

March 15, 2024

I urge you to pass expanded Medicaid in KS. I will not use it because I'm able to afford and pay for my own medicare supplement ins. I want to help support others in need in KS who need affordable health care.

1. Everyone in KS is entitled to access to good medical treatment.
2. Those who cannot afford it, still should have access.
3. Children should have access, all of them.
4. I understand that the Federal government will support much of the cost.
5. I understand that many county hospitals have closed because KS does not have broad medicaid coverage. That's not right.
6. I understand that expanded medicaid would employ many throughout the state, and in all counties. Both professional and administrative jobs would be created and filled.
7. I believe expanded medicaid would help bring KS to the norm in medical care, and would help attract other businesses to locate here.

Please support and pass this needed legislation.

David R. Nachman
10990 Quivira Rd Ste 200
Overland Park KS 66210
T: 816.285.6029
dnachman@nachmanlaw.com



February 22, 2024

Presented by:
Christopher Chastain
Public Policy and Advocacy Director
NAMI Kansas

House Committee Chair, Rep. Brenda Landwehr, Vice Chair Rep. John Eplee, and Ranking Minority Member, Rep. Susan Ruiz, thank you for this opportunity to submit written testimony for Medicaid Expansion To the Senate Committee on Public Health and Welfare.

NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support.

As a leading advocacy organization for individuals and families affected by Mental illness, NAMI Kansas wholeheartedly supports the expansion of Medicaid in our state. The expansion of Medicaid will provide much-needed access to affordable healthcare for thousands of Kansans, including Those living with mental health conditions.

NAMI Kansas supports Medicaid Expansion. By expanding Medicaid, an estimated 150,000 Kansans would gain access to medical care. Additional reasons on how Medicaid Expansion can help Kansans include improved access to mental health care and treatment when they need it. By improving access to treatment, Medicaid Expansion decreases risks for hospitalizations and increases more affordable utilization of community-based services.

NAMI Kansas supports a full Medicaid Expansion to 138% of the Federal Poverty Level with a 90/10 match. Currently, many individuals in Kansas are unable to access the care they need due to a lack of affordable healthcare coverage. For those living with mental illness, this can have devastating consequences, including a higher risk of hospitalization, unemployment, and homelessness. By expanding Medicaid, we can ensure that more Kansans have access to essential mental healthcare services, including therapy, medication, and crisis intervention.

Furthermore, expanding Medicaid will also benefit our state's economy. By providing coverage to low-income individuals and families, we can reduce the burden on emergency rooms and increase preventive care, ultimately saving money in the long run.

As an organization dedicated to improving the lives of those affected by mental illness, NAMI Kansas urges policymakers to recognize the importance of Medicaid expansion and work towards ensuring that all Kansans have access to the care they need to lead healthy and fulfilling lives. Expanding Medicaid is a crucial step towards creating a more equitable and compassionate health care system in our state.

Thank you for the opportunity to provide this information to the committee.

Sincerely,

Christopher Chastain
Public Policy and Advocacy Director
NAMI Kansas



March 20th, 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 on behalf of the National Multiple Sclerosis Society (the Society) to share our concerns about SB 225 and how it affects those who live with multiple sclerosis (MS) and caregivers. We respectfully ask the Senate Ways & Means Committee and the Senate Public Health & Welfare Committee to remove work requirements in SB 225 and expand Medicaid.

MS is an unpredictable disease of the central nervous system. Currently there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes and vision issues. An estimated 1 million people live with MS in the United States. Early diagnosis and treatment are critical to minimize disability. Significant progress is being made to achieve a world free of MS.

We are concerned that the current exemption criteria for work requirements in this legislation may not capture all patients with (or at risk of) serious and chronic health conditions that prevent them from meeting work requirements, or the caregivers who help these patients manage their conditions. Even for those who do meet the exemption standards, they still face a burden of proof that may be cumbersome, complex, and difficult to navigate. Individuals living with MS may face physical or cognitive symptoms that make following multifaceted procedures more challenging than it would be for others. This is a burden that means someone living with MS or an MS caregiver may be unable to focus on their health or the health of their family.

MS is typically diagnosed between the ages of 20 and 50, when most are raising families, advancing careers and maximizing their earnings, yet many must scale back their work and life activities due to disease progression. Studies show that only 40% are in the workforce ten years after their diagnosis, leading to many losing access to their employer-based insurance.

If someone fails to meet any of these work requirements, including the bureaucratic processes required, they are at risk of losing coverage. For many, including those living with MS, this could potentially lead to negative health outcomes. MS is a highly expensive disease, with the average total cost of living with MS at \$88,487 per year. Disease modifying therapies (DMTs) are the biggest cost of living with the disease, with individuals



**National
Multiple Sclerosis
Society**

spending an average of \$65,612 more on medical costs than individuals who don't have MS. Early and ongoing treatment with a DMT is the best way we know to slow the progression of MS, prevent the buildup of disability and protect the brain from damage due to MS. In addition to the cost of medications, people with MS can require costly visits to the doctor, hospital, or specialists. To lose coverage in the middle of treatment would have a disastrous effect on an individual's physical and emotional health, as well as their financial well-being.

When individuals have access to consistent and adequate health coverage through Medicaid, they are more likely to seek treatment early, get the treatment they need, and avoid trips to the emergency rooms or expensive stays in rehab facilities that end up costing the state much more. States that have expanded Medicaid have reported lower out-of-pocket spending, a decline in hospital admission, increased medication adherence, and improved health outcomes. Expanded Medicaid coverage also helps to narrow health disparities, as Medicaid expansion has been associated with better health outcomes for Black and Hispanic/Latinx individuals, who represent 60% of uninsured adults.

The vast majority of individuals with Medicaid coverage who can work do so. Nearly 8 in 10 non-disabled adults with coverage live in working families and nearly 60 percent are working themselves. Of those not working, more than one-third reported that illness or a disability was the primary reason, 28 percent reported that they were taking care of home or family, and 18 percent were in school.

Medicaid work requirements legislation reduces coverage and runs contrary to the core mission of Medicaid, which is to provide health coverage to low-income people so that they can get the health care services they need. CMS has repeatedly blocked work requirements in other states and will likely do so again if this is passed in Kansas.

The National MS Society urges this committee remove work requirements within SB 225.

Should you have any questions or concerns, please feel free to reach out to Lisbet Finseth, Senior Manager of Advocacy, at Lisbet.Finseth@NMSS.org.

Sincerely,

Lisbet Finseth
Senior Manager of Advocacy
National Multiple Sclerosis Society



TO: House and Senate Committees

FROM: Dennis Franks

DATE: February 28, 2024

RE: Proponent HB 2556/SB 355

On behalf of Neosho Memorial 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 turn patients away regardless of their ability to pay. Therefore, when a patient presents in our Emergency Department, we are required to treat them. This creates unique challenges for our hospitals financially at a time when reimbursement rates from public and private payers remain stagnant and operational expenses have continued to increase.

A major benefit our hospital would have from this program would be the ability to provide our area with integral equipment for daily operations.

Hospitals remain committed to serving the communities we care for each day across our state. We are an economic driver of local economies and one of the largest industries in the state.

This expansion would keep our local economy alive, open doors for new jobs, and new specialty services in an already struggling community with limited specialty physicians. The social determinants of health of a community are impacted tremendously by their local or regional hospital.

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 \$4,672,787.00 in uncompensated care.

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

A handwritten signature in black ink, appearing to read "D. E. Franks", is written over the printed name and title.

Dennis E. Franks, CEO

Neosho Memorial Regional Medical Center

February 23, 2024

Dear Kansas Legislature,

As a career educator, I have seen how health services for students and families impacted the students and patrons I served. During the "Brownback Experiment," many social services were impacted by cuts and a lack of funding. Foster care, Medicaid reimbursement to school districts, and basic state aid cuts to public schools, all impacted the services provided to Kansas citizens and school districts. It has taken us years to recover from the devastating impact of the "Brownback Experiment".

Fast forward to 2024, Kansas legislators still deny the 80% of Kansas citizens who ask for and support Medicaid expansion. By expanding Medicaid, an estimated 150,000 Kansans with low incomes would gain access to medical care. About \$700 million in annual federal funding would flow into the state, offering a lifeline to 59 rural hospitals at risk of closing.

