

March 17, 2024

RE: SB 355 and HB 2556

These bills lower health care for 150,000 Kansas allowing affordable health care.

Medicaid Expansion would give us tax cuts, funds public schools (which is very much needed), and benefit improvements for infrastructure in our state.

Our rural hospitals would be benefited, jobs are supported, and rural communities will be able to have adequate health care.

I believe 80% of my fellow Kansans want Medicaid Expansion, however, a few extremists in the legislature continue to stand in the way of expansion.

It has been reported that 8 hospitals have closed since 2014 and more are at risk of closing by not expanding Medicaid.

Some of my fellow Kansas have to drive long distances to get the basic care they need, and medical care givers are leaving the state causing a growing shortage.

Our state has lost about \$7 billion dollars of federal funding by not expanding Medicaid.

I'm told Medicaid Expansion can create 23,000 jobs, ending health care worker shortages in our state.

I feel our state business owners would benefit also by saving \$80 million in health care costs by Medicaid Expansion.

Respectfully submitted,

Barbara A Ikerd

2738 N 88th Terrace

Wyandotte County

Kansas City, KS 66109

March 15, 2024

Please consider expanding Medicaid for the state of Kansas. I understand both sides of this issue. But, surely, providing this crucial assistance to our neighbors, many of whom have suffered for years without the benefits of Medicaid, must compel you to consider how helping the have nots in our state makes all of us better, as a citizenry and a state. I have worked with many folks who have not had the benefits of Medicaid. They deserve the benefits those of us who are more fortunate enjoy. The dollars which our state will receive from the federal government will allow our state to make the improvements our state needs to be a prominent and successful member of the United States. Please do us proud by expanding Medicaid for the state of Kansas.

Thank you,

Joan Jacobson
10729 Horton St.
Overland Park, KS

March 15, 2024

Dear Chairman and committee members,

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

As a retired Supply Chain executive, I make business decisions based on the financials associated with an idea, as well as, the impact on people. Medicaid Expansion meets both of those criteria - financially it makes sense AND it's good for Kansans. In fact, 40 other states have already found that to be true and have expanded Medicaid.

Financially, Medicaid Expansion is good because:

1. The bills being heard are cost neutral. These bills will not raise taxes.
2. Approximately \$700MM in annual federal funding will flow into Kansas.
3. In addition, Federal law provides for a signing bonus for states that have not expanded Medicare yet resulting in approximately \$450MM flowing into Kansas during the first two years.
4. Not only is Medicare Expansion good for the individuals who will now be covered, but it is also good for the rest of us. Marketplace premiums are 7% lower in states that have expanded Medicare vs states that have not.

From a human perspective, Medicaid Expansion is good because:

1. It will cover 150,000 Kansans who fall in an insurance coverage gap. These individuals are currently at risk of going bankrupt due to medical debt. The vast majority of these individuals are hard working people in small businesses in the service, construction, or retail industries. Their employers are unable to offer affordable insurance.
2. It will also help prevent rural hospitals from closing. 59 rural hospitals in Kansas are at risk of closing. When rural hospitals close, individuals are reluctant to travel further away for necessary care impacting their quality of life and potentially longevity.

As professionals, it's not often that we have an opportunity to do something that is both this good financially and this great for people too. Medicare Expansion is one of those ideas. Please support Medicaid Expansion.

Thank you,
Michele M. Jaderborg
Shawnee, KS

2024 Testimony for Medicaid Expansion

Dr. Keith Jantz
12504 Catalina Street
Leawood, KS 66209

Notwithstanding the obvious medical benefits for our Kansas citizens and notwithstanding the benefits for sustaining rural Kansas hospitals, overwhelming evidence exists that extending Medicaid benefits to more Kansans would result in an improved overall economy for the state of Kansas as well as an improved economic status for many marginal Kansas residents. We need to move forward to make our state a better place to live.

Sincerely,

Keith Jantz, MD
Retired Internist
President of Retired Physicians Organization

Mary Lou Jaramillo
10203 Edelweiss Circle
Merriam, KS 66203

March 15, 2024

Senate Ways and Means Committee and the Senate Public Health and Welfare Committee

Housing Health and Human Services Committee

Re: Joint Hearing of KanCare (Medicaid) Expansion

Dear Chairperson and Committee Members:

Thank you for the opportunity to provide written testimony in support of KanCare Expansion. My name is Mary Lou Jaramillo and I reside in the city of Merriam in Johnson County.

I support KanCare expansion because it is a means to affordable health insurance to 150,000 Kansas and hopefully reducing medical debt. Other overarching benefits include healthier Kansans, stronger and reliable workforce which makes Kansas more economically competitive. Another consideration is the positive impact on rural health care. I've read about the financial stress and closing of rural hospitals which in my mind is devastating to the human spirit and local economies.

I'm retired and appreciate having health insurance available through employment my adult life. Most of my service has been in the non-profit sector working among low-income and marginalized communities so I am aware of the hardships of many working uninsured individuals and their families. More than 33,000 Johnson County residents are uninsured and over 5,000 of those are children per Johnson County Health Department. This can be changed! Most Kansans are in favor of KanCare expansion.

I am asking for your vote in support of KanCare Expansion. It will make a positive difference to the lives of Kansans.

Respectfully,


Mary Lou Jaramillo

March 15, 2024

"Fall through the cracks" citizens include:

- Earn just enough income to disqualify for Medicaid, yet unable to meet basic monthly living expenses. No safety net for dental, mental, optical, scripts, physical health care: emergency, maintenance, or preventive.

Cannot afford co-pays, monthly payments for other insurances.

- Individual does not qualify for current Medicaid given age, marital status, income yet income, living expenses, medical safety net and/or actual needs are not compatible.

- medical providers, services, and sites of service are not easily available and/or accessible for patrons in this rurally based DK County due to increased closings shortage of personnel.

Respectfully,

Loretta Jasper
Executive Director
Neighbor To Neighbor Abilene



JOHNSON COUNTY COMMISSION ON AGING

Support of the Medicaid Expansion Hearing – Wednesday, March 20th Written Testimony Only

Dear Representatives,

As members of the Johnson County Commission on Aging we are writing in support of Medicaid Expansion in Kansas.

The Board of Johnson County Commissioners (BOCC) established the Commission on Aging to advise the BOCC on services and programs for the over 130,000 adults, age 60 and over in Johnson County. We support the expansion of Medicaid for Kansans that are in the coverage gap, typically those working part time jobs or at companies that do not provide healthcare. These working individuals earn too much money to qualify for KanCare but too little to receive federal subsidies to buy private insurance. We acknowledge that Kansans over 65 qualify for Medicare. However, if they are unable to obtain affordable insurance prior to age 65 they enter Medicare with health conditions that could have been addressed earlier.

Kansas hospitals provide nearly \$1.2 billion in uncompensated care. These costs are passed on to patients with insurance. Johnson County provides \$7 million of charitable care through mental health and emergency services. This is covered by property taxes which could be reduced if Medicaid were expanded. Individuals without insurance use emergency rooms, the most expensive care option for medical treatment.

When rural hospitals close those patients come to larger cities, including the hospitals in Johnson County, for care. Expanding Medicaid will help rural and urban areas of Kansas. In addition, Missouri borders Johnson County and because they have expanded eligibility for Medicaid, they can pay higher wages making it harder for Johnson County hospitals to compete for staff. Additional employees in the medical field in Johnson County would be an economic boost for all of Kansas.

Medical debt is the leading cause of bankruptcy in the United States. Providing more Kansans with health insurance will reduce this risk of bankruptcy.

We have focused on the financial benefits of Medicaid expansion. More importantly, giving additional Kansans access to affordable preventive care and earlier intervention treatment would result in a healthier population. Our fellow Kansans deserve this care, and we ask you to pass Medicaid expansion this session.

Sincerely,

Cindy Green
Commission on Aging
Chair

Julia Meyers
Commission on Aging
Legislative Chair

Executive Committee

Cindy Green, Chair
John P. Smith, Vice-Chair
Mary Estrada
Ben Harber
Julia Meyer
Rob Givens

Members

Carol Feaker
Dan Goodman
Ruth Hopkins
Catherina Kelly
Andrea Leavitt
Dana Markel
Becky Parrott
Trinette Waldrup

KS Legislature Liaison

Representative,
Jarrod Ousley

Board of County Commissioners Liaison

Commissioner,
Janee' Hanzlick

Area Agency on Aging

Tim Wholf,
AHS Director
Carol Colnar,
AAA Deputy Director

Area Agency on Aging

11811 South Sunset Drive
Suite 1300
Olathe, KS 66061-7056
913-715-8860/ Phone
913-715-8825/ Fax

Area Agency on Aging

Elisabeth Johnson

Regarding SB 355 and HB 2556

March 15, 2024

My name is Elisabeth Johnson. I am a Kansas resident, an aspiring social worker, a daughter, and a sister. I am testifying in favor of Medicaid expansion in Kansas.

I grew up in a conservative home where government assistance was generally frowned upon. I believe this is a similar mindset of some Kansans and legislators, especially if you have never personally been affected by poverty or experienced a need for government assistance. While I have never personally had to face the intense fear and turmoil that comes from a lack of insurance, it is the reality of life for my sister.

My sister is six years older than me, so she has been out of the house and off my parents' insurance for a while. She and her husband have four beautiful children. All those children are covered under the current Medicaid eligibility. This is a great blessing, but my sister and her husband, although they are the caretakers of their children, do not qualify.

They make just enough money that they do not qualify for Medicaid, but, as my sister put it, to obtain private insurance through her husband's job for both of them would cost more than half his income. This is not something they can manage, so neither my sister nor her husband, who have four children who rely on them, are insured.

This means they don't go to regular check-ups at the doctor or dentist. They don't get routine examinations for any form of cancer, they don't see the optometrist, and they can't phone the doctor every time they get a cold that could potentially be something worse. These are luxuries you and I enjoy.

My sister and her husband have enough money to not "need" Medicaid according to the current eligibility, but not enough to afford a visit to the doctor for strep throat. That is the gap which Medicaid expansion in Kansas seeks to close.

As both an aspiring social worker and advocate for my sister and people like her, I urge the House and Senate to move forward with expanding Medicaid in Kansas. Thank you for your consideration and for reading my testimony.

Respectfully, Elisabeth Johnson

To our legislators:

I am one of the 8 in 10 Kansans who support KanCare expansion. We have 150,000 neighbors in Kansas who do not have access to affordable health care. They are not eligible for Medicaid and they do not make enough money to qualify for help in purchasing private insurance. They know they are one illness or injury away from becoming unable to work. They seldom get preventative care. If they do become ill, they wait until the situation is severe before seeking treatment.

As a retired social worker and a congregational volunteer, I have become aware of many people who fall in this gap. I am a member of Southern Hills Mennonite Church, Topeka. We have many people in our church neighborhood who fall into this gap. Refusing to help our neighbors is a moral issue. Jesus was a healer. He healed anyone in need, not asking them if they were worthy or industrious.

It is time to do the right thing. Many people of conscience are continuing to work for KanCare expansion. In Matthew 22: 37-39, Jesus said "Love your God with all your heart and all your soul and all your mind." This is the first and greatest commandment; And the second is nearly as important; "Love your neighbor as yourself."

Elvera Johnson

2650 SE Lake Terrace

Topeka, KS 66605

March 13, 2024

HB 2556 and SB355 expands Medicaid and lowers health care costs.

Expansion is a commonsense, middle of the road approach to providing health care to working Kansans.

There are many reasons that expansion should happen. One of those reasons is that it protects rural hospitals. I grew up in a small town in central Kansas and know about the absence of health care. Too many rural Kansas hospitals have closed! I can't imagine having a medical emergency and not having a provider available for miles. Closed hospitals affect not only individuals, but they also affect businesses in the area---the entire community suffers.

Expansion of Medicaid is the right thing to do, and expansion is supported by almost 80% of Kansans, regardless of their party affiliation.

Kansas has already lost an enormous amount of federal funding because Medicaid has not been expanded--money that Kansas could have used. Those who will benefit are your constituents. Health care is vital to ALL Kansans. I support expansion of Kancare and urge you to vote in favor of expansion.

Thank you for listening,

Karen I. Johnson
4950 Adams Street
Westwood, Kansas 66205

March 13, 2024

Kansas is falling behind our neighbors and our ability to care for our seniors, underserved populations, maintain our rural hospital network, and protect the most vulnerable in our communities is a growing problem that cannot be ignored. If we want our state to remain competitive we must act now. Our fellow Kansans are suffering and by taking these common sense measures to expand KanCare/Medicaid, we can change the healthcare outcomes for thousands of people. Please vote YES to expand Medicaid NOW!

Kyle Johnson
Overland Park, KS
66212

February 9, 2024

Dear Kansas Legislators:

I do lots of volunteer work in Leavenworth, at the homeless shelter, serving free community meals, providing rides to those who live in our food desert and can't get to the grocery store. Over and over I meet people who need healthcare, are working full-time, yet can't afford a car, avoid getting the healthcare they need because they can't pay the bill and will get turned over to collection agencies, and suffer from a variety of disabling conditions including open wounds, addiction, alcoholism, mental illness. One man who had worked at a local lumber company for 9 years, had his home, a pickup truck, and faithfully paid child support to his ex-wife, became ill, couldn't work for a month, couldn't pay rent, lost his home, and stayed at the homeless shelter, or sometimes slept in his truck, for almost 6 months while he saved up enough to afford rent and the deposit, all while continuing to pay child support. And to pay off his healthcare bills, because he had no insurance. This is wrong in so many ways. We can easily fix it, save the state money, help workers stay employed and housed. There is no down side to an expansion of medicaid to cover the working poor.

Linda Johnson
2800 Maple Ave.
Leavenworth KS 66048-4392
swlkj1@gmail.com
913-991-7958 (cell)

March 13, 2024

Having grown up in a town of 1,800 in Nebraska, I know the critical importance of a rural hospital, where my father, a family physician, worked for decades. The hospital in this small town is still there.

