

March 17, 2024

Dear Chairman and committee members,

I am writing today to thank you for the opportunity to provide testimony in support of Medicaid Expansion. This is such an important issue and will not cost Kansans a single penny.

It is estimated that 150,000 Low Income households would now have access to Medical care, \$700 million in annual federal funding would be added to the state and protect Kansans from medical debt and help rural Kansans have access to quality healthcare.

Kansans want, and need low-wage families to have access to Medicaid Expansion 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 need to protect Kansans and do the right thing by expanding Medicaid.

I plead with you to support Medicaid Expansion.

Sincerely,

Kerry Adam

Overland Park, KS



## The Kansas State Nurses Association Provides our Written Support for Medicaid Expansion in the State of Kansas

**To:** Chair, Representative Brenda Landwehr  
House Committee on Health and Human Services

**From:** The Kansas State Nurses Association (KSNA)

**In Support:** House Bill 2556: Expanding Medical Assistance Eligibility and Enacting the Cutting Healthcare Costs for all Kansans Act.

### Introduction

The Kansas State Nurses Association is submitting written testimony in support of HB 2556: Expanding Medical Assistance eligibility and Enacting the cutting Healthcare Costs for all Kansans Act. The Kansas State Nurses Association is the only professional organization for all Registered Nurses (RNs) in Kansas, working on behalf of the over 40,000 Registered Nurses focused on the health of Kansans. The mission of the Kansas State Nurses Association is to protect and enhance registered professional nursing practice in all environments to assure quality, affordable, and accessible health care for the people of Kansas. KSNA appreciates the Committee's attention to the complexities of reforming our health care system. Thank you for the opportunity to provide our perspective.

### Statement of the Kansas State Nurses Association

The Kansas State Nurses Association supports the adoption of House Bill 2556: Expanding medical assistance eligibility and enacting the cutting healthcare costs for all Kansas Act.

### Introduction

The Kansas State Nurses Association requests our legislators to expand Medicaid so that Kansans' tax dollars stay in Kansas to care for Kansas citizens and create Kansas jobs. We share with you today regarding the essential role that nurses play in the health care system, often referred to as "the backbone of the health care system," Nursing are the most trusted profession and the only healthcare provider with the patient 24 hours a day, 7 days a week, 365 days a year we believe HB 2556 will provide increased access for consumers of health care in Kansas. We also believe that Medicaid expansion is critical to the continued advancement of high quality, consistent, accountable, cost-effective, and accessible advanced health, and nursing care to the residents of Kansas.



Every day Kansas nurses care for patients without health insurance in every corner of our state from urban to remote rural communities. Everyday Kansas nurses witness the all-too-familiar stories of individuals and families choosing between food and medicine or plain doing without the care they so desperately need. I have witnessed myself, nurses in tears, and paying for a client's medication so they would have essential care needed. Kansans suffer and die needlessly as they cannot afford healthcare. The challenge is that many times their health problems could have been easily treated, or even prevented, had they received care earlier. **Medicaid expansion will save lives and provide much needed care.**

Under the Affordable Care Act and the Budget Control Act of 2011, Kansas hospitals are facing cuts of billions in Medicare and Medicaid reimbursements. The healthcare reimbursement system is significantly broken. According to a study by the Kansas Health Institute, failure to expand Medicaid in Kansas is only hurting the access of care for Kansans. Currently the federal government pays 61% of Medicaid. With Medicaid expansion the federal government will pay 90%. Kansas would also see a net gain of \$250 million over 2 years in incentive payments. Kansas rural hospitals would have a chance to survive with Medicaid expansion (KHI, 2024).

For those states that have implemented Medicaid expansion they have experienced a positive outcome (Robert Wood Johnson Foundation; ANA, 2017). Researchers used data from the American Hospital Association and the Centers for Medicare & Medicaid Services to determine that, on average, hospitals had \$5 million in increased Medicaid revenue and \$3.2 million in decreased uncompensated care costs. The hospitals with the greatest gains in profit margins tended to be small, nonfederal government-operated, or located in rural, remote areas. Medicaid expansion and the findings of this study have numerous implications for health care policy. This study also shows Medicaid expansion has significantly boosted hospitals viability, particularly those which provide care to vulnerable populations with few health care options (i.e., small, and rural hospitals) (Robert Woods Johnson Foundation/ANA, 2017).

Medicaid expansion has moved the U.S. health care system toward achieving the Kansas State Nurses Association core principles of health care reform: universal access to a standard package of essential health benefits for all Kansas citizens and Kansas residents; utilization of primary, community-based and preventative services while supporting the cost-effective use of innovative, technology-driven, acute, hospital-based services; the economical use of health care services with support for those who do not have the means to share in costs; and a sufficient supply of a competency healthcare workforce dedicated to providing high quality health care services. Medicaid expansion has extended comprehensive health care coverage to roughly 11 million individuals (ANA, 2017).

Again, we applaud your efforts and commitment throughout the year to find the most effective ways to increase access to health care for all Kansans. The KSNA has one question-Why is Kansas one of the 10 states that have not implemented Medicaid expansion. Why is Kansas leaving these federal funds on the table when the funds could assist Kansas consumers access to healthcare? We encourage you to support the expansion and transformation of Medicaid. In

summary, thank you for the opportunity to provide our written testimony to you. As nurses, representing the largest healthcare profession in Kansas and the nation we know the Kansas Legislature still has time to make the right decision for Kansans. The Kansas State Nurses Association supports House Bill 2556: Expanding medical assistance eligibility and enacting the cutting healthcare costs for all Kansas Act.

Respectfully on behalf of the Kansas State Nurses Association,

Linda Adams-Wendling, PhD., APRN, CNP, GNP-BC, NEA-BC, CNE

Past President-KSNA and KSNA Legislative Chair

[ladamswendling@gmail.com](mailto:ladamswendling@gmail.com)

## **References**

American Nurses Association. (ANA). (2017). *The Increasing Impact of Medicaid on the U.S. Health Care System*. <https://www.nursingworld.org/>

Kansas Health Institute. (2024). *Status of state Medicaid expansion decisions*. <https://www.khi.org/articles/2024-medicaid-expansion-estimates/>

Robert Wood Johnson Foundation. (2024). <https://www.rwjf.org/en/building-a-culture-of-health/focus-areas/Features/medicaid.html>



## Mid-America Region

**TO:** House and Senate Committee Members

**FROM:** Sam Huenergardt, President & CEO  
AdventHealth Mid-America Region

**RE:** Medicaid Expansion

On behalf of **AdventHealth**, our nearly 4,000 Kansas employees are proud to provide excellent care by extending our healing mission at our hospitals in Shawnee Mission, Ottawa and South Overland Park and dozens of medical offices.

### **Improving Access to Care**

A strong health system is key to a strong and healthy economy. Expanding Medicaid in Kansas would accomplish that and help keep Kansans' health care costs from rising.

It's estimated nearly 150,000 Kansans fall into a health coverage gap, meaning they earn too much to qualify for KanCare but too little to receive federal subsidies to buy private insurance.

In Johnson County, it's [estimated](#) that expanding KanCare would benefit more than 6,500 individuals who are uninsured and would gain access to insurance. In the past two years, Kansas has had a [higher uninsured](#) rate than the national average. Having insurance is a determining factor on seeking health care or not. Many uninsured individuals only seek health care in the Emergency Department, when they are too sick and where health care costs are higher.

[Studies](#) have shown that while some individuals eligible for expansion do not work, they could be disabled, act as caregivers for a family member, work part-time or be at school. Most individuals eligible under a Medicaid expansion work in low-wage jobs. Adults who work below the poverty level often do not have access to employer-based insurance, or if it's available, it is often [unaffordable](#). The most common jobs among adults in the coverage gap are cashier, cook, waiter, construction, maid, retail and janitor. For parents, in some cases even part-time work may make them ineligible for Medicaid. Medicaid expansion would allow those individuals to seek employment while still having access to health insurance.

Kansas has a [high number](#) of hospitals at risk of closure. In October, Herington Hospital closed abruptly, Fort Scott's Emergency Department and other clinics and services have also closed. Medicaid expansion would assist rural providers and hospitals who are [more reliant](#) on public payers due to the vulnerable populations they serve.

### **Developing a healthier economy and workforce**

Medicaid expansion is likely to be budget neutral due to its positive economic impact — it's estimated that it could create 23,000 new jobs in Kansas. With only 10 states remaining to take advantage of Medicaid expansion, Kansas has left more than \$6.6 billion of taxpayer dollars on the table by not expanding Medicaid.

Expanding KanCare would not only save lives and reduce health care costs, but it would also help our state better compete with our neighbors who have expanded Medicaid: Missouri, Nebraska, Colorado and Oklahoma. Several of our facilities are just a few miles from the Missouri border and compete with the same labor force.

According to the University of Kansas' Institute of Policy & Social Research [2023 report](#), the Kansas health care sector contributes over 300,000 jobs and almost \$20 billion in labor income to the economy, including direct and multiplier effects. On average, every 100 jobs in health care industries support an additional 50 jobs in other Kansas industries.

Health care makes substantial contributions to the [Johnson County economy](#), employing more than 49,500 people directly and paying over \$3.8 billion in labor income. Health care employers provide about 10.6 percent of Johnson County's jobs and 10.4 percent of labor income.

Hospitals have been experiencing financial challenges due to inflation and the workforce crisis by continuing to pay for travel agency staffing, increased costs of supplies and pharmaceuticals without increasing reimbursement.

Most importantly, studies show that people who have insurance are healthier than those who do not. We know in our community, many who are uninsured will delay care and come to our Emergency Department at the sickest and most expensive level of care for treatment. Medicaid expansion will help provide our patients with the ability to receive care in the right setting and properly manage their health, because they have insurance.

[Research](#) has demonstrated that uninsured adults may leave health needs [untreated](#) until they become eligible for Medicare at age 65.

A patient in her 50's came to our Shawnee Mission hospital with a grapefruit sized tumor in her breast. She didn't have insurance or a primary care doctor who could have caught it at an earlier stage. Our team worked to get surgeons to donate time and the hospital donated resources and time for surgery and treatment. Unfortunately, it was too late, and she passed away. She knew something was wrong but put this care off because she feared the cost without insurance.

AdventHealth is committed to addressing the social determinants of health for our patients by connecting with resources for food security, transportation, etc. Our social workers do an excellent job with our community partners to address issues, but they often encounter a roadblock to better health: access to insurance.

As we face a continued general workforce shortage, when more people have access to needed physical and behavioral health care then there will be more workers healthy enough to re-enter or remain in the workforce.

We ask for your support for Medicaid expansion in Kansas. Expansion will result in an immense impact to AdventHealth and the communities we serve.

AdventHealth's mission is *Extending the Healing Ministry of Christ*, and caring for the uninsured is a part of that healing mission. Thank you to this committee for your service and leadership to improve health care access in Kansas.

March 13, 2024

I'm writing to support the passage of the HB 2556 and SB 355 Medicaid expansion bills.

Although I'm fortunate enough to be covered under an employer-provided health care plan, I believe that all Kansans - regardless of income level or wealth - have heretofore suffered the ill effects of our legislature's refusal to support the wellbeing of our citizens via Medicaid expansion.

This expansion is 100% funded by the federal government, and will make a major difference in the lives of 150,000 Kansas who are currently struggling without adequate health insurance. The drag on our economy, our communities and our rural health care facilities caused by rejecting these federal funds can't be overstated.