Rural health services have declined and facilities closed in many areas of our state. When Kansas citizens do not have healthcare and healthcare coverage, those costs are passed on to the insured. Eight rural healthcare facilities have closed due to restricted funding and the lack of federal funds since 2014. Kansas has lost nearly \$7 billion in additional federal funding while our federal taxpayers support jobs and healthcare in 40 other states.

- Medicaid expansion would create nearly 23,000 jobs and help end our healthcare worker shortage.
- Kansas business owners could save up to \$80 million per year in healthcare costs if Medicaid was expanded.

Please listen to the will of the citizens of Kansas. Please stop sending Kansas taxpayer-collected funds to other states.

Respectfully,
Dr. Janet Neufeld

March 17, 2024

Dear Chairman and committee members,

Thank you for the opportunity to provide testimony in support of Medicaid Expansion. I would like to strongly encourage you to support Medicaid Expansion for our state.

Expanding Medicaid would be a win for Kansans in so many ways and improve the quality of life:

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

Please vote YES in support of Medicaid Expansion in Kansas.

Sincerely,
Adrienne Newlin
Overland Park, KS resident

NMC Health Administration
600 Medical Center Drive
PO Box 308
Newton, KS 67114-0308
316.283.2700
myNMCHHealth.org

TO: Senate Public Health and Welfare Committee

FROM: Vallerie L. Gleason, President and CEO

DATE: March 12, 2024

RE: Senate Bill 355 – Support

On behalf of Newton Medical Center, I am pleased to provide a letter of support for Senate Bill 355, The Bridge to a Healthy Kansas.

The Bridge to a Healthy Kansas is a fiscally responsible Kansas-based solution that will bring hundreds of millions of our federal tax dollars back home to Kansas – creating jobs, boosting our economy, protecting hospitals and improving the health of Kansans. More than 150,000 Kansans need access to affordable health care. They currently earn too much to qualify for KanCare but too little to be eligible to get financial help to buy private insurance. These are hard working men and women who are stuck with few options for affordable health coverage. Without regular care, the uninsured often wait until their health concerns reach the point of needing emergency care, which comes at a higher cost to all of us.

Newton Medical Center, the sole hospital in Harvey County, serves a primary service area of 110,000 persons. We care for all who come to us in need. We provide services for those who pay and for those who have no means to pay or who have no intention of ever paying even a portion of their bill which is sometimes not known until well after care is provided. The annual impact of The Bridge for my hospital would be \$3,268,147 which would go a long way to mitigate the annual effect of \$3,380,420 net reductions we are already seeing from the federal legislative hospital cuts. Even with that impact, NMC would still be in a position to receive \$112,273 less than the Federal cuts annually which inflicts harm to this community through threats of reduced services and fewer local jobs. Every dollar of expansion through the Bridge to a Healthy Kansas is quite meaningful to greater Newton and Harvey County.

Moreover, we tithe back to our community with financial gifts and services. Our generous financial assistance policy, aids those who are at 275% of the Federal Poverty Level (FPL) with free and deeply-reduced fee care in our hospital and clinics.

Newton Medical Center is a local economic engine. We contribute over 800 jobs to the

local economy and significant financial re-investment. We provide significant support to Health Ministries Clinic, a local designated Community Health Center that cares for the poor. Our Food Service Department has contributed daily to the preparation and distribution of Meals on Wheels continuously for 50 years in 2024. In addition we have raised through our annual Share the Love over \$80,000 for Meals on Wheels.

Regrettably continued funding cuts and regulatory burdens are now having an impact on our staffing decisions. We intend to protect and defend our current employees to the best of our ability but at this time we are not adding employees to our workforce, even when positions are vacated (except for essential direct patient care positions). It is said that organizations cannot cut their way to prosperity. So despite the hiring decisions we are currently making, we are still looking for ways to introduce other desperately needed services for our vulnerable local populations which include behavioral health/drug/alcohol issues, pulmonology, cardiology, tele-medicine, and primary care access.

Our opinion is that all persons in our community deserve access to healthcare at a good price and with quality outcomes. We strive to be part of that solution for our greater community. Frankly, the deep funding cuts we have experienced are unsustainable and unreasonable. We support relief measures and a re-balancing of fiscal responsibility especially toward poor, working Kansans. The offer of a hand-up through The Bridge to a Healthy Kansas is entirely consistent with Kansas values and is certainly consistent with the mission of Newton Medical Center.

For these reasons, I support The Bridge to a Healthy Kansas (SB 355). Thank you for your consideration of my comments.

Date: March 20, 2024

From: Steve and Marcia Nicely, SCLA

RE: HB 2556 / SB 355 Proponent testimony

Kansas legislators,

Thank you for your service to our state. We all know the arguments in favor of Medicaid expansion and the arguments against it. I don't want to argue and suspect you don't either. Let me just invite you to join the majority of us who favor it on behalf of the struggling families who need it and we taxpayers who are willing to pay for it.

Thank you,
Steve and Marcia Nicely
6527 Maple Dr.
Mission, KS



EQUALITY ♦ LAW ♦ JUSTICE

Disability Rights Center of Kansas
214 SW 6th Avenue, Suite 100 ♦ Topeka, KS 66603
Phone: 785.273.9661 ♦ Toll Free: 1.877.776.1541
Toll Free TDD: 1.877.335.3725 ♦ Fax: 785-273-9414
www.drckansas.org info@drckansas.org

Written-Only Proponent Testimony on Medicaid Expansion
Joint Meeting Senate Ways & Means and Public Health & Welfare committees
March 20, 2024

Chair McGinn and members of the committees:

My name is Rocky Nichols. I am the Executive Director of the Disability Rights Center of Kansas (DRC). DRC is a public interest legal advocacy organization part of a national network of federally mandated organizations empowered to advocate for Kansans with disabilities. DRC is officially designated by the State of Kansas as Kansas' protection and advocacy system. DRC is a private, 501(c)(3) nonprofit corporation, organizationally independent of state government and whose focus is the protection and enhancement of the rights of Kansans with disabilities.

Thank you for the chance to share our support for Medicaid Expansion. I am attaching a policy paper from the KanCare Advocates Network that highlights valuable information about how Medicaid Expansion will benefit Kansans with disabilities. I will share a few of the highlights below.

Myth #1: Medicaid expansion will only help "able-bodied" Kansans of working age.

According to the federal data, nearly 600,000 Kansans¹ have a disability but there are only 93,557 Kansans with disabilities of working age qualify for Medicaid or Medicare.² **This means there are 506,361 Kansans with disabilities who could potentially benefit from Medicaid expansion.**

Medicaid expansion benefits Kansans with disabilities

1. Expansion Builds the Healthcare Workforce – including the Direct Care Workforce who provide in-home services to Kansans with Disabilities
2. Expansion Builds Home & Community Based Services

Myth #2 – the Kansas Legislature should focus on reducing HCBS waiting lists instead of addressing Medicaid.

The Kansas Legislature has the capacity to both pass Medicaid expansion and eliminate HCBS waiting lists. Blaming persons with disabilities and the HCBS waiting lists as reasons to delay Medicaid expansion is disingenuous, especially when the legislature has failed to adequately fund the waiting lists while also neglecting Medicaid expansion. The waiting lists have grown worse due to the Legislature's inaction over the past several years.

Expanding Medicaid will not increase the waiting lists

Expanding KanCare does not worsen HCBS waiting lists, as research has consistently shown. Research, including studies conducted at the University of Kansas, show individuals with disabilities in states with expanded Medicaid programs are more likely to be employed and enjoy better health outcomes.³

¹ The CDC and US Census Bureau estimate that 599,918 Kansans have a disability.

