



**Testimony to Senate Committee on Public Health and Welfare  
And Senate Ways and Means Committee  
Supporting KanCare Expansion  
March 20, 2024**

**The Greater Kansas City Chamber of Commerce/The Civic Council of Greater Kansas City**

The Greater Kansas City Chamber of Commerce and The Civic Council of Greater Kansas City, representing more than 2,000 member businesses and organizations in greater Kansas City (over 40 percent are in Kansas), supports expanding KanCare in Kansas. KC area businesses have told the Chamber and Civic Council that KanCare Expansion is a top priority that will help reduce business costs, keep workers healthier and help keep them engaged in the workforce.

The KC Chamber/Civic Council believes the data shows Kansas would be well-served by enacting legislation now to expand KanCare and protect the interests of Kansans. Kansas is now one of ten states that have not expanded Medicaid. Every state along our borders have passed Medicaid expansion. With its failure to expand Medicaid, Kansas has turned away nearly \$7 billion in federal tax dollars since 2014. This is money Kansas taxpayers are already paying and is being sent to other states to help fund their expansion. It is critical to ensure Kansas does not continue to lose tax-payer dollars that rightfully belong to our state for this program that would advance opportunity and productivity of thousands of hard-working Kansans.

According to a 2024 statewide survey KanCare expansion is supported overwhelmingly by Kansans across the state including 83% of small business owners. Data shows expansion would create over 23,000 new jobs in the first year alone. Furthermore, KanCare expansion would inject at least \$54.8 million in new annual health care spending in Wyandotte County and \$58 million in Johnson County.

Without expansion of KanCare, the state's uninsured will continue to seek access to health care in the most expensive place—the emergency room where they will not be turned away. The cost of this care will be passed on to all Kansans including Kansas businesses as they pay for the ever-increasing cost of health insurance coverage for their employees.

Expanding KanCare is a responsible, Kansas health care solution to provide much-needed, responsibly funded care to our citizens who continue to struggle to pay for the most basic of health care services. This Kansas health care solution will support Kansas employers, Kansas workforce members, Kansas health care providers, and Kansas communities while growing new jobs and injecting billions of dollars into the Kansas economy. The KC Chamber/Civic Council encourages this committee and the Legislature to Expand KanCare before the end of the 2024 Legislative session.

Katrina Abraham

Government Affairs

The Greater Kansas City Chamber of Commerce/The Civic Council of Greater Kansas City  
816.374.5412

March 17, 2024

Dear Chairman and committee members,

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

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

Kansans want, and need low-wage families to have access to Medicaid Expansion for coverage they can count on if they are not offered health insurance through a job or cannot afford to buy it on their own.

We need to protect Kansans and do the right thing by expanding Medicaid.

I plead with you to support Medicaid Expansion.

Sincerely,

Kerry Adam

Overland Park, KS



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

**To:** Chair, Senator Beverly Gossage  
Senate Committee on Public Health and Welfare

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

**In Support:** SB 355: Expanding Medical Assistance Eligibility and Enacting the Cutting Healthcare Costs for all Kansans Act.

### **Introduction**

The Kansas State Nurses Association is submitting written testimony in support of SB 355: Expanding medical assistance eligibility and enacting the cutting healthcare costs for all Kansans Act. The Kansas State Nurses Association is the only professional organization for all Registered Nurses (RNs) in Kansas, working on behalf of the over 40,000 Registered Nurses focused on the health of Kansans. The mission of the Kansas State Nurses Association is to protect and enhance registered professional nursing practice in all environments to assure quality, affordable, and accessible health care for the people of Kansas. KSNA appreciates the Committee's attention to the complexities of reforming our health care system. Thank you for the opportunity to provide our perspective.

### **Statement of the Kansas State Nurses Association**

The Kansas State Nurses Association supports the adoption of Senate Bill 355: Expanding medical assistance eligibility and enacting the cutting healthcare costs for all Kansans Act

### **Introduction**

The Kansas State Nurses Association requests our legislators to expand Medicaid so that Kansans' tax dollars stay in Kansas to care for Kansas citizens and create Kansas jobs. We share with you today regarding the essential role that nurses play in the health care system, often referred to as "the backbone of the health care system," Nursing are the most trusted profession and the only healthcare provider with the patient 24 hours a day, 7 days a week, 365 days a year we believe SB 355 will provide increased access for consumers of health care in Kansas. We also believe that Medicaid expansion is critical to the continued advancement of high quality, consistent, accountable, cost-effective, and accessible advanced health, and nursing care to the residents of Kansas.





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

**Medicaid expansion will save lives and provide much needed care.**

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

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

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

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

representing the largest healthcare profession in Kansas and the nation we know the Kansas Legislature still has time to make the right decision for Kansans. The Kansas State Nurses Association supports Senate Bill 355: Expanding medical assistance eligibility and enacting the cutting healthcare costs for all Kansans Act.

Respectfully on behalf of the Kansas State Nurses Association,

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

Past President-KSNA and KSNA Legislative Chair

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

## References

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

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

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

March 13, 2024

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

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

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

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

Stuart Aiken

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

Senator McGinn, Chair  
Senate Ways & Means Committee  
Senate Public Health & Welfare Committee  
Re: SB 225 Amend

Chair McGinn and Committee Members:

I am writing today as a Kansas physician on behalf of my patients living with MS and an activist with the National Multiple Sclerosis Society. I ask the Senate Ways & Means Committee and the Senate Public Health & Welfare Committee to remove work requirements in SB 225 and expand Medicaid to give all Kansans the opportunity to access health care.

I am a pediatric neurologist at Children's Mercy Kansas City and I live in Overland Park, Kansas. Regionally, I am our expert in caring for children with progressive autoinflammatory conditions including multiple sclerosis, opsoclonus myoclonus ataxia syndrome, and cerebral forms of systemic lupus all of which lead to significant intellectual and physical disabilities when not treated appropriately.

I see my Kansan patients struggling in the current economy partially because of the expense of their medications. The annual cost of the only FDA-approved medication for multiple sclerosis in pediatric patients at Walmart with a coupon for the generic form is a little over \$3700. Imagine that the day you turned 19 years old finding out that your Medicaid coverage lapsed and what it would be like to try to find an entry level job with a high school degree that covered your health insurance well enough or to get a minimum wage position where one hour of every day was dedicated to just the single pill you take daily, let alone the costs of lab work, hospital visits, and the regular MRI imaging required for these patients.

As soon as I finish this letter, I will be working on a letter for one of my Kansas patients with multiple sclerosis that is having trouble getting disability status that would allow her Medicaid coverage. Multiple Sclerosis can be an insidious and often invisible disease when it starts, with children that get the disease having on average two flares of their disease per year for the first 6 years. As patients have more flares of their disease over time or a single severe flare event, they can lose the ability to walk or become incontinent for the rest of their lives. The \$10-per-day pill I mentioned above reduces the chance of these flares by 90%, prolonging the time for these patients to become disabled significantly and keeping the disease completely controlled for some. Because my patient is not severely disabled yet, cannot work outside in high heat as it can cause flares of her disease, and has not been hired at any entry level position for a job that can be attained with a high school

degree that has health insurance available on day one, she is not currently qualifying for Kansas Medicaid through disability. Expanding Medicaid and removing work requirements would help patients like mine be able to afford their medications and keep them from becoming severely disabled enough to qualify for our current requirements for disability status.

Please remove work requirements and expand Medicaid for all Kansans.

*Tyler Allison, MD*

(signed electronically)

Tyler Allison, MD

Pediatric Neurologist

Tallison@cmh.edu

Joint Committee on Ways and Means and Public Health and Welfare

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

Honorable Chair and Committee,

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

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

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

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

Kansans overwhelmingly support Medicaid Expansion by 71% or more

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

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

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

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

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

Thank you.

Thomas A. Alonzo

March 16, 2024

Dear Chairman and committee members,

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

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

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

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

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

Jennifer Ancell  
Shawnee, KS



February 10, 2024

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

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

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

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

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

Karen Anderson Harvey



**STATE OF KANSAS  
OFFICE OF THE ATTORNEY GENERAL**

**KRIS W. KOBACH**  
ATTORNEY GENERAL

MEMORIAL HALL  
120 SW 10TH AVE., 2ND FLOOR  
TOPEKA, KS 66612-1597  
(785) 296-2215 • FAX (785) 296-6296  
WWW.AG.KS.GOV

**Testimony Concerning Medicaid Fraud**

**Presented to the Senate Ways and Means  
By Steven D. Anderson, CIG, Medicaid Inspector General**

**March 20, 2024**

Chair McGinn and Members of the Committee:

Thank you for the opportunity to appear today and provide neutral testimony concerning Medicaid fraud. My name is Steve Anderson, Medicaid Inspector General, and I am pleased to present the following information.

The Office of Medicaid Inspector General (OMIG) was re-established under the Attorney General's Office in 2017 via Senate Bill 149. The core mission of the OMIG is to identify fraud, waste and abuse in the Medicaid program. This is achieved through audits and performance reviews. I was confirmed as the Medicaid Inspector General in 2021, and I'm here to give an overview of the fraud, waste, and abuse in the Medicaid program my team has identified since 2021.

Since my confirmation as Inspector General, the OMIG released three reviews, four audit reports, and one interim report. In the reports, OMIG identified \$211,245,600.93 in wasteful spending, \$6,294,158.08 in overpayments, \$12,220,651.23 in potential savings, 19 findings, and made 64 recommendations. In a report that is pending release, another \$88,497,393.20 in wasteful spending and \$12,274,090.00 in savings is identified. These reports, summarized below, can be accessed at <https://ag.ks.gov/fraud-abuse/medicaid-inspector-general>.

**Reporting Fraud to the Clearinghouse, Report 22-01**

OMIG conducted a review of the process for the public to report cases of suspected Medicaid eligibility fraud. The KanCare Clearinghouse did not have an option in its call tree to allow a concerned citizen to report fraud. Callers were given several options, however, none of them

included an option to report fraud. The KanCare website was also very difficult to navigate, and there is no obvious link to a website or telephone number to report Medicaid eligibility fraud.

### **Review of MediKan, Report 22-02**

OMIG conducted a review of the MediKan program to determine if KDHE paid any medical claims on behalf of beneficiaries who have exceeded the 12-month lifetime maximum limit. The review identified 912 MediKan beneficiaries who had 13 or more months of eligibility during the review period of January 1, 2018, to April 30, 2021. The failure to timely discontinue MediKan eligibility after the 12-month lifetime limit ended resulted in state funds being used to pay medical claims for ineligible persons in the amount of \$1,665,815.43.

As a result of the review, KDHE staff began the process of removing 556 individuals that were identified as no longer eligible for MediKan for an estimated savings of \$1,252,520.00 to the MediKan program. We made the following recommendations:

### **Review of Capitation Payments, Report 22-03**

OMIG conducted a review to determine if the KDHE made capitation payments to Managed Care Organizations (MCOs) for deceased beneficiaries. The review determined that \$1,313,175.55 in monthly capitation payments were made for the 25 beneficiaries whose dates of death preceded the payment dates and recoupment had not occurred.

We also performed a two-year look back from July 2019 to July 2021 of capitation payments made on behalf of deceased beneficiaries. We found 632 cases where MCOs continued to receive capitation payments. KDHE eventually recouped the capitation payments totaling \$19,202,562.21 via an offset with each MCO. There were 56 cases within this group where capitation payments continued for five or more years after the beneficiaries' month of death. We looked at the length of time these overpaid funds were in the possession of the MCOs and conducted a cost analysis. We determined the total cost of money to the State of Kansas to be \$1,534,043.17.

### **Audit of Home and Community Based Services (HCBS), Report 22-04**

Our audit determined that 2,854 beneficiaries did not have any HCBS waiver services claims filed on their behalf for a total of 12 or more months during the audit period. The amount of capitation payments made to Managed Care Organizations (MCOs) for the 2,854 beneficiaries identified during the audit period was \$193,253,420.91. This is noteworthy due to the requirement that individuals on the waiver programs must use the service at least once a month to remain eligible. The lack of use should have been identified by the HCBS program managers and MCOs, which would have triggered an effort to have the individuals removed from the waiver program.

There is an apparent financial incentive for people to be on HCBS waivers, but they do not actually receive HCBS from anyone. It was explained by KDHE and KDADS HCBS staff that if a person qualifies for an HCBS waiver, their income is not included with household income for calculation of financial eligibility. This allows a person that would not otherwise qualify for Medicaid due to household income, to receive full Medicaid services, which includes pharmacy coverage.

OMIG observed that procedure code S5161 (Emergency Response System Service Admin Fee) is being billed on a monthly basis. This is for a “Life Alert” system. We identified 560 beneficiaries who had one or more months of S5161 billed without any other additional Medicaid claims. It should be expected that other Medicaid services would be billed in addition to procedure code S5161. The total amount of capitation payments made for these beneficiaries was \$8,057,560.85. If the medical alert equipment was paid for directly by the state via fee-for-service and not through the MCO system, the total expenditure would have been \$55,769.69. By accepting this recommendation, Kansas would save an estimated \$8,001,791.16.

The Kansas Assessment Management Information System (KAMIS) is the repository for functional assessment information. Five of the seven waivers assessments are maintained in KAMIS, to which KDADS contracted assessors have access. OMIG found that KAMIS only sends out a single notification that annual assessments are due. The system does not automatically generate reports that the annual assessment for a Medicaid beneficiary has not been completed. As discovered during this audit, some Medicaid beneficiaries go for several years without having annual assessment done, and KAMIS does not alert KDADS staff to the problem.

Beneficiaries who self-direct their services must choose a Financial Management Services (FMS) provider to help them perform payroll and employer-related duties. FMS is provided through a third party and is designed to assist the waiver participant under the employer authority using the CMS approved Vendor Fiscal Agent model. FMS providers are paid a monthly fee for providing administrative and payroll services for beneficiaries. The average monthly fee paid during the audit period was \$118.00. The amount of money paid out to FMS providers when no personal care services were provided was \$1,921,452.03 prior to start of the public health emergency (PHE), January 2018 to February 2020. There was \$1,373,140.99 paid out during the PHE, March 2020 to April 2021. This is a combined waste of \$3,294,593.02.

### **Audit of Eligibility Determinations, Report 23-01**

The audit of eligibility determinations for Medicaid recipients that have moved out of the State of Kansas identified internal and external deficiencies that hindered KDHE’s ability to identify, verify, and terminate Medicaid eligibility on a timely basis. For example, a group of beneficiaries that were identified as moving out of Kansas were not properly processed resulting in an estimated overpayment of \$1,370,376.68 in capitation payment to MCOs.

### **Audit of Multiple Medicaid Beneficiary Identifications, Report 24-01**

The audit of KDHE's system for tracking Medicaid beneficiaries with multiple Medicaid identification numbers and KDHE process for recouping capitation overpayments to MCOs found that only 3 instances out of 53 (6%) cases reviewed with multiple beneficiary identifications had been recouped in a timely manner. After accounting for the 8 (15%) who had fee-for-service, 42 (79%) were left with no capitation recoupments totaling \$95,145.21 from the MCOs. There were also 57 instances of one SSN connected to multiple beneficiary identifications. KDHE's correction efforts following the start of our audit resulted in 13 beneficiaries whose capitation payments were recouped or stopped. We determined that the savings for a one-year period totaled \$105,255.72.

### **Audit of Transitional Medical Program (TransMed), Report 24-02**

The audit of KDHE's system for processing and tracking determinations found numerous control weaknesses placing Medicaid monies at risk. We identified significant compliance and control gaps within the TransMed program, which contributed to a 45% error rate within the TransMed program. We also identified a lack in targeted reviews aimed towards resolving eligibility issues related to the TransMed program. We identified numerous households that went without a review for several years prior to the declaration of the Public Health Emergency (PHE). Out of the 53 review errors identified in our sample, over 50% of the affected beneficiaries have gone without a review since the 2015-2019 timeframe. We identified 9,322 beneficiaries who were enrolled in TransMed during our audit period of January 1, 2019 through December 31, 2021, and had 13 months or more of continuous TransMed coverage. Beneficiaries are limited to only 12 months of continuous coverage. We considered the COVID-19 Federal PHE that was declared on March 2020 and narrowed our review sample to only include the 2,322 beneficiaries who had unallowed coverage prior to the PHE.

Our review identified \$16,326,364.59 in estimated capitation payment overages wasted on ineligible persons as of June 2022. The savings in capitation payments for terminating beneficiaries who have remained on TransMed since prior to the PHE would be an estimated \$1,574,908.80 over a six-month period.

### **Interim Report of School Background Checks**

The interim report contained information developed during our performance audit of KDHE's management of School-Based Fee-For-Service (FFS) Medicaid reimbursements for the State of Kansas. Approximately, \$23.5 million in Medicaid funds are dispersed via Fee-For-Service (FFS) to Kansas school districts each year to reimburse them for providing services to students that are on Medicaid. Medicaid funded services are delivered by various providers who are employees of the school districts or are contractors.

We discovered that of the 231 providers reviewed as part of our audit sample, 72 or 31% did not have proof the background checks were completed at the time of our request for records. Also, five schools completed background checks on 14 providers after receiving our request for records. There is an estimated total of 3,731 providers working directly with children in Kansas public schools. Our sample testing indicates that 31% or 1,157 of those providers may be working without a background check.

The Kansas State Department of Education (KSDE) requires a fingerprint-based criminal history check for licensed staff. There are no State of Kansas statutes that require these checks. We did not find any state level requirements for other school employees to have background checks. This includes other employees, such as therapists, coaches, paraprofessionals, bus drivers, cooks, and janitorial workers.

### **Audit Pending Release**

#### **Audit of Continuing Care Retirement Community (CCRC) Registrations, Report 24-03**

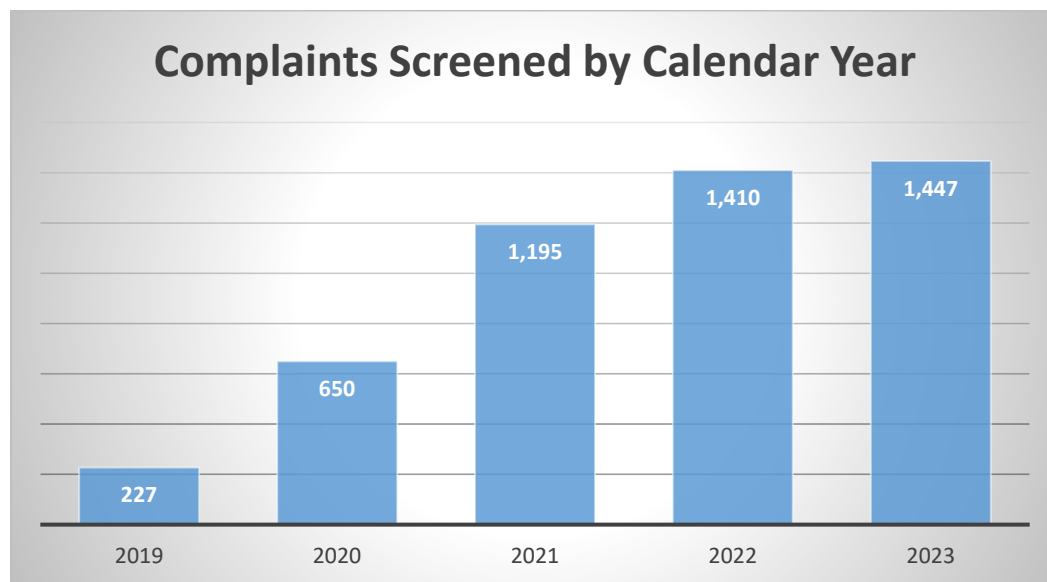
The audit of the Continuing Care Retirement Community (CCRC) registration process revealed 68% of Continuing Care Provider (CCP) registration certificates issued to Skilled Nursing Facilities (SNF) from July 1, 2020 through August 31, 2023, were not in compliance with K.S.A. 40-2231 through K.S.A. 40-2238. The primary cause for not being in compliance was the lack of the required annual audit report from a certified public accountant. Due to SNFs being improperly issued CCP registrations, the State of Kansas lost Quality Care Assessment (QCA) revenue of \$87,121,090.00. This resulted in additional loss of QCA Fund interest earnings revenue of an estimated \$1,376,303.20. Incomplete applications for CCP registrations resulted in a total loss of QCA revenue of \$88,497,393.20.