I believe we shouldn't require low-income families and individuals to live in complete destitute poverty in order to obtain access to essential health services, and that those who are struggling economically should have their efforts to achieve productive employment rewarded - rather than stripping a single parent and their children of health care access for earning more than \$26,000/year. Our current Medicaid program guidelines disincentivize work and human flourishing for the most backwards, small-minded and spiteful reasons. This legislation, while imperfect, would be a major step in the right direction.

Stuart Aiken



## ALLIANCE FOR A HEALTHY KANSAS

House Committee on Health and Human Services

HB 2556 Testimony

April Holman, Executive Director

Alliance for a Healthy Kansas

Wednesday, March 20, 2024

Thank you for allowing me the opportunity to provide testimony in support of House Bill 2556, Governor Kelly's 2024 bill enacting Medicaid 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 nonprofit, nonpartisan organization centered around increasing access to affordable health care for all Kansans. We facilitate a broad-based statewide coalition of organizations and individuals that have come together to advocate expanding eligibility for Medicaid in Kansas. The Expand KanCare coalition includes more than 130 organizations representing business leaders, doctors and hospitals, social service and safety net organizations, faith communities, chambers of commerce, and advocates for health care consumers, among others."

Kansas has a health coverage problem. Tens of thousands of Kansans fall into the coverage gap and don't have access to affordable health insurance. Kansas has some of the strictest requirements in the country to qualify for our Medicaid program, KanCare. Expanding Medicaid will benefit 150,000 Kansans who otherwise may not have affordable coverage. It will also:

- **Reduce health care costs for everyone.** When uninsured Kansans can't get health coverage, that means more in uncompensated care costs. This means everyone pays more.
- **Protect Kansans from medical debt.** By expanding Medicaid, tens of thousands of Kansans will be able to afford insurance coverage, protecting many from medical debt and bankruptcy.
- **Support a healthier workforce.** Most in the coverage gap work at least one job but aren't offered coverage through their employer. When people have access to the health care they need, there are more workers healthy enough to re-enter or remain in the workforce.
- **Make Kansas more economically competitive.** Expanding Medicaid helps our state compete with our neighbors who have already expanded their Medicaid programs.
- **Help to preserve & strengthen rural health care.** Kansas has more rural hospitals at risk of closing than any other state our size. Expansion ensures rural Kansans can get the care they need while giving a boost to their economies.

- ***Ensure uniform access to affordable health care for all Kansans.*** Expansion allows all Kansans to access affordable health care regardless of their race, how much money they make, or what their ZIP code is.

While we share the Governor's support for Medicaid expansion, we must note our concern about one provision in the governor's proposal. Work requirements create a barrier to participation and result in the loss of coverage rather than effectively promoting work. The Alliance opposes work requirements as contrary to the goal of closing the coverage gap in Kansas. We therefore ask the committee to amend HB 2556 to remove the work requirement by striking New Section 3 beginning on page 2, line 13 of the bill and ending on page 3, line 12 of the bill.

Poll after poll shows that a vast majority of Kansans want to see eligibility for Medicaid expanded in our state. We respectfully urge the committee to advance HB 2556 favorably or without recommendation so that the issue of Medicaid expansion can receive consideration on the floor of the Kansas House, including a full debate and vote.

House Committee on Health and Human Services

From: Thomas Alonzo, 507 No. Thompson, Kansas City, Kansas 66101

Honorable Chair and Committee,

I appreciate the opportunity to submit written testimony in support of Medicaid Expansion in Kansas. I am a lifelong resident of Wyandotte County, Kansas City, Kansas.

Wyandotte County has some of the poorest health outcomes in the State of Kansas.

As a local activist in the Farmers Market Community, the LGBTQ+ Community and for the People of Wyandotte County as a volunteer participant on the Unified Government's Advisory Commission on Human Relations and Disability Issues, I can attest to the fact that the population of uninsured and underinsured residents in Wyandotte County represents one of our biggest challenges in meeting the health needs of our county.

We are the most diverse community in Kansas and one of the unique counties with this type of diversity in the United States. We have a large immigrant and refugee population, a larger than average unemployment rate and a larger than average poverty rate and yet when you come to Wyandotte County, you see people working so hard to live their lives and to make the lives of their families better.

Kansans overwhelmingly support Medicaid Expansion by 71% or more

Many of our rural hospitals have either closed or are in danger of closing. In fact, while I know there is animosity from some of our legislators towards the urban communities and in particular, Wyandotte County, the fact is, there are similar health issues in the rural counties in Kansas. I often see the legislature pitting the interests of rural communities against the interests of urban communities when in fact, with regard to health outcomes, they are more similar than they are different. Some have used this as a way to keep voters divided and in fact, some of this is born out of racism, whether you acknowledge it or not.

Only 10 states in this country have refused to expand Medicaid. And now, even Mississippi is considering passing Medicaid Expansion....Mississippi. Our surrounding states have passed some form of Medicaid Expansion, but not Kansas.

Meanwhile, Kansas sends millions of tax dollars to other states to fund their Medicaid. How smart is that? Oh, I know some of you have an answer for that with the "accounting" some of you have cooked up that has very little accuracy...in fact, it's mostly misinformation and deception, which is shameful.

The majority of your constituents want Medicaid Expansion. Medicaid Expansion is economically sound for Kansas, no matter what some of you try to say. It is incumbent

upon you as a governing body, if you truly consider yourselves leaders and representatives of a diverse population in a state that is changing rapidly, demographically, socially and economically. Don't pass up this opportunity to do something truly good for the state.

Thank you.

Thomas A. Alonzo

January 26, 2024

The Honorable Brenda Landwehr  
Chair, Committee on Health and Human Services

Dear Chair Landwehr and members of the Committee on Health and Human Services,

On behalf of The ALS Association and the 290 Kansans living with ALS, we urge you to support HB 2556 to close the healthcare coverage gap.

ALS, or amyotrophic lateral sclerosis, is a fatal progressive neurodegenerative disease that affects the nerve cells responsible for controlling voluntary muscle movement. It is a devastating condition that leads to the gradual loss of muscle function, eventually rendering individuals unable to speak, eat, or breathe independently.

Individuals with ALS require a significant amount of medical care and assistance to manage the symptoms of the disease. Some examples include assistance with dressing, feeding, travel to appointments, mobility, and equipment use.

For Kansans living with ALS, accessing affordable care can be a significant challenge due to the state not expanding KanCare coverage. As we have seen in other states that have enacted Medicaid expansion, expanding KanCare coverage will help to prevent the financial harm caused by ALS. Based on our analysis of Centers for Medicare and Medicaid data from 2021, we know that 19 percent of people living with ALS are currently eligible or utilizing Medicaid in Kansas. We know additional families impacted by ALS fall outside of the current income requirements and would greatly benefit from KanCare expansion.

The average annual out-of-pocket costs for people living with ALS can be as high as \$250,000 a year. Recent data from an ALS Association survey shows the importance of addressing lack of affordable insurance coverage and the high costs of care for our patients. One in ten respondents to our survey said they lost healthcare coverage after an ALS diagnosis. Our survey also found that one in four respondents said they experienced medical debt due to ALS treatment or caregiving.

The ALS Association shares concerns with other patient advocacy organizations regarding the proposed work requirements in this bill and the bureaucratic complexities that accompany them. As we have seen in other states, these complexities often create cracks that patients fall through and cause a loss of coverage. Navigating the bureaucracy to prove that one is exempt from work requirements due to disability can be an added and unnecessary burden for people living with ALS and their families. This process can be time-consuming and complex, diverting energy and resources that could be better spent on health and well-being.

We hope the committee will consider these concerns and make necessary changes to the current bill language so as to reduce the burden put on the shoulders of patients and caregivers. We are committed to meeting the critical mission of making ALS livable, for everyone, everywhere until we find a cure. Policies that can help people living with ALS access affordable healthcare can greatly assist our work in meeting this objective.

We strongly encourage members of the Committee on Health and Human Services to advance HB 2556 to the full Kansas House of Representative for their consideration.

Sincerely,

Matt Prokop  
Managing Director, Advocacy  
The ALS Association  
[matt.prokop@als.org](mailto:matt.prokop@als.org)





March 20, 2024

Representative Landwehr  
Chair, House Health and Human Services Committee

**RE: HB 2556 / Neutral Testimony**

Madame Chair and Members of the Committee,

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. Our mission is to "Advocate for evidence-based public policies to reduce the cancer burden for everyone." To that end, ACS CAN will continue to prioritize policies that help every Kansan prevent, find, treat and survive cancer.

***"If you are uninsured, and you are diagnosed with cancer, you have a 60% greater chance of dying from cancer than if you were insured and diagnosed with cancer."***<sup>i</sup> In 2024, the American Cancer Society projects a total of 16,640 new cancer diagnoses for Kansans; many of which are preventable.

Whether it is access to primary health care through which cancer risks and prevention tools are learned, vaccine and screening education is taught and accessible, or diagnostic tools, treatment guidance and support are provided; meaningful cancer prevention relies on consistent access to health care and comprehensive health insurance. HB 2556 provides that access to an estimated 150,000 low-income Kansans by expanding Medicaid eligibility. **ACS CAN supports expanding Medicaid eligibility** and in so doing, ensuring all Kansans have access to comprehensive health insurance without restrictions. The connection between increased access and improved cancer outcomes is well established:

- Medicaid expansion was associated with improved rates of colorectal<sup>ii</sup> prostate, and cervical cancer screenings.<sup>iii</sup>
- Individuals enrolled in Medicaid prior to their cancer diagnosis have better survival rates than those who enroll after their diagnosis.<sup>iv</sup>
- 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.<sup>v</sup>
- Maternal and infant health outcomes are more favorable in states that have expanded Medicaid. Medicaid expansion increases access to health care before, during, and after pregnancy and has contributed to decreased maternal and infant mortality rates.<sup>vi</sup>
- Medicaid expansion extends survival for patients in all racial and ethnic groups but has the greatest survival benefit for those in medically underserved minority groups.<sup>vii</sup>
- The health coverage provided by Medicaid helps to improve outcomes and reduce the burden of cancer by offering access to prevention services; timely cancer screening and early detection services; as well as affordable treatment services and care.

- Medicaid expansion is associated with an increase in survival from cancer at 2 years post diagnosis, and the increase was most prominent among non-Hispanic Blacks in rural areas, highlighting how expanding Medicaid can reduce health disparities<sup>viii</sup>.

While HB 2556 expands Medicaid eligibility to low-income Kansans, it does so with requirements that do not work for cancer patients and their caregivers. ACS CAN opposes any attempt to condition Medicaid coverage on work requirements because:

- People impacted by cancer can be locked out of coverage. The reality of cancer treatment, survivorship and caregiving is that there are times when holding a job or engaging in a job search is physically unworkable – and while some may be exempt from work requirements, the administrative complexity of constantly reporting work or health status could still lead to them being locked out of coverage.<sup>ix</sup>
- Several courts have ruled that Medicaid work requirements are unlawful because they decrease access to Medicaid coverage. Most adults enrolled in Medicaid already work (61%), or have caregiving responsibilities, school, or serious illness/disabilities that legitimately prevent them from working (30%) – so work requirements are not likely to increase employment or punish individuals who are deliberately ‘gaming the system.’
- Work requirements “fail to promote the intended objectives of the Medicaid program...(and) directly inhibit access to high-quality cancer care.” Further, conditioning health insurance on work requirements can create numerous consequences for enrollees including but not limited to “disruptions in care, delays in treatment, dis-enrollment in coverage – all of these gaps in care delivery that have been shown to directly adversely impact cancer care outcomes.”<sup>x</sup>

Further, HB 2556 imposes cost share requirements that have been shown to deter enrollment; ACS CAN has concerns about such policies for several reasons:

- Studies have shown that imposing even modest premiums on low-income individuals is likely to deter enrollment in the Medicaid program.<sup>xi</sup>
- Imposing cost sharing on low-income populations has been shown to decrease the likelihood that they will seek health care services, including preventive screenings.<sup>xii</sup>
- Cancers that are found at an early stage through screening are less expensive to treat and lead to greater survival.