<https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/kansas.html>

² 63,896 Kansans 18-64 receive SSDI (Social Security Disability Insurance) – Table 67:

https://www.ssa.gov/policy/docs/statcomps/di_asr/2018/sect01b.html#table16, 29,661 Kansans 18-64 receive SSI Disability – Click on the Kansas data PDF: https://www.ssa.gov/policy/docs/statcomps/ssi_sc/index.html

³ Hall JP, Shartzer A, Kurth NK, Thomas KC. Effect of Medicaid Expansion on Workforce Participation for People With Disabilities. *Am J Public Health*. 2017 Feb;107(2):262-264. doi: 10.2105/AJPH.2016.303543. Epub 2016 Dec 20. PMID: 27997244; PMCID: PMC5227925



An independent voice for
those served by KanCare.

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

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

The KanCare Advocates Network (KAN) is a coalition of more than 50 organizations who advocate on behalf of and serve the 400,000 Kansans who depend upon the Kansas Medicaid program, KanCare, and its seven Home and Community Based Services (HCBS) waiver programs for their health care and long-term supports and services. In this policy paper we address common myths perpetuated by Medicaid expansion opponents.

Debunking the Myths of Medicaid Expansion

It is disappointing that opponents of Medicaid expansion continue to use false claims regarding people with disabilities as justification for inaction on Medicaid expansion. This policy paper counters the two most common myths with facts and why people with disabilities support Medicaid expansion.

Myth #1: Medicaid expansion will only help "able-bodied" Kansans of working age.

The claim by some members of legislative leadership that only "able-bodied" Kansans will benefit from Medicaid expansion is not supported by fact. The truth is Kansans with disabilities of working age will benefit from expansion because only a small percentage of persons with disabilities have health insurance through Medicaid or Medicare.

According to the federal data, nearly 600,000 Kansans¹ have a disability but only 93,557 Kansans with disabilities of working age qualify for Medicaid or Medicare.² This means 506,361 Kansans with disabilities could potentially benefit from Medicaid expansion. Although many of those over 500,000 Kansans with disabilities may have access to some form of health insurance, it often is not affordable to them. Chronically low wages often force people with disabilities to

¹ The CDC and US Census Bureau estimate that 599,918 Kansans have a disability.
<https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/kansas.html>

² 63,896 Kansans 18-64 receive SSDI (Social Security Disability Insurance) – Table 67:
https://www.ssa.gov/policy/docs/statcomps/di_asr/2018/sect01b.html#table16, 29,661 Kansans 18-64 receive SSI Disability – Click on the Kansas data PDF: https://www.ssa.gov/policy/docs/statcomps/ssi_sc/index.html

live in lower socio-economic conditions. So, while some of these 500,000 Kansans with disabilities may have access to health insurance, it may be too expensive for them.

Expansion Builds the Healthcare Workforce – including the Direct Care Workforce providing in-home services to Kansans with Disabilities

Access to affordable health insurance through Medicaid is crucial for attracting and retaining high-quality direct care workers. Almost all direct care workers in Kansas who provide in-home services to seniors and people with disabilities do not receive health insurance as a benefit of their employment.

A recent University of Kansas survey of HCBS direct care workers in Kansas found 24.1% of these direct care workers were completely uninsured, which is twice the national uninsured rate of 12.2% for working-age adults under 64.³ None of the direct care workers who participated in the study received health insurance through their employer. Furthermore, the low pay and limited hours direct care workers often pushes them into the coverage gap, where they do not qualify for Medicaid but cannot afford private insurance. Many Kansas direct care workers express a willingness to work more hours **IF** they had access to quality health insurance through Medicaid expansion.

Expansion Builds Home & Community Based Services

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

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

Myth #2 – the Kansas Legislature should focus on reducing HCBS waiting lists instead of addressing Medicaid.

Some legislative leaders argue that the focus should be on reducing or eliminating HCBS waiting lists for persons with disabilities instead of expanding Medicaid. However, this argument does not align with the reality of recent funding allocations.

In the past seven years, the Kansas Legislature added money to reduce the Intellectual/Developmental Disability (I/DD) and Physical Disability (PD) waiting lists only once, despite claims of prioritizing the reduction of waiting lists. The waiting lists have continued to grow and wait times have become longer.

If the focus were on reducing HCBS waiting lists, the Kansas Legislature would have added significant dollars yearly over the past several years, right? Wrong! Over the past seven years, the only new funding appropriated by the Kansas Legislature dedicated to reducing the HCBS

³ "Care and Safety Practices during the COVID-19 Pandemic in Home-Based Long term Services and Supports," C. Wendel-Hummell, University of Kansas.

waiting lists was four years ago (FY 2020) when a relatively small amount (\$1.3 million each in state general fund dollars for PD and I/DD Waivers) was added to take a few people off the waiting lists.

Kansas has also experienced significant budget surpluses and failed to expand Medicaid, resulting in the loss of \$6 billion in federal funds that could have been used to improve services for older adults and persons with disabilities. Kansas continues to lose money every day the Legislature delays Medicaid expansion.

Expanding Medicaid will not increase the waiting lists

Expanding KanCare does not worsen HCBS waiting lists, as research has consistently shown. Even opponents of Medicaid expansion have admitted that there is no correlation between expansion and HCBS waiting lists. Research, including studies conducted at the University of Kansas, demonstrates that individuals with disabilities in states with expanded Medicaid programs are more likely to be employed and enjoy better health outcomes.

Additionally, research from all over the country, including research done at the University of Kansas, shows that individuals with disabilities who live in states that have expanded Medicaid programs are significantly more likely to be employed and live healthier lives than those who live in non-expansion states.⁴

Increases in the HCBS waiting lists are due primarily to underfunding by the state. Over the last eight years, the PD waiting list has ballooned from 822 to 2,329, and the IDD waiting list has grown from 3,452 to 5,046. If the Kansas Legislature had appropriated funding to reduce the waiting list by just 10% each year over the past ten years, both HCBS waiting lists would be eliminated today.

This should not be a binary choice between expanding Medicaid **OR** reducing the HCBS waiting lists, as we could clearly do both. The Kansas Legislature has chosen not to take necessary steps in recent years to eliminate, let alone to at least significantly reduce, HCBS waiting lists.

In Conclusion

The Kansas Legislature has the capacity to both pass Medicaid expansion and eliminate HCBS waiting lists. Blaming persons with disabilities and the HCBS waiting lists as reasons to delay Medicaid expansion is disingenuous, especially when the legislature has failed to adequately fund the waiting lists while also neglecting Medicaid expansion. The waiting lists have grown worse due to the Legislature's inaction over the past several years.

It is time for Kansas legislators to prioritize the healthcare and well-being of all Kansans, including those with disabilities, by expanding Medicaid and addressing the HCBS waiting lists. Delaying Medicaid expansion only results in missed opportunities for better healthcare access and the loss of billions in federal funds, which could be used to improve services for older adults and individuals with disabilities.

⁴ Hall JP, Shartzer A, Kurth NK, Thomas KC. Effect of Medicaid Expansion on Workforce Participation for People With Disabilities. *Am J Public Health*. 2017 Feb;107(2):262-264. doi: 10.2105/AJPH.2016.303543. Epub 2016 Dec 20. PMID: 27997244; PMCID: PMC5227925.

March 15, 2024

Dear Chairman and Committee members,

I urge you to support Medicaid Expansion. It's a win-win for Kansas.

Thank you for the opportunity to submit testimony.

Kansas is a rural state and many rural hospitals will benefit from this expansion. The proposed bills are revenue neutral. About \$700 million in annual federal funding would flow into Kansas. Plus there is a federal funds signing bonus when Kansas approves expansion. This increase of funds are too large to ignore!

150,000 low income Kansans need to be included in this opportunity for health care.

We have relatives who have been impacted by the closure of the hospital at Fort Scott. They now have to drive longer distances to receive treatment, which can be life-threatening. Please do everything to prevent further hospital closures across the state.

Please vote to approve Medicaid Expansion

Thank you,
Ann Norbury
5101 Ballentine
Shawnee, KS 66203

March 15, 2024

I fully support Kancare expansion in Kansas. We need it for the hospitals and the rural communities and the people who work in healthcare . Also it helps people who work in the service industries who are in the gap, the working poor.

Please move this forward so it can be voted on and passed which would help all Kansans. Everyone I talk to feels the same.

Respectfully,

Leslie Nord



nejcchamber

connect. build. grow.