Our audit revealed that 95 or 23% of the QCAs completed for CCRCs were incorrectly assessed at the reduced QCA rate. Although they were issued certificates of CCP registration, there was no evidence that these self-attested CCRCs were providing continuing care per K.S.A. 40-2231(d). The ambiguity in Kansas statutes for the definition of “continuing care” as it relates to CCPs allowed SNFs to continue to be assessed at the reduced QCA rate by simply claiming CCRC status. This has resulted in an estimated \$33,374,400.00 loss of QCA revenue to the State for SFY 2021-2024.

By following updated statutes and recommendations from OMIG, the State of Kansas will save an estimated \$12,274,090.00 by properly assessing 37 facilities as not being CCRCs and using the proper QCA of \$4,098.00 instead of the incorrect amount of \$818.00 per bed.

## Complaints Processed and Investigated

The OMIG continues to oversee an increasing number of complaints of fraud, waste, abuse, and illegal acts concerning the Kansas Medicaid program (KanCare), the MediKan program, and the State Children's Health Insurance Program (SCHIP). The majority of complaints received are submitted by the Kansas Department for Children and Families (DCF) and primarily allege beneficiary eligibility fraud. OMIG staff currently screens each complaint received for substance and jurisdiction. If staff determine there is a need for eligibility clarification, the complaint is forwarded to the KanCare Clearinghouse for review and possible follow-up. The number of complaints processed each calendar year are represented in the bar chart below.



As noted above, in CY 2022 OMIG processed 1,410 complaints with 1,347 complaints involving allegations of beneficiary eligibility fraud. There were 21 of these complaints that, after reviewing the matter, did not involve Medicaid and were referred to the correct agency. These typically involved Medicare only. There were also 15 allegations of beneficiaries committing non-eligibility frauds such as, falsely clocking in a personal care worker. The remaining 48 complaints involved allegations involving providers and contractors.

In CY 2023, OMIG processed 1,447 complaints with 1,377 complaints involving allegations of beneficiary eligibility fraud. There were 38 of these complaints that, after reviewing the matter, did not involve Medicaid and were referred to the correct agency. There was one complaint involving a state agency and two involving state employees. There were also 14 allegations of beneficiaries committing non-eligibility frauds. The remaining 53 complaints involved allegations involving providers and contractors.

The breakdown for how the complaints for CY 2022 and CY 2023 were handled are broken out in the chart below. It must be noted that the public health emergency (PHE) impacted the determination for many allegations. For example, allegations of being over income during the PHE were not considered fraud due to rules in place at the time. The “No Fraud/Jurisdiction” determination is based on our preliminary review of the matter. The referrals sent to the Clearinghouse for additional review may result in additional determinations of no fraud or possible fraud. If staff at the Clearinghouse and KDHE determine there are indications of fraud, they will refer the information back to OMIG for further consideration. OMIG investigative staff, that came on board in July of 2023, are addressing the backlog of open cases and processing new allegations as they are received.

| Calendar Year | Complaints Screened | Eligibility Complaints | Sent for Review (CH) | No Fraud/Jurisdiction | Investigations Opened | Referred to Other Offices |
|---------------|---------------------|------------------------|----------------------|-----------------------|-----------------------|---------------------------|
| 2022          | 1,410               | 1,347                  | 1,059                | 221                   | 27                    | 40                        |
| 2023          | 1,447               | 1,377                  | 1,048                | 191                   | 112                   | 70                        |

### **Findings of Fraud and Fraud Investigations to Date**

There are currently two special agents and one financial analyst dedicated to conducting eligibility fraud investigations. There have been 186 cases opened for investigation and 67 of those have been closed. One case has been prosecuted that resulted in a diversion agreement with restitution/savings of \$9,613.72. Two additional cases have been referred for prosecution. Numerous other investigations are in various stages of completion.

For the 67 closed cases, 13 were closed due to the allegation being disproven, 11 no action due to insufficient evidence, and 43 referred to other agencies (HHS/OIG; SSA/OIG; MFCU). OMIG is also conducting joint investigations with other agencies. There are currently 45 cases open with DCF investigators that involve Medicaid and food assistance fraud. We have also 4 joint investigations with Adult Protective Service, 2 cases with MFCU and 2 with HHS/OIG.

### **Examples of cases**

#### **Medical ID Theft**

An example of a case that was recently opened by OMIG is a caller who reported that she suspected someone was using her Medicaid information to get medication and possibly medical services. She stated that recently, the Area Council on Aging called her and informed her that her application for utility and rental assistance had been approved. The caller stated that she never applied for assistance and that she owns her home. The caller stated she went to pick up her



medications and the pharmacist asked if she had prescriptions at another pharmacy. The caller stated that she did not have any prescriptions at any other pharmacy.

The caller also stated that her neurology doctor called her and told her that they could provide medication interaction information about a new medication she asked about. The caller stated that she never asked for this information and that the medication the doctor thought she had inquired about was prescribed for bi-polar disorder and one that the client does not take. She reported the occurrences to local law enforcement who advised her to contact the Fraud Hotline for Medicaid as there is only one officer in her area and he is part-time; therefore, not much could be done by local law enforcement. This matter is under investigation for medical identity theft.

### **False Pregnancy for Medicaid and Food Assistance Eligibility**

An example of a referral received by OMIG and referred for prosecution is a Medicaid beneficiary who applied for coverage on March 8, 2022. She was deemed eligible for poverty level pregnant woman coverage beginning March 1, 2022, due to her claim of pregnancy. Investigation determined that she was not pregnant and she had supplied a forged letter from a doctor to support her claim of pregnancy and a faked positive pregnancy test. Her false claim of pregnancy also made her eligible to receive food assistance. She would not have been eligible for Medicaid or food assistance without the false claim of pregnancy. She had previously attempted to enroll in Medicaid and had been determined to be ineligible. This case has been submitted for prosecution.

### **False Household Composition and Income to Receive Medicaid and Food Assistance**

Subject provided false information about her household income by not reporting her common law husband's income or ownership of their shared residence. She received Medicaid coverage that resulted in \$43,372.10 in capitation payments. She also received \$27,297.00 in food assistance illegally. She accepted a diversion agreement with the Crawford County DA on September 27, 2023.

Thank you for your time. I will be happy to answer questions.

March 15, 2024

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

Please support Medicaid expansion for the good of Kansas.

Becky Anderson

March 15, 2024

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

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

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

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

Jason Anderson

FEB 09, 2024

To: Kansas Legislature on Medicaid Expansion

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

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

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

kirk anderson

wichita, kans.

registered VOTER

February 9, 2024

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

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

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

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

March 15, 2024

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

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

There is no down side for Medicaid expansion.

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

2/9/24

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

January 26, 2024

Hello,

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

Thank You,

Crystal  
Riley County



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

Senator McGinn, Chair  
Senate Ways & Means Committee  
Senate Public Health & Welfare Committee  
Re: SB 225 Amend



Chair McGinn and Committee Members:

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

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

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

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

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

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

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

**Frank Austin**

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

Phone: (785) 203-0421

March 13, 2024

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

Joyce Austin

March 13, 2024

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

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

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

Sincerely,  
Sharon Avery, Topeka



Proponent Testimony before the Senate Committees on Ways & Means and Public Health & Welfare  
Senate Bill 355 – KanCare Expansion  
March 20, 2024

Chairwoman Landwehr and Members of the Committee:

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

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

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

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

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

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

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

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

March 15, 2024

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

Elizabeth Barnes

Kansas resident and active voter

Sheyla Barrera

Regarding SB 355 and HB 2556

March 14, 2024

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

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

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

Respectfully, Sheyla Barrera

March 16, 2024

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

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

Grace Bartel  
North Newton, KS



March 14, 2024

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

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

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

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

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

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

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

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

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

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

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

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

March 16, 2024

Dear Chairman and Committee Members,

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

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

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

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

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

Thank you,  
Angela Beck  
Leavenworth

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

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

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

February 21, 2024

RE: Enthusiastic Support for KanCare Expansion

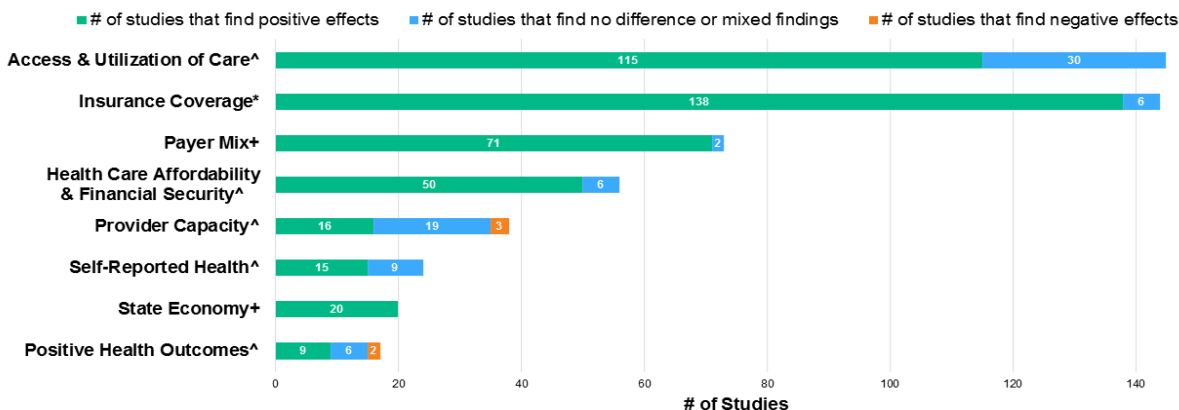
Dear Members of the Kansas House and Senate:

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

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

Figure 1

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



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

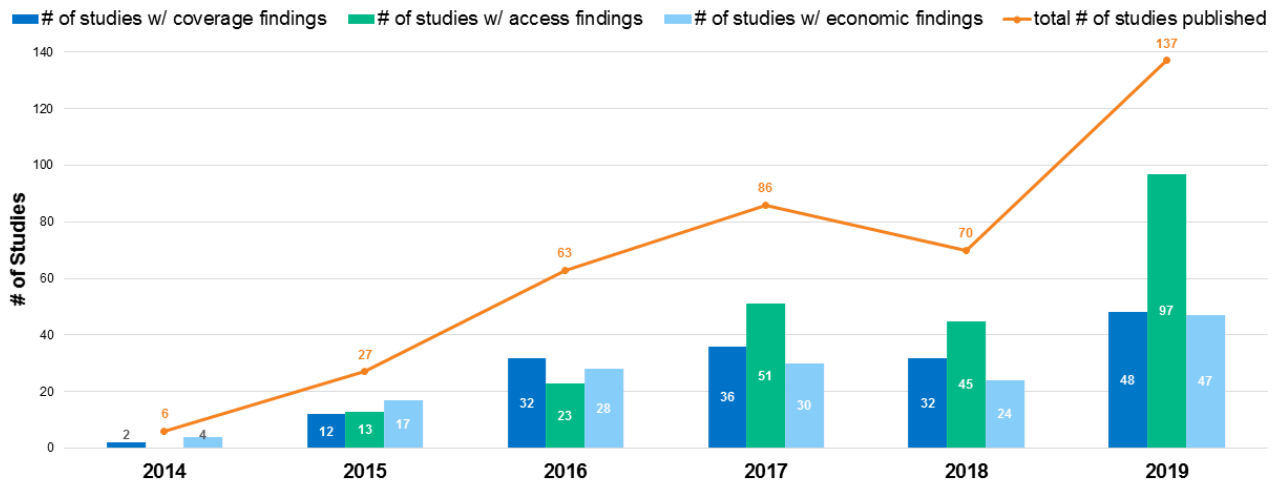
**KFF**  
HENRY J. KAISER  
FAMILY FOUNDATION

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

Figure 2

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

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



NOTES: Counts of studies in each category exceed the count of total studies because studies may have findings in multiple of the three categories. An additional 6 miscellaneous studies do not have any findings that fit into the three categories and are thus not reflected in the figure.

SOURCE: KFF analysis of 404 studies of the impact of state Medicaid expansion published between January 2014 and January 2020.



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

Sincerely,

Karl E Becker

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

March 15, 2024

Chairman and legislators,

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

Sincerely,  
Sherris Bellamy  
Overland Park

March 17, 2024

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

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

Sincerely,

--

Hillard G. Berry, Jr.,



March 15, 2024

Dear Chairman and Committee Members,

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

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

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

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

Kristen Blackton  
Shawnee, KS

March 16, 2024

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

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

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

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

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

Lynne Bodle  
1218 Tennessee St.  
Lawrence, KS

March 15, 2024

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

Ed & Nina Bokern

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

913-661-9825



Healthy People Build Strong Communities

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

## Testimony on House Bill 2556 and Medicaid Expansion

Submitted To

House Committee on Health and Human Services

And

Senate Committee on Ways & Means

By

Randy Bowman, Executive Director

Kansas Association of Local Health Departments (KALHD)

March 20, 2024

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

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

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

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

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

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

Thank you for the opportunity to contribute to this discussion.

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

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

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

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

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

March 17, 2024

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

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

Donna Bowman  
Ft. Scott, Kansas

March 15, 2024

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

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

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

Shame on our leaders!

Michelle Boyts

March 14, 2024

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

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

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

Sincerely,  
Doretta Braden  
Manhattan, KS



March 17, 2024

Dear Chairperson and Committee Members:

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

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

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

I urge you to SUPPORT Medicaid Expansion for Kansas.

Kindly,  
Kelly Brende  
Leawood, Kansas

February 22, 2024

To: Members of the Kansas Legislature

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

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

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

Thank you for your consideration.

Gary Brewer, Trustee  
William Newton Hospital

March 14, 2024

To the Kansas Legislature:

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

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

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

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

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

Karen L. Brock Ph.D.  
Retired

Date: 2/27/24

To: Kansas House and Senate Committee Members

Re: Medicaid Expansion

From: Sheryl Brotton

22143 S.W. Meadowlark Rd.

Douglass, Ks. 316 706 4038

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

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

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

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

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

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

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

March 15, 2024

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

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

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

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

Thanks,

Dawn Brumbley  
Olathe, KS

March 14, 2024

Dear Kansas legislators,

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

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

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

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

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

Please enable a vote on the Medicaid Expansion bill.

Greg Bryant  
2024 Raven Road  
Robinson, KS 66532

March 14, 2024

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

Susan Bryant  
2054 Raven Road  
Robinson, KS 66532

March 15, 2024

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

Mary Bunn  
Topeka, KS



February 23, 2024

Dear Members of House and Senate Committees:

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

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

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

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

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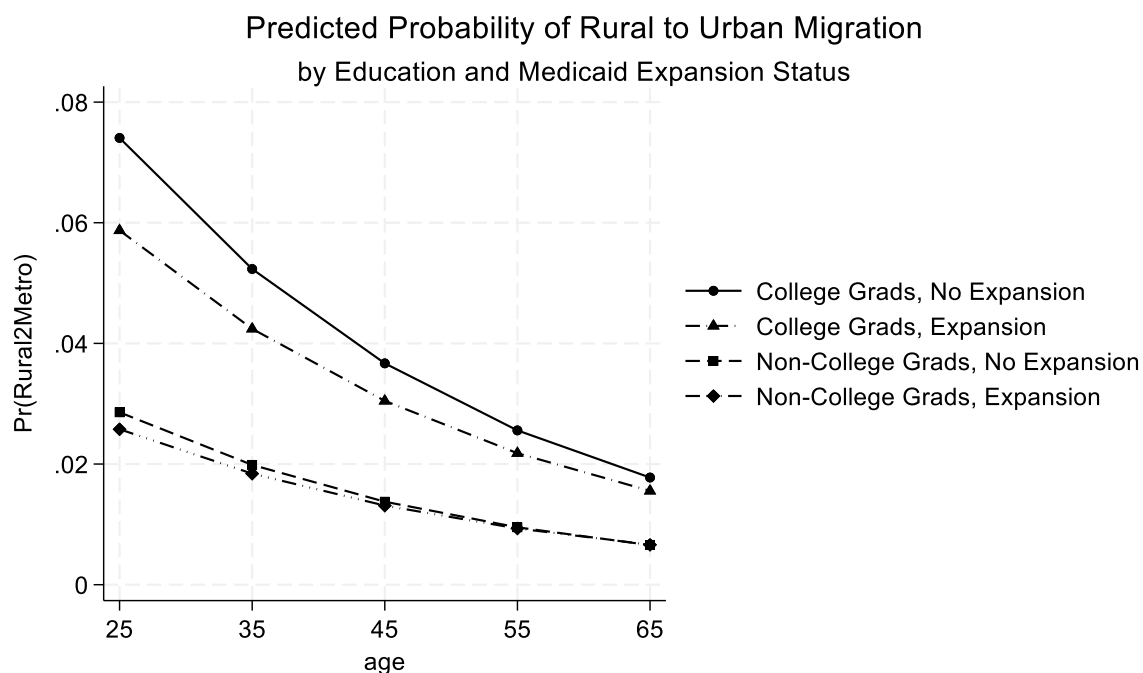
<sup>1</sup> American Hospital Association (2019). Rural report: challenges facing rural communities and the roadmap to ensure local access to high-quality, affordable care. AHA. <https://www.aha.org/system/files/2019-02/rural-report-2019.pdf>

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

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

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

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



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

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

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

March 14, 2024

There is a dearth of thought given to caring for others, especially regarding the health in the State of Kansas. Please provide a time of discussion so that these needs and concerns can be openly shared and considered by our Legislature. Too long has this issue been dismissed. The public needs must be heard!

Barbara Campbell

March 15, 2024

Dear committee members,

Thank you for the opportunity to present testimony regarding my support for Medicaid expansion.

Medicaid expansion will support the growth of rural healthcare that is critical to those who reside in much of our state. It will also open up funds for critical rural training programs, which will bring new healthcare provider trainees to our state—who are far more likely to stay after their training is complete.