ACS CAN continues working to ensure every Kansan has access to affordable health care. For the 150,000 Kansans who are stuck in the coverage gap, access to KanCare should be expanded, not restricted. Due to the concerns we have referenced above, ACS CAN is neutral on HB 2556 as currently written; we stand ready to help the committee address these concerns at any time. Thank you for the opportunity to share our testimony and concerns, please do not hesitate to contact me with any questions.

Megan Word  
 Government Relations Director, Kansas  
 American Cancer Society Cancer Action Network

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- <sup>i</sup> Dr. Otis Brawley, former Chief Medical Officer, American Cancer Society
- <sup>ii</sup> Aparna Soni, Kosali Simon, John Cawley, Lindsay Sabik, "Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses", *American Journal of Public Health* 108, no. 2 (February 1, 2018): pp. 216-218.
- <sup>iii</sup> Dehkordy, SF, Hall, K, West, B, et al. "Medicaid Expansion Improves Breast Cancer Screening for Low Income Women." November 30, 2015. [https://www2.rsna.org/timssnet/Media/pressreleases/14\\_pr\\_target.cfm?id=1849](https://www2.rsna.org/timssnet/Media/pressreleases/14_pr_target.cfm?id=1849)
- <sup>iv</sup> Ungar, Laura. "More KY Medicaid Patients Get Preventative Care." *Courier Journal*. August 7, 2015. Web [www.courier-journal.com/story/life/wellness/2015/08/05/preventive-care-r...](http://www.courier-journal.com/story/life/wellness/2015/08/05/preventive-care-r...)
- <sup>v</sup> Soni A, Cawley J, Sabik L, & Simon K. Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses. *The American Journal of Public Health*, 108(2), 216–218. doi:10.2105/AJPH.2017.304166.
- <sup>vi</sup> ACS CAN *Cancer and Closing the Health Insurance Coverage Gap, Feb. 2024*
- <sup>vii</sup> *Medicaid expansion increases survival for patients with cancer*, CA: A Cancer Journal for Clinicians, <https://doi.org/10.3322/caac.21751>
- <sup>viii</sup> Han, Xuesong, et al. Association Between Medicaid Expansion Under the Affordable Care Act and Survival Among Newly Diagnosed Cancer Patients. *Journal of the National Cancer Institute*. 2022 Aug 8;114(8):1176-1185. doi: 10.1093/jnci/djac077.
- <sup>ix</sup> ACS CAN, *Medicaid Work Requirements*, June 2023 – a 2018 analysis suggests that if all states were to implement Medicaid work requirements, between 1.4 and 4.0 million Medicaid adults could lose coverage, with the majority of disenrollment occurring among individuals who comply with the requirements (i.e., are working enough hours to satisfy requirements) and remain eligible but lose coverage due to new administrative reporting burdens or red tape.
- <sup>x</sup> Medicaid Work Requirements: A Conversation With Dr. Manali Patel, Clifford A. Hudis, MD, FASCO, FACP, October 3, 2018
- <sup>xi</sup> Hendryx M, Onizuka R, Wilson V, Ahern M. Effects of a Cost-Sharing Policy on Disenrollment from a State Health Insurance Program. *Soc Work Public Health*. 2012; 27(7): 671-86. - Wright BJ, Carlson MJ, Allen H, Holmgren AL, Rustvold DL. Raising Premiums and Other Costs for Oregon Health Plan Enrollees Drove Many to Drop Out. *Health Affairs*. 2010; 29(12):2311-16. - Office of the Assistant Secretary for Planning and Evaluation. *Financial Condition and Health Care Burdens of People in Deep Poverty*. Published July 16, 2015. Accessed October 2019. <http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>.
- <sup>xii</sup> Solanki G, Schauffler HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research*. 2000; 34: 1331-50. - Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care*. 2011; 49: 865-71. - Trivedi AN, Rakowski W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med*. 2008; 358: 375-83



RE: HB 2556/SB 355  
KanCare Expansion 2024  
Neutral Testimony- written submission

I am writing on behalf of the American Heart Association (AHA) regarding KanCare Expansion. The AHA believes that closing the insurance coverage gap will have a significant positive impact on many including the following:

- People living with cardiovascular disease (CVD).
- Parental and non-parental caregivers of children living with congenital heart disease (CHD).
- Spouses and other family who care for people who are recovering from CVD and stroke.
- Young adults, including college students, living with CHD who have aged out of KanCare.

Recent peer reviewed research published by the AHA found the following for states that participated in Medicaid expansion, raising the income level to be eligible for Medicaid up to 138% of the federal poverty level<sup>i</sup>:

- Decreased out-of-hospital deaths.
- Fewer socioeconomic and demographic disparities in care.
- Increased preventive care and screening.

In 2015, 41.5% (102.7 million) of the U.S. population had at least one cardiovascular disease (CVD) related condition.<sup>ii</sup> It's easy to see why insurance access matters to them when no insurance means the following:

- Higher mortality rates<sup>iii</sup>
- Poorer blood pressure control.<sup>iv</sup>
- Greater neurological impairments, longer hospital stays,<sup>v</sup> and higher risk of death<sup>vi</sup> for stroke patients.
- Delay in seeking medical care<sup>vii</sup> during an acute heart attack.

Clearly, a lack of access to quality comprehensive healthcare is bad for the 150,000 Kansans living in the insurance "gap". So why are we neutral on HB 2556/SB 255? Work requirements don't work. Data from other programs with work requirements (SNAP, TANF) show the ineffectiveness of increasing employment but do show a large reduction in participation. This is often due to complex administrative requirements and a lack of assistance in filling out necessary paperwork to claim exemptions.<sup>viii</sup>

The AHA knows that closing the gap and joining the 40 states that have opted for expanded eligibility is a highly effective common-sense way to improve the health of working Kansans impacted by heart disease and stroke. We are thankful for the discussion and the opportunity to provide this testimony.

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<sup>i</sup> Ginger Y. Jiang, John W. Urwin and Jason H. Wasfy. Medicaid Expansion Under the Affordable Care Act and Association With Cardiac Care: A Systematic Review. *Circulation: Cardiovascular Quality and Outcomes* 2023.

<https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.122.009753>

<sup>ii</sup> 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](http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf)

Accessed June 19, 2017.

<sup>iii</sup> McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

<sup>iv</sup> Shen JJ, Washington EL. Disparities in outcomes among patients with stroke associated with insurance status. *Stroke* 38(3):1010-1016.

<sup>v</sup> 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.

<sup>vi</sup> McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886–2894.

<sup>vii</sup> Smolderen KG, et al. Health Care Insurance, Financial Concerns in Accessing Care, and Delays to Hospital Presentation in Acute Myocardial Infarction. *JAMA* 2010;303(14)1392-1400.

<sup>viii</sup> CBPP, “Taking Away Medicaid for Not Meeting Work Requirements Harms People with Disabilities,” updated March 10, 2022, <https://www.cbpp.org/research/health/taking-away-medicaid-for-not-meeting-work-requirements-harms-people-with->



Sara Prem, Director of Advocacy in Kansas  
American Lung Association in Kansas and Greater Kansas City  
RE: HB 2556 – Neutral: Written Testimony

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 34 million people in the United States living with lung diseases, including more than 383,535 adults in Kansas living with chronic lung disease. The Lung Association strongly supports KanCare expansion, which would expand access to care for 150,000 Kansans. However, we must provide neutral testimony regarding HB 2556 because, as written, it would significantly limit the benefits of expansion by including a work requirement, as well as premiums for patients. The Lung Association strongly urges members of the Committee to strike these provisions from the bill.

KanCare expansion will help patients with asthma, lung cancer, and other lung diseases in Kansas access quality, affordable care. Research has shown that Medicaid expansion is associated with higher rates of early-stage cancer diagnosis when survival rates are higher.<sup>1</sup> Similarly, Medicaid expansion reduces preventable hospitalizations for individuals with chronic conditions including asthma and COPD<sup>2</sup> and reduces racial disparities in timely treatment for cancer patients, amongst many other health benefits.<sup>3</sup> KanCare expansion also would have significant financial benefits for Kansas. An evaluation of Medicaid expansion in Ohio found that enrollees are less likely to have medical debt than their non-enrolled counterparts.<sup>4</sup> Additionally, Medicaid expansion has helped state economies and has been associated with a reduced risk of hospital closures, especially in rural areas.<sup>5</sup> Researchers have predicted that expanding KanCare in Kansas would create nearly 23,000 new jobs across multiple sectors.<sup>6</sup> The American Rescue Plan Act makes the fiscal case even stronger by providing states that implement expansion with a significant increase in Medicaid funding, totaling an estimated \$468 million in Kansas.<sup>7</sup>

However, HB2556 would add burdensome work requirements to KanCare expansion. The employment verification process outlined in the bill would cause otherwise-eligible people to get caught up in red tape that could prevent them from accessing healthcare coverage. In 2018, Arkansas imposed a work requirement on people enrolled in Medicaid. Before a federal court halted the state's efforts, more than

18,000 individuals who were otherwise eligible for Medicaid lost their healthcare in just seven months due to onerous paperwork requirements and additional bureaucracy. One of these patients, Adrian, found out at the pharmacy counter that he had lost his Medicaid coverage – he couldn't fill his COPD medications, ended up in the hospital, and ultimately lost his job because he missed too much work.<sup>8</sup> We don't want to see other patients in Kansas go through this same ordeal.

Most people on KanCare who can work already do work. More than 90% of adults with Medicaid coverage are either workers, caregivers, students, or unable to work due to illness.<sup>9</sup> And continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).<sup>10</sup> Work requirements will hurt rather than help people search for and obtain employment.

HB2556 also includes premiums that would limit the benefits of KanCare expansion. Research on Michigan's Medicaid expansion showed that modest increases of a few dollars in premiums resulted in coverage losses, especially among healthy individuals.<sup>11</sup> Additionally, premiums also exacerbate existing disparities in access to healthcare, as they have been shown to lead to lower enrollments for Black enrollees and lower-income enrollees, compared to their white and higher-income counterparts, respectively.<sup>12</sup>

The American Lung Association urges lawmakers supports expanding access to quality, affordable healthcare in Kansas but urges lawmakers to do so without additional financial and administrative barriers to care.

Thank you for your time and consideration,

Sara J Prem, MPA  
Director of Advocacy  
American Lung Association in Kansas and Greater Kansas City

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<sup>1</sup> Aparna Soni, Kosali Simon, John Cawley, Lindsay Sabik, "Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses", American Journal of Public Health 108, no. 2 (February 1, 2018): pp. 216-218. Available at <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.304166>.