In Kansas, rural hospitals are struggling to stay open, as patients come in with no insurance and the hospital is required to treat anyone who needs care. So an indigent patient may not be able to pay for services, and the hospital passes on these costs to those who can pay. That is, those who have insurance coverage. Medicaid/KanCare expansion would clearly help these rural medical centers to stay open, so that residents are not forced to drive 40 or 50 miles for treatment.

So KanCare expansion is a win-win for everyone: for those who make just too much money to qualify for Medicaid, and for those who may be working, but not able to afford health insurance through their jobs.

And a majority of Kansans--about 80%--are in favor of KanCare expansion. And the state of Kansas is losing millions of dollars from the Federal government that is subsidizing the expansion. Our neighbors in surrounding states all have expanded Medicaid. It's time for Kansas legislators to do the right thing and enable 150,000 people to access adequate healthcare

Barbara Johnston
Baldwin City, KS

March 15, 2024

Please, please, please EXPAND MEDICAID!! I'm a 63-year-old woman in need of healthcare and I can't afford insurance. For more than six years I have not been able to see a doctor or to get the medical tests I need. I NEED TO SEE A DOCTOR!! My husband's employer doesn't offer health insurance to its employees and I'm self-employed, struggling to make a living. I am also handicapped and am unable to get any sort of assistance.

Kansas is one of the last states to expand Medicaid and I don't understand why this state isn't taking advantage of federal government funds to insure more people. We the citizens of Kansas deserve better treatment. Think of it this way: The longer good health keeps us alive, the longer we will continue paying state taxes.

PLEASE expand Medicaid now!

Sincerely,

Elizabeth C Johnston
Kansas City, Kansas

March 14, 2024

Testimony to the House Committee on Health and Human Services and Senate Committee on Public Health and Welfare

NAME: Jerry Jost

TITLE: Kansas resident and taxpayer

EMAIL ADDRESS: jerrytjost@gmail.com

BILL NUMBER: HB 2556, SB 355 (Medicaid Expansion)

PROPONENT, OPPONENT, or NEUTRAL: Proponent

ORAL or WRITTEN ONLY TESTIMONY: Written Testimony

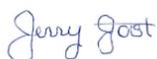
Dear Chair & members of the committee,

I am writing in support of expansion of Medicaid (KanCare) and HB 2556 and SB 355. My reasons for this support are as follows:

- Expansion of Medicaid reduces health care costs for everyone by reducing costs of emergency room care.
- Protects Kansans from medical debt.
- Fixes eligibility limits so that working Kansas families can have access to health care.
- Improves the Kansas workforce with increased health care access and improved health.
- Sustains rural health care and rural hospitals by reducing uncompensated care.
- Makes Kansas more economically competitive with our neighboring states who have already expanded Medicaid.
- This is good politics. 82% of registered Kansas voters support Medicaid expansion.
- Expanding Medicaid is prolife changing the lives of 150,000 Kansans.
- Expanding Medicaid supports the lives of children allowing 45,000 children access to health care.
- No Kansan will lose access to health care with the expansion of Medicaid. Again, over 150,000 Kansans GAIN access to health care.

Please support Medicaid expansion. Please vote yes on bills HB 2556 and SB 355.

Thank you for your consideration of this request.



Jerry Jost, Kansas resident and taxpayer

217 North Fifth Street, Lawrence, Kansas 66044

March 17, 2024

Committee members,

I ask you to move ahead with the proposed Medicaid expansion as it is revenue neutral to Kansas taxpayers and encourages healthy workforce participation. House leadership's conflict of interest should not jeopardize health outcomes for Kansans and the viability of hospital systems.

Preventative healthcare is cheaper than reactive healthcare; this is true for individual patients and the overall burden to the community. Many people without insurance delay medical care, and then present to ERs when the situation becomes dire.

Costs are higher for all Kansans when our neighbors are not able to access healthcare:

- medical debt and likely missed wages for the patients;
- losses for hospitals due to increased uncompensated care that jeopardizes small and rural hospitals' ability to operate; and
- higher costs passed on to the insured community via cost of services and premiums.

Many thanks for the opportunity to provide testimony in support of Medicaid expansion.

Hilary Junk
Lenexa, KS



An independent voice for
those served by KanCare.

Barb Conant / 785 383-4272
baconant@hotmail.com

Sean Gatewood / 785 220-5355
seangatewood@outlook.com

March 20, 2024

Thank you for the opportunity to voice our strong support to expand Medicaid in Kansas.

As a coalition, the KanCare Advocates Network (KAN) closely monitors KanCare policies, regulations, and legislation. Since its inception, our more than 50 partner organizations have worked with State agencies and the legislature to advocate for the 400,000 Kansans who depend upon KanCare, and its seven HCBS waiver programs for their health care and long-term supports and services.

Year after year, expanding Medicaid has been at the top priority of our legislative platform. We support expansion because the health and quality of life of thousands of our friends, neighbors and family members who do not have health insurance, would be greatly improved.

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

- Expansion provides health insurance to 150,000 hardworking Kansans who can't afford other coverage.
- Expansion strengthens home & community based services.
- Expansion builds the healthcare workforce.
- Expansion protects access to care, especially in rural areas.
- Expansion helps uninsured military veterans and their families.
- Expansion controls health insurance costs.

We focus our comments today on three of those benefits:

Expansion provides health insurance to hardworking Kansans of all abilities who can't afford coverage.

The claim that only "able-bodied" Kansans will benefit from Medicaid expansion is not supported by fact. The truth is Kansans with disabilities of working age will benefit from

expansion because only a small percentage of persons with disabilities have the Social Security disability determination making them eligible for health insurance through Medicaid.

According to the Social Security Administration, only an estimated 114,000 Kansans with disabilities meet the current eligibility requirements for KanCare coverage. That leaves an estimated 75% of Kansans with disabilities without access to affordable health coverage. Expanding KanCare could provide access to health coverage for those Kansans with disabilities.

Claims that expanding Medicaid would worsen the waiting lists for Home and Community Based Services (HCBS), are also unfounded. Research has continuously disproved this claim and opponents of Medicaid expansion admit there is no correlation between expansion and HCBS waiting lists.

Expansion Strengthens Home & Community Based Services

Expanding Medicaid not only provides health coverage to direct care workers but also helps seniors and Kansans with disabilities avoid costly institutionalization and remain in their home. Attracting and retaining direct care workers saves Kansas millions of taxpayer dollars and encourages the development of community-based home care services.

If individuals with disabilities cannot hire direct care workers, they may have no choice but to move into expensive institutional settings, which costs both residents and Kansas taxpayers considerably more. Medicaid expansion can help address the critical shortage of in-home direct care workers, incentivizing individuals to join the workforce.

Expansion Builds the Healthcare Workforce

Access to affordable health insurance helps attracting and retaining direct care workers. Few direct care workers in Kansas receive health insurance as a benefit of their employment. A recent University of Kansas survey of HCBS direct care workers in Kansas found 24.1% of these direct care workers were completely uninsured, which is twice the national uninsured rate of 12.2% for working-age adults under 64.¹ Low pay and limited hours often push these Kansans into the coverage gap, making them ineligible for Medicaid.

As advocates we work together to protect the rights and services of all persons to live independently and be active in their communities. We support Kansans' right to health care. We support Medicaid expansion. Thank you.

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

¹ "Care and Safety Practices during the COVID-19 Pandemic in Home-Based Long term Services and Supports," C. Wendel-Hummell, University of Kansas.



March 20, 2024

Heather Braum, Health Policy Advisor
Kansas Action for Children
Written-only Proponent Testimony on HB 2556
House Committee on Health and Human Services

Chair Landwehr and members of the Committee:

Thank you for the opportunity to weigh in with our support of HB 2556, to expand Medicaid in Kansas.

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

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

1. Impact on Parents

With few exceptions, parents and caretakers don't currently qualify for KanCare. Right now, if a family of three makes more than \$787 per month (\$9,444 per year in 2023) or a family of four makes more than \$950 per month (\$11,400 per year in 2023), the adult(s) cannot qualify for KanCare in Kansas.

Meanwhile, these parents have health care needs that must be addressed, but they have no or few viable options for coverage.

Many employer-sponsored health insurance plans provide coverage for families. But many employees, especially those classified as part-time, are not offered employer-sponsored insurance. Insurance coverage outside of an employer is then extremely unaffordable,

because they cannot receive subsidies on the federal insurance exchange if their household income falls between 38% and 100% of the federal poverty line.

This is what happens when families fall into the coverage gap – making too much to qualify for KanCare, yet not enough to purchase an affordable plan on the insurance marketplace.

Families must make more than \$24,860/year for a family of three, or \$30,000 for a family of four, to qualify for those subsidies. If their income is even a dollar below those thresholds, they will face paying premiums of hundreds of dollars, potentially even close to \$1,000/month! In most cases, these adults will choose to remain uninsured and wait until emergencies happen to access health care. This costs the system much more than regular, preventative care would, when otherwise it would remain unaffordable without health insurance coverage. Expanding KanCare offers an insurance solution to these adults.

We know that more than 13,500 parents fall into this coverage gap.¹ **Expanding KanCare to cover more Kansas parents is an effective strategy that will improve the health and well-being of Kansas families.**

2. Impact on Kids

Most low-income Kansas kids are already eligible for KanCare's Medicaid and the Children's Health Insurance Program (CHIP). Their health depends on regular access to quality care, including wellness visits, prescriptions, screenings, immunizations, mental health resources, and dental checkups. A lack of health care, especially in childhood, leads to lifelong chronic conditions, shorter life expectancy, increased lifetime medical costs, and sicker families. Insured kids are more likely to enter school ready to learn, graduate high school, and become healthy, productive adults.

Expanding KanCare is critical to helping more children access health coverage, thereby reducing the number of uninsured kids in Kansas. As of 2022, about 38,000 Kansas kids are uninsured.² Studies show that when parents sign up for insurance programs, it is more likely they will also enroll their kids.³ And kids' health reflects the health and well-being of their parents. **When parents are insured, kids are more likely to receive regular checkups and preventive care.**

Additionally, a recent KHI study analyzed other states that had expanded Medicaid and concluded that "Medicaid expansion states experienced a 32.0 percent reduction in foster

¹ Wu, A. S., Cink, K., and Lin, W. (2023). Infographic: Health Insurance in Kansas, 2022. <https://www.khi.org/articles/infographic-health-insurance-in-kansas-2022/>

² Kansas Action for Children. (2023). KIDS COUNT Data Center. <https://datacenter.aecf.org/data/tables/7434-uninsured-children?loc=18&loct=2#detailed/2/any/false/1095,2048,1729,37,871,870,573,869,36,868/any/14515>

³ Hudson, J.L., and Moriya, A.S. (2017). Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects On Their Children. *Health Affairs* 36(9). <https://doi.org/10.1377/hlthaff.2017.0347>

care admissions related to neglect compared to non-expansion states. **Applying the reduced rate experienced in expansion states to 2022 Kansas foster care data equates to an estimated 305 fewer children entering the foster care system in Kansas because of neglect.**

3. Impact on Pregnant Women and Newborns

To reduce maternal and infant mortality, low birth weights, pre-term births, and post-birth complications – and to address racial disparities in maternal and infant health – we must ensure moms-to-be have continued access to affordable health care coverage before, during, and after pregnancy.

Pregnant moms without health insurance (and whose family income is less than 171% FPL, or about \$42,510/year for a family of three in 2023) can be covered by KanCare during pregnancy and for 12 months after birth. However, short-term coverage is not enough. **Moms must have health insurance to access health care long before their pregnancy begins.**

Expanding KanCare would improve coverage for most of these women as they create and nurture their families.

The health of moms and babies supports the health of our entire state. A state full of healthy families will ensure all Kansas communities thrive for years to come.

4. Impact on the Workforce

Finally, expanding Medicaid would support hardworking Kansans – like child care providers⁴ and other direct support workers – who may not have kids and make low wages but too little to qualify for the federal insurance exchange subsidies. At a time when we are facing a worker crisis in the country, individuals will be forced to choose jobs that pay them enough to qualify for the federal exchange or another job that comes with health insurance benefits just so they can access medical care when they need it.

Expanding Medicaid would have a positive impact on some of our workforce shortages – particularly those that serve our most vulnerable populations in our state.

We have deep concerns about the bill's work reporting requirements for the expansion-eligible population because we know from real world⁵ implementation⁶ that these only put up more barriers for families needing health insurance coverage. Even so, we remain committed

⁴ US Bureau of Labor Statistics. (May 2022). *39-9011 Child Care Workers Report*.

<https://www.bls.gov/oes/current/oes399011.htm>

⁵ Harker, L. (2023). *Pain But No Gain: Arkansas' Failed Medicaid Work-Reporting Requirements Should Not Be a Model*. <https://www.cbpp.org/research/health/pain-but-no-gain-arkansas-failed-medicaid-work-reporting-requirements-should-not-be>

⁶ Cuello, L. (2023). *Georgia Pathways Implementation: The Glass is 99.6% Empty*.

<https://ccf.georgetown.edu/2023/11/27/georgia-pathways-implementation-the-glass-is-99-6-empty/>

to advocating for closing the coverage gap in Kansas, like 40 other states and D.C. have already done.

For these reasons and more, KAC supports expanding KanCare; this policy is an investment in Kansas children and the adults who care for them that will pay off for generations.

We urge this Committee to pass out HB 2556 and allow it to have a floor vote of the entire House chamber. Kansas kids and their families are waiting. If I can be of further assistance, please contact me at heather@kac.org.



March 7, 2024

Jami Reeve, Executive Director
Kansas Appleseed Center for Law and Justice
Written Testimony Neutral on HB 2556

Thank you for allowing me the opportunity to submit testimony on HB 2556. My name is Jami Reeve and I am the Executive Director at Kansas Appleseed. Kansas Appleseed Center for Law and Justice is a nonprofit, nonpartisan organization dedicated to the belief that Kansans, working together, can build a state of thriving, inclusive, and just communities.

Kansas Appleseed is neutral on HB 2556. We support medicaid expansion as a policy decision that would allow Kansans to thrive in just communities through the expanded healthcare access, increased financial security, and economic mobility it provides. However, we are opposed to work requirements currently in this bill.