Also, it will expand the availability of mental health services, critical in a state with a relatively high rate of death by suicide.

Please support medicaid expansion.

Thank you for your service to all Kansans,  
Annie Cartwright  
Fairway, KS

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

February 9, 2024

Why must Kansas be one of the few states that does not provide Medicaid for those most in need? Hard working people with even two full time jobs but low wages that do not support health insurance, could benefit with the help of medicare. And this expansion would not hurt the economy of Kansas, but actually improve it. Simple medicines and even vaccines are beyond the ability of those poor. I urge you to vote to expand medicaid.

Janet Cashman  
8301 Wood Ave  
Kansas City, KS 66112



## Support HB 2556- Pass Medicaid Expansion

Kansas should pass Medicaid Expansion to provide an insurance option for Kansans who do not make enough money to afford health insurance from the exchange but also do not qualify for KanCare. Most of the estimated 150,000 Kansans who would benefit from Medicaid expansion are low-income workers or Kansans suffering from chronic illness. These are Kansans stuck in the coverage gap, with no affordable insurance options and no federal subsidies. Our current medical funding model is struggling to provide even the most basic medical services to this population.

As nurses, and later Advanced Practice RNs, we go into medicine because we answer the God-given calling to care for all people. Without appropriate funding, systems fail, and we simply can no longer answer the call. I wish that each of you could witness the light in a patient's eyes when he is able to see a provider at forty-five years old, when he finally gets insurance. The caveat? He spent the last 20 years working menial construction without health care benefits, suffered a debilitating back injury, eventually having so much pain that he could no longer work. But he worked anyway to support a wife and children. Now he cannot walk, is permanently disabled, and has a significantly shortened life expectancy. But at least he can finally qualify for the care he needs. This is just one of the hundreds of comparable stories we hear on the front lines of primary care.

## The Problem

Today you will hear plenty of testimony about Kansas' Medicaid statistics like how the eligibility threshold for adults is among the lowest in the country, or that thirty percent of the people treated by community health centers in Kansas are completely uninsured, that seventy percent of individuals served at community mental health centers have an income of less than \$20,000, and that childless adults who are not disabled cannot qualify for Medicaid without a chronic disability. We will not bore you with numbers. By now you are keenly aware that we are in the midst of a healthcare crisis.

No, today we ask that you consider a much less recognized voice, the testimony of a precarious position faced by the next generation of primary care providers joining the workforce. Please consider the reality of our situation. Enrollment in educational training for the provider workforce is dwindling every year. The nurse practitioner graduating class of 2025 includes a total of eight providers; the class below us has one. Without expansion, we will lose the economic power of not only health care facilities, but the very providers that make the whole thing work.

## Why this Matters

Hundreds of thousands of Kansans served by community health centers are chronically uninsured or under-insured. This uncompensated care has severely limited our capacity to practice as providers, hospitals, and clinics. Uninsured Kansans forgo regular health care and often do not obtain medical and mental health care when they become critically ill. Crisis and desperation are the driving causes of seeking treatment in Kansas. By the time they present for care, their normally uncomplicated conditions are exacerbated resulting in inflated costs which shift to emergency rooms, hospitals, and taxpayers. Because the Affordable Care Act anticipated Medicaid expansion, it reduced the disproportionate share (DSH) subsidies to hospitals that used to help offset the costs of treating the uninsured. Because of this we have watched Kansas facilities struggle and close their doors.

## The Bottom Line

The state would unlock \$682.4 million in annual federal funding with expansion. The federal government covers 90% of the extra cost of Medicaid services in exchange for expanding eligibility to 138% of the federal poverty rate. Low Medicaid reimbursement rates tend to limit access to quality care, worsening health outcomes for Medicaid beneficiaries. States determine their own reimbursement rates, but the Kansas legislature has continued to set ours low, leaving communities to shoulder extra costs.

House lawmakers on a budget committee recommended an additional **one-time funding influx** of \$33.9 million to increase physician provider codes and \$45.2 million to increase outpatient hospital rates. This proposal is being called a *"practical, sustainable solution."* We can report from the front lines that this proposal falls short of long-term resolutions for Kansas health care options. To be truthful, this proposal's impact is highly limited (applicable to the current Medicaid population) and temporary at best. It is a far cry from a practical solution, doing nothing to address the thousands of patients still locked out of healthcare. These are the people that we need to focus on.

The data trends are clear, this population will continue to increase in both number and severity of illness as we keep blocking access to health care. Hospitals will keep closing and new providers will stop trying. We cannot solve this problem with a band aid.

Honorable representatives, it is high time for serious health reform in Kansas by removing the undue restrictions against federal funds available through expansion.

**Henry H. Chamberlain  
12808 Kansas Avenue  
Bonner Springs, Kansas**

March 17, 2024

TO: Committee Chairs, Sen. McGinn and Rep. Landwehr, c/o Alliance for a Healthy Kansas –  
Medicaid Expansion Testimony:

There is no recovering the billions of dollars of our federal income tax revenue that Kansas has foolishly forfeited by not expanding Medicaid years ago. That is an egregious breach of the duty of the Kansas Legislature to protect the public interest. The loss of that revenue stream, and the associated loss of rural hospitals, is irreparable.

What can be done now is to expand Medicaid in time to save some of the remaining hospitals before there are more losses. Failing to do so would further impair the availability of medical care in rural Kansas, driving more people out of those areas.

Please take the obvious moral, ethical, fiscally-responsible, and compassionate action.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Chamberlain", written in a cursive style.

Henry H. Chamberlain

March 12, 2024

My name is John Chandler I was born and raised in Independence, Kansas. I am the same age and friends and teammates with Derek Schmidt.

Independence Kansas is the home where Alf Landon and his daughter Nancy grew up.. It's history speaks for itself. It may be going through difficult times for the last several years due to the oil situation.

I moved to Irving Texas at age 13, because my father found a greater career. I wasn't happy leaving my town and in friends in junior high and starting high school. My mom and dad was from Wichita and I was a 3rd generation aircraft employee. My dad knew my mom and I were lost in Dallas, especially coming from a small town in Kansas. I went to high school where the kids drove brand new cars. Brian Bosworth was my classmate and teammate. We didn't fit in. So since my parents and other relatives lived in the Wichita Ks area. My dad took a great pay cut for our happiness. We moved to Derby, Kansas it was great. I succeeded and we were happy to be close to my grandparents and other family members. Derby has disappointed me in the last 10 years. It's the same, but I guess we can say that about the entire world. worked fulltime at then Raytheon Aircraft / Beech and went to college to be the first family member of my mom and dad's to ever graduate from college with a Bachelor's degree. I then worked for over 25 years as an Aerospace Engineer. I bought my first house with my wife then. I was 22 yrs old. I wanted a family more than anything. I did everything we are taught. Work hard, get a college degree, buy a house and start a family. It was the way to succeed and I followed beyond expectations. I have 3 children and a grandson. My first wife had my oldest daughter who is 24 with a family and a college degree and bought her 1st house at 22. She has a very good job. I feel I taught her well. I have a 12 year old son and a 16 year old daughter with my current wife of 17 years. So, as I said I was very successful as an Engineer. I made more than enough money. Then in 2013 I was diagnosed with avian necrosis of both hips. I was working at Spirit AEROSYSTEMS at the time who wrongfully terminated/laid off over 300 employees who were costing them high insurance cost and we were on FMLA and over 40. That's a class action suit that still is ongoing. My dad had to sell prosperous family land in s.w. Oklahoma with amazing mineral rights. To pay for Cobra \$1600 a month, because I had to have insurance to get both hips replaced in 2014. 3 total surgeries. I was 44 years old unable to walk before without a cane then walker before and after surgeries. They tried to save one hip by drilling a hole to hopefully start blood flow. It was very much the same recovery of a replacement. It didn't work. So I have 2 prosthetic hips when my children were very young and I couldn't take care of them, so my wife could only work sparingly and my young brother in laws would help with my children while she was at work. My dad paid all my bills. Then I recovered and went back to work at Learjet my favorite place I ever worked. They laid off a lot of people because they shut down a Production. Then I found out I had stage 3 iv colon cancer in January 2016. Had a 30% chance to live. I beat it. Then September 2017 I was diagnosed with stage 3 iv metastatic lung cancer. I had a tumor the size of an orange on my left lower lobe of my lung that was



removed. Again a 30% chance of living. I beat it and went back to work in June 2018. I had chemotherapy then my tumor removed in January 2018.

I was in pain and still in pain, but I only lasted 2 months at that job and was fired for missing too much work. Then I was approved for disability by a Social Security Judge.

So, I believe society and a large percentage of politicians and Health professionals profile people on Medicaid as lazy and need to get a job. Basically lovers or trash they can just toss to the side. They have never walked in my shoes or others like me. They would have more passion. I did everything that America drives in our head at a young age and exceeded expectations and was successful in money terms. I have felt the greatest humility and humbled my life. I sat sick and dying at dcf to get Medicaid for my family. I looked around and I seen the stereotypes. I seen most the people there not from this country. At least 50+. Then I looked around and seen mothers with several children, but no father in sight. As I sat there I was like why am sitting here alone dying and seeing all that I seen. Again I didn't belong there I felt, but I was doing it for my family and the Lord I feel put me here on earth to teach my children the ways of life and my children asked me daddy why does God give you cancer and kill your hips. I tell them that he knows I'm strong and others maybe weak and would die, but he knew I had the strength to beat anything. Even if I saved 1 life because God's will in me it was worth it all. Now I am suffering from a life threatening liver and blood disease. I totally understand the misuse and abuse and using the system people are capable of. I think these people need to be held accountable and vetted more in depth to receive Medicaid. Its also a terrible effect on a person that has similar life experiences as I have to sit there while dying and waiting all day at dcf because it's full of people from other countries. It's very unfair. I understand life is not fair, but that has to change along with expansion. 20 years ago I didn't believe in handouts or state or federal benefits. Well I have no choice now and I thank God and Kansas for being there for me and my family we couldn't survive without it. I'm sure there are several thousands of stories like mine. Medicaid does work and expansion will help, but Health Professionals have to stop being unfair to people like my family. They should all be required to take Medicaid. It causes such anxiety just to find a simple good dentist for my children. It takes days of work and calls and lots of health professionals staff just hang the phone up on you. This has to stop. I'm very grateful for Medicaid and I wanted to share my story with you. So hopefully you understand how important this hearing to take place as soon as possible. This is very critical and life saving for unfortunate people. Mentally ill people are in real need. There has to be 3 or 4 mental hospitals in kansas and ease of getting mental health. Smaller settings for people who are maintaining and coping well. I hope you understand you can make a huge difference and save lives. That would give you so much empathy and you would feel the greatness in your heart and spirit.

Thank you for your time,

John Chandler

Derby, Kansas

March 13, 2024

Expanding Medicaid would have helped our family more easily find a skilled nursing facility for our mother.

There are many advantages to expanding Medicaid, but here are a couple of thoughts for you to consider:

The funds will be provided by taxes we have already paid to the Federal Government.

Expanding Medicaid will generate additional economic activity in our state.

"A rising tide floats all boats."

Please help the people of Kansas!

Sincerely,

James David Childers  
3109 Trail Rd, Lawrence, KS 66049  
785-550-3851



**To: Senator Carolyn McGinn, Chair and Members, Senate Ways and Means and Senate Public Health and Welfare**

**From: Kylee Childs, Director of Government Affairs, LeadingAge Kansas**

**Date: 3/20/2024**

LeadingAge Kansas is the state association for not-for-profit and mission-focused aging services. We have 150 member organizations across Kansas, which include not-for-profit nursing homes, retirement communities, hospital long-term care units, assisted living, home plus, senior housing, low-income housing, home health agencies, home and community-based service programs, PACE and Meals on Wheels. Our members serve more than 25,000 older Kansans each day and employ more than 20,000 people across the state.

#### **Testimony in Support of Medicaid Expansion**

LeadingAge Kansas supports the creation of a KanCare expansion plan that promotes personal responsibility for participants and minimizes its effect on the state Medicaid budget. We believe that the program outlined in SB 355 meets both requirements.

LeadingAge Kansas has many hospital-owned members, as well as rural nursing homes that depend on the many services provided by their local hospitals. Failure to expand KanCare has had a significantly negative financial impact on Kansas hospitals, which necessarily has a negative effect on our own members. An increasing number of our hospital-owned nursing homes are closing their doors, and we continually hear of the struggles of nursing homes who are operating in areas where hospitals have closed.

The one concern we have related to expansion is the potential for delayed Medicaid applications for our nursing homes, HCBS-FE waiver providers, and PACE providers. As we already struggle with delayed processing, we would ask this committee along with the KanCare Oversight committee to keep a close eye on the number of aged applications the agency reports out.

We support Medicaid Expansion to promote the security and financial sustainability of our own hospital-affiliated members, and the many seniors who rely on their care and services.

I am submitting this written testimony in support of the bill before you for your consideration.

I am not an expert that can speak to the finer points of the medical, economic, fiscal, or social arguments for Expanding Medicaid. I do feel qualified to speak on the moral component of this issue. Here is why.

Our son is a Type-I diabetic that was diagnosed at age 9. Type-I diabetes was a pre-existing condition at the time he needed individual coverage. His employer carried only major medical. He spent years without seeing his endocrinologist, eye doctor, general practitioner, or other specialists that health care requires for this disease. He struggled to pay for insulin. We worried *constantly* about blindness, amputation, and long-term illness.

The Affordable Care Act was enacted into law in 2012! Because he could buy private insurance our son has been able to control his diabetes with the support of his medical team. Because he has access to health care, **they have been able to stave off blindness!**

Our country did not turn its back on us! Why does Kansas turn its back on those in the insurance gap? Who has gone blind? died of cancer? missed work due to treatment they could not get? What is moral about not expanding Medicaid for the last 10 years when there is a mechanism to do so?

Our elected officials are required to make morally correct decisions. In the case of Medicaid expansion, Article 7, Section 4 of our Constitution requires that *"the state shall provide, as may be prescribed by law, for those inhabitants who, by reason of age, infirmity or other misfortune, may have claims upon the aid of society."* Our forebearers understood the need for moral legislation. **You** have the power to prescribe by law.

As people of faith and conscience we are committed to take morally correct action. My faith system is filled with guidance like Matthew 25:40, *"The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.'"* And Luke 3:11 *"John answered, 'Anyone who has two shirts should share with the one who has none, and anyone who has food should do the same.'"* Why stop at shirts and food? I can give to our local food bank, but **you** can give health care coverage.

It is time to correct the mistakes of the past. It is time to take the morally correct action. It is time to expand Medicaid to the full extent of federal law.

A handwritten signature in dark ink, appearing to read "Ron Chronister". The signature is fluid and cursive, with a large loop at the end.

Ron Chronister  
Halstead



## City of Emporia

Testimony in support of Medicaid Expansion

**To:** House and Senate Committees on Health and Welfare

**Bills:** Testimony in support of SB 355 and HB 2556

**Presented By:** Trey Cocking, City Manager

---

I am writing on behalf of the City of Emporia, Kansas, to express our City Commission's unanimous support for the Cutting Healthcare Costs for All Kansans Act and the expansion of Medicaid in our state. This testimony reflects our collective experience and the critical need for Medicaid expansion, as outlined in our recently passed resolution on January 17, 2024.

Emporia is a community deeply committed to the health and wellbeing of its residents. Our city's resolve, as demonstrated through our actions and policies, underscores the necessity of accessible healthcare for all. The City Commission of Emporia, understanding the far-reaching impacts of this issue, has formally declared its support for Medicaid expansion, recognizing its potential to significantly improve the lives of our citizens and the economic stability of our healthcare institutions.

The Emporia Fire Department, responsible for providing vital Emergency Medical Services (EMS) across the county, has seen its revenues considerably affected due to the lack of Medicaid expansion. **This situation has forced us to rely more heavily on property tax dollars to fund EMS, placing an undue burden on our taxpayers.** Expanding Medicaid would not only alleviate this financial strain but also enhance the health outcomes and quality of life for countless uninsured or underinsured residents.

Moreover, Medicaid expansion promises to bring substantial economic benefits to our community. Specifically, it would provide critical support to Newman Regional Health Medical Center by reducing uncompensated care and bolstering the hospital's financial health. A robust healthcare system is foundational to the prosperity of Emporia, facilitating a healthier, more vibrant community capable of achieving social and economic growth.

Therefore, through this testimony, we urge the Kansas State Legislature and the Governor to act swiftly in expanding Medicaid. This step is essential for ensuring broader access to necessary health services, reducing the financial pressures on local emergency services and taxpayers, and supporting the viability of key healthcare providers like Newman Regional Health Medical Center.

We believe that expanding Medicaid is not just a healthcare issue but a moral imperative that transcends political affiliations. It is about the well-being of our citizens, the stability of our healthcare institutions, and the overall prosperity of our communities. Let this testimony from the City of Emporia serve as a clear call to action: Now is the time to expand Medicaid in Kansas.

Thank you for considering our position and the voices of the Emporia community.

Date: March 20, 2024  
To: Chairwoman McGinn & the Senate Committee on Ways and Means  
From: City of Overland Park  
Re: Written Testimony in favor of SB 355

Thank you for allowing the City of Overland Park to submit testimony in favor of SB 355. The City supports the expansion of Medicaid eligibility that is proposed in the bill.

Kansas is one of ten states that has not expanded Medicaid eligibility under the Affordable Care Act. It is estimated that expansion would provide Medicaid coverage to over 150,000 Kansans who currently earn too much to qualify under existing income thresholds but do not have access to an affordable healthcare solution.

In January 2024, Overland Park's Mayor and City Council adopted a legislative program that includes support for Medicaid Expansion that addresses future funding so that, if federal funding is discontinued, there will be no increased burden to taxpayers. As a major medical hub for the State of Kansas, the City supports a renewed bipartisan solution regarding the expansion of Medicaid. Such a solution would allow hospitals and emergency medical services (EMS) access to federal funding, helping cities maintain and provide critical services for residents.

Thank you for allowing the City to testify on this legislation. We respectfully request that the Committee advance SB 355 to the full Senate.





**City Manager**

201 West 4<sup>th</sup> Street  
P.O. Box 688  
Pittsburg, Kansas 66762

620-231-4100  
[www.pittks.org](http://www.pittks.org)

To: The Alliance for Healthy Kansas  
Re: KanCare Testimony - Pittsburg

To Whom it May Concern:

Thank you for this opportunity to testify on behalf of expanding Medicaid in Kansas. Our community appreciates the State legislature allowing Kansans to provide input regarding this important matter. I am providing this testimony from the perspective that Pittsburg is home to a rural hospital and numerous Pittsburg residents would benefit from access to affordable health care.

Our local hospital, community health center and other health care providers in southeast Kansas provide exceptional care to tens of thousands of Kansans who would otherwise have to drive hours for these services, with many likely going out of state. Helping to reduce uncompensated healthcare cost, not only ensures continued access to healthcare for our citizens, but supports a vital economic engine for Pittsburg. Expanding Medicaid helps to keep individuals in the workforce allowing for access to primary care. Pittsburg is a growing community and will continue with a healthy workforce that pulls from the County for workers. Approximately 1,500 individuals in Crawford County would qualify for Medicaid should Kansas expand the program.