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<sup>2</sup> Hefei Wen Kenton J. Johnston, Lindsay Allen, and Theresa M Waters. "Medicaid Expansion Associated with Reductions in Preventable Hospitalizations." November 2019. Health Affairs. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00483>.

<sup>3</sup> *Racial Disparities in Access to Timely Cancer Treatment Nearly*. (2019, June 2). [Press release]. <https://www.asco.org/about-asco/press-center/news-releases/racial-disparities-access-timely-cancer-treatment-nearly>

<sup>4</sup> Ohio Department of Medicaid, *2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment*, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.

<sup>5</sup> Richard Lindrooth, Marcelo Perrailon, Rose Hardy, and Gregory Tung, "Understanding the Relationship Between Medicaid Expansions and Hospital Closures," *Health Affairs* 27, no. 1 (January 2018): pp. 111-120. Available at <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0976>.

<sup>6</sup> Leighton Ku and Erin Brantley, *The Economic and Employment Effects of Medicaid Expansion Under the American Rescue Plan* (Commonwealth Fund, May 2021). <https://doi.org/10.26099/x6zp-g424>

<sup>7</sup> Manatt Health, "Assessing the Fiscal Impact of Medicaid Expansion Following the Enactment of the American Rescue Plan Act of 2021," April 2021, <https://www.manatt.com/Manatt/media/Documents/Articles/ARP-Medicaid-Expansion.pdf>

<sup>8</sup> <https://www.pbs.org/newshour/show/with-new-work-requirement-thousands-lose-medicaid-coverage-in-arkansas>

<sup>9</sup> KFF. Understanding the Intersection of Medicaid & Work: A Look at What the Data Say. April 24, 2023. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/>.

<sup>10</sup> Ohio Department of Medicaid, *2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment*, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.

<sup>11</sup> [w28762.pdf \(nber.org\)](#)

<sup>12</sup> University of Wisconsin-Madison Institute for Research on Poverty. (2019). Evaluation of Wisconsin's BadgerCare Plus Health Coverage for Parents & Caretaker Adults and for Childless Adults 2014 Waiver Provisions. Available at <https://www.irp.wisc.edu/wp/wp-content/uploads/2019/11/BC-2014-Waiver-Provisions-Final-Report-08302019.pdf>

March 16, 2024

Dear Chairman and committee members,

I am taking time today to thank you for your attention to my testimony urging you to expand Medicaid for Kansans.

As I am sure this committee is aware, one of the biggest contributors to poverty is medical debt. The members of the current legislative session have the opportunity to help protect Kansans from this by expanding KanCare. It would allow 150,000 Kansans who fit into a current insurance gap to afford coverage and gain access to medical care. These are real Kansans with real families that need our help.

This expansion has the potential to reduce healthcare costs for *everyone* by allowing more access to medical care before an expensive ER visit is necessary. This is especially important in our rural communities who have limited access to facilities to have their medical needs met. With so many rural hospitals closing their doors, they need all the help they can get.

And it seems now is the time to act. Federal law is providing a signing bonus for holdout states such as KS to implement expansion. This means KS would not only gain access to \$700 million in annual funding, but an additional \$450 million in the first two years. And the best part is, it doesn't cost KS taxpayers anything more.

I close by thanking you again for your time and urging you support the expansion of KanCare.

Jennifer Ancell  
Shawnee, KS

March 15, 2024

I support the Medicaid Expansion because it just makes sense. 150,000 low income Kansans would gain access to medical care. It protects Kansans from medical debt. Healthcare for everyone would be reduced. We would receive millions in federal funding. It would save rural hospitals from having to close. And best of all it won't cost taxpayers a cent.

Please support Medicaid expansion for the good of Kansas.

Becky Anderson

February 10, 2024

As a Kansas retired school nurse I know the importance of consistent health care for children. Children with consistent health insurance are much more likely to have access to preventive health services that are so crucial to success in school; staying current on vaccines and annual flu shots, preventive dental care, access to vision correction, early identification of health conditions.

Parents who do not have health insurance often delay taking their children to medical services due to the high cost of care that will prevent them from fully paying the rent, utilities, groceries or other bills. Often these delays in accessing health care cost the children valuable time in school and increase the likelihood of needing special education services to get them caught up with their peers.

What I am asking you to consider is the cost savings that it brings to the community at large even if you do not consider the value that it will bring to each individual family that you serve representing as your constituents.

In my retirement I worked as a visiting nurse to primarily elderly individuals in their homes, and in assisted care facilities. As you know a significant proportion of Medicaid money is spent on our aging population in Kansas and even more will be needed as the baby boomer generation continues to age. So many of our rural hospitals have had to close due to lack of payment for services from our aging farmers, ranchers and those who value living in rural communities.

Please support Medicaid expansion to communicate to our rural Kansans that you value their contributions and support their lives as their medical costs increase in their retirement. Many senior Kansans do not have the financial resources to pay for the more expensive part B of Medicare and could benefit from the Medicaid expansion. Maybe with Medicaid expansion the healthcare services will return to our rural communities.

Karen Anderson Harvey

March 15, 2024

Thank you for the opportunity to provide testimony in support of expanding KanCare, the Medicaid program in Kansas. Medicaid expansion would provide healthcare coverage to over 150,000 low-income Kansans who are currently uninsured, improving their health outcomes and financial stability. It would also bring over \$500 million in federal funding into Kansas each year, stimulating the state's economy and creating thousands of new jobs in the healthcare sector. After accounting for cost savings and increased revenue, multiple nonpartisan analyses have found that expansion would have a net positive impact on the state budget.

Expanding Medicaid is critical for supporting rural hospitals and clinics in Kansas, many of which are struggling financially and at risk of closing without the increased revenue that expansion would provide. It would also help address health disparities and promote health equity by providing coverage to many people of color, individuals with disabilities, and low-income workers who currently lack access to affordable care. By increasing access to preventive care and early treatment, Medicaid expansion can help reduce costly emergency room visits and hospitalizations, saving money for hospitals and the state.

41 states have already expanded Medicaid, and evidence shows it has improved health outcomes, reduced uncompensated care costs for hospitals, and strengthened state budgets. Without expansion, many low-income Kansans fall into a coverage gap - earning too much for traditional Medicaid but too little for marketplace subsidies. Expansion would close this gap and ensure no one is left behind. Medicaid expansion is also vital for addressing the opioid epidemic and expanding access to substance use disorder treatment. In expansion states, access to addiction treatment has increased by 18%.

Providing healthcare to more Kansans is simply the right thing to do. In a prosperous state like ours, no one should have to go without the care they need. We urge you to support Medicaid expansion and invest in a healthier future for all Kansans. Thank you for your consideration.

Jason Anderson

FEB 09, 2024

To: Kansas Legislature on Medicaid Expansion  
Reference: Testimony in Support of the Expansion of Eligibility for  
KanCare

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. We all struggle without access to affordable health care.

NOTE; Every state that borders Kansas has expanded Medicaid health care.

kirk anderson  
wichita, kans.  
registered VOTER

February 9, 2024

In 2014 my brother-in-law was diagnosed with glioblastoma (brain tumor), from which he subsequently died. He was 64 when he was scheduled for surgery at Wesley Hospital in Wichita. He didn't show up for it. While we were not close, he gave my name as a point of contact at his apartment. When we went to check on him, he was semi-delirious and explained that he failed to meet the taxi he called to take him to the hospital.

We were able to get him admitted to Wesley, where he subsequently underwent surgery with radiation therapy to follow up. He became eligible for Medicare while undergoing this treatment, but his hospitalization continued for a long time with much of it in ICU because of frequent, unpredictable seizures when he often became violent. The case worker at Wesley searched far and wide to find a long term care facility that would accept him. She was finally able to place Tom in the Catholic Care Center in Bel Aire. He remained there until his death in 2015. Our family ordeal is over, but we don't know what would have happened if he hadn't qualified for Medicaid. I know there is pressure to include a work requirement to qualify, but I hope there is legislative consideration for people who find themselves in a predicament like Tom's. Work was absolutely out of the question for Tom.

There seems to be plenty of evidence that lower income Kansans need Medicaid Expansion and that there is broad-based political support for it. I support it, and I hope you will cast your vote to make it happen.

Glen Armbruster  
1009 N Stratford Ln  
Wichita, KS 67206  
316-213-1660  
[ICTGlen@gmail.com](mailto:ICTGlen@gmail.com)



TO: Rep. Brenda Landwehr, Chair  
House Health and Human Services Committee

FROM: Kevin Strecker  
Ministry Market CEO  
Ascension Via Christi

DATE: March 20, 2024

RE: House Bill 2556

Thank you, Chair Landwehr and members of the House Health and Human Services Committee for holding this hearing and providing an opportunity to receive public comment.

Ascension Via Christi is one of the largest healthcare systems in Kansas. We have more than 6,200 employees, and eleven hospitals, as well as many physician clinics and outpatient ancillary and home-based services.

We provide over \$422 million in wages and salaries to our associates, resulting in \$16.3 million in state taxes withheld. In FY 2023, we provided \$65 million in community benefit, which includes \$21 million in uncompensated care and \$19 million in unpaid costs of Medicaid services.

On behalf of Ascension Via Christi, I want to thank Governor Kelly for introducing her plan to expand Medicaid in Kansas. House Bill 2556 ensures 90 percent of expanded KanCare program costs are covered by the federal government, while the remaining 10 percent is funded with no state dollars and with support from hospitals, drug rebates, and other strategies.

Ascension Via Christi has a long and consistent tradition informed by our faith of supporting 100% coverage and 100% access to healthcare for all people. As stated in the *Ethical and Religious Directives for Catholic Health Care Services*, which guides the services we provide, the "Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as *adequate health care*."(Emphasis added). Expanding Medicaid will provide adequate health care to thousands of Kansans who do not have access right now.

This plan maximizes the benefits of Medicaid expansion in Kansas while minimizing the risk of any new financial costs for Kansans.

It's important to recognize Kansans have been paying additional taxes associated with the federal Affordable Care Act for more than a decade. Other states have recouped those tax dollars and reinvested them into their healthcare systems, creating new jobs, sustaining rural hospitals, and improving public health outcomes. Kansas would benefit by taking a similar approach and helping Kansans rather than continuing to fund Medicaid expansion and better health outcomes in other states.

Expanding KanCare is the most effective way to improve public health, stabilize the financial outlook for Kansas hospitals and healthcare providers, create additional good-paying jobs and encourage routine and preventive care before patients are in crisis with serious and expensive conditions.

Patients in crisis come to us through our emergency department, where they could stay for multiple days until an inpatient bed opens at a state facility or at a support service in the community. In 2023, we admitted 3,384 behavioral health patients, and their average length of stay exceeded 10 days.

The high volume of uninsured patients requiring care and the increasing complexity of patients' behavioral health needs have resulted in an increasing number of patients being boarded in the emergency department while they await placement in a behavioral health department bed.

The length and expense of these stays would be mitigated by more proactive, timely interventions, which an expanded KanCare program would provide.

We have good reason to believe Kansas could realize these benefits because of the experiences of other states that have developed conservative approaches to expanding Medicaid. Montana, for example, expanded its Medicaid program in 2016 and receives about \$900 million annually, which has helped sustain thousands of new jobs and strengthen public health.