Medicaid expansion helps alleviate the financial burden that prevents so many Kansans from thriving. Right now, more than 150,000 Kansans, including 45,000 children, fall into a health coverage gap Kansas' failure to expand Medicaid has created. Expanding eligibility will support the most vulnerable and hardworking Kansans. Expanding medicaid to all adults ages 19-64 with family income at or below 138 percent of the federal poverty level would provide coverage to 66,000 Kansans who are currently uninsured and ineligible. It would also expand eligibility to 16,000 uninsured Kansas children.¹ 75% of Kansans who would be eligible for medicaid coverage under the expansion are part of working families.² That is needed medical and financial help for thousands of Kansans who struggle everyday to get by, despite being employed.

Medicaid expansion means that all families who have been struggling to make ends meet, would now have medical coverage and would no longer be paying for medical needs out-of-pocket, facing high insurance premiums, or be one medical emergency away from not being able to feed their families, pay their bills, or keep their homes. A trip to the grocery store will tell you how dramatically costs are rising for simple necessities like milk and bread for Kansans trying to take care of themselves and their families.

Healthcare is no exception to the ever increasing costs we face, and right now all Kanans are paying the costs of the failure of the state to expand medicaid. They pay through higher shares of health insurance premiums in employer-sponsored plans, higher costs of services, higher local taxes to support state spending in lieu of federal funding already paid for with tax dollars, and hospital closures in vulnerable areas of the state.³ Expanding medicaid will bring healthcare

¹ Schmidt, S., Cink, K., Uridge, E., and Rowell, S. C. "2024 Medicaid Expansion Estimates: Enrollment, Costs and Characteristics of the Expansion Population." Kansas Health Institute. 2024.

https://www.khi.org/articles/2024-medicaid-expansion-estimates/?utm_medium=email&utm_source=sharpspring&sslid=MzIAAINLSyNL CzMzI3MA&sseid=MzIzMjc3MbcwMQYA&jobid=8035fcf1-a5b0-4cb5-8784-289e18d40dfa

² Kaiser Family Foundation. "Who Could Medicaid Reach with Expansion in Kansas?" Fact Sheet KS. 2020. <https://files.kff.org/attachment/fact-sheet-medicaid-expansion-KS>

³ Ginther, D. K., Davut, A., and Slusky, D. J. G. "Economic Costs to Kansas Due to State's Failure to Expand Medicaid." 2022. <https://kuscholarworks.ku.edu/handle/1808/32851>



costs down for all Kansans, allowing the most vulnerable through the middle class and beyond to find relief and thrive in these trying times.

Medical debt is a financial burden to Kansans, and that affects their ability to afford food and other necessities everyday, despite having jobs. Medical debt is much higher in states without medicaid expansion. On average, people in non-expansion states owe \$375 more in medical debt. That means the nearly half of all Kansans who experience or know someone experiencing the burden of medical debt, are facing higher rates than the 40 other states in the nation that have adopted medicaid expansion. This affects the most vulnerable Kansans most. Those with medical debt are more likely to be those with disabilities, in worse health, or facing poverty. Much like the effect of not having insurance, medical debt means Kansans are foregoing medical care or prescriptions, cutting spending on food, clothing, and other items, spending their savings, borrowing large amounts of money, and having difficulty maintaining reliable housing and transportation. Expanding medicaid means more Kansans can get healthcare and avoid medical debt, maintaining health and financial stability.⁴

Expanding healthcare coverage through Medicaid to low-income Kansans will save and improve lives. For example, in states that have expanded Medicaid, annual mortality rates among near-elderly adults were reduced by 9.4%. Access to healthcare for this population is proven to reduce disease-related deaths.⁵ A review of over 600 studies that have been conducted since states first started expanding medicaid shows that expansion states have better outcomes in mortality, cancer, chronic disease, disabilities, sexual and reproductive health, behavioral health, state finances, racial disparities, socioeconomic disparities, and better social determinants of health than the states that have not expanded medicaid.⁶

Not only does not expanding medicaid harm the ability of Kansans to thrive, but our failure to expand medicaid threatens public safety by putting unnecessary strain on our criminal justice system. Kansas Department of Corrections (KDOC) spent close to \$87 million providing medical services to inmates in Fiscal Year 2023.⁷ Medicaid funding covering the costs of in-patient hospital stays exceeding 24 hours for incarcerated individuals, mental health and substance abuse services reducing the number of those incarcerated, and coverage reaching newly-released individuals reducing recidivism are estimated to save KDOC \$11 million annually.⁸ Expanding medicaid coverage will save the state money, alleviate overcrowding in

⁴ Cleaves, E. "Closing the Gap: Kancare Covers 165,000 Kansans Currently Left Out of Medicaid." Access Health News. 2023.

<https://accesshealthnews.com/closing-the-gap-kancare-covers-165000-kansans-currently-left-out-of-medicaid/>

⁵ National Bureau of Economic Research. "Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data." 2019. <https://www.nber.org/papers/w26081>

⁶ Guth, M. & Ammula, M. "Building on the Evidence Base: Studies on the Effects of Medicaid Expansion." Kaiser Family Foundation. 2021.

<https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>

⁷ KDOC. "Annual Report for Fiscal Year 2023." <https://www.doc.ks.gov/publications/Reports/fy2023-annual-report>

⁸ Kansas Appleseed. "Unlock Savings: White Paper on Potential Cost Savings to Kansas Correction System through ACA Medicaid Expansion." 2019.

https://www.kansasappleseed.org/uploads/2/1/9/2/21929892/unlock_savings- white_paper_on_potential_cost_savings_to_kansas_correctional_system_through_aca_medicaid_expansion_kansas_appleseed.pdf



Kansas jails and prisons, reduce recidivism, and improve public safety in Kansas to help build just communities.

If all Kansans are to thrive it is essential for Kansas to expand Medicaid to every Kansan who needs it. Health care is a necessity and should be treated as such. Promoting the general welfare is a founding principle of our Constitution. We urge the legislature to pass Medicaid expansion in a way that removes all barriers to lifesaving medicine and healthcare for every Kansan. Meaning, although we support medicaid expansion, we cannot support the work requirements in the current bill.

Work requirements prevent Kansans from getting access to medical care and are ineffective. All Kansans should have access to medical care, no matter their employment status. Work requirements are rooted in stereotypes based on race, gender, disability status, and class. They ignore the realities of the low-paid labor market, the lack of child care and paid sick and family leave, how health and disability issues and the need to care for family members affect people's lives, and ongoing labor market discrimination. Research on the relationship between work and health shows that work requirements have little impact on employment. Instead, such requirements just limit access to individuals who need services. Further, most medicaid participants already work or face barriers to work. Requiring reporting may result in the loss of coverage while not increasing employment.⁹

Failing to expand medicaid is costing Kansans every day. Costs are felt in all aspects of their lives from their health and livelihood to their budgets and ability to feed their families. Meanwhile, it is costing the state billions of dollars and undermining public safety.¹⁰ Medicaid expansion provides life-saving support to hardworking, low-income Kansans, saves the state money, and makes everyone safer. It is time we stop playing political games with people's lives and livelihoods. Let's eliminate all barriers to healthcare access, and pass medicaid expansion without unnecessary and ineffective work requirements.

⁹ Guth, M. and Musumeci, M. "An Overview of Medicaid Work Requirements: What Happened Under the Trump and Biden Administrations?" 2022. <https://www.kff.org/medicaid/issue-brief/an-overview-of-medicaid-work-requirements-what-happened-under-the-trump-and-biden-administrations/> and Pavettii, L. "Work Requirements Don't Cut Poverty, Evidence Shows." The Center on Budget and Policy Priorities. 2016. <https://www.cbpp.org/research/test-work-requirements-dont-cut-poverty-evidence-shows>

¹⁰ Ginther, D. K., Davut, A., and Slusky, D. J. G. "Issue Brief: The Unexpected Costs of Not Expanding Medicaid in Kansas." 2022. https://kuscholarworks.ku.edu/bitstream/handle/1808/32850/Medicaid_Brief_2022.pdf?sequence=1&isAllowed=y



Testimony in Support of Medicaid Expansion

House Committee on Health and Human Services

Dear Chair Landwehr and Committee Members:

On behalf of the Kansas Association of Centers for Independent Living, (KACIL), we are asking for your support for Medicaid Expansion in Kansas which could enable individuals with disabilities to gain health insurance that they currently can't access.

In 1990, CILs embraced the opportunity to provide services under the newly developed Medicaid Home and Community Based Services program allowing individuals with significant disabilities to receive the services they needed to remain in their homes. CILs also saw this as an opportunity for some individuals with disabilities to be trained as caregivers. Today, many of the individuals employed as direct service workers (DSWs) in the HCBS program are people with some type of disability.

This could be the perfect work for these DSW's except for the fact they have no access to health care. Kansas chose to set up the Self-Directed HCBS program so that enrolled consumers are the employer of their worker. This model benefits the State and allows the consumer to maximize their ability to Self-Direct their care but leaves the workers with zero access to benefits. In a survey of DSW's in the Self-Direction program, lack of health insurance was the second highest reason listed for why a worker would likely leave their employment in the near future; second only to wages.

Kansas has a long history of supporting individuals with disabilities and seniors to remain in their home with support through programs like HCBS. We also have a philosophy of self-reliance and strong work ethics. I am asking for your support in maintaining both by creating a pathway for DSW's in the Self-Directed HCBS program access to healthcare through Medicaid Expansion.

Thank you,

Audrey Schremmer

KACIL Board Member, and Executive Director, Three Rivers Inc.



KACIL Members:

Independence Inc., Lawrence KS

Independent Connection, Salina KS

Independent Living Resource Center, Wichita KS

LINK, Inc., Hays KS

Beyond Barriers, Hutchinson KS

Three Rivers Inc., Wamego KS

Resource Center for Independent Living Inc., Osage City KS

The Whole Person, Kansas City KS



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785-477-4666
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www.ksbreastfeeding.org

March 14, 2024

Brenda Bandy, Executive Director
Kansas Breastfeeding Coalition
Written Testimony in Support of Medicaid Expansion (HB 2556)
House Committee on Health and Human Services

Dear Chair Landwehr and Committee Members,

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

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

The KBC's Chair-Elect, Stephanie Rupnicki, has personally experienced falling in the coverage gap. She is a mom and active breastfeeding advocate for the Kansas Breastfeeding Coalition, providing peer-to-peer breastfeeding support for Indigenous families. Stephanie had been working and had insurance when she had her first child. When it was time to go back to work, she developed postpartum depression. She wasn't able to return to work for six months. After much deliberation, she decided to become a stay-at-home mom. She's been caring for her children at home ever since.

Stephanie tried to get insurance through her husband's employer, but it was too expensive. It would have cost them almost a whole paycheck. She was told about KanCare and was able to qualify during her later pregnancies. This was difficult for Stephanie and her growing family. She developed some health complications outside of pregnancy, some of which were pregnancy-related, that she couldn't get treated. She would have to pay out of pocket for all of the care.

For Stephanie, health insurance is essential for families. Having insurance helps relieve some of the stress. She knows firsthand what it is like to be in danger of losing coverage. Before Kansas extended postpartum coverage, in the months after her child's birth, Stephanie had to cancel health appointments because she wasn't able to get in before her insurance ended.

¹ Bhatt, Chintan B, and Consuelo M Beck-Sagué. "Medicaid Expansion and Infant Mortality in the United States." *American journal of public health* vol. 108,4 (2018): 565-567. doi:10.2105/AJPH.2017.304218. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5844390/#bib1>. Accessed April 1, 2022.

² E.L. Eliason, "Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality," *Women's Health Issues*, 30: 147-152 (2020). Available at <https://www.sciencedirect.com/science/article/abs/pii/S1049386720300050>. Accessed April 1, 2022.

Mission To improve the health and well-being of Kansans by working collaboratively to promote, protect and support breastfeeding.

Vision Breastfeeding is normal and supported throughout Kansas.

During the pandemic, Stephanie was insured because federal policies have extended coverage options during the pandemic. She could get preventative care without worrying about the bill during this time. She was able to go to the doctor and get her well-woman exams. As the caregiver for her children, she wasn't worried about who would be there to take care of her family. Unfortunately, Stephanie has been without health insurance since the end of 2023.

She wants others to know that insurance is important to her and that "we shouldn't have to stress and worry." She wants legislators to put themselves in the shoes of their constituents. She and most Kansans want the legislature to close the coverage gap by passing HB 2556.

Thank you for the opportunity to provide testimony in support of KanCare expansion. Please feel free to contact me at bbandy@ksbreastfeeding.org if you have any questions.

Sincerely,



Brenda Bandy, IBCLC

Executive Director

Kansas Breastfeeding Coalition

March 20, 2024

Re: HB2556, Medicaid Expansion
Written Proponent Testimony
House Health and Human Services Committee

Chair Landwehr, Vice Chair Eplee, Ranking Minority Member Ruiz, and Committee Members:

Thank you for the opportunity to provide written testimony in support of HB2556, a bill to expand Medicaid. Passage of this bill would provide 150,000 hard working Kansans with access to health insurance. Expanding KanCare is good for Kansas adults. Equally important, it is good for Kansas children.

The Kansas Chapter, American Academy of Pediatrics (KAAP) is the statewide pediatric association with more than 450 pediatrician and pediatric resident members. The organization and its members share a fundamental goal: all Kansas children should grow up safe and strong, with confidence in themselves and their future. Expanding KanCare supports this goal.

As pediatricians, we know far too well that health insurance has a direct and measurable impact on the willingness of families to access healthcare. Though Medicaid expansion was designed to offer health coverage to uninsured adults, we know it helps keep kids healthy and safe. Expanding KanCare will increase health coverage for children, improve child overall health, and improve the economic stability of their family.

Other individuals and organizations will share information and data regarding the benefits of Medicaid expansion: how it brings a significant amount of federal dollars into Kansas, how it offsets expenditures in the criminal justice system, how it will decrease the number of uninsured Kansans (a number that is higher than the national average), how it has a proven track record of creating jobs, and how it makes it easier for enrollees to work and seek work. However, as an expert in child health, we prefer to highlight how expanding KanCare would directly benefit Kansas kids.