Expanding Medicaid would reduce the financial burden of health care which can be a significant portion of a household budget. For eligible families in our community this would allow them to direct more of their resources to housing, childcare, transportation and food. This as a cost-effective way to assist health care providers, consumers and their communities by closing the gap in health care and bringing federal dollars into Kansas.

This support letter is provided with the caveat that if, for some reason, the federal funds allocated for this program were to be eliminated or reduced, the financial burden would not fall to our State. As federal funds are available at this time, I support expanding this critical program to the children and families in Kansas who may go without regular health care otherwise.

Respectfully,  
  
Daron Hall  
Pittsburg



133 W 8th St  
PO Box 112  
Russell KS 67665-0112  
Phone: (785) 483-6311  
Fax: (785) 483-4397

Testimony on Senate Bill 355  
Senate Committee on Ways & Means and Public Health & Welfare

Mayor Jim A. Cross  
City of Russell, Kansas

February 5, 2024

Chairwoman McGinn and Members of the Committee:

As representatives of the Governing Body of the City of Russell, Kansas, it is our duty and privilege to advocate for the well-being of our community. Today, we stand before you in unwavering support of SB 355, pivotal legislation to expand Medicaid in our great state.

At its core, SB 355 embodies an opportunity to extend the vital lifeline of healthcare coverage to approximately 150,000 Kansans, many of whom reside right within our city limits. Access to affordable healthcare is not merely a luxury but a fundamental necessity, and the passage of this bill promises to significantly enhance the health outcomes of individuals and families in Russell.

Crucially, we commend SB 355's foresight in its commitment to maintaining revenue neutrality. By leveraging surplus funds, we can direct resources towards essential areas such as tax cuts, bolstering public schools, and fortifying our infrastructure. This pragmatic approach ensures that the burden won't fall upon the shoulders of hardworking Kansas taxpayers.

Moreover, SB 355 strikes a delicate balance by incorporating reasonable measures like a work requirement. Such provisions incentivize workforce participation and ensure that administrative hurdles do not impede access to vital healthcare services.

In Russell, where our local hospital and healthcare facilities serve as the backbone of our rural community, Medicaid expansion is nothing short of imperative. By safeguarding these institutions, we preserve jobs and guarantee that residents in remote areas have access to the quality healthcare they deserve right on their doorstep.

The benefits of Medicaid expansion extend far beyond our community borders. By alleviating the financial strains on families, hospitals, healthcare providers, and businesses alike, we pave the way for lower healthcare costs. This ripple effect will undoubtedly enhance the well-being of all Kansans.



We recognize that Medicaid expansion enjoys overwhelming bipartisan support, with more than 75% of Kansans voicing their approval. This isn't about political posturing; it's about fulfilling the needs of our constituents and enhancing the lives of every individual in our state.

For Russell, the benefits of Medicaid expansion are clear and tangible. From job creation to economic stimulation and addressing critical healthcare worker shortages, the advantages are paramount for the prosperity and vitality of our community.

The time for action is now. The delay in Medicaid expansion has already hindered our progress and stifled economic growth. We implore you to seize this opportunity and enact swift, decisive measures to rectify the situation.

In closing, we urge you to stand on the right side of history and throw your unwavering support behind SB 355. Let us forge a brighter, healthier future for our community, our state, and all Kansans. Thank you for considering our testimony.

March 15, 2024

To begin with, despite a long career as a prosecutor in several offices and as a staff attorney for the Kansas Insurance Department, I am now semi-retired and working as a defense attorney with indigent clients.

I believe I have the professional experience, including a fair understanding of how insurance premium rates are determined, and practical experience with healthcare for people who cannot afford to pay for it to speak on this issue.

I support Medicaid expansion for several reasons.

First, the Affordable Care Act was built as a house of cards, dependent upon the individual mandate and Medicaid expansion to cover the cost of uninsured care that is now ultimately passed to rate-payers. The failure to expand Medicaid and the loss of the individual mandate does not mean those of us who have employer-provided coverage or individual coverage do not pay the cost; it merely means we pay it inequitably. My indigent clients still go to the emergency department, and those of us who pay, directly or indirectly, pay the cost through increased premium rates. The failure of the individual mandate means only that those who choose not to be insured, even when financially able to be, become a drain on those who are responsible enough to insure against the risk of health care costs.

Second, all insurance is about risk distribution. The larger the group, the less each person pays for the statistical risk of loss to any individual member of the group. By loosing the individual mandate and the failure of Kansas to expand Medicaid, the result is a minority pays the health care costs of all.

Finally, in rural and poor communities, essential hospitals are unable to survive without a public contribution to supplement the massive amount of charity care they provide.

We do not want to lose rural and small town hospitals, which is happening now because of the legislature's stubborn failure to expand Medicaid simply because the Republican majority gave the ACA the nickname "Obamacare" and they do not want to give credence to anything that came out of the Obama administration. That's irresponsible and detrimental to the people who elected its members.

Brenda Clary  
Law Office of Brenda J. Clary  
810 Pennsylvania, Suite 203  
Lawrence, KS 66044  
785 691 7879

CleanAirNow  
3730 Metropolitan Avenue  
Kansas City, KS 66106



To:

Members of the Joint Committee on Ways and Means and Public Health and Welfare (Kansas Senate)

Members of the Health and Human Services Committee (Kansas House)

**Subject: SB 355; HB 2556  
(Proponent)**

Esteemed members of the Kansas Legislation,

CleanAirNow is a community-led organization that creates systemic change in existing policies and practices to protect health, and dismantle environmental racism that perpetuates the unequal distribution of environmental hazards in fenceline communities.

As a community organization, we are strong proponents for the expansion of Medicaid in the state of Kansas. Our fenceline community is exposed to higher environmental hazards through their exposure to emissions from freight, rail, and industry. Studies have shown that the most affected areas can have a shorter life expectancy of up to 20 years. In addition to the increased risk, community members face the additional financial burden associated with healthcare costs, and would greatly benefit from the expansion of Medicaid and the subsequent lowering of health care costs.

[Climate change is the largest global health threat in the world.](#) The direct damage costs to health is estimated to be between [US\\$ 2–4 billion per year by 2030.](#) Kansas City is ranked as the

[second poorest in health outcomes in the state](#) (103 out of 104). In consideration of the compounding evidence of pollution, contamination, and climate change effects on communities of color and low-income, we need to be proactive in our efforts to improve access to care. Many community members fall in the health coverage gap where they make more than the poverty line but not enough to receive preventative care. According to a recent study comparing states with medicaid expansion to those without, [findings demonstrated increased health insurance coverage, lower rates of avoiding seeking medical care, and greater utilization of preventive care measures](#). When our community members have early access, they reduce costs from delayed or emergency treatment, they miss less school and work days, and contribute even greater to our collective economy.

The expansion of Medicaid will guarantee an increase in federal funding for the state's healthcare system, expanding job opportunities, and guaranteeing healthcare access for all of our communities, both rural and urban.

We strongly advocate for the implementation of this bill for the benefit of every resident of the state of Kansas, and for the improvement of overall public health.

Regards,

Atenas Mena, Executive Director

Rayan Makarem, Policy Advocate

[rayan@cleanairnowkc.org](mailto:rayan@cleanairnowkc.org)



TO: House and Senate Committees

FROM: Brian Lawrence, MHA  
President and CEO, Coffeyville Regional Medical Center

DATE: March 12, 2024

RE: Proponent HB 2556/SB 355

On behalf of Coffeyville Regional Medical Center, we appreciate the opportunity to provide testimony in support of House Bill 2556/Senate Bill 355.

Unlike many other industries, Kansas hospitals cannot refuse medical treatment to patients in emergency situations, regardless of their ability to pay or insurance status. Therefore, when a patient presents in our Emergency Department, we are required to treat them. This creates unique challenges for our hospital financially at a time when reimbursement rates from public and private payers remain stagnant and operational expenses have continued to increase.

Currently in Montgomery County, there are nearly 1,000 uninsured residents who would become eligible for Medicaid with expansion. This would provide access to care they need and reduce healthcare costs for everyone. Expanding Medicaid would protect our residents from medical debt caused by inappropriately utilizing our emergency room for non-emergent healthcare needs. It would also support a healthier workforce for those employees that aren't offered employer-based health insurance or can't afford it. This will also, in turn, help make our economy stronger by allowing our employers, small businesses, and workforce compete with our neighboring states, who have already expanded their Medicaid programs.

Coffeyville Regional Medical Center remains committed to serving our region every day. We are an economic driver for our local economy and join other hospitals as one of the largest industries in the state.

Expanding Medicaid to eligible residents in Montgomery County would create nearly 300 new jobs and insert over \$7 million in new annual healthcare spending in our county. Expanding Medicaid is good for Montgomery County.

This bill comes at a time when the healthcare industry in Kansas is providing almost \$1.2 billion in uncompensated care to our state. At our hospital we have provided over \$5.2 million in uncompensated/charity care in 2023.

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

March 15, 2024

Lisa Collette, Kansas Citizen

Testimony in support of KanCare expansion

Alliance for a Health Kansas hearing

Thank you for the opportunity to provide testimony in support of expanding KanCare. I am the mother of a child with a medically complex syndrome, CHARGE Syndrome. Due to her diagnosis at birth, we were afforded the opportunity of her being eligible for a waiver and applying for Medicaid. Because of this opportunity, we have been able to afford her medical expenses and therapies that are required for her to meet her milestones in growth and development. She does have two private insurances in front of her Medicaid, but private insurances don't always allow for their consumers to receive the care they need. For instance, some private insurance companies only allow for so many therapy sessions, which for some consumers, these sessions might determine if they'll ever learn how to walk or eat by mouth safely. Furthermore, in my daughter's case, she has a home healthcare nurse that comes to our house to provide care for her 50 hours a week. This allows for my husband and I to both work outside of the home, allow her to go to school safely, and allow for us to spend time with our older child and his interests. Having Medicaid allows for our daughter to have her nurse for the number of hours that she is needed, since in many cases, private insurances' idea of private duty nursing services is different than what a family with a medically complex child view it as. The payment for these services just isn't there. Since we were afforded the opportunity to apply for Medicaid for our daughter and be placed on a waiver, we have avoided being medically bankrupt, which for many people who don't have this opportunity experience. Expanding KanCare will help with preventing this and allow citizens of Kansas to be able to go to the doctor or hospital without the fear of how they're going to pay for it. Without having to make the decision of putting food on the table or putting a roof over their family's heads, and whether the pain they've been having in their chest is serious or not.

As a parent of a child who benefits from having Medicaid, I want to see that for the 150,000 hardworking Kansans who can't afford other coverage. Regardless of having a job, the maximum amount a family of three could make per year in 2024 for the parents to qualify is \$9,812. In my opinion, this amount is very restrictive and makes it impossible for a family to afford everyday living expenses let alone being able to afford insurance premiums from insurance that their job may or may not offer. Expanding Medicaid would allow these parents to get a better paying job or work more hours without the fear of losing health coverage. Expanding KanCare will create new jobs to our state in a field that needs it. The number of jobs that would potentially be created is about 23,000 in the first full year alone. The need for quality nurses, doctors and therapists is in great demand, and by expanding KanCare it will address these challenges to recruit and retain these professionals. Fulfilling these needs will also help keep the doors open and lights on in many of our hospitals and clinics in rural areas. As a citizen of Kansas, it's appalling to me that a community in western Kansas would need to travel to a hospital hours away or even out of state to receive the care they need. Having access to a healthcare provider due to having coverage improves the health and well-being of Kansas children and their parents. Access to quality healthcare should be something that all Kansans have no matter where they fall on the tax bracket. For these

reasons and more, as a Kansas citizen that pays their taxes, supports expanding KanCare. This policy is an investment in Kansas children and the adults who care for them. This is something that future generations to come will benefit from as well. Now is the time, as Kansas lawmakers to support expansion, and pass it. There are many federal incentives currently on the table and the entire state will benefit from this policy implementation.

Thank you again for the opportunity to voice my support for KanCare Expansion. It's time to join the 40 other states who have done what many Kansans want, KanCare Expansion.





**To:** Senate Public Health and Welfare Committee

**From:** Rachelle Colombo  
Executive Director

**Date:** March 20, 2024

**Subject:** SB 355; concerning expanding Medicaid

The Kansas Medical Society appreciates the opportunity to submit the following comments on SB 355, which directs KDHE to develop and submit a Medicaid waiver application that would expand coverage to certain individuals with an income that is equal to or less than 138% of the federal poverty level. KMS supports SB 355.

For more than twenty years, the Kansas Medical Society has supported a public policy that all Kansans should have health insurance. To the extent that private health insurance is either unaffordable or unavailable due to health or employment status, public programs such as Medicaid should provide such coverage. The benefits of good health insurance are indisputable. Better primary and preventive care, screening for cancers, high blood pressure and other chronic illnesses, as well as early identification and treatment of diseases, will improve health outcomes, reduce disability and suffering, avoid communicable diseases, increase productivity and save dollars.

We do not dismiss the sincere concerns of those who are reluctant to expand the state's program for fear that the federal government will change the rules of engagement at some point in the future in a way that creates adverse financial consequences for the state's program. It is critical that programs for at-risk populations are sustainably funded to encourage provider participation and ensure that the cost of coverage isn't shifted to those providing the care. However, SB 355 appears to address this legitimate concern by dissolving expanded benefits if the federal match falls below 90% of the total cost.

Most importantly, SB 355 has the potential to cover uninsured, childless adults, many of whom are employed, or seeking employment. Today, Kansas has some of the most restrictive income qualification guidelines in the country for non-pregnant, non-disabled adults under the age of 65, even with children in the home. This population can't afford health insurance, and must either rely on care provided charitably by hospitals and physicians, or obtain care from the safety net system of clinics throughout the state. While safety net clinics are an important asset for the state, they are not a substitute for comprehensive health insurance.

We believe SB 355 to be a responsible approach to extending coverage to a large group of low-income, uninsured individuals. We respectfully request your support of the bill. Thank you.



**Senate Public Health and Welfare Committee  
Proponent Written Testimony – SB 355  
Nicole Milo, System Director Government & Community Affairs  
Mountain Region CommonSpirit Health**

Chairman Hilderbrand and Members of the Committee:

On behalf of the Mountain Region of CommonSpirit Health, we own and operate 20 hospitals in Colorado, Kansas and Utah as well as multiple health clinics, physician practices, urgency centers and Flight for Life. We employ over 21,000 employees and we are very committed to rural health care, which is evident through our longstanding presence in western Kansas.

Patient care is at the forefront of what we do and as a not-for-profit health care system, we take pride in the fact that we treat all patients-regardless of their ability to pay. We believe that a strong health care system is incumbent upon ensuring the community has access to affordable, high-quality health care. This access should be available to all individuals, regardless of their income level.

Anchoring ourselves in underserved communities is one way we live out our mission. While we are committed to rural Kansas, we would be remiss if we did not acknowledge the mounting financial challenges that we are experiencing. The increased inflationary pressures that all hospitals are confronted with coupled with, the fact that public payers traditionally reimburse below the cost of care, and the unprecedented amount of uncompensated care that we are absorbing is translating into a **financial trajectory that is not sustainable**.

With the mounting number of current Medicaid beneficiaries losing coverage due to the expiration of the federal Public Health Emergency (PHE), we are seeing a surge in uninsured patients which is contributing to a significant rise in our uncompensated care numbers. Currently, **25% of our payer mix is Medicaid and Self-Pay** and over the last year, we had **15,500 Medicaid encounters** and we estimate that **4,500 of those encounters will flip to self-pay** with the lapse of the PHE. We continue to see that when individuals lack health care coverage, they tend to delay care and, when they do seek care, they are more acute and have extended recoveries which translates to increases in health care costs for all. By expanding Medicaid, we can collectively reduce the number of uninsured individuals which will

improve health outcomes and strengthen and transform our health care system in the state. For us specifically, expanding Medicaid will **positively impact** our three hospitals by **\$4.4M annually**, which is a lifeline for us.

We encourage the Kansas Legislature to consider the impact expanding Medicaid will have not only the residents of Kansas who need it most, but how it will boost the long-term viability of our rural hospitals in the state.

We are happy to answer any questions the committee may have and thank you in advance for your consideration to SB355.

To whom it may concern,

I am a Program Director at the Community Health Council of Wyandotte County. My program, the Kansas Assistance Network, assists 600 individuals annually with health insurance applications such as Medicaid, Medicare, and Marketplace. I would like to express my support for Medicaid Expansion. Expansion would allow thousands of chronically ill Kansans to access care and get back to work while decreasing the amount of uncompensated care experienced by hospitals. It could also decrease Kansas's fetal and infant mortality rate.

In my direct experience helping families apply for Medicaid benefits, the majority of uninsured adults have medical or mental health circumstances that limit their ability to work or attend school. Kansans who can work, do work. Medicaid Expansion would overwhelmingly support those who are too sick to work but are not sick enough to obtain disability status or are in the long process of obtaining disability benefits. One man I recently assisted with an application has multiple skeletal issues that restrict his ability to stand or lift objects over 10lbs, he can't drive, and suffers from dyslexia which keeps him from getting any employment that requires extensive reading or writing. If Medicaid Expansion is passed, my client would be able to get the healthcare he needs and go back to work. His family supports him because of his illness but he dreams of a day when he can get the treatment he needs, make his own money, and buy a home. This person is just one of many whom I've helped that would be positively impacted by KanCare expansion.

Disability benefits can be extremely difficult to obtain. The previously mentioned client has been denied 3 times in ten years, which is typical. The process is complex and can take years. I directly work with people without health insurance who cannot access the specialty care needed to support a disability claim. They end up using the emergency department for care and can't pay their bills, passing along higher healthcare costs to Kansans. Additionally, people without access to care and specialty care become more ill over time until they ultimately qualify for disability payments and Medicaid. Their illnesses come more advanced and expensive to treat. Providing Medicaid to people before they become fully disabled would mean the difference between Kansas paying for physical therapy, office appointments, and medications upfront instead of long-term care, emergency procedures, and expensive medical equipment.

Reducing the fetal and infant mortality rate is not only a focus for our organization, it is also a major public health priority. Despite our best efforts, the fetal infant mortality rate in Kansas continues to be higher than the national average according to the Kansas Department of Health and Environment. Expansion has been associated with improvements in preconception health and utilization of preventive care and supporting healthy development of parents and children together. It is known that mothers with cardiac issues or diabetes are more likely to experience pregnancy losses and/or complications. A study published by Dr. John L Kitzmiller, estimates a decrease in stillborn babies of about 90% among moms with diabetes with access to quality diabetic care prior to conception. Furthermore, a study published by Dr. McElvy suggests an 80% decrease in congenital deformities among diabetic mothers with treatment before pregnancy. For these reasons, providing Medicaid to women of childbearing age before they become pregnant would save countless lives of babies and reduce chronic medical conditions.