Importantly, not a single rural hospital in Montana has closed since Montana expanded its Medicaid program and recouped its residents' federal tax dollars to support its healthcare system. To be clear, rural hospitals face many challenges, and Medicaid expansion is not a universal cure. However, it is clear that the states that have chosen to leverage Medicaid expansion dollars have been more successful in preserving hospital access in rural communities. Expansion can reduce millions of dollars in uncompensated care while also helping patients receive preventive care so conditions don't escalate to more serious and more costly levels.

Rural hospitals across Kansas are dealing with very difficult financial conditions that put their continued operation in jeopardy. The current proposal to expand KanCare will have a positive and meaningful financial impact on these facilities and their ability to sustain care in rural Kansas.

For these reasons, we support expanding KanCare and encourage committee members to approve this important proposal.

March 15, 2024

I urge the Kansas House and Senate to expand Medicaid in Kansas. Doing so will help low income individuals, disabled people, and health care providers. Medicaid expansion would also enable more rural hospitals to stay open. Right now, a family of three needs to earn less than \$9,800 per year to qualify. Expanding Medicaid would allow them to earn more money and still qualify for Kan Care.

By the end of 2023, Kansas had turned away nearly \$7 billion in tax dollars since 2014. This comes from tax dollars that Kansans are already paying. This is plain stupid!

There is no down side for Medicaid expansion.

Sincerely,  
Audrey Asher  
6501 W 106th St  
Overland Park, KS 66212

2/9/24

Good morning my name is Michael Audley. I have twins that are stage three autistic and nonverbal. Early intervention is everything they are eight now and my son is self harming to a point where I think he's going to have brain damage. The older and stronger he gets the more fearful I am about his future. I am a hard-working, blue collared employee that just makes above where I would need to be at to get any help from Kansas. Expanded Medicaid would allow my kids to have the proper help that they need because at some point if this trend continues my son is going to weigh on the state anyways financially when he's 18. All this could be avoided with early intervention. Expanded Medicaid is literally paid for by the federal government. Honestly, I'm disappointed in the leadership we have in Kansas. Shame on you. Any questions please give me a call 316-727-4358.

January 26, 2024

Hello,

My name is Crystal and I would like to tell you why I think KanCare should be expanded. KanCare covers the cost for my therapy and medications. I suffer from anxiety and PTSD. I work in a women's shelter, go to school full time, and am the mother of two amazing children. It is not true that "KanCare is just welfare for able bodied people who do not want to work." I work and do not receive healthcare through my job, and I do not make enough money to afford it any other way. Many service jobs do not offer health care to their employees. Many people have jobs and do not have healthcare. Hardworking Kansans deserve better than to be told they do not deserve healthcare. I appreciate your time and hope that you will consider expanding KanCare.

Thank You,

Crystal  
Riley County

March 20<sup>th</sup>, 2024

Representative Landwehr, Chair  
House Health & Human Services Committee  
Re: HB 2556 Amend



Chair Landwehr and Committee Members:

My name is Frank Austin. I am a Kansan, from Plainville. I live with multiple sclerosis (MS). I write as a Kansan and activist with the National Multiple Sclerosis Society to ask you to remove work requirements and expand Medicaid.

It all started in 1983. My 20/12 vision deteriorated to 20/40 overnight. I lost 60% of my depth perception and I was suddenly color blind. Doctors at the Stanford University Medical Center could not find a reason, and they tried everything in their diagnostic toolkit at the time. The final diagnosis was Macular Degeneration. But, months later, everything was back to normal.

14 years later in 1997, I could not walk 9 holes of golf without stopping to rest. After a MRI and spinal tap I was finally diagnosed with Multiple Sclerosis (MS).

After a serious MS exacerbation in 2000 which included loss of use of my right leg, and a long regimen of infused steroids to restore function in my leg, I applied for Social Security Disability. The result, DENIED.

Back into the workforce I went. In 2006 I had another serious exacerbation. I woke up one morning while I was traveling unable to even turn over. My MS was complicated by a case of pneumonia. Even then Social Security was more interested in the acute case of pneumonia than the chronic case of MS. Because I would not let it go, I was finally awarded SSDI. Of course, that came with a 24 month waiting period before Medicare kicked in.

So, 25 years after my first MS symptoms, I finally got insurance coverage. I was diagnosed with a disabling, chronic illness and was still constantly denied disability status and left without insurance and support.

Obtaining disability status is difficult, and once approved, getting onto insurance still leaves gaps in time and coverage. To require Kansans to work to obtain health insurance inhibits those of us who do live with a disability and struggle to get our status approved. Please remove work requirements from Medicaid so Kansans don't have to struggle to get health coverage.

**Frank Austin**

Email: [f.frank.austin@gmail.com](mailto:f.frank.austin@gmail.com)

Phone: (785) 203-0421

March 13, 2024

Expand kancare & bring Kansas into the 21st century. Stop ignoring the people.

Joyce Austin

March 13, 2024

Please expand health care for **working** Kansans.

My children had to go to extremes in their late twenties and early 30s just to have health care. They were too old to be on our policy, yet were starting out in jobs with low wages, and bad benefits. My son joined the military for the benefits, even though he already had a sporadic back injury. As predicted, while overseas patrolling with a 60 pound pack, he injured it further. Now the VA is having to provide a lot of care, they may not have had to. My daughter went without health insurance, and now has a couple of health problems that are worse because not treated promptly. We were on pins and needles during the time she was without insurance. If anything had happened, we would have been wiped out in medical debt, or she would have had to declare bankruptcy. They both worked hard during this time, in retail, and other low wage jobs.

No one is going to want to move to rural Kansas, because of **closing hospitals**. We are retired, and could move, but distance to healthcare is a scary factor. I would advise my children against it as well.

Sincerely,  
Sharon Avery, Topeka



Proponent Testimony before the House Committee on Health and Human Services  
House Bill 2556  
March 20, 2024

Chairwoman Landwehr and Members of the Committee:

Thank you for the opportunity to provide proponent written testimony regarding House Bill 2556, the governor's KanCare expansion proposal. My name is Sonja Bachus and I am the Chief Executive Officer of Community Care Network of Kansas, the state's primary care association serving 38 health centers and community-based clinics which provide care at more than 100 sites across Kansas. Many of our facilities are Federally Qualified community health centers and, collectively, our members provide care to **ONE in NINE** Kansans, including primary and preventive medical care, integrated behavioral health care, dental services and, in some centers, vision care. Many health centers and clinics provide other wrap around services such as care coordination, food pantries, medical legal services, and linkage to specialty care and other social service providers when additional supports are needed.

The health centers and clinics in our network exist solely to ensure that high-quality healthcare is accessible to all Kansans. We stand for better access because so many Kansans still lack access to healthcare. Some Kansans can't access care because health professionals are not available close to their homes and they don't have the means to travel to the nearest provider. In other cases, health providers are unable to staff well enough to meet demand, leaving fewer appointments available to meet the needs of those seeking care. But most importantly, thousands of Kansas residents do not get the care they need because they don't have health insurance and cannot afford the cost of care on their own.

Community Health Centers and clinics currently meet much of the demand for high-quality care for those who would not otherwise be able to access care. These providers do so efficiently and at a lower cost than most other health care provider organizations. Our members report serving more than 95,000 uninsured Kansans, nearly 40 percent of the 247,000 that the Census Bureau reports lack health insurance.

While we recognize that there are many ways to provide equitable access to care, we believe that expanding KanCare is an essential element in expanding access to Kansans who need health insurance coverage for the following reasons:

- Community health centers and clinics provide over \$56 million in uncompensated care annually. Expanding access to care through KanCare would reduce this number significantly and ultimately allow clinics to provide more services to more Kansans who need care.

- While health centers and safety net clinics serve more than 95,000 uninsured Kansans, many uninsured Kansans are caught in the coverage gap and have not been able to access care. Expanding access to services through KanCare would help those Kansans by making care affordable. Some of these individuals and families must right now choose between their routine daily expenses and much needed healthcare and medications.
- Federal dollars are available to support expansion of access to healthcare through the KanCare program and would not only provide coverage to more Kansans, but bolster the state's economy through direct federal dollars. More importantly, this will support a healthier workforce to fuel industries throughout the state.

For these reasons, expanding access to care through KanCare is the most significant step our state could take to provide access to high quality care for more Kansans.

Community Health Centers and Clinics, as valuable providers of care in Kansas, support expanding equitable access to healthcare. Let us unite for health, equity and justice.

March 15, 2024

I believe it is imperative to expand Medicaid in order to provide necessary care for those in need for it. Please support these efforts!

Elizabeth Barnes

Kansas resident and active voter

Sheyla Barrera

Regarding SB 355 and HB 2556

March 14, 2024

My name is Sheyla Barrera, a Social Work student and athlete at The University of Saint Mary in Leavenworth, Kansas, and I am concerned about the barriers to accessing healthcare for many Kansas residents. I am submitting testimony in favor of SB 355 and HB 2556 that would expand Medicaid in Kansas.

I believe that everyone deserves access to quality medical services, regardless of their income or socioeconomic status. Unfortunately, many people in Kansas are currently unable to receive the care they need due to a lack of affordable healthcare options and barriers to obtaining health insurance. This is where Medicaid expansion comes in. Expanding Medicaid would provide coverage to thousands of Kansans who currently fall into a coverage gap, allowing them to receive the medical attention they need without having to worry about the financial burden. Medicaid expansion would create jobs, boost the economy, and improve the overall health of our state.

As a Kansas resident, I urge the committee to support Medicaid expansion and help ensure that every Kansan has access to the care they need to live a healthy and productive life. Your consideration of these matters and solutions is very much appreciated. Thank you for your time.

Respectfully, Sheyla Barrera

March 16, 2024

I am a retired nurse. I worked in public health for 14 years and that is where I became aware of the many working people who don't have access to any form of health insurance. And for many the Affordable Care Act is not affordable. I talked with people who felt they would be better off not working so they could get some kind of health care – but they wanted to work. As a follower of Jesus – one of the teachings he most emphasized was caring for the poor. And helping them stay well is part of that. Basic health care should be a right, not a privilege for the wealthy. Lack of health care also leads to an increase in unwanted pregnancies because women don't have access to birth control.

Also, if people have insurance they are more likely to take care of health problems before they are catastrophic and cost all us when they are hospitalized and can't pay. Guess who pays then – those of us with health insurance get our fees increased to pay for those who can't pay. Our small rural hospitals who are forced out of business because of too many people without insurance.

Grace Bartel  
North Newton, KS

March 14, 2024

Expanding Medicaid is the most important thing our government can do to help the rural economy - and to keep local hospitals functioning.

It is also the right thing to do to keep low income Kansans healthy which will, in turn, benefit our wider population and our State's economy.