1. **Medicaid expansion states have lower infant mortality rates.** When reproductive-aged women have insurance coverage before pregnancy, they are better able to manage chronic conditions, to seek pre-conception care, to afford prenatal vitamins, and to seek mental health care. Mentally and physically healthy Moms have healthy babies.
2. **Medicaid expansion helps ensure kids in rural areas have access to health care.** Four Kansas hospitals have closed in recent years. Rural hospitals are 6 times more likely to close in non-expansion states like Kansas. The United States already has a shortage of pediatric hospital beds. Although Kansas has ready access to pediatric hospital beds, we have witnessed when children are unable to access these beds, especially during surges of respiratory illness, like RSV, influenza and COVID. Medicaid expansion helps Kansas kids, and adults, have critical access to vital rural hospitals.

KANSAS CHAPTER

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Shawnee, KS 66286

 Denise Cyzman
EXECUTIVE DIRECTOR

 785-380-6100

 kansasaap.org

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- 3. Medicaid expansion makes healthier families.** Families are the cornerstone of child development and health. Healthy diets and exercise in children require lifestyle changes for the entire family. When children watch their parents get a physical, a tetanus shot, or get recommended screenings, they are more likely to do the same. Having healthy parents positively impacts brain structure and function, serving to mitigate the deleterious effects of trauma, poverty, and other Adverse Childhood Experiences (ACEs). Healthy parents mean healthy children.
- 4. Medicaid expansion means kids are more likely to be insured.** States that expand Medicaid have seen an increase in child health insurance enrollment, specifically Medicaid and CHIP. Covered parents means covered children.
- 5. Medicaid expansion means kids are more likely to get routine care.** Low-income kids whose parents have health insurance are almost 30% more likely to have an annual well visit. This means that parents get guidance on how to introduce solid foods and make the house safe for their toddlers, kids are protected from deadly diseases like polio and tetanus through vaccines, and developmental problems are identified and treated earlier.
- 6. Medicaid expansion reduces the likelihood of child neglect.** The increased financial stability offered to families because of Medicaid expansion has statistically reduced the likelihood of child abuse and neglect.

These are just some of the reasons why Medicaid expansion will help ensure a brighter future for Kansas. We are certain we all share the goal of helping Kansas kids thrive in happy and healthy families, this is why KAAP strongly urges you move HB 2556 out of this committee and to the House floor for passage.

Dena Hubbard, MD, FAAP
Public Policy Chair
KAAP

Andrew Donaldson, MD
KAAP



KANSAS CITY

**MEDICAL SOCIETY
FOUNDATION**

CHARITABLE CARE, EDUCATION, PREVENTION & WELLNESS

Date: January 29, 2024
Re: Proponent, Support for KanCare expansion

The Kansas City Medical Society Foundation is a 501(c)(3) public charity that delivers over \$8 million worth of donated specialty care to uninsured patients each year. We have served over 14,000 people, providing over \$106 million in donated care and treatment. We have helped people in our community access heart bypasses, knee replacements, and other medically necessary specialty care that helps people live, work, take care of their families and contribute to their communities.

Charitable healthcare is the core of our programming and mission. Based on our expertise over decades of work in charitable healthcare, **we know the most effective and consistent way to bring health equity and access to our community is through Medicaid expansion.**

KanCare expansion is good for patients and public health and it is the most effective option to ensure the full spectrum of healthcare access – primary care, specialty care, medication and affiliated services - to uninsured Kansans.

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

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

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

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



Karole Bradford
Chief Executive Officer

HB 2556 / SB 355
Written Proponent Testimony
March 20, 2024

The Kansas Coalition Against Sexual and Domestic Violence (KCSDV) is a nonprofit organization located in Topeka with 25 member organizations providing direct services to victims of sexual and domestic violence statewide. These are the programs that provide critical services to survivors 24 hours a day, 7 days a week and include emergency shelter, hotline support, counseling, and other supportive services.

We offer proponent testimony for 2024 HB 2556 and 2024 SB 355 – bills that would enact the Cutting Healthcare Costs for All Kansans Act and expand medical assistance eligibility.

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

The adverse effects of domestic and sexual violence can have a long-term impact on the victim's health and well-being. The immediate injury due to the violence is just one piece of the picture. Additionally, victims often suffer from chronic illnesses following victimization. Access to good, adequate health care is critical for addressing their needs.

Additionally, victims with health issues of their own or their children may hesitate to leave the abusive relationship if their healthcare is tied to their abuser's employment, and it means that they will be without health care if they leave. Assuring health care availability for all could add opportunity for many victims to attain safety.

While Kansas would be the second state¹ to implement a work requirement for Medicaid, we support that both bills provide an exemption from the employment verification for victims and survivors of sexual and domestic violence that are seeking shelter at one of our member programs. The bills reference [42 U.S. Code § 11302](#) which defines a homeless individual to encompass any individual or family who is experiencing violence relating to domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions.

¹ Schmidt, S. L., Cink, K., Uridge, E., & Rowell, S. C. (2024, February 29). 2024 Medicaid Expansion Estimates: Enrollment, costs and characteristics of the expansion population. <https://www.khi.org/articles/2024-medicaid-expansion-estimates/>

KCSDV supports the expansion of access to affordable health care through expansion of health insurance coverages. Because victims often live with residual health issues, adequate health care and health insurance coverage will provide another piece of stability in their lives going forward.

For the reasons stated above, KCSDV is a proponent for 2024 HB 2556 and 2024 SB 355.

Sincerely,

A handwritten signature in black ink that reads "Michelle McCormick". The signature is written in a cursive, flowing style.

Michelle McCormick, LMSW
Executive Director
KCSDV



February 22, 2024

To: Kansas Legislators

From: Robert Cooper, Executive Director, Kansas Commission for the Deaf and Hard of Hearing

Regarding: Public Hearing on Medicaid Expansion

Kansas lawmakers,

Thank you for allowing me the opportunity to submit testimony in support of expanding Medicaid in Kansas.

As Kansans get older, many will experience some form of hearing loss. By age 60, 30% of older adults will experience hearing loss, and by age 80, that statistic rises to 50%. Often, older Kansans will eventually move to long-term care facilities. Yet these facilities frequently do not have communication support for individuals who are deaf or hard-of-hearing — leaving a large percentage of seniors without the resources they need to thrive. The good news is we can start to address this issue immediately by expanding Medicaid.

As the executive director of the Kansas Commission for the Deaf and Hard-of-Hearing, it's our mission to identify what obstacles our community faces — and how we can assist, alleviate or mitigate those challenges. One major obstacle our community faces is the gap in communication access between health care providers and deaf and hard-of-hearing patients.

Our commission sees time and again how Medicaid-related issues plague the deaf and hard-of-hearing population. Most long-term care facilities are not equipped to accommodate deaf and hard-of-hearing individuals. This leads to a huge gap in health care provider access. Simply put, if you cannot communicate with your health care provider, then you cannot receive the care and services you need.

For example, one Kansan who was deaf and in a long-term care facility was not getting his communications needs met. When an employee asked the staff to assist him, they responded, "We don't know how to communicate with him." This resident was living with dementia and would often roam the halls and try to escape the building. But no one could communicate with him, and he was put in harm's way in one incident. Unfortunately, this story is not an isolated case. It's far too common in many health care facilities in Kansas. It must change.

So why does this happen? Health care providers struggle to pay for essential communication, which, unfortunately, is either the first budget cut or not funded initially.

Expanding Medicaid would benefit all Kansans by lowering health care costs for everyone. It would bring in federal dollars that are already helping our neighboring states to shore up hospitals' bottom lines, and that means funding for critical services — such as access to appropriate health care communications.

For those of us in the deaf and hard-of-hearing community, just like for many other Kansans, employment options may have limited hours and often do not include benefits — such as health insurance. So, they're not eligible for Medicaid currently because they already make a bit too much income to qualify. They are already paying up to \$4,000 for new hearing aids or replacements, which would be a priority, rather than purchasing private health insurance, as private insurance and Medicare rarely cover the cost of hearing aids.

This is a disparity they must face, but we know that Medicaid expansion would help eliminate this obstacle. Expanding Medicaid can't fix every issue that deaf and hard-of-hearing Kansans face in health care settings. We would still have a lot of work to do. However, it would be a giant step forward for our community. And, it's the right thing to do.



Martha Gabehart, Executive Director

Laura Kelly., Governor

Written Proponent Testimony for
SB 355 and HB 2556 Medicaid Expansion
By Martha Gabehart, Executive Director
Kansas Commission on Disability Concerns (KCDC)

Thank you for this opportunity to submit written testimony in support of SB 355 and HB 2556. I am Martha Gabehart, Executive Director of the Kansas Commission on Disability Concerns (KCDC). KCDC is catalyst for change in government for people with disabilities. We work with the governor, legislature and state agencies on issues that adversely affect people with disabilities.

The commissioners have supported Medicaid expansion for several years because many people with disabilities are not financially eligible for Medicaid but are still living in poverty unable to afford health insurance or to get the medical services they need. Also, some of our commissioners along with other people with disabilities are working or have worked for employers who do not provide health care. Medicaid expansion would provide affordable health care to people with disabilities helping them continue to work while improving their health.

Medicaid expansion lowers everyone's health care costs. The cost of providing health care to those without insurance increases the cost of all health care making it more expensive for those with insurance. It also saves hospitals and health care professionals by paying for the health care poor people including people with disabilities need. Eight hospitals have closed since 2014. The people in those rural areas often travel long distances to receive health care if they have transportation. Telemedicine may not be an option for them because of lack of internet access. Having access to local health care providers, assures poor people including people with disabilities have access to health care when they need it.

Thank you for the opportunity to testify in support of SB 355 and HB 2556.



Testimony

Medicaid Expansion

**March 20, 2024
SB 355 and HB 2556**

The Kansas County Commissioner Association supports the expansion of Medicaid in Kansas.

KCCA represents the elected Commissioners in all 105 counties. That's 362 elected leaders. It's a very diverse, bipartisan group. Republicans. Democrats. Rural. Urban. All of them work to serve their communities.

Forty states and the District of Columbia have expanded Medicaid coverage to provide health insurance to the working poor and others who can't afford adequate healthcare.

The KCCA strongly supports expansion of the Kansas Medicaid program to make healthcare coverage possible for tens of thousands of at-risk Kansans and to increase support for rural hospitals and municipal emergency services.

While we are appreciative the Senate and House are both holding hearings on Medicaid Expansion, this is only the start.

The KCCA urges both the Senate and House leadership to allow these bills to be debated and voted on by each body. The sooner the better.

The Kansas County Commissioners Association supports Senate Bill 196 which restores the Local Ad Valorem Tax Reduction Act.

After 20 years of denying that critical funding to local governments, it is past time for the Kansas Legislature to follow the spirit of the law, keep the promise made decades ago and restore the traditional partnership between cities, counties and state governments.

From 2004 through 2023, local governments have lost about \$2-billion in legally owed LAVTR revenues withheld by Kansas Legislature. Every dollar would have gone to off-setting property tax increases.

The money comes from sales tax collected by the state. Since 1937 the Legislature agreed to share sales tax dollars with local governments with the express purpose of reducing reliance on property taxes to pay for such services as police and fire protection, parks, streets, jails, elections and many other services county governments are required to provide.

Local governments gave-up the ability to impose certain local taxes in exchange for the state to collect those dollars and return a share of them. Going back more than 20 years the State of Kansas, struggling with massive budget shortfalls, began slashing millions of dollars intended for local governments every year. Those cuts now total billions of dollars.

LAVTR is not the only promised and legally owed revenues not being paid to cities and counties. In addition to not sending the Local Ad Valorem Tax Reduction dollars, the Legislature has broken its commitments by not funding the City County Revenue Sharing Fund (CCRS) and the Special City-County Highway Fund (CCRS).

The total dollars owed but not paid to cities and counties since 2001 is more than \$3.5-billion. But those aren't the only legislative decisions which have impacted local property taxes.

In 2006, the Kansas Legislature repealed the property tax on commercial/industrial machinery and equipment. That decision shifted the tax burden of paying for police, fire, street repairs and other services onto homeowners and small commercial businesses. And to make matters worse, after only one year the Legislature broke its agreement with local governments to help ease the severe sudden loss of those tax dollars no longer being paid on machinery and equipment.

In 2014, the Kansas Legislature eliminated the Mortgage Registration Fee. That fee, which had been enshrined in Kansas law since 1925, paid for government services the banking and lending industry used. The revenue helped fund parks and recreation programs. Elimination of the Mortgage Registration fee was another tax shift on everyday taxpayers. It's cost Kansas counties millions in lost revenue.

At the same time, state lawmakers dumped more duties on counties to perform on behalf of the state. District courts, community corrections, mental health, register of deeds, vehicle registrations, elections and tax collections are all state duties performed and paid for by county taxpayers. It is a lopsided relationship.

Kansas residents will be better served if the traditional partnership between local governments and the state government is restored and we all once again work with each other to address the goal of lower property taxes. The traditional partnership between local governments and the state needs to be repaired and restored. We can start by passing Senate Bill 196 and restoring the LAVTR promise.

How LAVTR Would Offset Local Property Taxes in Select Counties

Allen:	3.2 mills
Andersen:	2.7 mills

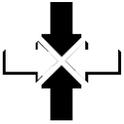
Bourbon:	4.5 mills
Dickinson:	3.0 mills
Franklin:	3.2 mills
Geary:	4.7 mills
Johnson:	2.3 mills
Leavenworth:	3.5 mills
Labette:	4.8 mills
Montgomery:	3.5 mills
Miami:	2.7 mills
Neosho:	4.3 mills
Riley:	3.7 mills
Saline:	3.3 mills
Sedgwick:	3.5 mills
Shawnee:	3.5 mills

Fully restoring LAVTR statewide would offset property taxes by nearly 300 mills combined.