Please consider these remarks, when considering Medicaid Expansion. Our organization wants what's best for Kansas and works tirelessly to improve the lives of Kansas families whose communities are under-resourced and who often face the greatest barriers to accessing vital health services. I believe Expansion would improve the lives of thousands of Kansans and save the lives of many more. Thank you for your time.

Sincerely,  
*Molly Gotobed*

Molly Gotobed

[mgotobed@wycohealth.com](mailto:mgotobed@wycohealth.com) | 913-371-9298 x102

Program Director, Kansas Assistance Network

Community Health Council of Wyandotte County

## LETTERHEAD

To: House and Senate Committees  
From: Todd Willert, CEO  
Community HealthCare System  
Date: March 14, 2024  
Re: Proponent HB 2556/SB 355

On behalf of Community HealthCare System, I appreciate the opportunity to provide testimony in support of House Bill 2556/Senate Bill 355.

I urge members of the legislature to adopt Medicaid expansion and join the other **forty** States in our Union who have done so. Expansion supports our hospitals; supports our communities; and most importantly, supports the citizens of Kansas who cannot afford health care. Moreover, expansion will bring in millions of Federal dollars that *should be* going to Kansas, but are going to other states, including Missouri, Nebraska, Colorado and Oklahoma. At the same time a majority of Kansans have consistently supported expansion. A recent poll by the Sunflower Foundation showed that 68% of Kansans support expansion as well as 83% of small business owners! Another study by the Alliance for a Healthy Kansas estimated the direct benefit to Pottawatomie County to be 444 residents newly eligible for Medicaid; 135 new jobs created and \$3,996,000 in new annual health care spending in the County!

The last couple of years have been particularly hard on rural hospitals, and Community HealthCare System (CHCS) is no different. We still have not seen utilization levels reach the pre-pandemic levels in many services. Our supply costs have continued to increase while our labor costs have risen dramatically due to the shortage of nurses, technicians, and even entry-level personnel. Revenue through the 340B has decreased more than 50% (\$1.4M) due to actions by our nation's pharmaceutical companies. At the same time, we continue to see an increase in the number of people seeking primary care in our emergency rooms as well as a steady increase in bad debt and uncompensated care, which has risen almost 20% to \$1.3M this year. And I should add that CHCS has not increased its charges (prices) in over 4 years! Because of the way we're paid, raising prices is meaningless.

Will Medicaid expansion solve all of our financial challenges? Certainly not, but it will help in many areas. A recent study through the Kansas Hospital Association estimated the additional revenue to CHCS through expansion at \$400,000 annually, which is *after* the proposed hospital surcharge. However, most importantly, expansion will provide the opportunity for almost

150,000 hardworking Kansans to obtain health insurance when it might not otherwise be available or affordable.

Community HealthCare System (CHCS) provides care to over 20,000 people in NE Kansas. We serve a largely rural population of farmers and ranchers through our hospital, seven rural family practice clinics, and three long-term care facilities. CHCS is the third largest employer in Pottawatomie County with 450 associates.

Thank you for providing the opportunity for meaningful debate in both the House and Senate. As well, I appreciate your consideration of my comments. Please support HB 2556/SB 355.

Dominika Cornejo  
Wichita KS, 67230

Dear Kansas legislators,

My name is Dominika Cornejo, and I'm a medical assistant, student, and Wichita resident. I'm a young professional who grew up in Kansas and returned to work here after attending college out of state. I am also someone who would greatly benefit from the expansion of Medicaid.

On March 17th of this year, I turned 26, and will therefore age out of my parent's insurance coverage at the end of month. I'm unable to receive employer-sponsored health insurance through my work because I am not a full-time employee, since I am also taking classes at Wichita State University.

Because of this, I am going to have to pay the full cost of the monthly health insurance premium, which will cost me \$300-plus per month out of pocket.

As a part-time student, part-time employee last year, I was only able to make about \$20,000. This puts me in the range of someone who would be eligible for Medicaid under expansion.<sup>1</sup> If Medicaid were expanded, and I was to benefit from that, I would be able to spend my income on a broad variety of other needs instead of insurance. For example, I want to attend school to become a Physician Assistant. The money I have to spend on health insurance would be much better spent on my education.

I love Kansas, and I want to invest my time and energy in a life here. But it's hard to include this state in my future plans when it's unwilling to accept federal dollars that could greatly improve my quality of life.

Thank you for your time, and please reach out to me with any questions.

Best,  
Dominika Cornejo  
dominikacornejo@gmail.com

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<https://www.kmuw.org/news/2024-02-28/medicaid-expansion-opposition-kansas-republican-leadership-dan-hawkins#:~:text=Expanding%20Medicaid%20would%20open%20eligibility.income%20residents%20gaining%20health%20coverage>.

From: Charley Crabtree  
[charleytree04@gmail.com](mailto:charleytree04@gmail.com) / 1-785-312-2468 / March 18, 2024

To: The Alliance for a Healthy Kansas Medicaid Expansion

To: Kansas Policymakers

Thank you for allowing me the opportunity to provide testimony in support of KanCare expansion. My name is Charley Crabtree. I am a member of the Board of Directors for the League of Women Voters of Lawrence and Douglas County. I spend many hours helping educate Kansans about public policies that help make lives better and gives them a voice in public policymaking at all levels of government.

A critically important policy is Governor Kelly's new bipartisan Medicaid Eligibility Expansion that will – according to the Docking Institute of Public Affairs at Fort Hays State University - give access for 150,000 eligible Kansans to affordable and necessary healthcare and community health services. Many rural hospitals are closing and that does not need to happen. At least 70% of Kansans strongly support expanding Medicaid so that rural healthcare providers can treat the most vulnerable Kansans.

I am 82, physically disabled and I can personally attest to the value of available healthcare for as many Kansas citizens as possible. Fortunately, I can afford excellent healthcare insurance that covers special equipment, in-home licensed nursing care, related therapy as needed, and costly medications. I can attest this type of care is expensive. By investing in our communities through expanded Medicaid Eligibility 150,000 Kansas residents living on low wages or fixed incomes will benefit from an improved quality of life. More struggling clinics, hospitals and healthcare providers trying to serve uninsured patients will thankfully not need to close.

It is vital we support Governor Kelly's Medicaid Eligibility Expansion bill through KanCare. This good old-fashioned common-sense solution will maximize return on investment. It should be a top priority and will have a significant positive impact. We are losing more than \$680 million in Federal money every year. Since the Affordable Care Act went into effect in 2010 Kansans have contributed nearly \$7 billion in federal tax dollars for Medicaid that other states have used. It makes cost-effective and practical sense to turn this around. As one of only ten states that have not adopted Medicaid expansion, we must not leave Federal Medicaid money on the table at the expense of our underserved Kansas communities in need. Expanding access to affordable and comprehensive healthcare provides Kansas families with healthier and happier lives with dignity.

This is your opportunity to show support for all citizens in need, especially those who are struggling. Other states know expanded Medicaid will lead to a healthier workforce, stronger communities, and stable families. It will:

- preserve and strengthen rural healthcare.
- adequately fund rural hospitals and clinics.
- provide benefits that will ensure Kansas continues to be a great place to live, work, and raise a family.

I respectfully urge your support for KanCare Medicaid Eligibility expansion. I applaud your efforts to find a solution to this vitally important policy issue. Please do the right thing.

Respectively, Charley Crabtree

[495 words]



March 15, 2024

This is a human right to have health care. It's a no brainer. I'm a life long tax paying Kansas resident. Get it done!!!!

Kelly Crahan

March 15, 2024

As a physician, who has spent my career in Kansas, I absolutely endorse the need for Medicaid expansion. Our communities, our neighbors, and my patients would all greatly benefit. We are only one of 10 states that has not expanded Medicaid. We need to do everything we can to support healthcare for all.

A survey by the Kansas Sunflower Foundation shows that 68% of Kansas voters including 51% of Republicans and 83% of small business owners support Medicaid expansion. We need to get this done.

Valerie Creswell MD FACP FDSA FSHEA.

736 Shawnee Avenue  
Kansas City, Kansas 66105



Phone: 913-281-3388  
Fax: 913-300-9428  
[www.cross-lines.org](http://www.cross-lines.org)

March 13<sup>th</sup>, 2024

Position: Support

To: Senate Ways and Means and Public Health and Welfare Committees &  
House Health and Human Services Committee  
Re: Medicaid Expansion

My name is Rob Santel, Director of Programs at Cross-Lines Community Outreach in Wyandotte County. We are a non-profit organization that serves as a safety net for our community providing crucial services in the areas of hunger relief and housing stabilization. We are grateful for the opportunity to provide testimony in support of Medicaid Expansion in Kansas since we work daily with Kansans in the coverage gap.

We serve persons with severe mental illness and know firsthand that the behavioral health crisis is complex. We partner closely with our community mental health center, Wyandot Behavioral Health Network; yet still, there are many low-income persons with behavioral health needs that we serve that lack the care they would have if Medicaid were expanded. Reducing the coverage gap for this population can **enhance quality of life** and **prevent costly interventions** like psychiatric hospitalizations and criminal justice involvement.

**The single most impactful thing the Kansas Legislature could do to end homelessness is Expand Medicaid.** Medicaid Expansion can increase access to additional housing support services and help participants secure employment and income. These housing-related services will **improve health outcomes** and **decrease costs of care** for this population.

We serve many persons with a substance use disorder. For those without insurance, navigating treatment options is nearly impossible. We have seen the ripple effects of inaccessible substance use disorder treatment: placement of children into foster care, job loss, and preventable deaths. Medicaid Expansion would dramatically decrease the treatment gap for low-income Kansans with a substance use disorder. **Recovery is possible. Medicaid Expansion would make Recovery accessible.**

Cross-Lines is committed to a healthier community and a healthier Kansas.

Respectfully Submitted,

Rob Santel, LMSW  
[rob@cross-lines.org](mailto:rob@cross-lines.org)



Legislation Testimony  
Rhonda Culp, Director of Care Coordination  
Thrive Allen County  
Public Hearing on KanCare Expansion  
March 13, 2024

Reference: Written Testimony from Thrive Allen County Supporting Medicaid Expansion

Thrive Allen County has provided care coordination services for our community for the last 16 years. Much of our work involves assisting clients of all ages to utilize the KanCare program. While this program serves as a lifeline to some Kansans in our community and for those unable to access healthcare from their employers or the federal marketplace, there are still nearly 264,000 Kansans without insurance.

In 2021, Kansas's uninsured rate was more than a quarter of a million people uninsured in our state. This data shows that 38,490 were children and 227,624 were adults. This brings us to more than our federal national average of insured people. We are still facing many disparities in access to healthcare for those low-income families who don't make enough money to qualify for the tax credits within the federal marketplace and make too much to qualify for KanCare with its current income limits.

Expanding KanCare this year should be among the top priorities for legislation that serves the members of the communities they represent. Year after year, we leave thousands without insurance and no options to obtain it. We know that expansion is critical to our communities' ability to have access to services, as they need to stay healthy and thrive. We know that expansion will benefit our workforce, and employers will have healthier workers who will, in return, contribute to our economy. It will give those employees a sense of belonging by allowing them to contribute to the communities in which they reside. We know if we don't expand KanCare, it will continue to cost Kansas financially and cost Kansas the lives of the people of our state.

Thrive Allen County and the communities we serve fully support the expansion of KanCare here in Kansas. Expanding KanCare is a cost-effective way to increase access to care for our state by closing the coverage gap, reducing uncompensated care, and being the reason why Kansas will not lose any more hospitals due to the hesitation of not expanding. This will also bring desperately needed federal dollars into our Kansas economy, strengthening our healthcare system and economy.

Sincerely,

Rhonda Culp

Director of Care Coordination

March 17, 2024

This is Dennis Daugherty, Fort Scott, Kansas and I would like to see Medicaid expansion.

This is Marianna Daugherty, Fort Scott, Ks and I would like for the Medicare expansion to go through.

Goodwill is the greatest force in the universe!

March 20, 2024

Honorable Members of the Committee:

As the director of MED-ACT, one of the largest ambulance services in Kansas, and the EMS organization that is charged with serving all of Johnson County's residents every day, we continue to see more and more Kansans slipping through the cracks, not able to have their healthcare needs met, and therefore using the 9-1-1 and emergency services system as their default medical care provider. Not all these patients are currently eligible for KanCare, the Kansas Medicaid program. Approximately 5.5% of our residents are uninsured which translates to about 12% of our EMS and ambulance service patients being uninsured and unable to pay for the services we provide. This puts a burden on taxpayers and other fiscal resources because of irrecoverable costs; most recently the annual cost was \$2M.

We believe expanding access to KanCare will allow more residents the ability to enroll these services, receive crucial coverage and allow them to focus more proactively on their healthcare through primary care provider relationships, thereby decreasing the number of patients who rely on the already stretched-thin 9-1-1 and emergency services systems for their primary health care.

Respectfully, I urge your support to expand KanCare and help us better serve our community more efficiently by rightly allocating our limited emergency services resources and promoting healthier families for a more prosperous Kansas.

J. Paul Davis  
Director

Trent W. Davis, M.D.  
2145 Hillside Drive  
Salina, KS 67401  
(785) 493-1038  
[Twdavis22@gmail.com](mailto:Twdavis22@gmail.com)

Re: Kansas Medicaid Expansion  
Position: Pro (In favor of)

The overly restrictive access to Kansas Medicaid impacts my daily activities as a physician, Salina City Commissioner (and former Mayor), and as the proverbial “tax paying citizen.”

Physicians have a moral and legal obligation to provide health care to those in need. This often occurs in the absence of payment for services rendered. On a larger scale, the delivery of unreimbursed care leads to a negative bottom line and doors closing. The legislature is aware of reports of rural medical facilities closing because of lack of Medicaid coverage. What perhaps is lost in the economic reports is that these patients are quite often not the deadbeat scourge of society that media often portrays as the typical Medicaid recipient. These are people with families, working two to three jobs with no benefits and not enough income to pay premiums for their own healthcare policy. Their employers don't have the resources to provide health care insurance as an employee benefit. They go to work sick because they don't get paid (or keep their job) with too many sick days. Their kids go to school sick, or miss school with academic penalties, due to lack of medical attention. The physician is unable to complete the investigation because of lack of ability to pay for testing, and the patient is unable to heal quickly because of lack of medication and other therapies. Thus physicians, unable to turn them away are on the short end of an “unfunded mandate.”

Salina is a city currently riding the crest of economic expansion. A limiting negative influence on attracting new employees is the lack of qualified childcare providers because of low wages and/or no benefits. Productive employees are staying home to care for their children because of a deficiency in available childcare slots. There is an untapped cadre of professionals unable to work because of insufficient numbers of childcare providers.

Expansion of Medicaid to those otherwise qualified childcare providers would be a dramatic and courageous economic development tool. As a City Commissioner I have satisfaction in encouraging new businesses and expansion of existing ones, but also the worry that new candidates for these jobs will shun the Salina offer because of lack of childcare. Medical coverage is the most important employee benefit, worth several dollars of equivalent hourly wage, making the job more easily filled and retained. Medicaid expansion can serve as a critical part of our economic expansion.

As a Federal Tax paying citizen I am sending dollars to Washington, D.C. to have them distributed to the states surrounding Kansas to fund their expanded Medicaid coverages. In fact, therefore, Kansas is supporting expanded Medicaid coverage, ironically just not within it's own borders. Kansas dollars should travel back to Kansas where the several times fold return on investment will fuel additional *Kansas* economic output. In short, if Kansas is going to support equitable and expanded Medicaid, at the very least it should our own.

Trent Davis, M.D.

March 15, 2024

All Kansans deserve healthcare, including the disabled, the poor, and the working poor.

As physician who provided healthcare to the elderly and disabled I have been able to see the problems people have when they don't have access to healthcare. These people suffer more from physical problems that could have been delayed or prevented if they would have had healthcare available to them. Their quality of life is not as good, they don't live as long, and they suffer more.

Please expand Medicaid.

Jon Dedon M.D.



March 14, 2024

Simply put, I am 64 and do not have health insurance because I do not have any children and I am not "old" enough for Medicare. I have retired early for reasons I do not wish to share. I take medication for 3 disorders and 3 diseases. I do not qualify for disability as to look at me you cannot see that there is anything wrong. No wheelchair, no oxygen, etc. I know my limits and if I choose to remain healthy in both mind and body, I cannot work. Luckily I don't pay very much for medication through Blink Health. I take 7 prescriptions and pay less than \$200 a month. However, retiring early means I do not benefit as if I retired at 75. So \$200 is a large chunk out of my meager SSI monthly check. As of right now, I am behind in my routine colonoscopy and was referred to a rheumatologist but cannot afford it.

Please hear us as we are no less human than anyone else who "qualifies" for or can afford health insurance.

Denise Delgado Torres

March 15, 2024

Dear Chairman and Committee Members:

I write to urge you to support Medicaid Expansion in Kansas.

The additional revenue it would bring - at no cost to Kansas - is vitally important to the continued existence of many rural community hospitals and, by extension, the economic health of Kansas:

- Kansas has the second largest number of rural hospitals in the country, with 79% of its rural hospitals operating in the red ([Chartis Center for Rural Health](#)).
- Rural hospitals are important economic drivers that add \$2 for every \$1 spent in terms of direct and indirect Kansas impacts, and each hospital job supports two additional jobs in the surrounding community ([American Hospital Association](#)).
- This effect is particularly important to those 78 Kansas counties that have lost population, according to the most recent U.S. Census figures. In those counties, the loss of their community hospitals would eliminate hard-to-replace good-quality, well-paying jobs that can attract and retain residents.

As a Kansan with friends and relatives served by community hospitals in Allen, Anderson and Lane counties, I greatly appreciate the economic - and health - benefits of strong rural hospitals. Please show your appreciation as well and support Medicaid Expansion.

Michael DeMent  
Leawood, Kansas

**Testimony by Tim DeWeese, Director of Johnson County Mental Health Center,  
to the Senate Public Health and Welfare Committee and Senate Ways and Means  
Committee in support of Medicaid Expansion**

*Informational hearing on Medicaid Expansion*

**March 20, 2024**

Chair Gossage, Chair Billinger and members of the joint committee, my name is Tim DeWeese, and I serve as the director of Johnson County Mental Health Center. I appreciate the opportunity to provide testimony today in **support** of expanding Medicaid in Kansas.

Johnson County Mental Health Center began operating in 1962 by providing outpatient services with four employees in one location. Today, we have over 400 employees in five locations throughout Johnson County providing community-based mental health and substance use treatment services to 12,000 residents annually. We are a department of Johnson County Government, licensed by the State of Kansas as a Community Mental Health Center, accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International and certified as a Certified Community Behavioral Health Clinic (CCBHC) by the Kansas Department for Aging and Disability Services (KDADS).

I am providing this testimony today to express Johnson County Mental Health Center's strong support for Medicaid expansion. Expanding Medicaid would remove barriers to treatment, make behavioral health services more accessible and save taxpayer dollars at the state and local levels. 40 other states have expanded Medicaid, including all our neighbors. Kansas has been left behind. It is time to act.

