansas. If Kansas expanded Medicaid eligibility to 138 percent of the federal poverty level (less than \$2,350 per month for a family of three) approximately 150,000 individuals in Kansas would gain health coverage. This will provide individuals with prevention, early detection and diagnostic services as well as disease management and treatment for their conditions. Research shows an association between Medicaid expansion and early stage cancer diagnosis, when cancer is often more treatable. Medicaid expansion is associated with improvements in quality measures at federally qualified health centers, which are critical healthcare providers for low-income patients. Medicaid expansion is also playing an important role in addressing health disparities— one recent study found that states that expanded Medicaid under the ACA eliminated racial disparities in timely treatment for cancer patients. Clearly, Medicaid expansion is beneficial for patients with acute and chronic health conditions.

We are encouraged by the Special Committee on Medicaid Expansion's work on expanding the state's Medicaid program. We offer the following comments for your consideration and encourage you to strengthen the bill with these recommendations.

Full Expansion

We have highlighted the health benefits of Medicaid expansion and its ability to provide coverage that is adequate, affordable and accessible. We therefore strongly support the third path outlined in the proposal (Section 2 (c)(3)). Covering individuals up to 138 percent of the federal poverty level through Medicaid will ensure that these individuals have access to important services, like non-emergency transportation services, that private insurance on the exchange does not cover but that are critical for helping low-income individuals access the care that they need.

Cost-Sharing

We are very concerned about the cost-sharing provisions in the proposed legislation. As written, the proposal has a five percent premium for all Medicaid enrollees above 100 percent of the federal poverty level. If a patient misses their premium payments for 60 days, they will be subject to a six-month coverage lock-out. This policy would likely increase the number of enrollees who would be locked out of coverage, as research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services. For example, when Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage. For individuals with health conditions, maintaining access to comprehensive coverage is vital to ensure they continue to maintain access to their physicians, medications and other treatments and services they need.

Please remember the American Lung Association in your will or trust.

Additionally, Medicaid has a cap on cost-sharing for the Medicaid population equal to five percent of an enrollee's income. Since the premium proposed is five percent of income, the Medicaid program will have to remove all additional cost-sharing, including co-pays. We would encourage the committee to reduce the financial barriers to care for patients in the proposed legislation.

Kansasworks Program Referrals

The proposed legislation requires any Medicaid enrollee or new application be evaluated for employment or education status prior to enrolling in the Medicaid program. If an individual is not employed or in school, they will be required to enroll in the Kansasworks program. The legislation requires the Secretary of Commerce to keep a database of participants' employment outcomes and the Secretary of Health and the Environment is required to certify enrollees' compliance with the program. Our organization fear that this requirement could delay coverage for new enrollees.

Administering these requirements will also be expensive for the state of Kansas. States such as Kentucky, Tennessee and Virginia have estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions of dollars. This would divert federal resources from Medicaid's core goal – providing health coverage to those without access to care – and compromise the fiscal health of Kansas' Medicaid program.

We believe that healthcare coverage should be affordable, accessible and adequate for patients with chronic and acute health conditions. We strongly support Medicaid expansion in Kansas and encourage the committee to amend the bill to strengthen patient protections.

Sincerely,

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¹ National Asthma Education and Prevention Program, Third Expert Panel on the Diagnosis and Management of Asthma. Bethesda (MD): National Heart, Lung, and Blood Institute (US); 2007 Aug. Accessed at: <https://www.ncbi.nlm.nih.gov/books/NBK7222/>; Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2017. Available from: <http://goldcopd.org>; National Comprehensive Cancer Network, NCCN Guidelines. Accessed at: https://www.nccn.org/professionals/physician_gls/default.aspx#site