The Kansas County Commissioners Association is represented by:

Mike Taylor

StrategyConsultants



**4530 N 108th Street
913-449-4848**

**Kansas City, Kansas 66109
miketaylor4530@gmail.com**



KANSAS EMS ASSOCIATION
6021 SW 29th St., Suite A PMB 359 | Topeka, KS 66614
Ph: 785.580.3459 | www.kemsa.org

Unity Is Strength

To: Chairwoman Landwehr and members of the House Committee on Health & Human Services

Re: Testimony of Support for Expansion of Medicaid

From: Kansas Emergency Medical Services Association (KEMSA), David Adams, President

Date: February 13, 2024

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

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

Kansas ambulance services are being forced to transport a greater number of patients greater distances as more rural hospitals both minimize the services they can offer or close. The closure of hospitals creates a tremendous burden on local ambulance service (owned and operated by local municipalities) due to a huge increase in call volume and transport times. This has had a dramatic impact on their budgets as they struggle to respond to the situation.

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

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

Presently, ambulance services provide treatment and transportation services to a large number of patients who cannot pay for the service. This can create a tremendous financial burden on those who, unfortunately, don't have insurance as well as on the local taxpayers

who finance the local ambulance service. Many of these individuals would be covered by an expanded KanCare program. While the current payments made from the KanCare program for ambulance services do not meet the actual cost of the services; having more patients on KanCare would mean additional dollars in the way of additional payment for services.

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

Sincerely,

David Adams,

President

Kansas EMS Association (KEMSA)

dadams@kemsas.org



To: House Committee on Health & Human Services, Rep. Landwehr, Chair

From: Nick Levendofsky, Executive Director, Kansas Farmers Union

Date: March 7, 2024

RE: HB 2556 – Expanding Medicaid

Chair Landwehr and members of the Committee, thank you for the opportunity to provide testimony in support of HB 2556.

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. Forty states in the U.S., including all the states bordering Kansas, have expanded their Medicaid program, and it is long past time to act and make sure Kansans don't get left behind.

An overwhelming majority of Kansans agree - it's time to expand KanCare. Expanding KanCare will make health insurance accessible to 150,000 Kansans who otherwise may not have affordable coverage.

Expanding KanCare will also:

- Reduce health care costs for everyone. When low-wage Kansans can't get health coverage, that means more emergency room visits and crisis treatment for physical and mental health needs. When hospitals and health care providers aren't compensated for services, a portion of those additional costs are passed on to everyone through higher prices, meaning we are all paying more out of pocket and through insurance premiums.
- Protect Kansans from medical debt. Medical debt is the leading cause of bankruptcy in the United States. Getting access to affordable health insurance protects more Kansans from accruing high medical debt and reducing their risk of bankruptcy.



- Support a healthier workforce. Most Kansans in the coverage gap work at least one job but aren't offered employer-based health insurance or can't afford it. Those who are not working are often caretakers or are unable to work because of their own health conditions. When more people have access to the physical and behavioral health care they need, there are more workers healthy enough to re-enter or remain in the workforce.
- Keep Kansas economically competitive. Nearly all Kansas industries have employees who would benefit from expansion. Expanding KanCare helps our employers, small businesses, and workforce compete with our neighboring states, who have all already expanded their Medicaid programs.
- Preserve and strengthen rural communities. For Kansans in rural communities, accessing health care when and where they need it is becoming a significant challenge. When hospitals in rural communities close, not only do residents struggle to get care, but the community loses good-paying jobs. Expanding KanCare would help ensure rural Kansans get the care they need while also boosting their local economies.
- Ensure uniform access to affordable health care for all Kansans. Hispanic and Black Kansans are more likely to live in the coverage gap. Kansans who live in frontier counties and in the southwest part of the state are also more likely to live in the coverage gap. Expanding KanCare allows all low-wage Kansans access to affordable health care, regardless of their race, how much money they make, or what their zip code is.

Kansas Farmers Union has long called for Medicaid expansion in our grassroots, member-driven policy. We renew this call and strongly encourage policymakers to pass a long-term, sensible solution to the health coverage problem during the 2024 legislative session and expand Medicaid.

Sincerely,

Nick Levendofsky
Executive Director
Kansas Farmers Union
nick@kansasfarmersunion.org



House Committee on Health and Human Services

Testimony | *House Bill 2556*

March 20, 2024

Chairwoman Brenda Landwehr and committee members:

Thank you for providing an opportunity to submit testimony on House Bill 2556 – the Kansas Health Foundation (KHF) is in full support of Medicaid expansion and believes access to affordable health care coverage is essential for Kansas to thrive.

Over the last several decades, Kansas has fallen further behind in national health rankings. Currently, thousands of hard-working Kansans do not have access to affordable health care coverage. They are not faceless people. They are Kansans who contribute to our communities and economy. They are our neighbors who wake up every day and do everything within their power to achieve a dignified, fulfilling life. And still, they are unable to afford health care coverage that meets their needs.

Expanding Medicaid is an obvious choice for eliminating the coverage gap and further bolstering our growing economy. Nearly 80% of Kansans support Medicaid expansion. Unfortunately, this debate has gone on for far too long, and the legislature has failed to put forth any meaningful healthcare policy relief that would benefit as many Kansans while bringing additional dollars to our state.

The legislature plays an essential role in helping Kansas lead the nation in health. We ask that you expand Medicaid and put the Sunflower State on track to return to the ranks of one of America's healthiest places to live.

A handwritten signature in black ink, appearing to read "Ed O'Malley", written in a cursive style.

Ed O'Malley
President and CEO
Kansas Health Foundation

Background on the Kansas Health Foundation

The Kansas Health Foundation (KHF) is a nonprofit organization based in Wichita but statewide in its focus. At KHF, all our work centers on our mission: to improve the health of all Kansans. As part of a new strategic framework, developed by our staff and board of directors, KHF also strives to accomplish three primary purposes: empower Kansas to lead the nation in health; eliminate the inequities that create health disparities; and, for KHF to become THE model for philanthropic impact.



**Kansas Hospital
ASSOCIATION**

TO: House Health and Human Services

FROM: Tara Mays, Vice President State Legislative Relations

DATE: March 20, 2024

RE: House Bill 2556

The Kansas Hospital Association appreciates the opportunity to provide testimony in support of House Bill 2556. On behalf of our 122 community hospitals, increasing health insurance coverage is a critical issue for the health of Kansans but also for the health care industry. Currently, Kansas stands as one of only ten states that has been unable to develop a state solution to Medicaid expansion. House Bill 2556 is a true compromise that will necessitate that everyone, including Kansas hospitals, take part.

The Kansas Hospital Association has had a consistent history of supporting Medicaid expansion. We want to emphasize that House Bill 2556 is a sensible Kansas-based solution – a solution that will bring hundreds of millions of our federal tax dollars back home to Kansas – creating jobs, boosting our economy, keeping Kansans in the workplace, and improving the health of our state. This legislation will assist approximately 150,000 Kansans who need access to affordable health care coverage, many of whom earn too much to qualify for KanCare but too little to be eligible to receive financial assistance to purchase private insurance in the marketplace. Without regular care, the uninsured often wait until their health concerns reach the point of needing emergency care, which comes at a higher cost to all of us. Further, studies link expanded coverage to fewer opioid overdose deaths¹, better care, and lower rates of mental and physical health declines.

In Kansas, our hospitals are facing significant financial headwinds. With more than 73 percent of hospitals in Kansas having a negative operating margin going into 2023, we know that 2024 hasn't been easier. On average, hospitals nationally hold 265 days of cash on hand. In Kansas, our hospitals average a mere 62 days of cash on hand. Based on the Center for Healthcare Quality and Payment Reform analysis², 58 rural hospitals in Kansas are at financial risk. These hospitals were losing money on patient services before the COVID-19 pandemic. This is occurring at a time when expenses continue to climb. Our hospital expenses have increased by more than 35 percent in the past three years and Kansas hospitals are having difficulty balancing budgets with stagnant reimbursement rates from public and private payers and more the \$2 billion dollars in uncompensated care. Kansas hospitals recognize the solution for a financial stable environment will require a multi-faceted approach involving expanded coverage, increased reimbursement, and reductions in administrative burdens such as prior authorizations.

Current hospital financial challenges are directly affecting patients because they may lose access to services that are no longer sustainable. This impact is felt most by the elderly, for whom travel is often difficult, and the poor, who have relatively high out-of-pocket transportation fees to obtain healthcare services.

¹ <https://nyulangone.org/news/medicaid-expansion-associated-fewer-total-opioid-overdose-deaths-across-united-states#:~:text=Adoption%20of%20Medicaid%20expansion%20was,than%20methadone%2C%20such%20as%20fentanyl>.

² https://chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf

A February 2023 Kaiser Report found that rural hospitals have fared worse financially in states without Medicaid expansion.³ In Kansas, we need to address uncompensated care rates that continue to climb. One way of doing that is through Medicaid expansion as a recent study from the Commonwealth Fund showed that states that have expanded had hospitals see a reduction in uncompensated care by \$6.2 billion across all states.⁴

Further, Kansas faces significant workforce challenges, and as the only state in the Midwest who has not expanded Medicaid, we hear frequently about doctors, nurses, and other talented front-line caregivers who would prefer to work in a community that has a financially sound hospital and health care system.

A significant part of this compromise bill includes a hospital surcharge – while such a surcharge is not, and has never been, KHA’s first choice, it is part of an overall recognition that this would produce tremendous benefits for Kansas citizens, the Kansas economy and Kansas hospitals.

We thank you for the opportunity to provide testimony in support of HB 2556 and respectfully request the passage of this important legislation.

³ <https://www.kff.org/health-costs/press-release/rural-hospitals-have-fared-worse-financially-in-states-that-havent-expanded-medicaid-coverage/#:~:text=For%20the%20most%20recent%20period,on%20the%20438%20hospitals%20analyzed.>

⁴

https://www.commonwealthfund.org/sites/default/files/documents/_media_files_publications_issue_brief_2017_may_dranove_aca_medicaid_expansion_hospital_uncomp_care_ib.pdf



**PO Box 654
Lawrence, KS 66044**

**Rabbi Moti Rieber, Executive Director
Rev. Dr. Annie Ricker, Board Chair**

**KansasInterfaithAction.org
KIFA@kansasinterfaithaction.org**

(913) 232-2336

Testimony in Support of Medicaid Expansion
House Committee on Public Health, Rep. Brenda Landwehr, Chair

Mme. Chair, Members of the Committee –

I am Rabbi Moti Rieber, and I serve as Executive Director of Kansas Interfaith Action, a statewide, multifait issue-advocacy organization that works with many of the mainline Christian denominations in Kansas, as well as dozens of individual Christian, Jewish and Muslim congregations and hundreds of people of people of faith and conscience throughout the state, to bring a moral voice to public policy in Kansas. We are proud to join with dozens (if not hundreds) of other conferees in calling on our state legislature to at long last expand the KanCare program, so that over 150,000 working and lower-income Kansans can get access to affordable health care.

The issue of access to affordable health care has long been an area of great concern for the faith community, in Kansas and nationally. KIFA has submitted testimony in support of Expansion on numerous occasions since 2017; we've met with legislators; we've prayed about it; we've even protested. Expansion is long overdue. We consider Medicaid Expansion Kansas' most pressing moral priority, and urge this committee and legislative leadership to stop standing in the way of this vital moral imperative and to allow Expansion to move forward.

We take this position based on our Scriptural and moral values. In Genesis it says, "[everyone] is created in the image of God"; we take from this that access to health care should be universal. In Matthew it says, "what you did for the least of my brothers and sisters, you did for me," from which we take that care should not be limited by ability to pay.

The faith communities that make up our coalition — ELCA Lutheran, United Church of Christ, United Methodist, Episcopalian, Catholic, Reform Jewish, and Muslim — have all released statements and advocated both nationally and in states in support of Expansion. We all agree that expansion is a moral necessity. As KIFA Board member, Msgr. Stuart Swetland, said at a faith-and-Medicaid-expansion panel discussion in Johnson County in November 2023, "Catholics believe that adequate health care is a right for everyone, not a privilege for the affluent. As a Catholic theologian and priest, I support the expansion of Medicaid in Kansas to help thousands of my fellow citizens afford access to our health care system and to support our health care facilities in the less affluent areas of our state."¹ The same could be said, and has been said, by all of our partners. Every day that Medicaid Expansion is delayed, people — working people in service or care industries, people with disabilities, real Kansans with real health needs — go without medical attention, and even die.

It's been estimated that over 1,500 Kansans have died as a direct result of this legislature's failure to expand Medicaid.² Further such deaths are preventable when we have the means available to help them. *An ethic of life demands Medicaid Expansion.*

Expanded Medicaid is the only option for many lower-income and working Kansans. To be sure, we are mostly talking about Kansans who are working, but who make too much to be covered by traditional Medicaid. These would include workers in minimum-wage and service-industry jobs, precisely the kind of jobs this body has insisted that people on

¹ "Kansas clergy place faith in state legislators embracing 'moral truth' of Medicaid expansion", Kansas Reflector, November 22, 2023, <https://kansasreflector.com/2023/11/22/kansas-clergy-place-faith-in-state-legislators-embracing-moral-truth-of-medicaid-expansion/>

² "'Pro-Life' Catholic leaders have helped block Medicaid expansion as 1,500 Kansans died", Kansas Reflector, December 14, 2023, <https://kansasreflector.com/2023/12/14/pro-life-catholic-leaders-have-helped-block-medicaid-expansion-as-1500-kansans-died>

public assistance take. In other words, the state has compelled people to take jobs that take away their access to health care; we believe this to be immoral and we urge this body to correct that injustice. In addition, Expansion would help people with disabilities to work, because their access to health insurance would not be threatened by income or asset caps that apply to conventional Medicaid.

Kansas Interfaith Action believes that it was a mistake for the state not to expand its Medicaid program years ago. The fact that misinformation and political posturing has made Kansas one of the last 10 states in the country, and the only one in our region, not to have expanded Medicaid, is not only an embarrassment – it's a tragedy. How many Kansans have not had access to affordable health care - how many have died – because of the refusal of this legislature to take the necessary and available steps to protect them?