Facing rising costs for housing, food and other essentials, too many in Johnson County and Kansas do not seek treatment for mental illnesses or substance use disorders because of a lack of access to affordable, sustainable care. The consequences of that lack of behavioral health care are significant and include increased incarceration, substance use, hospitalization and suicide rate, as well as struggles with family, school and employment.

If Medicaid is expanded in Kansas, 150,000 Kansans would become eligible for affordable health care, including nearly 8,000 of our neighbors in Johnson County. Nearly one-third of those uninsured individuals who would become eligible have experienced a mental illness or substance use disorder in the past year. We know Medicaid expansion will positively impact accessibility and affordability of care, but just as important is its impact on utilization of care. We would empower more of our most vulnerable neighbors to reach out for help before they experience a crisis or emergency.

Expanding Medicaid would also positively impact Johnson County and Kansas taxpayers. Currently, they are seeing their federal taxes pay for Medicaid in 40 other states, while their property taxes are funding the same services at home. Johnson County Mental Health Center

provides over \$7.2 million dollars of charitable care annually, a significant portion of which — \$3.5 million — would be covered by federal funds if Medicaid were expanded in Kansas. Without Medicaid expansion, Johnson County property tax dollars cover the difference.

Not bringing those federal tax dollars back to Kansas also hinders the state's ability to achieve the full potential of the Certified Community Behavioral Health Clinic (CCBHC) model. The goals of that model are to expand access to comprehensive, community-based behavioral health services that emphasize a whole-person, whole-health approach to care through connections to physical health care, social services and other supports. A 2023 study from the Kansas Health Institute estimates that community mental health centers in Kansas would receive an additional \$17.9 million in annual Medicaid revenues through Medicaid expansion, which includes an additional \$6.6 million because Kansas has implemented the CCBHC model.

Because of its importance to the overall mental, physical and financial health of Johnson County and Kansas, we support Medicaid expansion and ask the members of the committee to support its passage.

Again, thank you for the opportunity to provide testimony.

# CURTIS W. AND SPARLA J. DICK

613 Quail Nest Road  
Winfield, KS 67156

(620) 222-4196 (cell) Curtis  
(620) 222-1265 (cell) Sparla

Email Curtis: [cdick3@cox.net](mailto:cdick3@cox.net)

Email Sparla: [sparlad@hotmail.com](mailto:sparlad@hotmail.com)

February 23, 2024

Subject: Kansas Medicaid Expansion HB 2556 and SB 355

We are pleased that the subject that affects many Kansans will finally receive consideration via hearings. We know of many in our community that are currently working but fall within the coverage gap and low enrollment wage guidelines. While we are not in the healthcare profession, we have personally visited with Brian Barta, the CEO of William Newton Memorial Hospital, and several of the Trustees. Without exception, they have all stated that Medicaid expansion would benefit our local hospital and other rural hospitals. We offer the following as well:

1. The Kansas health Institute, a nonpartisan research organization, unveiled its analysis of Governor Kelly's proposal to expand Medicaid and predicted 152,000 Kansans would enroll in the first year with NO additional cost to the state government. The \$509M federal incentive would help offset state cost for the first eight years. Governor Kelly's plan is a common-sense, middle-of-the road approach to provide health insurance to working Kansans.
2. As many as 80% of Kansans, regardless of party, and 83% of small business owners support Medicaid expansion and Kansas is only one of ten states in the USA that have not expanded Medicaid. Various surveys have varied percentages in favor, but, in each one, those who favor expansion is overwhelming.
3. Medicaid expansion would create an estimated 23,000 jobs and help end our health care worker shortage.
4. We have read written testimony that has been submitted from Kansas groups that have much more knowledge than we do, all in favor of Medicaid expansion. Among those are from Alliance for a Healthy Kansas, 3 Rivers Inc., AARP, Ascension Via Christi, Community Care Network of Kansas, Kansas Action for Children, Kansas Advocates for Better Care, Kansas City Medical Society Foundation, Kansas EMS Association, Kansas Alliance on Mental Illness, United Methodist Health Ministry Fund, and more.

We sincerely hope that the Kansas legislature will finally respond to their constituents and healthcare experts and give Medicaid expansion the attention it deserves. This should not be a partisan issue.

Sincerely yours,

Curtis and Sparla Dick

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Legislative Testimony

Chandra EA Dickson

1568 N. Charles

Wichita, KS 67203

Dickson.chandra@gmail.com

316-751-8740

Monday January 29. 2024

Dear Kansas Policy Makers,

My name is Chadra EA Dickson. I am an educator and writer from Wichita. Thank you for the opportunity to provide testimony in support of Medicaid Expansion.

In late 2015, my mother, Jo Anne Dickson, seemed to be having a harder time breathing than usual, and at first this was not alarming, she struggled with asthma since childhood and battled many bouts of pneumonia. What made my mother's life challenging was she did not have access to health insurance through her employer and she also did not earn enough to qualify to buy insurance through the Affordable Care Act. She was one of the 150,000 Kansans who do not qualify for Medicaid and make too little money to buy private insurance from the ACA.

In early 2016, my mother made an appointment to see a doctor at a local low-income clinic. After looking at her x-rays, her doctor was concerned and ordered a CT scan, but since my mother did not have health insurance, she was placed on a waiting list for a reduced cost CT scan. It took two months for her to move up that list and during that time, I watched my strong working-class independent mother become sicker and sicker. She lost 30 pounds and her

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breathing worsened. Once she finally had the CT scan, she waited 3 more weeks for the results and during that time she stopped driving and I had to start helping her with basic things.

One night, she couldn't breathe so I rushed her to the ER. Her oxygen levels were so low that she was immediately put on oxygen. It was there that I begged a young intern to look at her CT scan, after she did, she called in an oncologist. We were later told that my mother had non-Hodgkins's lymphoma Mantle Type B. A very rare, very aggressive form of cancer, but also one with a high survival rate. According to the MD Anderson Center, "Non-Hodgkin lymphoma is the seventh most common cancer in men and women in the nation. According to the National Cancer Institute, "...more than 77,000 new cases of non-Hodgkin lymphoma are diagnosed each year in the United States. With early diagnosis and advanced treatment methods, non-Hodgkin lymphoma has a high survival rate. If the cancer is confined to a single region, it has about an 83% survival rate. Even the most advanced stage of non-Hodgkin lymphoma has a survival rate greater than 60%."

A few days after my mother was released from the hospital, she saw her oncologist who wanted my mother to start treatment immediately, but when he found out she didn't have health insurance, he told us we could pay \$500 a week to start her treatment while she waited for her disability to be approved, but that was out of the question, my family could not afford \$2000 a month. We began the long process of applying for financial assistance from the drug companies hoping they were give her the

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help she needed, and during that time we just waited and watched her lose more weight and become so weak that she no longer could take her little dog on his nightly walks around the block. She couldn't work anymore.

8 weeks after her diagnosis, because a kind friend loaned me \$500, my mother was able to start her first chemotherapy treatment. While receiving her first round of chemotherapy, her kidneys started to fail. She was rushed to the hospital and admitted to the ICU. She died 8 days later. From cancer, that is considered very treatable and has a high survival rate. A cancer that would have been diagnosis and treated earlier if she could have accessed affordable healthcare. She had so much hope when the ACA passed that Kansas would expand Medicaid. She was a very proud woman who worked her entire life and raised me on her own with no public assistance. But she also understood the importance of having access to health insurance and was disappointed when the leaders of our state did not expand Medicaid when the ACA was passed.

After she died, I received the last hospital bills for the 8 days she was in care, the final costs--\$750,000. A year after she died, a lawyer for the hospital called me and to tell he would be applying for disability posthumously to cover the unpaid medical debt, that she would be approved since she had passed away and that the state would then be responsible for the debt. The state that didn't expand Medicaid would now also be the state paying for my mother's medical treatments.

I often wonder how different mine and my daughter's life could be today if Medicaid had been expanded and my mother received routine healthcare that would



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have diagnosed her cancer sooner. On April 24, 2016, my mother, Jo Anne, passed away from a cancer that is considered curable. She was 62.

Today, I write this so you not only know my mother's story, but also for my neighbor Valerie who has a chronic heart condition and can't afford her medication so she skips days, and my student, Amanda, who at 29 is thousands of dollars in medical debt from a broken leg, and the other 150,000 Kansas who are unable to afford their medications, who skip basic care that could save their lives, who are one medical emergency away from finding themselves in massive amounts of medical debt. According to a study done by KMHS in 2018, 44% of low-income adults in Kansas were carrying medical debt. All these problems could easily be solved by expanding Medicaid in Kansas. It's sadly too late for my family, but it is not too late to do the right thing for the other Kansas families so we can all live healthy, happy productive lives.

Thank you,

Chandra EA Dickson

March 17, 2024

I'd like to share how expanded Medicaid transformed my life. I was able to receive a necessary but minor surgery. I've had access to mental health resources. I've had access to affordable prescriptions, most recently one that helped me detox from heavy alcohol use and introduced me to sobriety. From COVID to everyday health needs, expanded Medicaid is the way. I received my care in MO. The impact to community is unmeasurable. Vote to expand access. Vote for the people.

Markus Dixon

March 15, 2024

Dear Governor Kelley, I am writing in regards to my wife who lost her Medicaid. She was diagnosed with MS in the late stages of the disease. She had medicaid up until last year and we were hit with a spend down of over \$17,000 dollars before she could get help. We are both disabled and I only draw around \$29,000 a year. I am on Medicare and Medicaid but she could not get on Medicare till she is 65. She is 62. So they gave her spousal benefits of \$650 a month which will not cover any insurance. She has trimmers daily. Is unable to walk, only stand up and walk maybe 3 steps. She has to use a catheter daily, which she has to insert with curled hands. Which is almost impossible now. She had to cancel home care because we can't afford it. She has had to cancel appointments at neurologists that have taken over 6 months for appointments because they want paid. She has to pay for meds and there are a lot. Catheters appointments and so on. We paid off the spend down in December, and had one month of insurance and it was cancelled and now have another spend down of \$17,000. The Republicans have to get on board with you. They are killing people in Kansas. I bet they wouldn't do this to their family's. It's horrible what she goes thru daily. Slowly watching someone lose all hope in life and our state. All because a few politicians who are Trumpsters want to put the money to make the rich, richer. I invite them to come see how the other half lives because of their greed. Come see us and look my wife in the eyes and tell her that she doesn't deserve to have insurance. Especially our Attorney General. He seems to be one of the main voices against it. He is out of touch with real people. Governor Kelley we voted for you and are proud of the job you are doing. We also realize this would have been done long time ago had certain people were not so greedy and on a power kick. Thank you.

Frank Dobrinski

KanCare Expansion  
Proponent Testimony  
Marcillene Dover  
March 12, 2024

When the Affordable Care Act passed in 2012, I was graduating high school and starting my first year of college at Wichita State University. I had grown up poor, living a homeless shelter my first year at Wichita North High School, but my mom had gotten back up from being a divorced housewife with no job experience to having her first job in 15 years, and she was able to move us into an apartment and eventually a rental house.

For all of that time, my sisters and I were covered by KanCare, Kansas' Medicaid program. My mom did not qualify. I had aged out of the program in the spring of my senior year in high school when I turned 18. I didn't worry about it; I was healthy, young, and starting my first steps toward becoming a teacher, the first in my family to graduate from college.

During my first semester, I was working at a job at the mall when I noticed weird tingling in my legs, some numbness. My mom took me to a local clinic, since I was uninsured, and we saw a doctor. She did an exam and said she would like to do an MRI, but she knew we couldn't afford one – it would've been \$1,500 out of pocket. That's more than my mom made in a month, and all of her savings. Instead the doctor diagnosed me, without the MRI, with a pinched nerve, and so my mom paid for six weeks of physical therapy out of pocket.

After physical therapy was over, I didn't really seem to have any reduction of symptoms, the numbness and tingling persisted. With the Affordable Care Act being passed, I hoped that soon healthcare would be affordable for me. It was really scary having no idea what was going on with my body, and not having the ability to see a doctor and getting that MRI was frustrating.

I started looking up my symptoms on *WebMD* and other sites to see if I could find some sort of answer. After a while, I started thinking I might have Multiple Sclerosis. A lot of the symptoms fit. I started randomly having trouble walking, at one point asking a random stranger on campus at WSU to help me get to my class. He asked me what was wrong, and I didn't really have a good answer.

I heard about the Multiple Sclerosis Association of America's grant for a diagnostic MRI for people who are struggling to get a diagnosis. The only way to be diagnosed with MS is with an MRI of the brain or spinal cord showing lesions, thick, scar-like tissue where the immune system has attacked the myelin sheath of the nerves.

To get the grant, I had to save up \$300 to see a neurologist and get his recommendation. They couldn't get me in for about 3 months, which was honestly fine, I was going to need to save up. At this time, I was working a minimum wage job at the mall and working as a tutor for North High's AVID program. I had a third job, wiping down gym equipment at WSU's Heskett Center, around that time, however, when classes started fall of 2014, my junior year, I had to give away my shifts. Classes on top of three jobs and mysterious undiagnosed medical symptoms would've been too much.

Once I was able to see the neurologist, he listened to my symptoms with a serious face. He did a physical exam, and then he signed the grant application. They approved it, and I got the MRI. Results came back positive; I had MS.

I was so worried about how I would pay for this lifelong disease, one that only progresses, and which has no cure. I asked my doctor what I should do. Luckily for me, Sedgwick County at the time had a program called Project Access that connected low-income people with donated healthcare. I could see certain doctors, and I could get MRIs at places that donated the care.

The application for this program was rigorous. I had to show proof of income and tax records going back years, and I had to prove I had a chronic illness; all things that less equipped, less educated, less resourceful people might not be able to do. These barriers aside, I was able to qualify for the donated care. However, at one point while being covered by the program, its funding was on the chopping block by the county commission when they were making budget cuts. I spoke at their meeting, and they decided to keep Project Access.

I also spoke at a KanCare Expansion hearing when first the option to expand was given to states and Kansas had our first expansion proposal, back in 2018. That was after I had graduated WSU in 2016, and had finally gotten a job as a teacher at North High, my alma mater, and I finally had (somewhat) adequate access to care.

If you didn't keep up with the math, I was misdiagnosed from fall of 2012 to fall of 2014, a little over two years. The research shows that MS disease progression can be slowed with treatment. However, disability accrued cannot be reversed. For two years my central nervous system accumulated dozens of lesions. Even once treated, finding just the right treatment that works for any individual with MS is basically trial and error. I have failed on two treatments so far, which means they were not slowing my MS at a high enough rate so I switched treatments.

My last semester of college, my mom finally went to a doctor after putting it off for years, worried about money to pay for visit and what expenditures that might bring about. She was diagnosed with stage four colon cancer. Stage four. If she had gone in and gotten diagnosed sooner, she could've caught the cancer before it spread and wouldn't take to the radiation therapy.

All this to say, I might have gotten to the point of needing a wheelchair in my third year of teaching if KanCare had been expanded right away when we had the chance. Plenty of people with MS can walk well into their 50s and even 60s. I made it to 26. My mom might not have had to move in with me the my first year of teaching, when she began hospice care.

We need to stop waiting. Some of us cannot afford to wait. It has been 6 years since I first testified for Expansion. Around 150,000 Kansans would be covered under expanded KanCare. That's families; sons, daughters, sisters, brothers, aunts, uncles, parents, and grandparents. Its not just people who are looking for a handout. It is people who are looking for safety and access to healthcare when they are at their most vulnerable.

Please consider voting to expand KanCare. Kansas families need you to help them when they need it most.

Thank you for your time,

Marcillene Dover  
Wichita, KS 67212  
mdover@usd259.net



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El Dorado Office: 206 N. Griffith, Suite B • El Dorado, Kansas 67042 • (316) 321-3400 or (316) 320-0365 • Fax (316) 321-1338

Testimony of Jamie Downs to the  
House Committee on Health and Human Services  
And  
Senate Committee on Ways & Means  
Proponent for HB2556 and Medicaid Expansion  
March 20, 2024

Dear Chairperson and Members of the Committee,

Thank you for the opportunity to provide this written proponent testimony on this bill and Medicaid expansion.

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

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

In a survey of Kansans conducted last fall<sup>i</sup>, almost seventy percent (69.6%) of respondents supported expanding Medicaid, while only 9.3% did not. In another survey<sup>iii</sup>, 68% of registered voters, 51% of Republican primary voters and 83% of small business owners favored expanding Medicaid in Kansas.

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

Respectfully,

Jamie Downs  
Administrator  
Butler County Health Department

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Jamie Downs, Administrator



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El Dorado Office: 206 N. Griffith, Suite B • El Dorado, Kansas 67042 • (316) 321-3400 or (316) 320-0365 • Fax (316) 321-1338

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<sup>i</sup> March 4, 2024 Fiscal Note for HB2556 [fisc note hb2556 00 0000.pdf \(kslegislature.org\)](https://kslegislature.org/fisc_note_hb2556_00_0000.pdf)

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

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

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Jamie Downs, Administrator

*Mission Statement: To protect the public's health and environment, prevent disease and promote wellness*



6220 SW 29<sup>th</sup> Street, Ste 300 | Topeka, KS 66614-5028  
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March 20, 2024

Senate Committee on Ways and Means and Senate Committee on Public Health and Welfare  
Testimony of Glenda DuBoise, AARP Kansas  
Proponent Testimony (Oral in-person testimony requested)  
Informational Hearing on Medicaid Expansion (Senate Bill 355)

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Good morning Chair Billinger, Chair Gossage, Senator McGinn, and members of the Committee. My name is Glenda DuBoise, and I am the State Director for AARP Kansas. Thank you for holding this hearing and allowing us to provide our testimony in support of Medicaid expansion.

AARP has more than 278,000 members in Kansas. We are a non-profit, non-partisan organization that works across Kansas to strengthen communities and advocate for issues that matter most to seniors and their families, such as healthcare, retirement savings, and protection from abuse or financial exploitation. In 2022, 35 percent of Kansas voters were age 65+ and another 28 percent were age 50-64.

We support Medicaid expansion because it will give at least 150,000 Kansans access to better health care at little cost to the state. AARP estimates that 22,000 of those newly-eligible Kansans will be 50- to 64-year-olds who are currently uninsured. These are men and women who are working hard in jobs without affordable health benefits or have had to leave the workforce due to serious health conditions. The expansion of Medicaid, as proposed in SB 355, will provide health care coverage for hard-working people who have paid taxes all their lives but are now struggling to make ends meet.



The benefits of Medicaid expansion will also go well beyond the 50- to 64-year-old population. By accepting federal funds to expand Medicaid in Kansas, the legislature would give people without insurance access to preventative care that can save lives and reduce the need for expensive emergency room care. Importantly, it would reduce the cost of indigent care that is passed on to the rest of us in the form of higher health care prices and higher local taxes to support hospitals, and it would help the hospitals that serve Kansas residents keep their doors open without losing the doctors and nurses we depend on.

We urge you to support Medicaid expansion so that Kansas can join the 40 other states that have accepted federal dollars for the benefit of their residents.

Respectfully,



Glenda DuBoise  
State Director, AARP Kansas

March 15, 2024

Dear Chairperson and committee members,

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

These are some of the reasons I feel it is important for the state of Kansas to join the large majority of states that have already expanded Medicare.