From: Deb Settle, President, and CEO of the Northeast Johnson County Chamber of Commerce

RE: Testimony to support KanCare expansion

February 26, 2024

My name is Deb Settle, President, and CEO of the NEJC Chamber of Commerce representing ten cities in the northeast region of Johnson County, KS. The NEJC Chamber has been a supporter of expansion of Medicaid - KanCare.

Expanding KanCare is a practical and cost-effective way to help our citizens, businesses, and communities by lowering health care costs.

Personally, I grew up in a small town in rural Kansas and it is so harmful to see so many of the smaller town hospitals having to close. So far, eight hospitals have closed since 2014 with more at risk. What if your loved one is having a heart attack or stroke. The thought of having to drive an hour to the next largest town for healthcare is unacceptable and we should take every step available to ensure that ALL people have access to affordable healthcare.

From a Chamber of Commerce perspective our business owners in the State of Kansas could save up to \$80 million dollars per year in health care costs if Medicaid were expanded. It won't cost Kansas taxpayers a single cent. It is revenue-neutral, and this expansion could also create jobs, and help to end our health care worker shortage. Expanding KanCare could also help reduce taxes which means more dollars could be spent on schools, and roads which benefit all Kansans.

Respectfully, the NEJC Chamber requests that you support the creation and implementation of a Medicaid expansion plan. Thank you for your consideration.

Deb Settle

President and CEO

Northeast Johnson County Chamber of Commerce



Written-only Testimony in Support of Medicaid Expansion

Tracy Russell, Executive Director, Nurture KC

My name is Tracy Russell and I serve as the Executive Director of Nurture KC, an organization dedicated to reducing infant and maternal mortality in Kansas City. Our families come from the six ZIP codes of Wyandotte County with the highest rates of infant mortality. These families are among our most vulnerable, often facing barriers to care exacerbated by the unwillingness of Kansas to join the 40 states that have enacted Medicaid expansion.

Two years ago, Kansas extended Medicaid postpartum coverage from 60 days to one year, rightly recognizing the need and importance of continuous care for mothers and babies. It is past time to apply that standard before pregnancy and prioritize the continuum of care that is critical to improving our maternal and infant health outcomes. Access to care through Medicaid expansion would knock down one of the barriers to early prenatal care as well as address and manage chronic conditions before conception.

The benefit of expanded Medicaid eligibility is borne out by the facts. The infant mortality rate in expansion states is 50% lower than in non-expansion states. There is also a reduced occurrence of low birthweight babies in expansion states. The rates of maternal mortality are also less in expansion states.

While these improvements early in the life of the child are so important, there is also evidence that having parents who have health coverage means that children are more likely to have coverage going forward. In other words, parents who are part of the care system are more likely to participate on their children's behalf as well. Finally, the financial burdens that accompany uninsured health care can have a grievous impact on family financial stability and stress, ultimately undermining children.

Valuing our families and their access to needed care will strengthen Kansas. Thank you for your consideration of Medicaid expansion as key to Kansas families and their ability to thrive.

March 15, 2024

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

Dear Chairman and Committee Members,

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

Expanding Medicaid benefits all Kansans. Here are just a few of the benefits that would result:

150,00 Kansans who currently fall in an insurance coverage gap would now be covered. It has the potential to boost the state's economy with a healthier, more efficient workforce and up to 13,000 new jobs.

Medicaid expansion helps hospitals and the communities they serve. Besides providing healthcare, hospitals are generally among the largest employers in their communities and a key foundation for economic growth and development.

Medicaid expansion helps children by boosting families' financial security and enabling children to get better care from healthier parents. Medicaid expansion is an investment in our future.

This is by no means a complete list of all the benefits. It's time Kansas joins the 40 states that have already recognized the benefits that come with Medicaid Expansion.

I am a part of the overwhelming majority of Kansans who agree - it's time to expand Medicaid!

Thank you for your support of this important legislation,

Donna Oberstein
Overland Park

March 13, 2024

I am 84 years old. I would be dead now were it not for Medicaid.

I had a kidney transplant 13 years ago and have received the best post surgery care possible from The University of Kansas Hospital. However my income is way below the poverty line. Medicaid made it possible for me to receive treatment.

I live in a rural area where the average income is below the poverty level for most individuals and most families. It's only right that those folks receive the same care and treatment that Medicare made possible for me.

W. W. O'Bryan
303 N Prairie St
Hepler, KS 66746

Testimony: Kansas Senate's Joint Committee on Ways and Means Committee and the Public Health and Welfare Committee on Senate Bill 355 regarding Medicaid Expansion for Kansas Citizens

Testimony: Kansas House of Representatives's Public Health and Welfare Committee regarding Medicaid Expansion for Kansas Citizens

My name is Lana Oleen and I reside in Manhattan, Kansas.

I had the privilege to represent the Manhattan/Junction City area in the Kansas Senate for 16 years, serving as the elected Senate Majority Leader for 4 years. During my legislative service, Senate District 22 was composed of the cities of Manhattan, Junction City, Ft. Riley, some smaller towns and also rural areas. I did (and still) consider it a microcosm mix of the state's population in Kansas. The measure before you today speaks to these same kinds of demographics, whether urban or rural.

We know the facts that we already "pay" (through our federal taxes and our insurance premiums) for health care. Much of Kansas taxpayer money is channeled to the other forty (40) states that have already expanded Medicaid for their citizens.

We know that closures and reduced services are happening to our fellow Kansans. We know there are citizens who need medical and mental health services, as well as physical therapy services. In numerous situations our citizens can't access these services because of hospital closures and "downsizing" in rural communities. We know emergency care facilities are over-burdened by citizens needing help and health care positions are stretched. Kansas and Kansans can do better

I implore you to work together, make Kansas/ Kansans healthier and safer by supporting Medicaid with your votes in these committees and in your respective Chambers.

Sincerely,

Lana Oleen
3000 Stagg Hill Road,
Manhattan, KS 66502. Cell phone: 785-341-3623

Board of Directors

Charles A. Abbick, DDS
Salina Family Healthcare Center

Tami Allen
Families Together, Inc.

Melanie Simmer-Beck, PhD, RDH
UMKC School of Dentistry

Veronica Byrd
Parents as Teachers Pine Ridge

Kent Haverkamp, MD
Blue Cross & Blue Shield of Kansas

Davette McCoy, MHS, RDH, ECP III
Kansas Dental Hygienists' Assoc.

Debra Meisenheimer, BS, MS, CPC

Trina Morgan
Kansas Children's Service League

Debra Pochop
Rawlins County Dental Clinic

Michelle Ponce
Association of Community Mental
Health Centers of Kansas

Kevin Robertson, MPA, CAE
Kansas Dental Association

Linda J Sheppard, JD
Kansas Health Institute

Preddis Sullivan, DDS
Delta Dental of Kansas

Shannon Uehling
Sunflower Health Plan

Medicaid Expansion Proponent February 27, 2024

Oral Health Kansas is the statewide advocacy organization dedicated to promoting the importance of lifelong oral health by shaping policy and educating the public. We stand in support of Medicaid expansion.

Dental diseases like tooth decay and gum disease are nearly 100% preventable. When people have access to routine preventive dental care, they are able to catch any problems early and stay healthier. Prevention and early detection of disease are always easier and far less expensive than more complex treatments. With expanded Medicaid coverage, Kansans would have the ability to seek dental care at the first sign of trouble rather than waiting until the condition worsens. This early intervention can prevent the progression of dental problems, leading to better outcomes and lower healthcare costs in the long run. For example, addressing tooth decay in its early stages can prevent the need for more extensive and expensive treatments such as root canals or extractions. People with healthy teeth are able to get and keep jobs as well as better maintain their overall health. **Expanding Medicaid in Kansas will ensure adults have access to routine dental care, which will keep them healthier and ready to work.**

In 2020 Oral Health Kansas collaborated with the Kansas Health Institute to produce a report called "Dental Insurance Coverage and Unmet Dental Needs in Kansas" The report found that 34% of working age adults in Kansas do not have dental insurance. This uninsurance rate far outstretches even the health uninsurance rate. **Only about 43% of jobs offer dental insurance, which means that the rest of the workforce must either pay for their own insurance or go without dental insurance.** Expanding Medicaid in Kansas will help close this dental insurance coverage gap and begin to access much needed dental care.¹

One unintended consequence of not expanding Medicaid is risking the loss of access to sedation dental care. Few people require sedation in order to receive dental care, but for the people who really need it, including some people with disabilities, it can be extremely hard to find. Some small-town Kansas hospitals are committed to making their operating rooms available for sedation dental care, but these same small-town hospitals are at risk of closure because Medicaid has not been expanded. **People with Medicaid coverage and even with private insurance coverage risk losing access to sedation dental care if their local hospital is forced to close.** The list of places people can access sedation dental care is very small, and it would be an additional burden if more of those access points are lost because Medicaid has not been expanded.