Other conferees will speak about the economic reasons to expand Medicaid, which are many. KIFA's role here is to bring a clear moral voice to the issue. The people and communities of faith that make up Kansas Interfaith Action care about Expansion because we are concerned for poor and working people, and we care for them because our Scriptures and our values tell us to do so. Expansion is as clear a moral imperative as there is in Kansas policy – and it has been so for many years. It is supported by the majority of Kansans, by the governor and by most of the legislature. It is long overdue.

Expansion will extend access to people who — for no other reason that they are human beings, created, like all of us, in the image of God -- deserve quality and affordable healthcare. It will “bring in from the cold” tens of thousands of Kansans who have previously been excluded from a human right: access to affordable, quality medical care. I urge this committee to work an Expansion bill and get it to the floor as quickly as possible. When all is said and done, it is the right thing to do.

Thank you for your attention.

KANSAS MENTAL HEALTH COALITION

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

March 20, 2024

WRITTEN TESTIMONY

Support HB 2556 – Pass Medicaid Expansion

Kansas should pass Medicaid Expansion to provide an insurance option for Kansans who don't make enough money to afford health insurance from the exchange but do not qualify for KanCare. These are Kansans stuck in the coverage gap, with no affordable insurance options and no federal subsidies. The 2019 Mental Health Task Force Report and Governor's Substance Use Disorder Task Force Report recommend expansion.

Our behavioral health programs struggle to sustain treatment for mental illness and addictions for a largely uninsured population. While community mental health centers serve uninsured Kansans, there is no universal access to medications or other medical needs. Expanding Medicaid will improve access to care for Kansans who need it most – those who were not provided coverage in the Affordable Care Act without expansion.

The Problem: Most of the Kansans served by addiction treatment facilities and community mental health centers are uninsured or under-insured. Uncompensated care limits mental health and addiction providers, hospitals and clinics capacity. Uninsured Kansans forgo regular health care and often do not obtain medical and mental health care when they become ill. When forced to seek treatment in crisis and desperation, the cost of that treatment shifts to emergency rooms, state mental health hospitals and to taxpayers. Too many of our citizens are currently homeless or incarcerated due to the gaps in our behavioral health continuum of care and Kansas has a serious mental health workforce shortage. Because the Affordable Care Act anticipated Medicaid expansion, it also reduced the disproportionate share (DSH) subsidies to hospitals that used to help offset the costs of treating the uninsured. Kansas should access the federal funds available through expansion.

Today, Kansas' Medicaid eligibility threshold for adults is among the lowest in the country, for instance a parent with a dependent child in a three-person household, would earn less than 33% of the federal poverty level, or roughly \$8,200 per year. In addition, only adults who are caregivers, such as parents and guardians, are eligible at that level unless qualified by disability. Disability varies for individuals with mental illness and there is no waiver for adults with serious mental illness. Childless adults who are not disabled cannot qualify without a chronic disability for Medicaid. Multiple studies link poverty to occurrence and severity of mental illness in adults and children.

Why this matters: Thirty percent of the people treated by community mental health centers in Kansas are completely uninsured. Nearly seventy percent of individuals served at community mental health centers have an income of less than \$20,000. Now, the shortage of bed capacity at Osawatometie State Hospital and Larned State Hospital means that individuals in crisis must wait for a hospital bed. Law enforcement and local emergency departments have been placed in an impossible position to hold individuals waiting for inpatient admissions.

According to the 2019 Mental Health Task Force Report, “expanding Medicaid would undergird many of the (Task Force) recommendations by improving access to behavioral health services at all levels of care and allowing investment in workforce and capacity.”

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

Medicaid Expansion’s Impact on the Kansas Behavioral Health System and Users of Behavioral Health Services – research by the Kansas Health Institute – January 2023

Medicaid is among the largest purchasers of behavioral health services in the United States and in Kansas. If Kansas were to expand the Medicaid program under the terms of the Affordable Care Act, the outcome also would expand Medicaid’s role in the behavioral health system in Kansas. This report, prepared for the Alliance for a Healthy Kansas through a contract with the Community Care Network of Kansas, studies the impact that Medicaid expansion might have on the behavioral health system in Kansas and how expanding coverage could provide other benefits for Kansas families and communities.

Key findings include:

- Of the 108,800 adults expected to newly enroll in Medicaid if expanded, an estimated 24,154 are likely to use behavioral health services once enrolled.
- Medicaid expansion is estimated to increase annual revenues for behavioral health providers from Medicaid claims by \$87.1 million, a net revenue increase of \$62.6 million.
- Federally qualified health centers in expansion states had average increases of 1,500 visits overall and 1,000 mental health visits per year as compared to non-expansion states.
- Medicaid expansion has been associated with fewer arrests and reduced rates of rearrest. A reduction in arrests may lead to reduced spending at county jails in Kansas and reduced incarceration in the criminal justice system.
- Medicaid expansion states experienced a 32.0 percent reduction in foster care admissions related to neglect as compared to non-expansion states. Applying the reduced rate experienced in expansion states to 2022 Kansas foster care data equates to an estimated 305 fewer children entering the foster care system in Kansas because of neglect.

Thank you for your consideration.

Kansas Mental Health Coalition
c/o Amy A. Campbell, Lobbyist
P.O. Box 4744, Topeka, KS 66604
785-969-1617; campbell525@sbcglobal.net

Kansas Poor People's Campaign
kansas@poorpeoplescampaign.org

Testimony in Support of Medicaid Expansion House
Committee, Rep. Brenda Landwehr, Chair

Mme. Chair, Members of the Committee –

We are leaders within the Kansas Poor People's Campaign. We are people of faith and moral conscience who are or have experienced poverty and low-wages. We are part of the Poor People's Campaign: A National Call for Moral Revival (PPC:NCMR) operating in over 30 states across the country. Since 2017 we have advocated, demanded, educated, voted, and taken action to end the interlocking injustices of poverty, systemic racism, ecological devastation, militarism, and distorted moral narratives. We are connected to dozens of other faith communities and organizations calling on the Kansas state legislature to expand Medicaid in our state so that [over 152,000](#) poor and lower-income Kansans have access to lifesaving, affordable healthcare.



As leaders in the Kansas Poor People's Campaign, we have testified at countless actions, rallies, and meetings about the impact lack of access to affordable healthcare has had on us, our families, and our communities. We have testified to the high rates of farmers' suicides in our state and the need for accessible, affordable mental health care, as well as the services provided from rural hospitals. We have testified about how as veterans we are in need of accessible mental health care and medical care after serving our country in war. We have testified to the impact of medical debt due to lack of access to reproductive health care. We have testified to the impact of lack of affordable care on those of us with disabilities. We have sung in the streets "somebody's hurting our people and it's gone on far too long and we won't be silent anymore!" And above all we have proclaimed that it doesn't have to be this way!

A recent study has shown that [poverty is the fourth leading cause of death in the United States](#). Kansas has contributed to this tragic and avoidable statistic by failing for years to expand Medicaid. It is estimated that [at least 1,500 Kansans have died](#) because our elected leaders have not expanded affordable healthcare in our state. In fact, the [life expectancy of Kansans dropped by 1.8 years](#) between 2019 and 2020, while 150,000 Kansans endured a global pandemic without access to adequate, affordable healthcare. Kansas ranks [last in overall mental health care](#), calculated by the high prevalence of mental illness and lack of access to care. Additionally, failing to expand Medicaid in Kansas has [decimated rural hospitals](#) and prevented access to needed care for many Kansans throughout the state. With these impacts on [Kansans already struggling](#), it is no wonder that [the majority of Kansans support the expansion of Medicaid](#) in our state.

The people and communities these statistics represent deserve better. Our faith traditions teach us to “remove the yoke of oppression, the pointing of the finger, the speaking of evil, if you offer your food to the hungry and satisfy the needs of the afflicted, then your light shall rise in the darkness and your gloom be like the noonday. You shall raise up the foundations of many generations; you shall be called the repairer of the breach, the restorer of streets to live in” (Isaiah 58:10-12). In Matthew 25:31-46, Jesus teaches that societies and nations will be judged by whether or not they feed the hungry, give drink to the thirsty, clothe the naked, invite the stranger, visit the imprisoned, **and care for the sick** for doing so to “the least of these” is the same as doing so to Jesus himself.

It is clear that expansion of Medicaid in Kansas is the moral choice and our elected officials can still make the right decision to save hospitals, save lives, and enact the will of the people of Kansas. As Rev. Dr. William J. Barber, co-chair of PPC:NCMR often says, this is not about left and right, but about right and wrong. We urge you to do right by the people of Kansas and expand Medicaid in our great state.

– Kansas Poor People’s Campaign Coordinating Committee

Rev. Dan Chadwick
Oshara Hayes
Bo Johnson
Kimberly Weaver
Rev. Dr. Jessica Williams
Kolina Winburn



**Written Proponent Testimony on HB 2556
House Committee on Health and Human Services
March 20, 2024**

Chairwoman Landwehr and Members of the Committee:

Thank you for providing the opportunity for the Kansas Public Health Association (KPHA) to provide written testimony in support of HB 2556, which would expand medical assistance eligibility and enact the cutting healthcare costs for all Kansans act. KPHA is a professional organization that represents more than 800 public health practitioners, healthcare providers, researchers, advocates, and other professionals working together to build a healthier Kansas.

KPHA is dedicated to promoting safe, healthy living conditions that allow all Kansans to thrive. Ensuring access to quality, affordable healthcare plays an integral role in achieving this goal. Access to healthcare is essential for preventing disease, managing chronic conditions, and improving health outcomes. Expanding KanCare will provide health coverage to more than 150,000 Kansans who currently fall into the coverage gap, increasing their access to primary and preventive care needed to maintain and improve their health. Additionally, expanding KanCare reduces healthcare costs for patients and providers, creates new jobs, and strengthens our state's healthcare infrastructure.

HB 2556 is a common-sense policy supported by most Kansas residents. Medicaid expansion increases healthcare access, reduces healthcare costs, and improves health outcomes. We encourage the Committee to invest in bright, healthy futures for Kansans by expanding KanCare coverage.

We appreciate your consideration of HB 2556 and urge you to support its passage.

Respectfully submitted,

Erin Attebery
Policy Chair, Kansas Public Health Association
erin.attebery@live.com

Kansas Rehabilitation Hospital

A joint venture of **Encompass Health** and **Stormont Vail Health**

TO: House and Senate Committees

FROM: Barry Muninger, CEO

DATE: March 12, 2024

RE: Proponent HB 2556/SB 355

Today I write on behalf of **Kansas Rehabilitation Hospital** in Topeka, an inpatient rehabilitation hospital providing physical rehabilitation to patients recovering from complex medical conditions such as strokes and traumatic brain and spinal cord injuries. We appreciate the opportunity to support House Bill 2556/Senate Bill 355, Expanding Medical Assistance Eligibility and Enacting the Cutting Healthcare Costs for All Kansans Act.

This legislation, if enacted, would help over 150,000 Kansans access affordable healthcare and bring millions of federal tax dollars back home to Kansas. If enacted, providers will be able to hire and retain more nurses and other healthcare professionals in Kansas by bringing more federal dollars back to the healthcare system.

This legislation would allow Kansans who currently earn too much for KanCare, but not enough to cover private insurance to get affordable healthcare coverage. By increasing access to healthcare, Kansans may have the ability to address their health concerns before they become an urgent medical issue needing emergency care, which can increase costs for the state and healthcare system.

While we support expansion of affordable healthcare, we would also like to highlight the need for increased access to inpatient rehabilitation services in the Medicaid program in Kansas. Patients deserve to be cared for in the most appropriate setting to maximize their recovery and increasing access to medical inpatient rehabilitation in Kansas will help patients return back to the community after debilitating injury or illness.

Thank you for your consideration of our comments. We ask that the committee recommend favorably HB 2556/SB 355.



KANSAS RURAL CENTER

FOR THE HEALTH OF THE LAND AND ITS PEOPLE

KANSAS RURAL CENTER

PO Box 314

North Newton, KS 67117

(866) 579-5469

www.kansasruralcenter.org

March 14, 2024

Proponent
Testimony on HB 2556
Written Only

Dear Members of the Health and Human Services Committee:

I appreciate the opportunity to provide written testimony on HB 2556. The Kansas Rural Center has been working to build an economically viable, ecologically sound, and socially just farming and food system for Kansans for 45 years. KRC believes that diversified farming systems hold the key to preserving, developing and maintaining a food and farming future that provides healthy food, a healthy environment and social structure, and meaningful livelihoods. Our work has focused on supporting farmers and communities as they create local food systems around the state of Kansas. While an organization that is focused on food systems and farming might seem outside of the realm of health care, lack of access to affordable health care is a dominant issue facing farmers and rural communities across the state.

HB 2556 can play a key role in shoring up struggling rural hospitals and providing affordable health care for rural residents. Since the option to expand Medicaid became available, eight rural hospitals have closed, and more are fighting to stay open faced with challenging economics. When rural hospitals cannot be reimbursed for services they provide, they have a hard time staying open. Since the opportunity to expand Medicaid has been repeatedly passed over, Kansas has lost out on billions in funding that could have helped keep those hospitals open. When Kansans are uninsured the rest of us have to pay for their care through increased prices. While there are some farmers who make a decent living in their profession, there are many more who struggle to make ends meet, and often are unable to afford health insurance. Expanding Medicaid can help support these hardworking individuals and families as they continue to produce crops and livestock. HB 2556 will also help Kansas catch up with the 40 other states who have already expanded Medicaid.

Thank you to members of the committee for your consideration, and we strongly encourage you to support access to affordable health care for 150,000 more Kansans by voting to pass HB 2556 out of committee.

Tom Buller
Kansas Rural Center

March 15, 2024

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

Dear Chairperson and Committee Members,

First, my apologies for not addressing you by name--I don't know who holds these positions.

This is ask your support for Medicaid expansion. As you know, approximately 150,000 Kansans lack lack access to health care, and expanding Medicaid can fix that. Without health insurance, these people must pile up medical debt or sicken and may die. Their only option may be emergency department treatment--unreimbursed costs that the rest of us pay.

Of course, financial costs must be considered. My understanding is that expansion will come at no cost to Kansas and will, in fact, bring hundreds of millions of additional dollars to our state.