1. The expansion is budget neutral.
2. It provides help to people who are working to support their families, but at income levels too low to cover medical expenses.
3. A developed, wealthy nation such as ours needs to ensure all its people have access to the medical care they need. Medicaid Expansion would also help address the under-service of mental health needs, which have a ripple effect through families and communities.

Thank you for your time and the work you do. I ask you to PLEASE SUPPORT Medicaid Expansion to benefit the state of Kansas.

Susan Edwards  
Overland Park

Ladies and Gentlemen of the Kansas Senate and Legislature:

As a small business owner of a farm and seed operation in western Kansas, we see Medicaid Expansion as part of the puzzle for holding our small community together. Not only that, but expanded Medicaid is one of the keys to a continuation of basic health care here in rural Kansas—and to having a continued presence of a local hospital. Already a number of rural hospitals have closed while waiting for Medicaid Expansion. That lifeline has been severed. And as they say, for these communities, it is impossible to un-ring the bell.

In our business we pay health care benefits for our employees, but these loyal folks have family and friends who may not have that option. They may work part time jobs or have jobs that just don't carry health coverage. In addition, if we can stabilize our local health care costs with Medicaid Expansion, that will go a long way towards ensuring the survival of our community. In visiting with our local hospital official, the needs of care for those with less resources have grown—and that includes the needs of children in our school. And if the children are in need, most likely so are the parents or parent.

Key points from our perspective as a farmer and small business owner:

- \* Medicaid Expansion provides resources to our people....the family, friends and neighbors who need it most. This support then frees up money and budget which can then be directed towards supporting our school or county roads, for instance.
- \* Our hospital is one of the smallest in the state, yet it is essential because other basic care is over 25 miles away in any direction. That health care and hospital support is needed to maintain or even grow our local community. Today I talked with a woman in a nearby city who chooses to drive 50 miles to our community for care because of our great reputation for getting help to the patient quickly and efficiently. We need help in maintaining that level of care and commitment. Further, it's an essential link in the basic survival of our system.
- \* And finally, as a local and state taxpayer, if this can be accomplished without an increase in taxes, the choice is clear—we need to expand Medicaid here in Kansas!

Thank you,

Louise Ehmke

34 Star Farms/Ehmke Seed

74 W Rd 130    Healy, KS 67850    Lane County



From Dr. Gretchen Eick

1536 N Park Place

Wichita, KS 67203

3-17-24

Women for Kansas State Executive Committee has been studying Medicaid expansion throughout the United States since 2016 and has found that there is widespread support in our state for Medicaid Expansion. Between 70-80% of Kansans support Medicaid Expansion and 150,000 Kansans would benefit from Medicaid Expansion.

An annual amount of \$682.4 million in federal funding would enter our state once the legislature votes to join the overwhelming number of states that understand that this federal program helps not only our neediest residents and the working poor but covers 90% of the extra cost of Medicaid services in exchange for expanding eligibility to 138% of the federal poverty rate. This is a no-brainer!

And this expansion would bring money into our state to help our struggling hospitals and other healthcare facilities. We know that 59 out of 102 Hospitals/Clinics in Kansas are at risk of closing, which is more than in any other state. Indeed, "Twenty-eight are at immediate risk of failures, and 84 of the state's 102 rural hospitals recorded financial losses on patient services in the most recent data available, according to the Center for Healthcare Quality and Payment Reform." (Kansas Reflector) This should cause all residents to support this simple way to get money into our state's healthcare providers.

All our neighboring states have passed Medicaid expansion, and to date 40 states plus Washington, D.C. have expanded, with more to follow. Even Mississippi, Alabama, and Georgia have joined Medicaid expansion in 2024! If we seriously think we can entice businesses to come to Kansas we must show ourselves to be at least as progressive as these state governments.

As Kansas taxpayers we have paid over \$7 billion in our federal taxes for Medicaid expansion. This money has gone to other states with none of this tax money coming back to Kansas because of the shortsightedness of the Republican majority in our legislature. Medicaid Expansion will help our local economy and result in no loss to our state.

We know that Medicaid expansion would benefit Kansas by:

1. Reducing health care costs for everyone and protecting Kansans from medical debt;
2. Supporting a healthier workforce and keeping Kansas economically competitive;
3. Preserving and strengthening rural health care systems and the communities they serve; and
4. Ensuring uniform access to affordable health care for all Kansans, regardless of their race, how much money they make, or what their ZIP code is. (Source: the Alliance for a Healthy Kansas)

The League of Women Voters Kansas stated it well in their position statement on this: “Medicaid expansion under the Affordable Care Act provides an important step to address gaps in coverage for the medically indigent – people who lack resources to pay for medically necessary health care. LWV of Kansas supports Medicaid Expansion in Kansas to cover individuals up to 138% of the Federal Poverty Level. “

I urge you to support Medicaid expansion NOW! It is embarrassing and cruel to continue allowing head-in-the-sand ignorance to dictate our health care policy in Kansas. Testimony to the Kansas Legislature for Medicaid Expansion



**SU CONEXIÓN A LA COMUNIDAD**

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Jonathan Westbrook  
Kansas City, Kansas Police  
Department

Richard A. Ruiz  
Administrative and Services Building  
650 Minnesota Avenue  
Kansas City, KS 66101

**Kansas Policy Makers:**

As a trusted community organization, we at El Centro continue to see the negative impacts that thousands in Kansas face due to a lack of Medicaid Expansion in our state. While we focus on removing barriers to healthcare through our Health Navigation and Promotoras de Salud programs, the lack of health coverage is one barrier that we cannot remove. However, you can.

We continue to see hard working people in our community that fall in the Medicaid gap, people like Stephanie. Stephanie came in for assistance to apply for a healthcare plan in the Marketplace. She was working part-time as a nursing assistant, helping review the health of people in their homes and providing care to many while attending school to complete her certification. Stephanie is in her twenties and while she is healthy, she was seeking insurance to be able to get her annual physical and follow up on some medical concerns she was having. While we wanted to help Stephanie find a good plan, it turned out that she did not qualify for any tax credits due to her income being too low. As a young adult with no children in the home or a disability, she did not qualify for Medicaid either. Stephanie was devastated and cried, expressing her frustration with our healthcare system that is failing her.

It is a shame that even those who play a vital role within our healthcare industry here in Kansas cannot access healthcare services for themselves. Stephanie, like the thousands of working individuals without health insurance who make our economy in Kansas, need YOUR support! We cannot afford to see the health of our community continue to suffer, while these important decisions about healthcare access continue to remain stagnant year after year.

We urge you to take action this year and make the right decision to help the many individuals and families in Kansas that make our state one of the best.

Justin Gust, BSW  
Vice President of Community Engagement  
El Centro, Inc.



March 16, 2024

Mr. Chairman and Members of the Committee:

Permit me to offer testimony in support of Medicaid Expansion in Kansas.

I am a retired healthcare attorney. During my active 37 year career, I represented hospitals and physicians throughout the state in their corporate and regulatory matters. The burden of the indigent care responsibility for hospitals and providers was always an urgent issue for them. Thankfully, in our society, care is rendered regardless of the patients' ability to pay. But the cost of unpaid care must be absorbed by the care provider or hospital or spread among those who do have insurance coverage.

This indigent care burden is particularly acute among the smaller critical access hospitals in our state. Many of them are at risk of closure due to the burden of uncompensated care. Loss of a hospital in any one of our rural communities is tragic. I've always argued that the community hospital was among the pillars of "community" along with the business community, local government, the school system, and the faith community. Loss of any one of those pillars begins the slow unraveling of the community.

Medicaid Expansion would provide health insurance coverage for those valuable citizens who now find themselves in the "gap" of universal insurance coverage envisioned by the Affordable Care Act; unable to access coverage from an employer and unable to buy it on the insurance exchanges created by the ACA. Expansion can now be accomplished with virtually no additional cost to the state.

Studies by the Kansas Health Foundation indicate that over the next 10 years with Expansion's passage, the state could access approximately \$13.7 Billion in resources to support hospitals and other providers with a state investment of merely \$171 Million; a great return on investment if ever there was one.

I urge passage of Medicaid Expansion now.

Respectfully submitted,

Jeffrey O. Ellis  
183 Hillcrest West  
Lake Quivira, KS 66217



Testimony in Support of Kansas Medicaid Expansion (HB 2556 and SB 355)

Honorable Members of the Committee,

I write to you today to offer my support for the expansion of Medicaid in Kansas through HB 2556 and SB 355. This vital legislation represents a significant step forward in ensuring access to affordable healthcare for all Kansans, while simultaneously alleviating financial burdens on our taxpayers and strengthening our healthcare infrastructure, particularly in rural areas.

It is crucial to emphasize that this expansion comes at no cost to Kansas taxpayers. Adopting a revenue-neutral approach allows us to tap into the state's surplus, directing funds towards essential areas like tax reductions, public education enhancements, and infrastructure improvements. This pragmatic strategy guarantees the efficient allocation of resources, ultimately benefiting our entire community.

Medicaid expansion represents a bipartisan approach that incorporates necessary compromises, including a work requirement that not only bolsters our workforce but also removes administrative barriers to healthcare access.

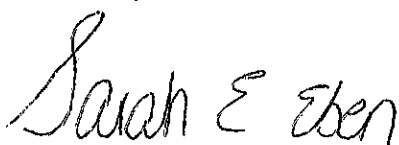
Medicaid expansion would provide a much-needed impact on rural healthcare. With the closure of eight hospitals since 2014, our rural communities are in desperate need of support. Expanding Medicaid not only safeguards these vital healthcare facilities but also creates jobs and stimulates economic growth in these underserved areas.

Additionally, expanding Medicaid is not just a moral imperative; it is an economic necessity. By providing coverage to more Kansans, we can alleviate the burden on our healthcare system, reduce costs for families, businesses, and even correctional facilities. Embracing expansion would inject much-needed federal funding into our state, creating thousands of jobs and addressing our healthcare worker shortage.

Medicaid expansion is not a partisan issue but a moral imperative supported by nearly 80% of Kansans. It is time for us to set aside political differences and prioritize the health and well-being of our constituents. I urge you to support HB 2556 and SB 355, ensuring that all Kansans have access to the healthcare they deserve.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Sarah E. Elsen". The signature is written in a cursive, flowing style.

Sarah E. Elsen



**Legislative Testimony**  
**Jeanine McKenna, President/CEO**  
**Emporia Area Chamber of Commerce**  
**Support for Medicaid Expansion**  
**February 27, 2024**

**RE: Emporia Area Chamber of Commerce Support for Medicaid Expansion**

The mission of the Emporia Area Chamber of Commerce is to be proactive in creating an environment for business and community success. Each year we work with businesses and organizations from across our area and develop a joint legislative statement. Each year, we put a statement in our document about supporting the expansion of Medicaid and the importance to our community. Our joint legislative statement represents government, education, health care, and the business community. We constantly hear at our legislative dialogues with our elected officials that Medicaid expansion is important to their constituents.

We believe that Medicaid expansion will help grow our economy. Kansas has lost nearly \$7 billion in additional federal funding while our federal taxpayers support jobs and healthcare in 40 other states. Workforce development is one of the major issues facing our community and we believe Medicaid expansion would help create jobs and help end our health care worker shortage. Finally, Kansas business owners could save up to \$80 million per year in health care costs if Medicaid were expanded.

In addition to the economic benefits, we believe Medicaid expansion will

- Lower the costs for everyone. This will allow those dollars saved to go towards our schools, roads, or even back into the pockets of our citizens.
- Strengthen our rural healthcare system. We believe patient experience, including Kansans who are already insured, would improve.
- It would show that we as a State can work across party lines. This bipartisan proposal shows that both sides of the aisle want what is best for all citizens in our fine state.

The results of a recent statewide survey among small business owners, voters, and Republican primary voters in Kansas indicate a significant preference for Medicaid expansion. The majority of respondents believe that such expansion would vastly enhance healthcare accessibility for thousands of low-income Kansans, foster job creation, and invigorate the State's economy.

We urge your support in ensuring that Medicaid expansion is enacted in our State.

March 12, 2024

To the Kansas State Legislature:

My name is Dianne Epp and I am a senior citizen living in a retirement community in North Newton, Kansas. I am writing to you to encourage you to vote to expand Medicaid in the state of Kansas. I am one of the fortunate retirees who has adequate health care and am not personally in need of Medicaid however, I am well aware that this is a position of privilege as it is, no doubt, for each of you. In this state there are many who are not covered by health insurance and an expansion of Medicaid would be of immense benefit to them. In the spirit of being "ones brothers keeper" I urge you to vote for this expansion.

Sincerely,

Dianne N. Epp

11 Lakewood Circle

North Newton, KS 67117

March 15, 2024

### KanCare Expansion testimony

I am a physician who has practiced medicine in Johnson & Wyandotte County for over 30 years and I believe it is critical to improve health care access for Kansans by expanding access to Medicaid. I recently saw a woman with uterine fibroids who was working as a cashier but she bled heavily and frequently. We have done everything we can medically through the safety net system and cannot control her bleeding causing her to be dangerously anemic. Because of the amount and frequency of her bleeding (sometimes onto the floor by her register as she can't leave it unattended when she feels the blood gushing), she is unable to obtain enough hours to qualify for insurance. She is afraid to go to the hospital for emergency admission as she can't count on charity dollars to cover her care and doesn't want to put her family housing and food security at risk by accumulating medical debt. I also saw a Hispanic diabetic unable to work as she is caring for a parent with dementia so she is rationing her insulin to try to stretch money with poor diabetic control and struggling to afford healthy food options. Delaying her coverage could lead to renal failure, dialysis, cardiovascular complications. Ultimately these delays end up costing all of us more as these patients enter the health care system with such advanced problems that the cost for care is higher.

Additionally there are Kansans with temporary disabilities who need a safety net to heal so they can be productive again. Providing a safety net benefits the individual and their families as they struggle to maintain secure shelter and nourishment. It provides them a ladder to betterment. Please help us take care of Kansans in need.

Thank you

Margaret Estrin, MD (Drinkwine)

March 16, 2024

Hello,

I am asking that you please expand Medicaid coverage in Kansas. It is clear that a majority of Kansans are in favor and our rural hospitals need every bit of assistance that they can get.

Respectfully,  
Scott Eudaly  
Baldwin City, Kansas

March 17, 2024

Dear Elected Officials,

I am a life long Kansan who grew up in western Kansas where distances are great and healthcare can be a challenge to obtain. My parents (now elderly) and many friends have been forced to relocate to suburban areas of Kansas in order to obtain adequate healthcare as they age or develop more serious health conditions.

As Kansans we are all concerned with the "de-population" of our rural areas. Losing an aging population who has no choice but to move as rural hospitals and services continue to dwindle is a significant contributing factor.

The expansion of Medicaid would help slow this decline by supporting rural hospitals and giving over 150,000 Kansans the opportunity to receive the healthcare they need and deserve. Please vote to support the expansion of Medicaid. Your constituents are hurting because of a lack of progress in meeting a basic human need - healthcare.

Respectfully,  
Jan (Janice L) Faidley  
4807 Birch Street  
Roeland Park, KS 66205  
c. 913-709-6812

March 15, 2024

Testimony for MEDICAID EXPANSION for the Joint Hearing of the Senate Ways & Means Committee and the Senate Public Health & Welfare Committee and for the Hearing of the House Health & Human Services Committee.

Dear Committee members,

Since fall of 2021, Faith Voices for Medicaid Expansion has been bringing voices of faith communities across Kansas to legislators in Topeka. We believe providing health care coverage for low-income Kansans is a moral issue for those who believe we are called to love and care for our neighbors.

Expanding KanCare in Kansas makes sense for those who need healthcare, and it makes sense for our state as a whole;

- \* KanCare expansion protects families from medical debt - nearly 4 in 10 Kansans have medical debt

- \* It will help to preserve and strengthen rural healthcare

- \* KanCare expansion brings costs down for everyone - fewer ER visits, less uncompensated care for clinics and hospitals and a decrease in untreated physical and mental health needs in our communities.

- \* Kansans Federal tax dollars are now going to 40 other states who have expanded their medicaid coverage, including all 4 of our surrounding states. Why wouldn't we want to benefit our own Kansas families with legislation for health care that is revenue neutral?

- \* Adults with low-wage jobs who do not have a disability nor children under 18 have no healthcare coverage options. KanCare expansion will fill this gap.

Faithful people look not only to their own interests, but also to the interests of others. Voices of faith across Kansas are asking you to look to the interests of your fellow Kansans who need mental and physical health care but currently have no options they can afford. It will benefit all Kansans.

Submitted by Rev. Jack Gregory and Cathy Matlack  
Faith Voices for Medicaid Expansion



**Olathe**  
407 S. Clairborne Rd., Suite 104  
Olathe, KS 66062  
913-648-2266

**Shawnee Mission**  
9119 W. 74th St., Suite 210  
Shawnee Mission, KS 66204  
913-432-3334

**Paola**  
1604 Industrial Park Dr.  
Paola, KS 66071  
913-294-9223

**Ottawa**  
107 S. Main St.  
Ottawa, KS 66067  
913-401-2750

Proponent Testimony before the Senate Ways & Means and Senate Public Health & Welfare Committees  
Senate Bill 355 – KanCare Expansion  
March 20, 2024

Chairwoman McGinn and Members of the Committees:

As I listen to our medical, dental and behavioral health providers and staff, patients and partner agencies in Johnson, Miami and Franklin counties, it is abundantly clear that Medicaid expansion would have a rippling effect in the communities we serve. Every day, hard working Kansas would directly benefit from expansion.

Founded in 1992, Health Partnership Clinic (HPC) is one of more than 1,300 Federally Qualified Health Centers (FQHCs) that operate across the United States, providing affordable care to the medically underserved communities, regardless of patient's insurance status or ability to pay. Research shows that we save the health system money, in part by reducing the need for individuals to seek more expensive care in emergency rooms and reducing serious illness by providing timely preventative care.

Based on our analysis, expanding Medicaid would have a significant impact on the clinic's financial health, translating into expanded services to Kansans in need. If we considered only uninsured adults who are less than 133 percent of the Federal Poverty Level, we would see a significant increase in revenue. Conservatively this would be about \$1 million. Realizing that HPC has one of the highest uninsured rates in the state, the effect on our ability to provide care would be staggering. While being good stewards of funds, we could see more patients and provide more services allowing us to grow the number of Kansans that we assist.

There are numerous examples of how HPC and our patients would be assisted if expansion occurred. A specific example would be that currently when we need to refer an uninsured patient for care beyond our services, it is a struggle as specialists limit the number of uninsured individuals they see. Our providers do their best to manage these conditions, but this is not optimal for the patients our HPC providers. With expansion, patients could get the right care at the right time at the right place, thereby reducing overall health care costs.

On behalf of patients and staff, please support expansion of Medicaid to help thousands of Kansas. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads 'Amy Falk'.