Organizations opposed to Medicaid expansion have cited the tragic death of Deamonte Driver as a reason to not expand Medicaid. His story is not a reason to retreat from expansion. Rather it is an important reminder of how to learn from the consequences of a tragedy and to commit to doing better.

In 2007, a twelve-year-old boy named Deamonte Driver died when an infection from an abscessed tooth went to his brain. Deamonte's mother, a lawyer, and a slew of case managers worked hard, but could not get the dental care he needed for the abscess in time to save his life.

When Deamonte died, the governor of Maryland's first reaction was to form a task force charged with crafting a list of remedies for the state's broken Medicaid system. His reaction was not to retreat and provide less support to low-income people through Medicaid. It was to do more to keep the people of his state healthy. Maryland adopted a number of policy changes and invested in an oral health infrastructure to ensure families like the Drivers can access the care they need.

The loss of Deamonte is proof that more needs to be done to ensure children and adults do not suffer from preventable diseases. In the years since his death, the oral health community has come together to demonstrate the importance of helping families do three things:

1. Access dental providers when they need them.
2. Be able to afford dental care.
3. Understand how to take good care of their teeth.

Deamonte's family made the best of his tragic death. His mother became a dental assistant, and the community raised funds to establish the "Deamonte Driver Dental Project" mobile clinic, which goes to schools to provide the dental care students need. Deamonte's mom honored her son's memory by working in that mobile clinic. His oldest brother honored his memory by naming his first son Deamonte. Deamonte's legacy is systems change with the goal of ensuring low-income families have access to the services they need. His life was cut tragically short, and nothing can change that. But he taught all of us a powerful lesson that the lives of people living in poverty are important and are worth investing in.

Oral Health Kansas believes Medicaid expansion is one of the most important policies Kansas could adopt. It would be the investment that we need in order to assure working Kansans can lead happy, healthy, and productive lives. Thank you for the opportunity to share the reasons Medicaid expansion will help Kansans and tell you the story of Deamonte Driver and his legacy. Oral Health Kansas fully supports Medicaid expansion and urges the Kansas Legislature to approve it.

Sincerely,



Tanya Dorf Brunner
Executive Director
tdorf@oralhealthkansas.org

¹ Kansas Health Institute: "Dental Insurance Coverage and Unmet Dental Needs in Kansas," 2020.
<https://www.oralhealthkansas.org/Dental%20Insurance%20Report/DentalInsuranceUnmetNeedsKansas.pdf>



March 13, 2024

To Kansas Policy Makers,

Orizon Aerostructures manufactures, processes, and assembles product for various commercial, defense and space programs within the aerospace industry. Our largest plant is in Chanute, Kansas where we employ nearly 600 Associates in a town of about 8,500. (We also have a facility in Olathe, Kansas).

Our continued growth in Chanute depends in part upon the community's ability to provide health care and passing Medicaid expansion is critically necessary. Amazingly, Kansas is one of very few states that does not offer this benefit and the projected net loss for Medicaid write-offs for our community hospital alone exceeds \$90 million annually.

We have read and agree that expanding KanCare will: "Reduce health care costs for everyone. Every Kansas is paying the price for not expanding KanCare. When low wage Kansans can't get health coverage that means more in ER bills, increased uncompensated care for hospitals, and untreated mental and physical health needs. This means individuals, families and businesses all end up paying more for health care. Expanding KanCare will bring the cost of health care down for everyone".

Passing Medicaid expansion would not only make Kansas more competitive with our neighboring states but provide significant resources to our community hospital. Accordingly, we urge you to continue the fight to pass this bill, and protecting the sixty to seventy Kansas community hospitals that are at risk!

Sincerely,

Charles M. Newell

Charles M. Newell
CEO
Orizon Aerostructures

Henry H. Newell

Henry H. Newell
President
Orizon Aerostructures

Medicaid Expansion Testimony

Dear Legislators,

I am a family nurse practitioner at Vibrant Health in Kansas City, KS. Vibrant Health is a Federally Qualified Health Center so many of the patients I serve live in poverty and experience many barriers to care. Many of our patients must decide if they should spend the little money they have left after paying all the bills on food or medicine. A parent may have to choose between feeding their child or buying medicine and paying for a visit to the doctor to address their ailments. No parent should ever have to go without medical care for themselves or their children because they can't afford it. Receiving medical care should not be a luxury available only to the rich.

Medicaid expansion would allow those who currently make slightly too much money to qualify for Medicaid but not enough to afford health insurance on their own, to access medical care. When people are sick and can't get appropriate medical care, they become unproductive members of society. Taking care of this basic need would lead to more productive, happier, and healthier communities. Having access to primary and preventative care is a lot less expensive than ending up in tertiary care because of an advanced chronic condition that could have been avoided. I'm asking all of you to expand Medicaid coverage to improve the health of Kansans everywhere. You hold in your hands the ability to make a great impact on people's lives. Please don't squander this opportunity to make a difference.

Sincerely,

Erika Ortiz
17546 W 112th St.
Olathe, KS 66061

Erika Ortiz, MSN, FNP-C
Outreach Nurse Practitioner
Vibrant Health/WYCO Care Connection

Susan Osborne

1211 S. Siena Ct.
Wichita, Kansas 67235
sosborne46@cox.net
316-680-4868

March 15, 2024

Re: Testimony in Support of Medicaid Expansion

Dear Chair and Committee members:

I am submitting my testimony in support of Medicaid expansion. I ask you to support it and send it to the floor for a vote. I have been actively researching Medicaid Expansion for the past 8 years, and I see only benefits for making such a decision.

None of the 40 states that have expanded Medicaid since 2014 have reneged. The concerns about expansion have all been addressed, and it is past time to vote in support. As a Kansan, I hate to see our citizens lose over \$7 billion dollars in our taxes to the states that have expanded. 150,000 Kansans, the working poor, would gain access to healthcare instead of being caught in the "gap." Our rural hospitals are at risk of closure – more than any other state (except Texas!) These hospitals need permanent and stable funding that would be provided by expanding Medicaid. Even Mississippi is now considering expansion....it has already passed their House.

Most Kansans in each political party support expansion, and we are closely watching our legislators this year.

I do want to mention an additional reason that I support expansion. I am a Catholic, and I have watched the Catholic Bishops of Kansas waiver on their support in the past. However, this year it is different. Here is a direct quote from Bishop Carl Kemme of the Catholic Diocese of Wichita in response to a question about his support directed through his executive secretary:

"He stands with you. He and the other Kansas Bishops are all for it. They have even been promoting it. It is just unfortunate that so many politicians are against it."

Listens to Kansans instead of the multiple falsehoods that have been disseminated by biased sources with hidden agendas. The ample solid research indicates that it's past time for Kansas to pass Medicaid Expansion!!!

Sincerely,

Susan Osborne

March 15, 2024

We in Kansas were one of the first states to try to set up a system to expand medicaid, only to see the effort and expense of doing this trashed for highly unfounded political reasons. We have continued to lose billions of dollars available from the federal government to help needy Kansans at and below poverty levels. It is short-sighted, inhumane, and destroying our small rural hospitals and the availability of medical care to those populations. Please listen to the majority of Kansans in their wanting the expansion of medicaid that has been adopted even by our highly conservative neighboring states.