Given the success that all other states with expanded Medicaid have experienced, I struggle to understand why some Kansas electeds resist it. Truly, the only logical answer I can see is to use the issue for political leverage--and that's absolutely unacceptable.

Please fulfill your obligation to act in the best interests of all Kansans and support Medicaid expansion.

Sincerely,

Jean Kasselmann, Ph.D.
Leawood, KS. 66206

March 15, 2024

I don't have a thought-provoking, touching story about how expanding Medicare and medicaid helped me. I do know that helping others through my taxes is a great use of money.

When we were younger and poorer, we were paying well over 1200\$ a month for a family of 4 in health insurance. This year we are probably going to be kicked off of Kancare due to landing in a higher tax bracket. We also have a bigger family.

We are one of the lucky few who won't be in debt because of this. Many are not so lucky. Supporting fellow humans is this right thing to do, be it thru SNAP, WIC, or Medicaid. Denying Kansans their right to health and wellbeing is cruel.

Kat

Date: March 20, 2024

From: Nick Keehler

RE: HB 2556 / SB 355 Proponent testimony

Dear Kansas Legislators,

I began working in the Office of Justice, Peace, and Integrity of Creation for the Sisters of Charity of Leavenworth in the state of Kansas last year, and was aghast when coworkers informed me about the Medicaid coverage gap in the state. What I found so disturbing was that I fell into this coverage gap in my previous job as a landscaper, but was luckily employed in Missouri, even though we primarily worked in the yards of Overland Park and Kansas City, Kansas residents. Medicaid was the only thing that allowed me to visit the doctor and pay for the asthma medication I need just to breathe. To think that a mere technicality, a state border, meant I didn't have to choose between paying my mortgage and being able to breathe, breaks my heart. How many people are on the other side of that border, being forced to make that same choice? Beyond that, how many people must choose between survival and leaving the place they call home?

This does not have to be the reality.

I grew up in Missouri, 12 miles from the Kansas border. Now I reside a mere 8 miles from that same border. Because I work on the Kansas side, it would make sense to move into the state. Not only would I have a shorter commute, but I could feel truly connected to and embedded in the communities I serve. However, as long as the coverage gap exists in Kansas, I will not be moving in. I am at the stage in my life where I am thinking about starting a family. What would I be subjecting my children to if they found themselves in a similar situation to me, in need of healthcare but because of a technicality, were unable to receive the care they require?

Until I see that Kansas cares about the people living here, until I see that Kansas wants to uphold a basic level of ethics, until I see that Kansas refuses to watch their own people suffer and die because of an avoidable technicality, I will not be living here.

This is my personal story, and it does not even touch on the multitude of common-sense arguments to adopt Medicaid expansion. It will save Kansas money, it will cut healthcare costs for everyone, and it will bring in jobs and grow the economy. I urge you to adopt this policy because it makes sense from every angle.

Please, care about Kansans. Care about people. Expand Medicaid.

Sincerely,
Nick Keehler



Heartland Community
Health Center
1312 W 6th St
Lawrence, KS 66044
785.841.7297

Heartland
Panda Pediatrics
1803 W 6th St
Lawrence, KS 66044
785.842.4477

River City
Pharmacy
1312 W 6th St
Lawrence, KS 66044
785.856.3210

February 26, 2024

From: Elizabeth Keever, Chief Development Officer
RE: Testimony to support Cutting Healthcare Costs for all Kansans Act

On behalf of Heartland Community Health Center, our staff, Board of Directors, and most importantly, our patients, I write to you in support of the Cutting Healthcare Costs for all Kansans Act, embodied in HB 2556 and SB 355. This legislation is not just a bill; it is a lifeline for 150,000 hardworking Kansans who currently lack access to affordable healthcare.

At the heart of this act is a commitment to fiscal responsibility. Medicaid expansion, under this act, is revenue-neutral, ensuring that it won't burden Kansas taxpayers. Instead, it redirects surplus funds towards essential investments in tax cuts, public schools, and infrastructure, benefiting our entire state. **Most importantly, this act will improve the health and wellbeing of Kansans.**

I want to share the story of a patient named Shyanne that I had the pleasure of speaking with recently. Shyanne and countless patients like her whose lives have been deeply impacted by the absence of adequate healthcare coverage. **Shyanne's story echoes the struggles of the 3,000 patients at Heartland Community Health Center in 2023 who found themselves without any form of health insurance.** This number will continue to rise as disenrollment continues. Shyanne, like many, faced the stark reality of delayed medical treatment due to ineligibility for Medicaid. For years, she grappled with chronic conditions that could have been prevented if she had access to preventative care. The repercussions were profound – her health deteriorated, impacting her employment and education. To make matters worse, her medications vital to her well-being remained out of reach, priced beyond \$200 a month.

Health centers like Heartland are these patients' only option to receive this vital care. With rising costs and patient revenue shortfalls without Medicaid expansion, health centers run the risk of closing their doors following suit to the 8 rural hospitals that Kansas has lost since 2014. The weight of uncompensated care threatens the sustainability of vital healthcare services, imperiling the well-being of our most vulnerable populations. Shyanne's story is one experienced by countless Kansans and underscores the urgent need for Medicaid expansion. The individual toll is staggering, but Shyanne's story also vividly illustrates the broader economic strain felt across our state. Kansas has lost nearly \$7 billion in federal funding while our taxpayers support jobs and healthcare in 40 other states.

Medicaid expansion is not merely a policy issue; it is a beacon of hope for those experiencing the reality of healthcare inequity. **Medicaid expansion enhances access to care, provides financial relief for hard working Kansans, strengthens the states healthcare safety net including community health centers, and improves the state and local economy.** I urge you to heed the call of compassion and responsibility, to stand on the side of health, and to expand Medicaid, ensuring that every Kansan, regardless of circumstance, has access to the care they need to thrive. **This is a moral imperative and a fiscal necessity.** Thank you for your attention and consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Keever", written over a white background.

Elizabeth Keever
Chief Development Officer
Heartland Community Health Center

Ken Keith
7824 E. Pagent Lane
Wichita KS 67206

February 2, 2024

I am a 74 year old person, on Medicare, and am paying for supplemental insurance. For my entire working life I carried health insurance for myself and my family, either paying for it myself, having it provided by my employer, or a combination of both. A basic right of all people is the availability of basic health care. I understand that everyone should take care of themselves (and their families) to the best of their abilities, and in a perfect world, that would be happening.

The fact is, we DON'T live in a perfect world. Granted, there are some people who just don't take care of themselves or their families. But here are far more people who simply can't afford health care insurance after paying the rent, buying food and clothing, and other basic necessities for themselves and their families. Should these people suffer because we want to "punish" those who could but don't, or just won't? Mental illness, physical disabilities, etc. are only some of the things keeping people from obtaining the ability to provide themselves and their families with basic health care. I certainly don't see how punishing families for the inability of their primary support (for whatever reason) helps the situation for any of us, especially themselves. It is not logical, and it is not moral.

So, since hospitals must provide basic health care for whomever enters the door, the rates charged to me (and my insurance provider) must cover the cost of those services for others who need, but can't afford basic health care. My federal taxes are going to help provide these services through Medicaid, in which the State of Kansas does not participate. We pay in, and get nothing in return. This is not fair to the people who need these services, and it's not fair to the Kansas residents who subsidize health care programs through their taxes that are not coming back to help the State and its residents. This needs to change. Please support Medicaid expansion in any way possible, for the sake of the State in general, and most especially for the citizens of the State, who deserve better from their elected representatives.

Thank you for "listening."

Kenneth Keith

March 20, 2024

Testimony for Medicaid Expansion

NAME: Danielle Keller

TITLE: Kansas Resident

PROPONENT, OPPONENT, or NEUTRAL: Proponent

ORAL or WRITTEN ONLY TESTIMONY: Written Only

I am submitting testimony to voice my support of Medicaid Expansion in Kansas.

I believe that all Kansans should have affordable access to healthcare. Medicaid Expansion is the kind and loving thing to do for our neighbors across the state. However, since love and kindness don't pay the bills, let's focus on the numbers that we can estimate and measure:

- Expanding Medicaid will make health insurance accessible to **150,000 Kansans** who otherwise may not have affordable coverage.
- Nearly **23,000 new jobs** would be created in the first full year of expansion.
- Since 2014, Kansas has lost out on nearly **\$7 billion** in federal tax dollars.
- The federal signing bonus under the American Rescue Plan Act if Kansas enacts expansion is **\$450,000,000**.
- Amount marketplace **premiums are 7% lower** in states that expanded Medicaid compared to non-expansion states like Kansas.
- **81% of Kansans**, a supermajority, believe that everyone in Kansas should be able to get affordable health insurance.

I would much rather my federal tax dollars stay here in Kansas to help out my neighbors than be sent to states like New York and California. More importantly, I want to live in a state where everyone has access to the healthcare they need to survive and thrive. I hope that Medicaid Expansion is inevitable in our state. But, I fear when that time comes and Kansas realizes the health and financial benefits we missed out on for so many years, we will look back and ask ourselves why it took so long to make it happen.

Please pass Medicaid Expansion to improve healthcare affordability and access across Kansas. Please pass it this year.

Danielle Keller
Overland Park

March 15, 2024

Please vote to expand Medicaid to help 152,000 needy Kansans (children, seniors and people with disabilities) get proper health care and help our rural hospitals stay in business. This comes at no additional cost to Kansas taxpayers. Kansas should share in the 90/10 federal financing (\$700 million annually to Kansas) for the Medicaid Expansion program. Since 2014, we have paid federal taxes for 40 other states who have expanded to enjoy this federal financing and Kansas should expand to help needy Kansans. 70% of Kansans want Medicaid expansion.

Thank you.

Marguerite Kennedy

March 15, 2024

To whom it may concern, Our family would like to support Medicaid Expansion. We have a daughter who deals with Rett Syndrome. She deals with Scoliosis, Seizures and is totally dependent upon others for her Self Care. Medicaid Expansion would benefit her and others like her who must be followed for specialized care from her physicians, and who must take medication to help control her seizures. Medicaid expansion is needed in our state.

Thank you for your time and service.

Barbara and John Kenton – Roeland Park, Kansas



Association of Community Mental Health Centers of Kansas, Inc.

222 SW 7th, Topeka, KS 66603

Telephone (785) 234-4773 Fax (785) 234-3189

www.acmhck.org

Testimony to House Health and Human Services Committee on HB 2556

March 20, 2024

Chair Landwehr and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with behavioral health needs.

We appreciate the opportunity to testify in support on HB 2556 Expanding Medicaid.

Our Association has long been a supporter of expanding Medicaid, and thus, expanding access to health care, including behavioral health care and treatment of substance use and addiction.

Medicaid Expansion in Kansas will save money in the long-term through timely access to care. More than half of those who present for treatment at CMHCs have no insurance. Expansion of Medicaid will provide coverage for those who have a mental illness so they can access treatment in their communities. We know that if a person with a mental health need does not have insurance, he or she is less likely to seek out care until becoming more ill, needing more services, and taking longer to recover. Oftentimes, CMHCs are dealing with crisis situations for those without insurance.

On the other hand, when individuals do have coverage, they are more likely to remain actively engaged in treatment, able to maintain stability, and stay gainfully employed, active members of their community. And for those already struggling, whether due to depression, addiction, homelessness, or other challenges, gaining coverage and access to needed services can be a lifeline that can help them recover and achieve that stability. Expansion of the Medicaid program, including enhanced care coordination and work referral programs, will result in better outcomes and reduction of costs in other sectors.

Medicaid expansion will also benefit health care providers. As safety-net providers, CMHCs serve a high proportion of uninsured patients. If Medicaid is expanded, many of these patients would become

eligible. This helps to reduce the burden of uncompensated care and provides a payer source for the services provided.

Thank you for the opportunity to provide testimony, and I will stand for questions at the appropriate time.

March 17, 2024

Dear Chairman and Committee Members,

I am so happy to be able to provide testimony to support Medicaid Expansion.

Last fall, I attended the Johnson County Academy. During the Johnson County Mental Health presentation, they told us that the number one thing we can do to help our county help the mentally ill is to Expand Medicaid.

The jail presentation also provided details about people who were in jail because the Medicaid Expansion resources were not there for mental and addiction services. They mentioned that the mental rehab beds in the state are not adequate for the community, and the backlog is months.

Expanding Medicaid will help all of Kansas and will not hurt us in any way. Marketplace premiums are 7% lower in states that expanded Medicaid compared to non-expansion states like Kansas. Medicaid expansion does not cost the taxpayer. The bills are revenue-neutral. There is no logical reason why we should not say yes to doing the right thing for our state and our people.

Please support Medicaid Expansion.

Deborah Kitchin

Leawood, Kansas

March 15, 2024

Dear Chairman and Committee Members,

I appreciate the opportunity to provide testimony in support of Medicaid Expansion.

Medicaid Expansion is the right thing to do economically, fiscally, and morally.

* Medicaid Expansion is popular. Nearly 80% of Kansans - regardless of political party - support Medicaid Expansion. Forty states have already expanded Medicaid including all states that border Kansas.

* It gives 150,000 low income Kansans access to affordable health care which overall leads to a healthier population and a healthier work force.

* It addresses the mental health crisis with improved access to care and medication.

* It protects Kansans from medical debt. By expanding KanCare thousands of Kansans will be able to afford health insurance coverage. That protects them from medical debt so they can use the savings to pay for other essentials.

* Medicaid Expansion lowers healthcare costs for everyone. Marketplace premiums are 7% lower in states that expanded Medicaid compared to non-expansion states like Kansas.

* Medicaid Expansion won't cost Kansas taxpayers a single cent. HB 2556 and SB 355 are revenue neutral.

* It protects and strengthens rural healthcare. Since 2014 eight rural hospitals have closed and currently 59 Kansan hospitals are at risk of closing. Medicaid Expansion supports jobs and healthcare access in rural areas.

* Medicaid Expansion is good for the Kansas economy. About \$700 million in annual federal funding would flow into the state. Medicaid Expansion would create nearly 23,000 jobs and help end our healthcare worker shortage.