Amy Falk  
Chief Executive Officer



**Testimony in Support of Medicaid Expansion in Kansas**  
**March 14, 2024**

I am a Kansas resident and the medical director of a hospital emergency department on the Missouri side of the Kansas City region. In my professional capacity, I have seen firsthand the difference that access to Medicaid makes in a patient's health. Before Missouri expanded Medicaid, I encountered countless, hardworking individuals in our emergency room with diseases that had advanced beyond what they should have. These patients delayed their care because they didn't have the money to pay for the treatment. But when their symptoms progressed and they could no longer put off care, they came to the ER desperate for help.

We would treat them, but that treatment came at a steep cost—to the hospital and, more importantly, to the patient. Consider what was a common occurrence before Missouri expanded Medicaid: A patient with diabetes, and no health insurance, arrives at the ER with a swollen and infected foot. The infection is so far along that we have no choice but to amputate. The hospital absorbs the cost of that treatment, and the patient goes home with a new disability.

Today, that same patient would at the very least have access to Medicaid in Missouri. He or she would most likely seek treatment from a personal physician and we wouldn't see them in the ER. Or, they would come to us before the infection got out of control. The result: a patient with both feet intact, and a hospital that does not have to absorb the cost of acute care.

These days, at my hospital, amputations due to diabetes are much less common. I am certain that my colleagues in Kansas would see similar reductions with Medicaid expansion. Hospitals, as a result, would see reductions in their uncompensated care. For rural hospitals, savings like these can mean the difference between closing their doors or remaining a vital healthcare resource for their communities. As it stands, according to a recent article in The Kansas Reflector, more than half of all rural hospitals in Kansas are in danger of closing.

It doesn't have to be this way. Expanding Medicaid would not only help these hospitals stay open, it would pump \$17 billion into the economy, add more than 20,000 jobs, and, most importantly, improve the health of hardworking Kansans who make too much money to qualify for Medicaid and too little to get health insurance through the Marketplace. Please act now to expand Medicaid and begin building a healthier Kansas.

Sincerely,

**William Featherston, M.D., FACEP**  
**11007 W 100th St., Overland Park, KS 66214**

February 14, 2024

### Testimony for Medicaid Expansion

We strongly support Medicaid Expansion. Our State has individuals that are in need of and deserve to have this medical coverage. Rural Kansas hospitals could benefit greatly from this program to continue to serve their patients, to cut healthcare costs, lower taxes and to provide affordable healthcare to more working Kansans. We support expanding Medicaid with the provision to include health coverage for inmates. The Federal Government pays for 90% of the costs to expand Medicaid, while states pay 10%. Forty other states have expanded Medicaid and Kansas lawmakers are letting residents' tax dollars go to every one of its bordering states, while healthcare costs continue to rise and hospitals close. Legislators need to act now to invest in the people of Kansas. This is your opportunity to make a positive impact on the Kansans whom you represent. It's the humanitarian thing to do!

Forrest and Joyce Fee

March 15, 2024

To our Elected Legislators  
RE: Cutting Health Care Costs For All Kansans Act

I'm writing in support of expanding Medicaid in the state of Kansas. I've lived in Kansas all my life, from Johnson County to the far Northwest corner of the state, to the Southwest corner of the state, and for the last four decades in South Central Kansas. I know that some of my friends in the west have to travel for 100 miles or more for major health care, and sometimes even out of state. Since 2014, I have watched with deep concern when other counties much like my own have lost their medical facilities. Here in Cowley County, we have two mid-size communities, and each has a hospital. But in the last few years, headlines in the local newspaper detail how each of the two hospitals is having financial issues. I worry a great deal that we could lose some of the services they offer, or lose the hospitals altogether, if we don't act now to accept the dollars available to Kansas for Medicaid Expansion.

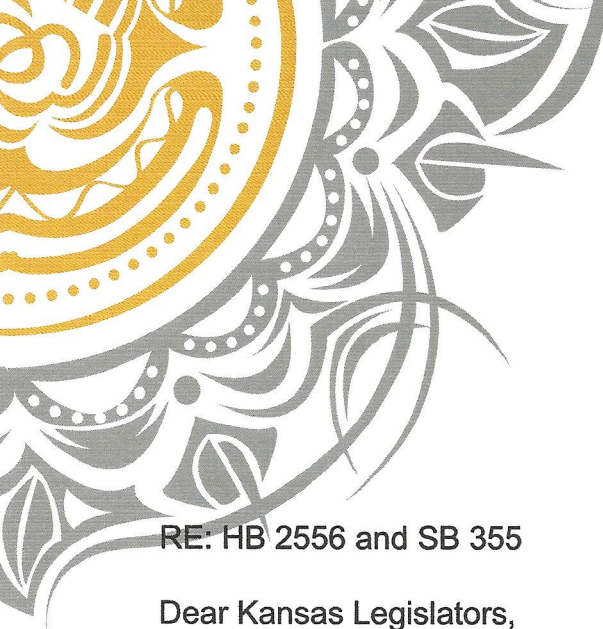
My husband and I are custodial grandparents to a talented, athletic grandson. He's covered by Medicaid as a minor, but I worry for his sake what will happen when he turns 18. How will he manage health coverage as a college student? How will other college age young people manage their health care?

I have spoken to a few single mothers who try very hard to earn a living, but with children at home, and with the available jobs limited, they fall in that group which can't afford to buy health insurance but earn too much for Medicaid. For young people just entering the work force, if they can't afford continued education, the job prospects are slim. We have a young friend who struggles with finding a job that will support her, and is often behind in paying rent, as well as utilities to keep her home comfortable. Every person should live with the dignity to be able to take care of their daily needs including food, clothing, shelter, and medical care.

If expansion of Medicaid to help these people will cost the rest of us nothing, and would actually cut our own health care costs, why can't we go ahead and accept these dollars that we have paid with our taxes? All but a few states have already done it. I hate to think Kansas will be the last state to wake up to the benefits of Medicaid Expansion.

Thank you for taking action!

Ann Fell



LeEtta J. Felter

14220 South Copper Creek Drive

Olathe, Kansas 66062

(913) 486-7809

21 February 2024

RE: HB 2556 and SB 355

Dear Kansas Legislators,

Thank you for your service to our great state, and thank you for allowing me the opportunity to provide testimony in support of the *Cutting Healthcare Costs for all Kansans Act*. I am writing to encourage you to pass HB 2556 and SB 355, Governor Kelly's Medicaid Expansion bills, in Kansas. I'd like to share with you why I believe Medicaid expansion is a small business issue, an economic development issue, a domestic migration issue, and perhaps a moral issue. I support Medicaid expansion in Kansas and believe doing so would increase health care access for the low-income Kansans currently in the *Insurance Gap*, spur job growth and boost the state's economy.

Medicaid expansion takes care of a major issue that impacts **small businesses**, which are the backbone of the Kansas economy, by providing access to affordable healthcare to those individuals who have no access due to the *Insurance Gap*. My husband and I started a truck and equipment dealership in 1997 and grew that business over the next 18 years into a successful organization that included seven truck and equipment dealerships, located in five states, with over 260 employees on average. Due to the large size of our organization, we had access to exceptional insurance plans to offer to our employees. When a large company offered to buy business, we sold and then branched off into other areas of interest ranging from ranching/farming to commercial real estate, developing, and building. Our new business is very successful, but we are small and don't have access to all of the outstanding plans we could offer before. This experience has made us aware of the issue for the small businesses that have just part-time jobs, and end up with employees that fall into the *Insurance Gap*. These small businesses need employees to grow, but may not yet have enough work for a full-time employee. Having access to affordable healthcare through Medicaid expansion is truly an **economic development** issue that impacts these small businesses, and will **spur job growth** and **boost the state economy**. The *Cutting Healthcare Costs for all Kansans Act* addresses this issue, giving small businesses the ability to employee individuals while they are getting their feet under them as a new business, and these employees will have access to affordable healthcare.

**Outbound migration** is an issue in Kansas and 2022 was another year of more Kansans leaving the state than new residents coming in. Expanding Medicaid would




help solve our outbound migration problem. Our son Michael joined our family when he was 18 and his mother passed away suddenly. Michael was a freshman in college at the time, and if we officially adopted him it would mess up his Pell Grant. Because he wasn't officially adopted, he had no access to our family health coverage, yet when he applied to buy healthcare coverage on the Healthcare Insurance Marketplace website he would be flagged as "should be covered by Medicaid." Yet, in Kansas, since Michael had no dependents and no disability, he didn't qualify for health insurance through Medicaid. This straight A student, who had just lost his mother, was left floundering in Kansas unable to get insured because he was in the *Insurance Gap*. Guess where Michael ended up going to college...in Oklahoma (where he had coverage due to their Medicaid expansion). Michael is the exact type of individual we want to STAY in Kansas, yet he really had no options here due to the lack of Medicaid expansion.

The **moral issue** comes into play when we consider that at least 150,000 Kansans are currently in the *Insurance Gap* finding themselves without access to affordable healthcare...my son Michael was one of those for more than six-years (undergrad and law school). Michael came back to Kansas for law school and attended Kansas University Law School. While there he was uninsured due to the reasons stated in the paragraph above. He experienced two major health crises while in law school, and received care at Lawrence Memorial Hospital. Due to his lack of coverage, LMH ended up picking up 100% of Michael's medical expenses through their foundation. Thankfully LMH has a thriving foundation, but many of the rural hospitals do not have this resource. The eight hospitals that have closed while Kansas has wasted time fighting over Medicaid expansion are examples of what happens when you have this many individuals in the *Insurance Gap*, and the burden falls upon all other Kansans and the local hospitals.

I am writing to you as a life-long Republican, and a long-time public servant...having served over 12-years on the board of education for the Olathe Public Schools, over a decade so far on the Kansas Children's Cabinet (appointed by three different Governors: Brownback, Colyer, and Kelly), and I serve on the Olathe City Council. Governor Kelly has presented a plan that makes sense and I believe it should be passed. All of the major objections have been addressed in the bill with common sense solutions. Data indicates that nearly 80% of Kansans, regardless of political party, support Medicaid expansion. With this level of broad support throughout our state, please pass expansion and put this divisive issue behind us once and for all.

Sincerely & respectfully,



LeEtta Felter

# AUSTIN & FERGUSON, L.L.C.

Office: (816) 356-7100  
Fax: (816) 356-7110

Suite 315  
4240 Blue Ridge Blvd.  
Kansas City, MO 64133

February 26, 2024

Kansas Legislature  
Health & Human Services Committees  
Rep. Daniel Hawkins, Speaker of the House  
President Ty Masterson

**Re: The Cutting Healthcare Costs for All Kansans Act  
HB 2556 and SB 355**

Dear Chair, Speaker, President and Members:

I am a former Kansan, and a practicing attorney in Kansas City MO. I have many clients, individuals and companies, who reside, work and vote in Kansas. I am a member of MORE2, the Alliance for a Healthy Kansas, and a part of the KanCare bicycle team that has been riding to communities in Kansas to raise awareness of the lawmakers who have blocked Medicaid Expansion for the past 10 years.

I am relieved that you have finally decided to hold a hearing on the Governor's proposed bill, because it could give over 150,000 Kansas access to affordable health care. It is better late than never, although this delay has cost Kansans *millions* of dollars in lost federal funds. My concern, after meeting with people in communities throughout Kansas, is that our rural hospitals will close if this expansion is not passed. Although I do not live in Kansas, I am IN Kansas frequently and my elderly father and family members reside in Kansas. They need access to hospitals and adequate medical care. That simply is not happening now, because of the loss of excellent medical staff to our neighboring States. Healthcare professionals are leaving for better paying jobs in neighboring States that have passed Medicaid expansion.

Help protect Kansans, grow the economy, and strengthen our rural medical services by supporting HB 2556 and SB 355.

Sincerely,



Angela J. Ferguson Allard

February 11, 2024

Dear Kansas Legislature:

My daily experience is with people of various adult ages who struggle with health needs. Through no personal choice or fault they do not have and cannot "earn" enough to access adequate care. The wealth of America is overwhelmingly great. With any real understanding and heart Americans surely can and NEED to provide adequately for one another. Why don't we?

Mary Rachel Flynn

Dear Elected officials,

Expanding Medicaid is the humane thing to do.

Here are a few items from research:

Whether you qualify for Medicaid coverage depends partly on whether your state has expanded its program.

- In all states: You can qualify for Medicaid based on income, household size, disability, family status, and other factors. Eligibility rules differ between states.
- In states that have expanded Medicaid coverage: You can qualify based on your income alone. If your household income is below 133% of the federal poverty level, you qualify. (Because of the way this is calculated, it turns out to be 138% of the federal poverty level. A few states use a different income limit.)
- Thirty-eight states and DC have expanded Medicaid under the ACA (South Dakota will join them in July 2023).
- Twelve states continue to refuse to adopt Medicaid expansion, despite the fact that the federal government will always pay 90% of the cost (this will drop to 11 once South Dakota's Medicaid expansion takes effect).
- 21 million Americans had gained coverage as of 2022 through the ACA's Medicaid expansion.
- The uninsured rate, particularly among low-income residents, is considerably lower in Medicaid expansion states.

This should make your decision much easier!

Cynthia Forsberg



March 13, 2024

## Support Medicaid Expansion in Kansas

As a practicing obstetrician gynecologist, I recognize the importance of health insurance. I have worked in Wyandotte county since 2016, delivering hundreds of babies and seeing women from across the state. When asked what the hardest part of my job is, I always reply “being unable to get patients the care they need”. More often than not, the obstacle that my patients face is being uninsured so they can’t afford the healthcare that they need.

Shortly after passage of the Affordable Care Act, I saw a patient I will call Karen, a woman who was able to get Medicaid after 15 years without insurance. She had watched her mother endure the diagnosis and treatment of breast cancer, a disease that ultimately took her life. During her first visit, we discussed breast-cancer screening and she got her first mammogram. The results were normal, and she felt tremendous relief. Without the Medicaid, Karen would still worry about her health. Taking care of Karen is what healthcare should look like – but I cared for her before working in Kansas. Karen lived in a state with Medicaid expansion.

Despite the incredible benefits, the state of Kansas has still not expanded Medicaid. In our state, roughly half of the deliveries are paid for by Medicaid, allowing most patients to get the care they need during pregnancy. But could do so much better for our pregnant patients if they got healthcare **before** they got pregnant. Too many of my patients fall into the coverage gap. I recently saw a young woman, who I will call Samantha, who came into the emergency room for bleeding during her first pregnancy. I had to deliver the heartbreaking news that she was experiencing a miscarriage. She asked what she could do to make her chances of a healthy pregnancy better. You see, Samantha has type 1 diabetes. She works a full-time minimum wage job but earns too much to qualify for Medicaid under our current system. Without health insurance, Samantha cannot afford the insulin she needs to stay healthy. Her average blood sugars are around 300, which is why she experienced a miscarriage. It broke my heart to tell her that her best chance of a healthy pregnancy was to take better care of her diabetes, a task that she is not able to do without insurance. I know how to deliver good healthcare but I was unable to help Samantha.

I encourage our state legislators to pass Medicaid expansion to help my patients. My fellow physicians in the surrounding states are baffled that I can’t provide the same care they can since Nebraska, Missouri, Oklahoma and Colorado have all expanded Medicaid. Our patients deserve the same care.

Dr. Valerie French  
Obstetrician-gynecologist  
Wyandotte County, KS



**FRESENIUS  
MEDICAL CARE**

March 15, 2024

Senate Ways & Means Committee  
Kansas State Capitol  
300 SW 10th Street  
Topeka, KS 66612

RE: Support for Medicaid Expansion

Dear Chair Senator McGinn and Senate Ways & Means Committee Members:

Fresenius Medical Care operates 23 dialysis clinics in Kansas and provides life-sustaining dialysis treatments to nearly 1,200 Kansans with kidney failure, or End Stage Renal Disease (ESRD). Chronic Kidney Disease (CKD) is a pervasive problem. In fact, 1 in 7 Americans have CKD. Many live with the disease without knowing they have it due to inadequate medical care and simple blood and urine tests that can detect CKD.

Diabetes and high blood pressure are the main causes of CKD. Health insurance is vital in keeping chronic diseases, such as diabetes and high blood pressure, in check to prevent more serious and life-threatening conditions. Far too many people live with CKD and do not receive the medical care they need to keep them from progressing into kidney failure. The majority of patients who are new to dialysis start in a hospital setting. Many are unprepared medically to start dialysis in an out-patient clinic setting or receive a kidney transplant and avoid dialysis all together. These hospital “crashes” result in much higher costs to the health care system than managing a chronic condition upstream, not to mention the life-time requirements for managing ESRD which include dialysis or a kidney transplant.

For these reasons, we ask you to support Medicaid Expansion.

Sincerely,

Wendy Funk Schrag, LMSW, ACSW  
Vice President State Government Affairs  
P.O. Box 103  
N. Newton, KS 67117  
316.841.5245  
[wendy.schrag@freseniusmedicalcare.com](mailto:wendy.schrag@freseniusmedicalcare.com)

Testimony for KS 2024 Medicaid Expansion hearing:

Imagine this story:

Your doorbell rings. When you answer it a man says, “I’m Dave. Congratulations! You are 1 of 50 people in the United States to receive \$1,000,000. Here is your check. And you will be receiving a check every year.”

You: Imagine what I could do with that! “What’s the catch?”

Dave: “The only requirement is that you have to spend the money in Kansas. It will help you and help the economy of Kansas.”

You: “I’m not sure I want to do that”.

Dave: “You can take the money for now. You can stop any time you want.”

You: “What happens to the money if I say no?”

Dave: “The money is divided among the other people who said yes. Why don’t you try it for this year?”

Since 2014 when US government funds were made available to states for Medicaid Expansion the majority in the Kansas legislature has not passed Expansion. Most years a hearing has not even been allowed. And it is not just \$1,000,000 – it is over \$300,000,000 per year that is turned away and distributed to the 40 states that accepted Expansion. Imagine what a help that would have been to providing medical care to 150,000 Kansans who cannot afford private health insurance. Imagine what a boost that would have been to the Kansas economy – increased jobs, helping rural hospitals stay open, expanding mental health services throughout the state, a healthier workforce.

In 2024 160 hospital administrators and officials asked the legislature to pass Expansion. And polls of Kansans show almost 70% say “YES” to Medicaid Expansion.

All we are asking is for you to say “YES” this year. If the legislature doesn’t like the money, they can always cancel it next year. But none of the states that have expanded Medicaid have chosen to leave the program.

In 2024, say “YES”. Your constituents will thank you.

Nina Fricke  
Overland Park, KS

February 9, 2024

To whom this may concern:

My name is Al Frisby and I live in Merriam KS.

I am the acting Chair for JoCo MoveOn. We have close to 1000 members in KS locally who don't understand why all four states surrounding KS support advocacy for those folks in need of healthcare because of their financial situation or disability and our leaders in the KS Capitol do not. We now have an approximate 5 Billion dollars in the kitty...so we can afford to help those who can't help themselves.

All but 10 states have moved in the correct direction. KS has not. Our state is like the bully on the playground, determined to hide the ball from others who want to have a good reputation for safe basketball. Our state should join the other 40 states to care for their citizens who can't help themselves for many reasons.

Al Frisby  
Merriam, KS