Herb & Pat Bartel  
1220 220th Street  
Hillsboro, KS 67063

## **MEDICAID EXPANSION: DIGNITY & NEIGHBORLINESS**

**In Luke 10 of the Bible we find the familiar parable of the Good Samaritan. The Samaritan finds a wounded man and provides personal care, transportation and financial support. The lawyer who questioned Jesus eventually admits that a neighbor is one who showed mercy to the needy man. Others had just walked by interested only in protecting themselves.**

**I find that Kansans, for the most part, value being neighbors. In the story, a neighbor is defined by action, not geography. Caring for the poor is a biblical value that most of us claim. In fact, studies show that over 70% of Kansans support Medicaid expansion. In small towns and rural areas we tend to help each other.**

**Perhaps the best way to understand an issue is to put a face on it. Many years ago, I was an attorney in Montgomery County. I remember a couple who were my clients. They worked in low wage jobs and had children to support. They were on the verge of wage garnishments for unpaid, uninsured medical bills. Like many folks in that situation, they lived paycheck to paycheck just to meet the basic needs of life. I had to file a bankruptcy action for them over around \$5,000 medical bills. Medicaid expansion becomes a matter of human dignity to folks like these.**

**I lived in Oklahoma before Medicaid expansion was enacted there. One of the most visible advocates was a Republican Representative who was a physician from a small town. For him the issue was saving rural hospitals. I am not personally aware of any hospital administrator in this state who is opposed to Medicaid expansion. In rural and small town Kansas we are plagued yearly by population decline and low wage employment. For us, continued access to quality medical care is unpredictable. Medicaid expansion may help to stabilize life in our areas.**

**In Oklahoma, as in Kansas, the Republican-led legislature refused to expand Medicaid. Unlike Kansas, Oklahoma has a process of enacting legislation by initiative petition. The people accomplished what the legislature would not do. The state question passed. Why can't the Kansas Legislature make the question a ballot issue as they did for abortion? What is the harm in asking the will of the people they represent?**

**As a political independent and as a minister, I am disappointed that a moral issue such as this one is held captive by partisan politics. We are all neighbors and compose communities. We should be accountable to one another in need. Medicaid expansion is a rare opportunity to do the right thing because the federal government provides 90% of the cost.**

**Many people are like my former clients. They want to be validated as having human worth in spite of their inability to pay for or get insurance for appropriate medical care. For them, it is an issue of dignity.**

**Rev. Dr. Stan Basler Rural Galesburg (former: attorney, Montgomery County Commissioner, theological seminary professor and ordained United Methodist minister)**

March 16, 2024

Dear Chairman and Committee Members,

Thank you for the opportunity to provide testimony in support of Medicaid expansion.

Medicaid expansion would allow 150,000 low income Kansas access to medical care. By expanding Medicaid tens of thousands of Kansans will be able to afford health insurance coverage. This would reduce medical debt - or allow them to seek medical care for things they now do not because of cost. Healthcare costs for everyone would be reduced through reduced Marketplace premiums and reduction of treatment for those who are unable to pay.

Medicaid expansion would preserve and strengthen rural healthcare. Over half of the remaining rural hospitals are in danger of closing due to uncompensated care. That would further reduce the care available for a majority of our state.

Medicaid expansion won't cost Kansas taxpayers a single cent! The HBB 2556 and SB 355 are revenue neutral. It would actually bring IN money as federal law provides a signing bonus for states that have not yet implemented expansion. This would result in Kansas seeing up to an additional \$450 MILLION new dollars during the first two years.

I am asking you to please support Medicaid expansion in Kansas.

Thank you,  
Angela Beck  
Leavenworth

Karl E Becker, MD, MBA  
11708 High Drive  
Leawood, KS 66211-2226

[kbecker4365@gmail.com](mailto:kbecker4365@gmail.com)  
[kebmd@msn.com](mailto:kebmd@msn.com)

913-345-1158 (O)  
913-333-6099 (M)

February 21, 2024

RE: Enthusiastic Support for KanCare Expansion

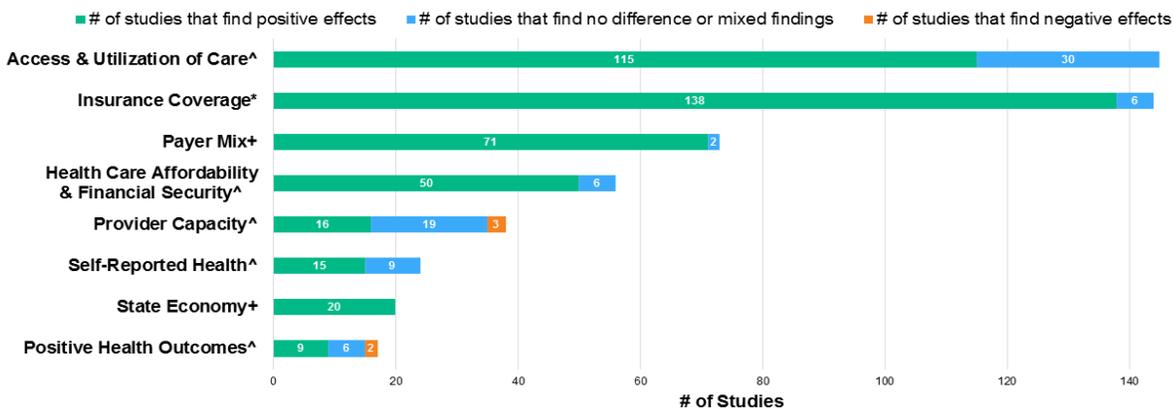
Dear Members of the Kansas House and Senate:

As a retired physician now in my eighth year, I vigorously support KanCare /Medicaid expansion in Kansas. I am a registered Republican and consider myself a right-of-center moderate; I am also a physician who is a supporter of Public Health for the public good. We call the USA a republic and a democracy. We certainly have individual rights, but we also have individual responsibilities to the to our fellow citizens. As a society we have developed government support for the **common good**. If we only believe in our individual rights but not in the rights of our fellow man, we will no longer have a republic, we will have anarchy. We must care about our neighbor's health for the benefit of all.

KanCare expansion is **for the benefit of all**. Forty-one States (including DC) have benefitted greatly from Medicaid Expansion, as shown below in <https://www.kff.org/affordable-care-act/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>. (Figure 1)

Figure 1

## Studies generally find positive effects of the ACA Medicaid expansion on different outcomes.



NOTES: This brief groups outcomes into 3 categories, indicated as such: <sup>^</sup>Coverage outcomes, <sup>^</sup>Access outcomes, <sup>+</sup>Economic outcomes. Studies may have findings on multiple outcomes and be counted in multiple bars. "Insurance Coverage" includes coverage rates generally and for Medicaid. SOURCE: KFF analysis of 404 studies of the impact of state Medicaid expansion published between January 2014 and January 2020.

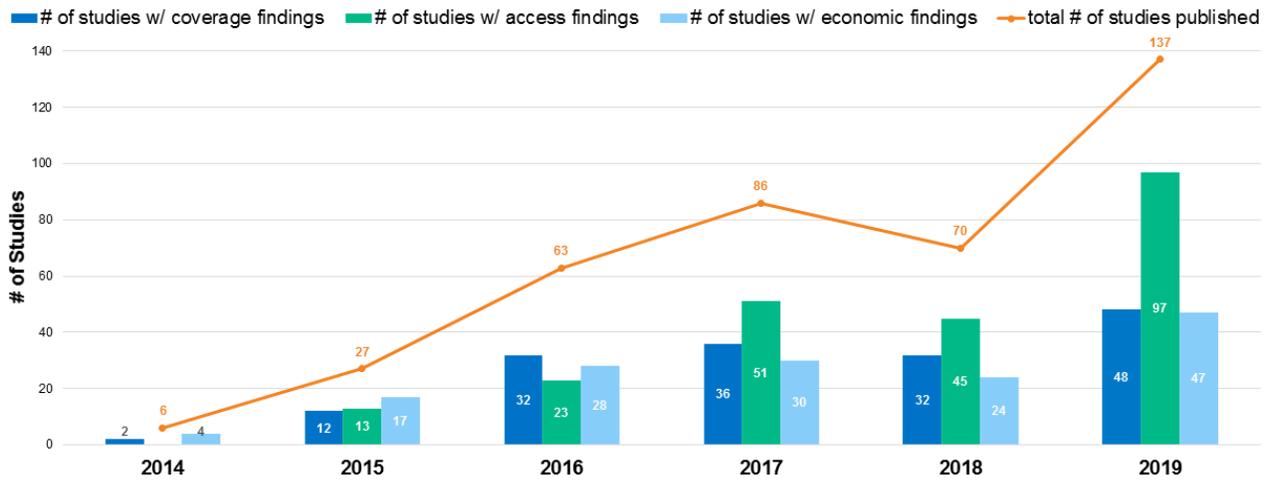


In this study, the vast majority of studies find positive effects, including access and utilization of care, insurance coverage, financial security and a **positive effect on the state economy**. More recent studies quoted in the article have focused on outcomes related to access to care since 2014 (Figure 2).

Figure 2

## More recent studies focus on outcomes related to access.

Number of Studies on the ACA Medicaid Expansion Published Yearly 2014-2019, Overall and by Area of Study Focus.



NOTES: Counts of studies in each category exceed the count of total studies because studies may have findings in multiple of the three categories. An additional 6 miscellaneous studies do not have any findings that fit into the three categories and are thus not reflected in the figure.  
SOURCE: KFF analysis of 404 studies of the impact of state Medicaid expansion published between January 2014 and January 2020.



Kansas is surrounded by States that have expanded Medicaid. If we want to compete with these States for economic and population growth, we must expand KanCare. As a retired physician, I know that expansion is the right thing to do financially, morally, and ethically. I enthusiastically urge you to support Medicaid expansion in Kansas.

Sincerely,

Karl E Becker

Professor Emeritus,  
University of Kansas School of Medicine  
Retired Physicians Organization  
Kansas City Medical Center Foundation



March 20, 2024

**House Committee on Health and Human Services  
Testimony in Support of House Bill 2556**

Chairperson Landwehr and Members of the Committee,

The Behavioral Health Association of Kansas (BHAK) is the state's trade organization dedicated solely to substance use disorder treatment and prevention providers seeking integrated behavioral health care. BHAK believes that true integrated behavioral healthcare means access and funding for mental illness and substance use disorder treatment without regard to where a consumer seeks services.

BHAK fully supports House Bill 2556 and the expansion of Medicaid benefits to thousands of eligible Kansans, particularly for those with substance use disorders and accompanying mental illness. Other states who have expanded Medicaid report one of the greatest impacts is the expansion of behavioral health services. In particular, we know from preliminary data that the parents of many currently eligible children will become eligible for behavioral health services. Low-income working families benefit from access to healthcare as it promotes family stability, employment, and diverts children from the child welfare system.

We are prepared for the growth of behavioral health services through the implementation of expansion. We lament the years of lost resources and citizens who have gone without behavioral health treatment because we have not yet expanded.

Please contact us if you have any additional questions.

Stuart J. Little, Ph.D., President  
Behavioral Health Association of Kansas  
<https://www.bhakansas.com>

City on a Hill – Garden City  
CKF Addiction Treatment - Salina  
Corner House - Emporia  
DCCCA - Lawrence

Higher Ground - Wichita  
New Chance – Dodge City

New Dawn - Topeka

Burrell/Brightli - Olathe  
Sims-Kemper - Topeka  
Miracles - Wichita  
Substance Abuse Center of Kansas –  
Sedgwick County  
Seventh Direction - Wichita  
Heartland Regional Alcohol and Drug  
Assessment Center – Johnson County

March 15, 2024

Chairman and legislators,

I support expansion on Medicaid. There are many, many benefits to doing this. It won't cost Kansans any additional money. It would provide healthcare for many more low income Kansas families. The state would get around \$700 million in federal monies. It would also help our hospitals, particularly the ones located in rural areas. it also helps to cover mental health benefits.

Sincerely,  
Sherris Bellamy  
Overland Park

March 17, 2024

Please ensure that medicaid expansion becomes a reality in the State of Kansas as soon as humanly possible. Medicaid Expansion will serve to reduce the overall cost of healthcare in the state, slow the loss of rural hospitals, and will provide medical access to 150,000 additional Kansans.