Kathleen Outlaw
8801



**To: Senator Carolyn McGinn and Members of the Senate Committees on
Ways & Means and Public Health & Welfare**
**From: Kevin Walker, Executive Vice President and Chief Policy Officer
Overland Park Chamber of Commerce**
Date: 15 February 2024

Thank you for the opportunity to submit written testimony in support of SB 355.

The healthcare costs of low-income uninsured individuals are currently being passed on to businesses and others in the system. As part of a comprehensive review of the data, the Chamber supports Kansas solutions that improve the quality and efficiency of the current KanCare/Medicaid system while maximizing coverage to those newly eligible under the federal Affordable Care Act.

The expansion of KanCare eligibility will help as many as 150,000 working but uninsured Kansans gain access to affordable health care. Additionally, it can also provide a boost to our state's economy due to a healthier and more efficient workforce and by creating as many as 3,500 – 4,000 new jobs over the next five years (according to a study by George Washington University).

Additionally, expanding KanCare will lead to a reduction in our overall state spending on health care while alleviating the strain of the increasing cost of uncompensated care that hospitals and other providers are struggling to absorb. These unnecessary costs are contributing to increasingly higher health insurance premiums being passed on to businesses and individuals. All too often individuals without health benefits delay or avoid altogether seeking medical care. These delays not only jeopardize their health but result in higher costs of treatment when they do choose to seek care. These costs are

passed on to all consumers. In short, we are already incurring costs associated with providing care for the uninsured. Providing pathways for the uninsured to gain coverage will help reduce costs for everyone.

According to an analysis by Manatt Health Solutions, many of the dollars currently spent by the state in providing required health care services to the uninsured would be reimbursed by federal funds, including as much as \$75 million per year spent on mental and behavioral health care; \$29 million spent annually to reimburse hospitals and clinics for uncompensated care they provide; and \$9 million spent annually to provide medical services to prison inmates.

Further, a thoughtful, well-designed Kansas-specific program to expand KanCare could generate more than \$126 million in savings and new revenue, more than offsetting the predicted cost of approximately \$57.5 million, thus netting the state more than \$69 million in revenue.

For the reasons stated above, the Chamber respectfully requests that you support the creation and adoption of SB 355. Thank you for your consideration.



March 20, 2024

Senator Carolyn McGinn, Joint Meeting Chair
Joint Meeting of the Senate Committees on Ways and Means and Public Health and Welfare
Room: 548-S
Topeka, KS 66612

Re: Informational hearing on Medicaid Expansion

Dear Senator McGinn and Committee Members,

City Hall

6 East 6th Street
PO Box 708
Lawrence, KS 66044

785-832-3000
lawrenceks.org

MAYOR

Bart Littlejohn

VICE MAYOR

Mike Dever

COMMISSIONERS

Lisa Larsen
Brad Finkeldei
Amber Sellers

On behalf of the City of Lawrence to urge you to accept federal funds to expand Medicaid in Kansas. Doing so will allow KanCare, the publicly funded health insurance program for low-income Kansans, to serve more of our state's vulnerable population. Having stronger, healthier residents and families will strengthen our cities and the State of Kansas.

Studies that show the positive economic and employment benefits that will likely accompany the inflow of federal funds to Kansas. Taking advantage of the opportunities available through the federal government to expand Medicaid in Kansas will not only help our fellow Kansans to secure quality health care services for themselves and their families, it will also likely strengthen the economy of our state and its communities. We urge you to accept federal funds to expand Medicaid in Kansas.

The City of Lawrence embraces any opportunity to support the City's strategic plan outcomes of creating a safe and security community and supporting the prosperity and economic security of the City and its residents. The expansion of Medicaid in Kansas would provide meaningful progress for individuals, the City of Lawrence, and the State of Kansas.

Please do not hesitate to contact me if you have any questions. Thank you for considering our comments on this matter.

Respectfully,

A handwritten signature in blue ink, appearing to read "Craig Owens", is written over a blue circular stamp.

City Manager Craig Owens

CC: Mayor and City Commission



March 15, 2024

Dear Chairman and committee members:

Thank you for the opportunity to provide support for the expansion of Medicaid in Kansas. I believe this legislation is important for Kansas for many reasons, including:

1. **Medicaid Expansion won't cost Kansans taxpayers a single cent.** The bills being heard next week, HB 2556 and SB 355, are revenue-neutral.
2. **About \$700 million in annual federal funding would flow into the state.**
3. **Federal law provides a signing bonus for states that haven't implemented expansion.** This would result in Kansas seeing up to an additional \$450 million in new dollars during the first two years.
4. **Healthcare costs for everyone would be reduced.** Emergency rooms are treating Kansans without the ability to pay, raising the costs of healthcare for everyone. As workers gain insurance through expansion, this uncompensated care declines, reducing the need to increase prices for all Kansans.
 - Marketplace premiums are 7% lower in states that expanded Medicaid compared to non-expansion states like Kansas.
5. **Addresses the mental health crisis** with improved access to care and medication.
6. **Preserve and strengthen rural healthcare.** Rural hospitals face high levels of uncompensated care; 59 of the remaining 102 rural hospitals across Kansas are in danger of closing. Having grown up in the rural part of Kansas, I know how challenging it is to find good healthcare within an hour of your home.

Please support the expansion of Medicaid in Kansas.

Melinda Parks, Lenexa, KS



485 N KS HWY 2, Anthony, KS 67003 | 620.914.1200

TO: Senate Committees on Ways & Means and Public Health Welfare

FROM: Sarah Teaff, Chief Executive Officer Hospital District #6 of Harper
County, Kansas
Dba Patterson Health Center
485 N KS HWY 2
Anthony, Kansas 67003

DATE: 2/14/2024

RE: Proponent SB 355

On behalf of Patterson Health Center, we appreciate the opportunity to provide testimony in support of Senate Bill 355.

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

At the end of 2023, eight percent of Patterson Health Center's payer mix was self-pay or uninsured, which is approximately 1.2 million dollars of our operating revenue in 2023 with \$760, 953 in uncompensated care. These challenges are only the tip of the iceberg facing rural hospitals in Kansas in 2024 and beyond.

Patterson Health Center remains committed to serving the communities we care for each day across our state. We are an economic driver of local economies and one of the largest industries in the state.

Our hospital employs 50% of employees in the healthcare industry in Harper County and have a multiplier effect of 1.4; meaning for every employee at Patterson Health Center, an additional .4 jobs are supported in Harper County. Our hospital is critical to the future viability and vitality of our rural community.

This bill comes at a time when the healthcare industry in Kansas is providing almost \$1.2 billion in uncompensated care to our state. As noted above, our hospital provided \$760, 953 of uncompensated care in 2023.

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

Sincerely,

Sarah Teaff, PhD, FACHE

We have a mental health crisis in Kansas – it's time to expand Medicaid.

By: Robbin Cole, CEO Pawnee Mental Health Services

Earlier this year, Mental Health America released its annual mental health rankings by state. They placed Kansas last in the nation. Let that sink in — last, out of 51 states and territories.

Although this is disappointing news, we've come together before to make progress. In 2021, Kansas became the first state in the nation to pass a transformative law that put us at the forefront of addressing our state's mental health needs. This bipartisan bill established a new model for providing behavioral health services called the Certified Community Behavioral Health Clinic model.

It was a significant step in the right direction. Kansas has increased access to community-based mental health services and encouraged integration of behavioral health with physical health care. Our Certified Community Behavioral Health Clinics are focused on helping patients increase their independence and stay active in their communities.

Lawmakers put partisanship aside, came together, and worked on a solution to help Kansans. That is leadership. And I know the Legislature can work together again to address this crisis – and finally expand Medicaid.

Expansion would mean that 150,000 hard-working Kansans, who fall into the coverage 'gap,' have access to affordable healthcare. Many folks in this gap are working and either aren't offered or can't afford private health coverage, and they make "too much" to qualify for Medicaid. But they don't make enough to afford private healthcare coverage. Therefore, they have no health insurance.

So, what does it have to do with mental health?

Kansans with mental healthcare needs make up nearly one-third of the folks in the 'gap.' If we expanded, thousands of Kansans could get the mental health care they need when they need it.

Simple as that.