For all these reasons, I ask that you support Medicaid Expansion.

Colleen W. Knight
Leawood, KS 66224

Date: March 14, 2024

To: Alliance for a Healthy Kansas

Re: Testimony in Support of Medicaid Expansion

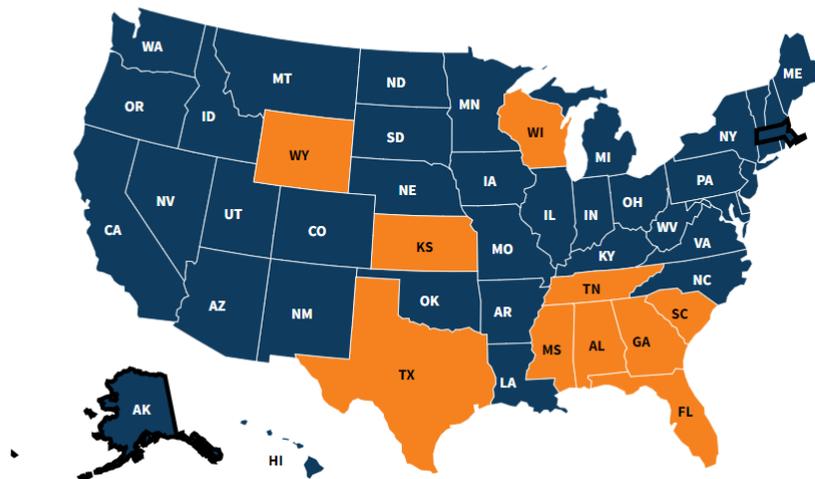
From: Lowell & Stacy Kohlmeier, 5127 MacLeod Drive, Manhattan, Kansas

As lifelong Kansans who both grew up in small towns – Kinsley and Linn specifically - we are all too aware of the importance of maintaining medical services for residents within reasonable driving distances. When hospitals close that serve surrounding rural communities, people suffer and put off seeking medical services which leads to more severe medical problems. The closure of medical facilities even drive people to leave smaller communities they love and migrate to larger cities to be near medical services they require.

We fully support the expansion of Medicaid to help shore up our healthcare system across Kansas by reducing the number of people in the uninsured gap. With Federal funding available to expand Medicaid coverage to all States, there is no excuse not to provide these important basic medical services to Kansas citizens that need and qualify for coverage.

Kansas is now one (1) of only ten (10) states NOT taking advantage of the expanded coverage funding as illustrated on the map below.

Status of State Action on the Medicaid Expansion Decision



Not only is this a disservice to Kansas citizens, it also puts Kansas at a disadvantage in attracting and retaining businesses and the people that work in those businesses.

Every state bordering Kansas has adopted Medicaid expansion to provide insurance coverage to people in need – and Kansas should do the same.

We thank you for taking action to accept the Federal Medicaid Expansion funding and put Kansas in a position to take care of folks in the unfortunate position of not being able to afford insurance. This strategic, and caring, action will ultimately produce financial benefits to medical facilities across the state that will help stabilize our health care resources and the Kansans they serve.

March 15, 2024

Today there are tens of thousands of Kansans who fall into the health insurance coverage gap. In fact, KanCare expansion could help 150,000 people receive health coverage. These are hardworking men and women in Kansas who make too much to qualify for the state's Medicaid program, KanCare, but too little to qualify for financial assistance for private insurance. This leaves them stuck with few or no options for affordable health coverage.

KanCare expansion is a commonsense policy that will reduce health care costs for everyone, protect Kansans from medical debt, fix current KanCare eligibility limits (which are too low), and preserve and strengthen rural health care.

- Jennie Konomos

March 16, 2024

Dear Chairman and committee members,

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

- 150,000 low income Kansans would gain access to medical care.
- Expanding KanCare will protect tens of thousands of Kansans from medical debt because they will be able to afford health insurance coverage.
- About \$700 million in annual federal funding would flow into the state. And an additional \$450 million in new dollars during the first two years from signing bonus.
- We would be able to address the mental health crisis with improved access to care and medication.
- It will help us preserve and strengthen rural healthcare.

I implore you to support Medicaid Expansion.

Sincerely,
Jeanne Koontz
Hutchinson

Lynnette Krieger-Zook
Medicaid Expansion Verbal Testimony
Personal experience with the gap

Dear committee members:

Thank you for your time today. My sister, Cheryl, was a pharmacy tech making \$12 an hour. She was a hard worker, supporting herself and her family. She paid taxes. She contributed to our community in southeast Kansas.

But Cheryl died on June 16, 2018 at the age of 60.

I stand before you today because if we had expanded Medicaid, Cheryl might still be here today. You see, Cheryl made “too much” to qualify for Medicaid, and couldn’t afford insurance through the exchange. She had to make an impossible decision: would she pay \$500 for health insurance through her employer or pay rent of \$600?

Because she thought she was healthy... and on a limited income... she chose to pay rent. These are choices no one should have to make in America.

When Cheryl began to have health concerns, she went to the Doctor. As she didn’t have insurance, so it took months to work through the least expensive tests and procedures she could afford out of pocket. In July 2017, the results came back. A rare and aggressive form of uterine cancer. It was urgent that she have surgery.

Surgery was scheduled for August 1, 2017 but Cheryl had to have insurance to cover the needed surgery and chemo. Together we worked for two weeks with hours spent daily calling to find any resource out there to help Cheryl get the surgery she needed.

Finally, through contacting Senator Moran and her local state representative we were able to meet the Doctor and hospital requirements. The day of surgery the Doctor came out shortly after surgery started. The cancer had spread throughout her body and he could only close her back up with a grim future.

We were too late. But it didn’t have to be this way. **

You see, I had a similar situation, but I have affordable health insurance through my employer. I don’t have to choose between rent or my health. In 2018 following Cheryl’s death I went in for my annual physical, paid for by my insurance. A week later I received a phone call that my tests showed precancer cells. That very day, I was referred to a gynecologist and 4 days later I had a biopsy. The very next day test results were in and a complete hysterectomy was recommended. Surgery was scheduled and all precancer cells were removed.

Two stories two very different outcomes. If we had expanded Medicaid, Cheryl would have had regular doctor's appointments. She would have gotten in to see the doctors quicker and maybe - just maybe - Cheryl would still be here today. She would have watched her children get married and played with her grandsons.

This is what not having affordable health insurance looks like, my friends. There's absolutely no logical reason why we can't expand Medicaid now. We know Medicaid expansion saves lives.

We owe it to my sister Cheryl, we owe it to her family who no longer get to enjoy her presence, we owe it to the people of Kansas to do right by each other. To help each other. It's what being a Kansan is all about. Thank you.

Center for Research on Aging and Disability Options
KU School of Social Welfare
Twente Hall
1545 Lilac Lane
Lawrence, KS 66045

March 13, 2024

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

Chairperson Landwehr and Honorable Members of the Health and Human Services Committee,

I am a Project Director with the KU School of Social Welfare, where I direct the School's Center for Research on Aging and Disability Options. One of my principal research areas is the Medicaid Home and Community-Based Services (HCBS) program, and the outcomes and experiences of older adults and individuals with disabilities who use these services. Recently, I conducted a federally funded mixed methods examination of the challenges in our HCBS sector during the COVID-19 pandemic, including the ways workforce challenges undermine the well-being of the Kansans who rely on HCBS. This research has important implications for the legislature's consideration of KanCare expansion. I share this testimony from my research evidence and my professional expertise, not on behalf of the University of Kansas.

Throughout the state, the hard-working, compassionate, and committed homecare workers (also known as personal care attendants)—a critical link in our overall health care system and especially imperative in underserved rural communities—are themselves caught in the coverage gap, earning too much to qualify for Medicaid but too little to qualify for the ACA Marketplace. As a result, my research reveals that Kansas' Personal Care Attendants are nearly twice as likely to be uninsured (24.1%) than the national average (12.2%) for working aged adults. This coverage gap harms not only the uninsured workers, but also the Medicaid waiver recipients who depend on these workers to meet their care needs. One personal care attendant in our study explained this bind: *"I've been without health insurance most years...I could probably quit work and get disability due to a serious back injury, but I'm doing that because nobody would be there to take care of my clients."*

This worker's experience is far from unique. Fueled by population aging and older adults' strong preference to receive needed care at home rather than in institutions,¹ the home care workforce is one of the fastest growing in the state. Estimated at more than 25,000 workers in Kansas currently, this workforce is expected to grow in our state by an additional 17% in the next decade.² However, this supply does not match demand, resulting in a crisis for many Kansas

¹ PHI (2021). *Caring for the Future: The Power and Potential of America's Direct Care Workforce*. Available from: <https://www.phinational.org/wp-content/uploads/2021/01/Caring-for-the-Future-2021-PHI.pdf>.

² PHI (2023). *Direct Care Workers in the United States: Key Facts 2023*. Available from: <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2023/>.

families seeking care. Insufficient wages make positions hard to fill and retain, and the lack of health insurance keeps people from considering the job, particularly given its health and safety challenges.

Crucially, inability to find and keep good workers leads to many unmet care needs and forces some people into nursing homes—an outcome not only devastating individually, but also far more costly for the state. One study respondent in my latest HCBS research spoke powerfully to the tragic consequences of our HCBS workforce shortages (verbatim quote condensed here): *“It (being in nursing home in middle of a pandemic) was one of the most traumatic emotional and mental experiences of my whole time being disabled which is close to 39 years now, since I was 13 years old. It was indeed one of the most devastating times of my entire life.... The physical care I receive from my personal care attendants allows me to stay in my own home....I would like to live out the rest of my life in my own home. If personal care attendants get a fair raise in pay and other necessary benefits, like health insurance, then the disabled like me can stay in our own homes for the rest of our lives... Who wants to be taken from their home and put into a nursing home? Please whoever reads this, do what you can to help the disabled by telling the powers that be to raise the income, give healthcare and other benefits to of all personal care attendants nationwide.”* This too is a far from unique experience. In my research, 39% of survey respondents reported going without formal home care services for at least 2 consecutive weeks during the pandemic. Half of those going without care for extended periods reported their home care agency or direct support worker was unable to provide services during that time or they did not have a backup worker when their main worker was temporarily unavailable; 39.5% said they were unable to find a care worker or agency altogether. While COVID-19 exacerbated the workforce crisis, these issues predated and have outlasted the acute pandemic period.

Care for older adults and people with disabilities should not be made purely on cost, but there are cost savings to be realized in pursuing home-based rather than institutional care.³ However, instability and insufficiency in the care workforce threatens this calculus and can compromise health outcomes. Turnover costs for providers range from \$2,413 to \$5,200 per employee,⁴ and high turnover rates exact other costs, as well, leading to increased risk of emergency room visits, injuries, and other adverse outcomes for those with disabilities.⁵

Closing the coverage gap is key to connecting willing workers with the Kansans increasingly desperate to hire them, and the most fiscally responsible way to deliver health insurance to this essential workforce is through KanCare Expansion. Providing health insurance to home care workers will increase the value of these jobs, thus reducing turnover and encouraging Kansans to

³ McGarry BE, Grabowski DC (2023). Medicaid home and community-based services spending for older adults: Is there a “woodwork” effect? *J Am Geriatr Soc.*; 71(10): 3143-3151.

⁴ Medisked Connect (2016). *The Staffing Struggle is Real*. Available from: <https://mykapp.org/wp-content/uploads/2016/10/Medisked-Staffing-Survey.pdf>.

⁵ Friedman, C. (2021). The Impact of Direct Support Professional Turnover on the Health and Safety of People With Intellectual and Developmental Disabilities. *Inclusion* 1, 9 (1): 63–73.

join this in-demand field. And because these jobs are home-based, they will benefit every part of Kansas including hard-hit rural communities. As a research respondent described, *“There’s a ton of really good workers out there who want to do this kind of work, they have a passion to do this kind of work, but they can’t afford to do it and support their family. There’s no health insurance. It’s not fiscally possible for them to do this. It almost has to be part of a family that they have benefits someplace else that covers ‘em.”*

With our population aging and more Kansans needing support to remain in their communities, the HCBS workforce is increasingly essential. We all hope to become older adults, and we all could develop disabilities. To meet the needs of these Kansans today, our policies must invest in closing the coverage gap—for these workers, and for the Kansans who rely on their care.

Sincerely,



Carrie Wendel-Hummell, PhD
Director, KU Center for Research on Aging and Disability Options
785-864-3797
cwendel@ku.edu

March 16, 2024

Dear Chairman and committee members,

Thank you for the opportunity to provide testimony in support of Medicaid Expansion. Support for the expansion is widespread across the state of Kansas. Statewide, 85% of urban residents, 79% of suburban residents, and 73% of rural residents support expanding medicaid. Why not implement to choice of you constituents!

There are so many benefits to Medicaid Expansion including:

- **150,000 low income Kansans would gain access to medical care.**
- **Protects Kansans from medical debt.** By expanding KanCare, tens of thousands of Kansans will be able to afford health insurance coverage. That protects them from medical debt so they can use those savings to pay for other essentials.
- **Healthcare costs for everyone would be reduced.** Emergency rooms are treating Kansans without the ability to pay, raising the costs of health care for everyone. As workers gain insurance through expansion this uncompensated care declines, reducing the need to increase prices for all Kansans.
 - Marketplace premiums are 7% lower in states that expanded Medicaid compared to non-expansion states like Kansas.
- **About \$700 million in annual federal funding would flow into the state.**
- **Federal law provides a signing bonus for states that haven't implemented expansion.** This would result in Kansas seeing up to an additional \$450 million in new dollars during the first two years.
- **Medicaid Expansion won't cost Kansans taxpayers a single cent.** The bills being heard next week, HB 2556 and SB 355, are revenue neutral.
- **Addresses the mental health crisis** with improved access to care and medication.
- **Preserves and strengthens rural healthcare.** Rural hospitals face high levels of uncompensated care; [59 of the remaining 102 rural hospitals across Kansas are in danger of closing.](#)

Please support Medicaid Expansion!!!

Lisa Kuhnke
Leawood, KS