Medicaid expansion will provide nearly 9,000 Wyandotte County residents with health care and provide approximately 3,000 new jobs to bolster the local economy.

Sincerely,

--

Hillard G. Berry, Jr.,

March 15, 2024

Dear Chairman and Committee Members,

Thank you for allowing me to provide testimony in support of Medicaid Expansion.

Health care is essential in order for members of our community to thrive. By expanding Medicaid, 150,000 more Kansans would have access to affordable health care, which would have an immensely positive impact on all of their lives. Not only that, but it would be helpful for all of us. If a Kansan without health insurance goes to a hospital or emergency room, Kansans with health insurance end up paying for it as hospitals and clinics will raise prices to cover their missed revenue. This bill, which is revenue-neutral, will not cost Kansas taxpayers money, but it will change the lives of thousands of hard-working Kansans who cannot cover the expenses that health care comes with.

This is a widely popular issue amongst those of all political parties in our state. Nearly 80% of Kansans support Medicaid Expansion and recognize its importance. Medicaid Expansion would protect some of our most vulnerable community members, strengthen rural health care, and grow our economy. This bill allows *all* members of the Kansas legislature to come together on a popular issue and show that bipartisanship is possible in the statehouse. Governor Kelly wants to work across the aisle to accomplish this, and I encourage all members of the committee to listen to the overwhelming majority of their constituents and support this bill.

Thank you for your time. Please vote in favor of Medicaid Expansion.

Kristen Blackton  
Shawnee, KS

March 16, 2024

Expansion of Medicaid is important to many Kansans, those who are in need of better access to medical care and those to whom the needs of others are of concern.

While I personally have good insurance and medical care, I have friends and colleagues, as well as family members who do not. Recently I took one of our tenants who had a severe respiratory infection to a clinic for care. She had no insurance, although she was working a full time job age minimum wage. After checking in, she was informed that it would cost \$163 just to be seen. Needless to say, she went home unseen; fortunately she recovered without medical intervention.

Since 2014, when Medicaid expansion became an option, 8 rural hospitals have closed, and more are on the brink. Families in those areas are traveling hours to get the care they need, in some cases with lethal results. Furthermore, federal funds that should be coming to Kansans for their health care are going to other states for care of their citizens. THIS IS NOT RIGHT!

There are a number of other reasons why the expansion of Medicaid would be advantageous to Kansas citizens. I am sure you have repeatedly heard many of them, so I will not repeat them here. 80% of Kansans approve of expanding Medicaid, including a number of legislators. Being held hostage by the leadership is also not right.

I am delighted that hearings on this subject have been scheduled, and I implore each of you to carefully consider the testimony being given in committee and that a full vote on the floor of the house will be forthcoming.

Lynne Bodle  
1218 Tennessee St.  
Lawrence, KS

March 15, 2024

We are writing in support of Medicaid expansion in Kansas. We believe that accessible, affordable health insurance should be available for all Kansans. It is surprising that forty states have already passed this but Kansas is one of the ten who has not. This has been an issue since 2010. Expansion would create jobs, bring in tax dollars, expand the HCBS program for disabilities, provide for mental health, and help our Vets, as well as those who lost coverage after Covid. We have a disabled daughter who depends on this coverage. It is obvious that the constituents want this expansion of Medicaid. Kansas, what are we waiting for?

Ed & Nina Bokern

[ed27nina@aol.com](mailto:ed27nina@aol.com)

913-661-9825

March 17, 2024

As a citizen of Kansas I am for expanding Medicaid . We live in rural Kansas. There are very few options for medical care here in Fort Scott.

Our hospital is closed and now we have no emergency room either. We need this expansion.

Donna Bowman  
Ft. Scott, Kansas



Healthy People Build Strong Communities

Kansas Association of Local Health Departments  
715 SW 10<sup>th</sup> Avenue  
Topeka, KS 66612  
Phone: 785-271-8391  
[www.kalhd.org](http://www.kalhd.org)

Testimony on House Bill 2556 and Medicaid Expansion

Submitted To

House Committee on Health and Human Services

And

Senate Committee on Ways & Means

By

Randy Bowman, Executive Director

Kansas Association of Local Health Departments (KALHD)

March 20, 2024

On behalf of the Kansas Association of Local Health Departments (KALHD) and our 100 member Health Departments serving all 105 Kansas Counties, I appreciate the opportunity to provide this written testimony on House Bill 2556 and Medicaid expansion. We are a proponent for this bill and support expansion.

This bill enacts the Cutting Healthcare Costs for All Kansans Act, which would expand medical assistance eligibility for an estimated 150,000<sup>i</sup> uninsured Kansans. This bill has the potential to increase access to screening and preventative services, chronic disease care, mental health and substance abuse treatment, and prescription medications. Services that improve the quality of life of those who have access to them, allowing them to be more productive at home, work and in their community.

Our member health departments work to protect the health of the population at large and to provide clinical services that are part of the essential healthcare delivery network. They see citizens in their communities who do not have insurance, or have insurance with cost prohibitive coinsurance and co-payments, and delayed accessing healthcare services to avoid the expense, often with negative consequences on their health and productivity.

Providing this healthcare option for our fellow Kansans has been proposed multiple times, yet here we are today considering if it is time to join with 40 other<sup>ii</sup> states who have expanded Medicaid for their citizens. It is time.

In a survey of Kansans conducted last fall<sup>iii</sup>, almost seventy percent (69.6%) of respondents supported expanding Medicaid, while only 9.3% did not. In another survey<sup>iv</sup>, 68% of registered voters, 51% of Republican primary voters and 83% of small business owners favored expanding Medicaid in Kansas. Further, Kansas and nine other States failure to provide these services for their citizens, contributes to The United States being the only nation among the 37 Organization for Economic Cooperation and Development (OECD) nations<sup>v</sup> that does not have universal healthcare. Kansas must not continue to lag behind our peer states, and the world.

We ask you to support this bill by voting it favorably from this Committee, and recommending it be passed by the House.

Thank you for the opportunity to contribute to this discussion.

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<sup>i</sup> March 4, 2024 Fiscal Note for HB2556 [fisc\\_note\\_hb2556\\_00\\_0000.pdf \(kslegislature.org\)](#)

<sup>ii</sup> Status of State Medicaid Expansion Decisions: Interactive Map [Status of State Medicaid Expansion Decisions: Interactive Map | KFF](#)

<sup>iii</sup> The Docking Institute of Public Affairs, Fort Hays State University - Kansas Speaks Fall 2023 Statewide Public Opinion Survey [TITLE \(fhsu.edu\)](#)

<sup>iv</sup> [Statewide poll on Medicaid expansion - Sunflower Foundation](#)

<sup>v</sup> [Universal Healthcare Pros and Cons \(procon.org\)](#)

March 15, 2024

Below is my testimony for the House and Senate hearings on Medicaid Expansion:

I survived working in home health, physical therapy, through the first 25 months of covid. Then the hospital in Winfield had to close the home health department... due to lack of reimbursement (and other reasons).

This loss of revenue could have been lessened had the representatives of Kansas listened to those people in the midst of the storm. A desperately needed service would not have been sacrificed.

Shame on our leaders!

Michelle Boyts

March 14, 2024

I, like many other Kansans, believe it is way past time to start bringing our federal tax dollars back to our state to help our citizens, hospitals, and economy. Informed Kansans are aware of the coverage gap caused by the state's refusal to expand Medicaid. We are also aware of the fact that our legislature has caused our state to lose out on over \$6 billion of our own tax dollars.

Medicaid expansion will help all Kansans and communities by keeping local healthcare facilities open, keeping the people who may work in our childcare centers, nursing homes, schools, restaurants, etc. healthy and working, and by creating additional jobs which adds to our tax base.

Voters are tired of the obstructionist leaders in the Statehouse who block this issue from being heard. Some of our surrounding states have passed Medicaid expansion by ballot initiative. We apparently don't have that option in Kansas. Our elected leaders owe it to us to hold a vote so we can see where our representatives stand on this issue.

Sincerely,  
Doretta Braden  
Manhattan, KS

March 17, 2024

Dear Chairperson and Committee Members:

I am submitting my testimony in SUPPORT of Medicaid Expansion. Low income Kansans are desperate for health care and more access to healthcare. Over 150,000 of our fellow citizens would greatly benefit from the health care Medicaid could provide them. And this would not add costs Kansas taxpayers - these bills are revenue neutral.

Medical debt is crushing for families, and we can help families avoid these situations by providing them health care through Medicaid. This not only helps our families but helps our Kansas economy as well. Additionally, all of our healthcare costs would be reduced as right now we are all paying for those Kansans who cannot afford medical care but are forced to visit emergency rooms.

Additionally about \$700 million in federal funding would flow into Kansas which would further benefit our economy. It would also help our mental health crisis and help those living in rural areas of the state.

I urge you to SUPPORT Medicaid Expansion for Kansas.

Kindly,  
Kelly Brende  
Leawood, Kansas

February 22, 2024

To: Members of the Kansas Legislature

I urge you to debate the topic of Medicaid Expansion and pass legislation to expand it within KanCare, because:

- Here in Cowley County, it will benefit hard working, low income citizens – NOT deadbeats. Nursing home aides, waitresses, and farm workers are not deadbeats.
- Our Critical Access Hospital here provides care to Cowley and several surrounding counties. We have dramatically reduced costs but still operate at an annual loss of over \$2 Million. We treat all patients who come to our hospital. Uncompensated care is one of the most significant factors driving our losses. Without Medicaid Expansion, it may be impossible for our hospital to remain open.
- The revenue neutral proposal for KanCare expansion, with 90% federal funding and the remainder coming from fees for providers, means Kansas taxpayers will see no tax increase.

Most citizens (est. 70-80%) in our county and throughout Kansas understand and favor the adoption of KanCare Expansion. Rural healthcare is a vital part of our state culture. I urge you to listen to your voters and, for the good of Kansas, expand KanCare.

Thank you for your consideration.

Gary Brewer, Trustee  
William Newton Hospital

March 14, 2024

To the Kansas Legislature:

In 2021 I moved back to Kansas after 17 years living in rural Montana. I was astounded that Kansas had not yet expanded medicaid! Montana, like Kansas, is a vast rural state in which agriculture is its largest industry. In 2015, it was moderate Republicans in Montana who collaborated with minority Democrats, to get the job done.

Why? Because rural areas of the state lacked adequate healthcare facilities, and hospitals and community health centers were closing down. And the overall state of health of Montana residents was dismal. Once the expansion was passed, Montanans saw a boom in the health care industry throughout the state. The non-profit Billings Clinic, for example, expanded its efforts in eastern Montana, bringing specialists to rural clinics and hospitals that had been saved from shutdowns. My own doctor told me he was seeing and helping patients who had never seen a doctor before. Instead of Montana residents competing for scarce care, the opposite happened. Hospitals and clinics were able to staff up and provide services where they had never been before. Good healthcare systems in rural communities encouraged younger residents to stay in their rural communities as well. What young start-up entrepreneur would establish a business in an area devastated by lack of healthcare and a brain drain? THAT CHANGED! For further details please

consult: <https://www.kff.org/medicaid/fact-sheet/medicaid-expansion-in-montana/>

Instead of fretting over who does or does not deserve health insurance, think clearly about where all of the Medicaid funding goes. NOT to the pockets of the working poor! But rather to an expanding healthcare network that will bring rural prosperity and a far healthier labor force. It will aid small business owners who cannot afford to insure their workers. And, let's not forget, it will provide treatment to individuals trying to recover from substance use disorder. It is a win-win situation for Kansas.