Expansion greatly enhances the use of mental health services and enables healthcare providers to offer new services. We've found that in [states that have expanded Medicaid](#), people are less likely to skip medications due to cost and more likely to seek regular care for their ongoing health conditions while reporting improvements in their overall health.

Kansas is one of only ten states left in the nation that has not expanded Medicaid – that's another ranking we don't want to be known for. We are surrounded by states that have expanded: Missouri, Nebraska, Colorado, and Oklahoma.

And whether we expand or not, we are paying for our neighbors who have. Federal tax dollars cover 90% of Medicaid expansion costs. The federal income taxes Kansans pay are funding better health coverage for 40 other states, but not here.

The University of Kansas Institute for Policy and Social Research estimates that Kansas lost an estimated \$4.9 billion in federal Medicaid funding from 2014 to 2021, in addition to \$6.62 billion in related economic activity for failure to expand.

That makes no sense.

But our state legislative leaders won't even allow the issue to come to the floor for discussion. Polls show that the majority of Kansans support Medicaid expansion, because it will lower the healthcare costs for everyone. But our legislators aren't even allowed to debate it.

There are no excuses left.

Imagine the social and economic impact on Kansas if all Kansas children and families had access to affordable health care. Imagine the impact on Kansas hospitals and other health care providers, especially those in rural areas, if they could get paid for the services they provide to those in this 'gap.'

No state wants to be 51st in the nation in anything. We certainly don't want to be 51st in mental health. Let's urge the State of Kansas to do what it must to improve upon Kansas' last place mental health ranking.

I urge our legislators to take the next step and finally expand Medicaid.

To Whom It May Concern,

I am writing to express my support for expanding Medicaid. I see no reason not to make this move, as HB 2556 and SB 355 will provide healthcare to those most at risk and lowers health care costs for over 150,000 Kansans. It is also revenue-neutral and so will not cost any taxpayer money. The majority of Kansans support Medicaid expansion, so any legislator who is listening to their constituents should enthusiastically support this decision. Please do not let partisan ideology prevent sick people from receiving care.

Aside from these general reasons, I support expanding for two personal important reasons. First, I am a pastor and so am committed to improving conditions for all people, who I believe are all made in the image of God. For those who use pro-life language, this measure should emphatically be seen as pro-life because it will literally save lives and improve the quality of life for thousands. I have also ministered in rural communities, and I know that Medicaid Expansion will go a long way toward supporting these at-risk places where hospitals will continue to close without these readily available funds.

My second reason for supporting Medicaid Expansion is even more personal. My son has special needs and has benefited greatly from KanCare. I want to ensure as many as possible can have access to such care with even fewer barriers to access. Surely accepting this money will only make it possible for more children to receive care. I have also recently started caring for my elderly father-in-law, who has moved to Kansas to live with us. I want there to be a strong healthcare network for the challenges he faces, along with all other elderly Kansas residents.

Please do not pass up the opportunity to bless countless lives. Thank you for your consideration.

Regards,
Christopher Perrey
1704 N Stoney Point St.
Wichita, KS 67212

March 14, 2024

Please listen to the people of Kansas, and expand Medicaid. I am for spending the federal money available for our state instead of letting everyone else benefit from it. It is a no-brainer in my opinion. Help our own. Thanks!

Liza Perry

3186 Hamilton Rd, Princeton, KS 66078

March 15, 2024

Please consider expanding Medicaid for Kansas residents. Costs are rising and we are paying more to take care of ourselves and provide for our families. I understand that expanding Medicaid will reduce health care costs for everyone by providing health insurance to 150,000 residents in rural areas, small towns, and cities across the state. Expanding Medicaid will provide coverage to hardworking Kansans and result in much-needed investments in our communities to strengthen our hospitals, clinics, and provider networks. It will also make Kansas more competitive with neighboring states that have expanded Medicaid, protecting jobs and ensuring Kansas continues to be a good place to live, work and raise a family.

I live in Marion, Kansas, a small rural community with a local hospital. Having access to a hospital and clinic nearby has saved many lives, including mine. Extra funding will help keep St. Luke Hospital and Clinic open.

Thank you for your consideration of this request,
Margaret Pickering



March 15, 2024

To Whom It May Concern:

On behalf of the Pittsburg Area Chamber of Commerce and our 500+ member businesses, representing over 10,000 employees throughout Southeast Kansas, please allow me to voice our overwhelming support for the Medicaid expansion bill currently being considered. Our reasons for taking this position are numerous, but none more so than its anticipated impact on the economic development of communities like Pittsburg.

Health care is a significant driver of the Pittsburg area economy, particularly as it relates to Ascension/Via Christi Hospital-Pittsburg and the Community Health Center of Southeast Kansas. Medicaid expansion would create an additional \$2 million in revenue for both of these entities, which represent two of our largest employers. All told, Medicaid expansion would generate more than \$11 million in new health care spending in Crawford County alone. Ensuring a robust health care community is particularly important for border communities like Pittsburg, as failure to do so puts us at a disadvantage to neighboring states...all of which have already expanded Medicaid.

An expanded Medicaid program would also ensure a healthier, more productive and efficient workforce to continue fueling our community's and our state's business growth. The largest investment for most companies is the one they make in their employees, and expanding coverage to more than 1,600 uninsured Crawford County residents would increase productivity, while reducing absenteeism and employee turnover. This type of focus on workforce development is increasingly a top consideration in locating and/or expanding a business.

Providing these Kansans with access to routine and preventive care would also create new jobs for doctors, nurses, medical support staff and others, further helping to boost the economy of our region and the state. We've also found that health care tends to play a role similar to travel and tourism, in that many are now traveling to Pittsburg for their health care, which stimulates business for our restaurants, hotels and other local businesses.

It's for these reasons (and several others) that I strongly urge you to consider the positive impact of Medicaid expansion on our state's health care industry and our economy. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Blake Benson". The signature is fluid and cursive, with a large initial "B" and a long, sweeping underline.

Blake Benson
President, Pittsburg Area Chamber of Commerce

To Whom it may Concern:

February 12, 2024

I am providing this short letter in support of Medicaid expansion in Kansas.

Our son has had various missteps and illnesses. Eye exams, routine checkups, lacerations, cuts and abrasions along with several trips to the ER for falls and accidents of one kind or another have been a part of this young man's life.

I am retired and my wife and I have ordered glasses, contact lenses, paid for treatments, medications and procedures that would have been covered by Medicaid.

Some years as much as \$2 - 3,000.00. One year probably, a little more than that.

Our son has normally been employed and on occasions with more than one job and often has worked weekends on his own initiatives recycling materials and being of service.

It just seems to me that when our son has broken glasses and got to a point where they cannot be replaced without an examination or had a cut and needed stitches, or a broken finger all-in-all his being qualified for Medicaid would have saved us probably \$6 - 8,000.00. Our son's personal confidences and self-esteem would probably have also been bolstered several years earlier had he felt that he had his own coverage and was not relying on us into his late 20's.

Today, this is no longer an issue for us. Our son is employed and he has insurance coverage for himself and his family. He has always been a reliable and hard worker.

My point is that in our case this was never about trying to identify and keep a welfare recipient and benefit those who would have preferred not to work or encourage any welfare state encroachment in our little piece of Kansas. That is in my opinion foolish thinking. Selfish thinking and very un-Christian like thinking. A standard that today in my thinking I do not care for but see in the current majority leadership of our legislative bodies here in Kansas.

Again, I support Medicaid Expansion in Kansas. I do this for my concerns and hope for those who are deserving of assistance and comfort that Medicaid Expansion provides.

The economic impact in our rural community medical facilities is also obvious and will help to sustain hospitals, clinics and emergency care personnel, operations and agencies in our rural areas, towns, cities and counties. Much needed as rural Kansas continues to move to a future.

Respectfully,
Douglas Plummer
130 S Second Ave
Minneapolis, KS 67467

March 13, 2024

We know that 78 percent of Kansas want low income people and families to have health care. I am over 65 and glad to have Medicare, but the population below 65 are in a health care desert.

What about our rural residents? Farmers in Western Kansas are aging, they are suffering drought and livestock losses, and mental health issues are increasing as this population has been taking their own lives at a record pace. And we raise up farmers as heros, but treat them unfairly as our health care dollars go to other states with Medicaid expansion.