I have worked and paid Federal Income taxes since I was 13 years old, and I am now 75. My taxes help fund Medicare, which I benefit from, and Medicaid expansion in 40 other states. But not Kansas. Please bring my taxes home to Kansas so that it can look to a more prosperous future.

Karen L. Brock Ph.D.  
Retired

Date: 2/27/24

To: Kansas House and Senate Committee Members

Re: Medicaid Expansion

From: Sheryl Brotton

22143 S.W. Meadowlark Rd.

Douglass, Ks. 316 706 4038

I have grass roots experience working with my local families in need through Hope Connections and the Emergency Food Assistance Program (TEFAP) in my communities of Douglass and Rose Hill Kansas. Upon my retirement, I have volunteered for the past 15 years.

I have called and tried to express my concern to the Kansas Legislature over the lack of Medicaid Expansion for the last 8 years. I have never felt that my voice has been heard, or any concern has ever been expressed over the plight of our families.

In 2023 the me and the staff at Hope Connections saw 35 families who made requests for financial assistance and give out over \$7,500. In financial assistance.

THESE FAMILIES WERE NOT ABLE BODIED LAZY PEOPLE LOOKING FOR HANDOUT! They are our friends and neighbors that have fallen on hard times.

Most have families that they are supporting, most are in debt because of health issues, most have worked several different jobs, and most fall in the gap of 33% of the poverty level and 100% of the federal poverty level. Many express shame and humility at having to ask for assistance.

I welcome any of you who would like to see our experiences in real life to call me and join us at any of our food distribution and community assistance times. Our sites are at the Methodist churches in our communities.

In Conclusion, I ask that you expand Medicaid. Thank you for your consideration.

March 15, 2024

Below is my testimony for the House and Senate hearings on Medicaid Expansion:

Kansas should be doing all it can to support Kansans live full, meaningful, healthy lives. Expanding Medicaid is the easiest and smartest way to ensure that more Kansans can have access to all kinds of medical care, physical or mental. Hundreds of millions of federal dollars would be accessible to our state, and low-income Kansans would not face crushing medical debt. This would help all Kansans, as it helps keep medical costs down.

There are so many ways that the legislature can help Kansans live fuller and happier lives, and this one is simply a no-brainer, especially because it is at no extra cost to Kansas taxpayers.

We want expansion. We have been asking for expansion for years. Listen to the people.

Thanks,

Dawn Brumbley  
Olathe, KS

March 14, 2024

Dear Kansas legislators,

Please support Medicaid expansion, the 2024 "Cutting Healthcare Costs for All Kansans Act."

So far, preventing these funds from returning to Kansas has shifted the unpaid costs of those uninsured onto hospitals. Brown County, where I live, used to have two good hospitals, one in Horton and one in Hiawatha. The Horton one closed, partly due to this restriction of funding. This loss removed clinical and emergency services for those in South Brown County to a greater distance and increased the burden on the Hiawatha system.

As a result, Hiawatha's services have suffered in the effort to meet expenses, because their own funds have also been restricted. Most visible to the patient, phone receptionists at our remaining hospital were decimated and largely replaced by an automated phone tree, making scheduling and other communication more difficult. Remaining employees are strained by the understaffing.

Hospital ownership keeps shifting into fewer hands and more remote management to save money. This causes even more economic strain on smaller rural communities like ours, because local wealth is being diverted to non-local, for-profit hospital management organizations.

Larger hospitals may not feel this crunch as intensely we do out in the country. We feel it in higher insurance rates and fewer, less accessible services.

Please enable a vote on the Medicaid Expansion bill.

Greg Bryant  
2024 Raven Road  
Robinson, KS 66532

March 14, 2024

I am writing in support of Kansas Medicaid Expansion. It seems like the best path to keep rural Kansans from living in a health care desert. In my home community, Horton Community Hospital was forced to close due to financial problems. Now people from Horton must drive to Hiawatha or Atchison or Holton for healthcare services and the nearest ambulance is 13 miles away. In western Kansas where the population is less dense, the problem can be more acute. It seems like a no-brainer to allow these federal dollars to help us on this issue of concern to rural Kansans.

Susan Bryant  
2054 Raven Road  
Robinson, KS 66532

March 15, 2024

I am very much in favor of expanding Medicaid in Kansas. No one should be without insurance in our country. I dislike paying towards the 90% covered costs for most other states while our lower income residents go without. I also support it to protect the hospitals in the rural areas of our state. I also do not support the work mandate. So many individuals suffer from diagnosed and undiagnosed mental health conditions that keep them from being able to hold down a job. I don't feel that drug abusers would even seek medical insurance let alone thinking, "I think I'll get free insurance and just not work". There are many reasons a person could find it too difficult to hold down a job, and most people want to work and be as independent as they can be. I see no good reason NOT to insure more Kansans and improve lives and protect our rural communities' health care.

Mary Bunn  
Topeka, KS

February 23, 2024

Dear Members of House and Senate Committees:

My name is Paul Byrne. I am a Professor of Economics at Washburn University and a twenty-year resident of Topeka, KS. Thank you for the opportunity to provide testimony in support of Medicaid expansion. Motivated by the public debate over Medicaid expansion in my state, coupled with many policy makers' concerns over the financial vitality of rural health care, I began a research project this past year examining the impact of Medicaid expansion on rural migration.

Health care providers, like providers of many other services, can achieve greater economies of scale in markets with larger populations. This often results in rural health care providers earning smaller profit margins than those in larger metropolitan areas, which can result in fewer services as compared to metropolitan areas. This problem is exacerbated by the fact that health care providers often provide services to those who lack the ability to pay, and rural residents have higher levels of uninsured residents.<sup>1</sup> The cost of this uncompensated care is either passed on to insured patients or leads to the further deterioration of providers' profit margins, which can lead to closures or fewer services offered in rural communities.<sup>2</sup>

The extent to which these disparities result in less robust health care offerings in rural areas results in urban markets offering residents greater health care amenities. Whereas urban residents enjoy a wide array of health care services and providers close to home, rural residents may have to travel significant distances to access the same services. It is through this avenue that Medicaid expansion may have a positive influence on all rural residents, even those with private insurance.<sup>3</sup> By reducing the burden of uncompensated care, Medicaid expansion could mitigate the disparity between health care services available to rural and urban residents and therefore influence migration from rural to urban areas.

My research looks at how Medicaid expansion influences rural to urban migration using Public-Use Microdata from the Census Bureau's American Community Survey (ACS). This survey contains observations at the individual level, allowing for the examination of the interaction between Medicaid expansion and individual level characteristics. I use data from all 50 states from the 2015 to 2021 ACS surveys, to examine the influences on rural to urban migration. With over 1 million observations, I use multivariate logit regression to control for education, age, family income, sex, race, ethnicity, in addition to year and state fixed effects. The model estimates that living in a state and year in which Medicaid expansion is in effect, corresponds to

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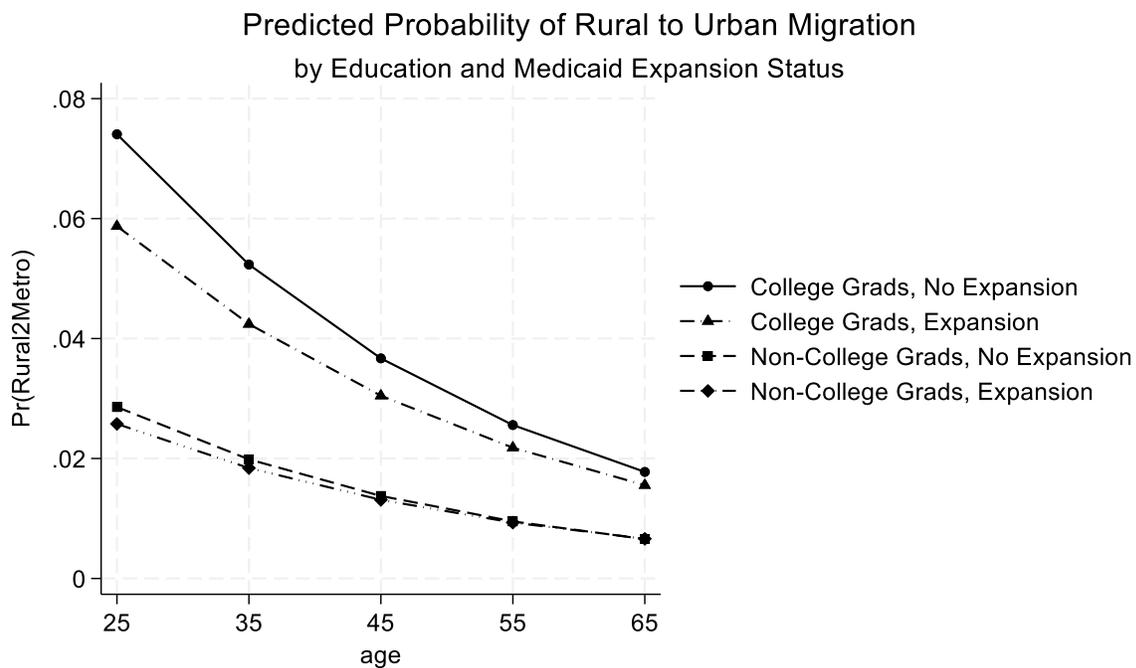
<sup>1</sup> American Hospital Association (2019). Rural report: challenges facing rural communities and the roadmap to ensure local access to high-quality, affordable care. AHA. <https://www.aha.org/system/files/2019-02/rural-report-2019.pdf>

<sup>2</sup> Levinson, Z., Godwin, J., & Hulver, Scott. (2023). Rural Hospitals Face Renewed Financial Challenges, Especially in States That Have Not Expanded Medicaid. KFF. <https://www.kff.org/health-costs/issue-brief/rural-hospitals-face-renewed-financial-challenges-especially-in-states-that-have-not-expanded-medicaid/>

<sup>3</sup> US Government Accountability Office, GAO (2020). Rural Hospital Closures: Affected Residents Had Reduced Access to Health Care Services. GAO. <https://www.gao.gov/products/gao-21-93>

a statistically significant decrease in the probability of rural to urban migration by 0.18 percentage points (from 1.76% to 1.58% for the national sample). The effect of Medicaid expansion on rural to urban migration was greatest for those most likely to leave rural areas, the younger and higher educated. These interaction effects were statistically significant.

The graph below shows how Medicaid expansion interacts with age and education. The top two lines show the predicted probability of rural to urban migration for college graduates across the age distribution in states and years in which Medicaid expansion was and was not in effect. The gap between the lines shows the differences in predicted rural to urban migration between expansion and non-expansion state-years. The bottom two lines show the same predicted probabilities for those without a college degree. As you can see, Medicaid expansion has the greatest effect for young college graduates.



As an economist, I recognize that there is no free lunch. Medicaid expansion, like all policy choices, has benefits and costs. However, I believe one additional benefit of Medicare expansion is its' potential to make rural areas of Kansas a more appealing option to young individuals starting their careers.

Paul Byrne, Ph.D.  
 Professor of Economics  
 Washburn University School of Business

Note: The opinions in this testimony reflect my personal views as an economist, and do not reflect the views or opinions of my employer.