Please help them by giving them Medicaid expansion!

Thank you,
Janet Podoll



Association of Community Mental Health Centers of Kansas, Inc.

222 SW 7th, Topeka, KS 66603

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

www.acmhck.org

Testimony to Senate Public Health and Welfare Committee on Medicaid Expansion

March 20, 2024

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

We appreciate the opportunity to testify in support of Medicaid Expansion.

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

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

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

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

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

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



Wednesday, March 20, 2024

Michael Poppa
Executive Director
contact@mainstream.vote

Senator Carolyn McGinn, Chair, Senate Medicaid Expansion Hearing

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

Senator Rick Billinger, Chair, Senate Committee on Ways and Means

Proponent Testimony, Written-only

SB355 – Expanding medical assistance eligibility and enacting the cutting healthcare costs for all Kansans act.

Hearing Chair McGinn, Committee Chairs and Committeemembers,

Thank you for the opportunity to submit testimony in support of SB355.

For much of the last decade, Mainstream has been testifying and educating in favor of Medicaid expansion. We affirm that all Kansans have the right to access quality affordable healthcare without discrimination based on socioeconomic status or geography. We uphold this right of Kansans to health, safety, and peace of mind in their personal lives, in their civic communities, and in wider society.

Medicaid expansion is not a partisan issue. It is a practical solution to help healthcare consumers, providers and communities by closing the coverage gap, reducing uncompensated care costs and bringing desperately needed federal dollars into the Kansas economy. Forty states have adopted Medicaid expansion, including all of Kansas' neighboring states. It's time for us to join them.

Medicaid expansion will improve health outcomes for the Kansas children and adults who would receive care and also for every resident of Kansas. Independent studies have shown that closing the Medicaid gap in Kansas would create thousands of jobs, protect rural communities, and help to control escalating insurance costs that threaten health care for every Kansan.

SB355 expands Medicaid, lowers health care costs, and gives 150,000 Kansans access to affordable health care.

- It won't cost Kansas taxpayers a single cent. It's revenue-neutral, so Kansas' surplus can go toward tax cuts, public schools, and infrastructure.
- It's a commonsense, middle-of-the-road approach to providing health care to working Kansans.

- It builds on previous compromises to include a work requirement that grows our workforce but prevents administrative barriers to healthcare.
- Legislators who continue to stand in the way of expansion show that they're simply thinking about politics – not about their constituents.
- It protects rural hospitals, supporting jobs and health care in rural communities.
- It cuts health care costs for Kansas families, hospitals, businesses, and jails.
- 8 rural hospitals have closed while we've waited for expansion, devastating surrounding businesses and costing communities thousands of jobs.

SB355 is a carefully crafted bipartisan compromise that has found support from both sides of the issues.

- Work requirements - This helps to keep our workforce strong while providing appropriate exceptions:
 - As a condition for eligibility, an individual applying for Medicaid under expansion must submit proof of work or community engagement at the time of entry. Then that individual must be able to provide proof at the time of renewal, 12 months later, to remain eligible.
 - There will be exceptions for students, veterans, caregivers, and people with medical conditions, and others.
 - This will be less administratively burdensome than other work requirements, which often require proof of employment on a monthly basis.
- Fiscally responsible – This will be revenue-neutral – there will be no additional cost for Kansas taxpayers. We can definitely afford it.
- Comprehensive support for rural healthcare – Medicaid expansion isn't a silver bullet, it's part of a larger solution. This proposal would also create a group to chart a path forward for rural healthcare.
- Improves public safety – This provides relief for county jails that have been burdened with providing care for admitted inmates without expansion.

It is time to get it done. This bipartisan proposal shows that Governor Kelly is serious about working across the aisle to get Medicaid expanded. However, a few extremists in the Kansas legislature are still blocking Kansas children and families from accessing affordable quality healthcare. It is time to stop listening to partisan ideologues and pass Medicaid expansion for your constituents.

On behalf of Mainstream and our statewide network of bipartisan advocates, I respectfully urge you to support HB2556.

March 15, 2024

Date: March 15, 2024

Name of Conferee: Jessica Porter, Private Citizen

Bill Number: SB 355

Testimony format: Written Only

Disposition: Proponent

Contact Info: Jporter4410@gmail.com

Chair Carolyn McGinn and Members of the Committee, thank you for giving me time to share my thoughts on the SB 355.

I urge you support SB 355 because it protects rural hospitals, and health care in rural communities. Medical physicians, nurses, and hospitals in Kansas have been fighting for years to expand Medicaid, it is time to listen to the people of Kansas! Eight (8) rural hospitals have closed while we've waited for expansion, devastating surrounding businesses and costing communities thousands of jobs. Legislators who continue to stand in the way of expansion show that they're simply thinking about politics, not about their constituents. Once again, I thank you all for hearing my thoughts on this bill, and I encourage you to support Medicaid Expansion by supporting SB 355.

March 15, 2024

Expand Kancare now!!

David Poskin

STATE OF KANSAS
HOUSE OF REPRESENTATIVES

STATE CAPITOL
TOPEKA, KANSAS 66612
(785) 296-7436
mari-lynn.poskin@house.ks.gov



12924 HOWE DRIVE
LEAWOOD, KANSAS 66209
(913) 735-0064

MARI-LYNN POSKIN
20TH DISTRICT

March 15th, 2024

To: House Health and Human Services Committee Members
Senate Ways and Means Committee Members

Distinguished Committee Members,

Thank you for holding a hearing on Medicaid Expansion. It's way past time for Kansas to stop sticking its head in the mud and refusing to pass Medicaid Expansion for partisan politicking. A recent statewide survey showed that 65% of Republicans, 76% of Independents and 96% of Democrats support expanding Medicaid. Members from both Republican and Democratic parties in Kansas support it, and nationwide both Democratic and Republican Governors and Legislatures have passed expansion. As one of the last states to consider it, we have plenty of data from other states to guide us.

As a border district, my HD 20 small businesses have to compete with Missouri for workers who have access to healthcare coverage through Medicaid. Here is a breakdown of what industries would benefit the most and how many workers would become eligible for coverage:
Accommodation & food services: 23,000 Kansans Retail workers: 19,500 Kansans Health care & social assistance: 18,000 Kansans Education: 17,000 Kansans Manufacturing: 16,000 Kansans Construction: 10,000 Kansans

Not expanding Medicaid increases healthcare costs for ALL Kansans and we have the power to put a stop to that. Let's get it done!

A handwritten signature in blue ink that reads "Mari-Lynn Poskin".

March 16, 2024

Dear Chairman and committee members,

I appreciate the opportunity to provide testimony in support of Medicaid Expansion. As a public educator, I see the need for this expansion in my day-to-day work.

Because Medicaid Expansion would provide 15,000 low-income Kansans access to medical care, it would protect these citizens from crippling medical debt and improve their overall health. I work with many low-income families as an educator, and they have so many stresses in their life. Being able to access the medical care they need would take one thing off of their plates. The healthier Kansas families are, the better Kansas students can learn in school.

Medicaid Expansion is also the fiscally responsible thing to do. First, it would lower healthcare costs for all Kansans. Most importantly, it would bring additional \$700 million in annual funds into Kansas. HB 2556 and SB 355 are revenue neutral, so it wouldn't cost Kansas anything. It also strengthens rural health care in a time in which over half of our rural hospitals are in danger of closing. Finally, it makes our state more competitive, as the surrounding states have already expanded Medicaid.

One of the most important benefits of expanding Medicaid is that it will help us address the mental health crisis we are facing. I can attest to the fact that our students and families are in desperate need for mental health care. While schools do what they can with the allocated funding and our community partners to support this need, we continue to run out of funds to get students the help they need every year. Medicaid Expansion would help alleviate the pressure by providing some of these students coverage their families didn't previously have.

Thank you again for the opportunity to provide written testimony in support of Medicaid expansion. It is beyond time to do so.

Angie Powers
Olathe, KS



Sara Prem, Director of Advocacy in Kansas
American Lung Association in Kansas and Greater Kansas City
RE: SB 355 – Neutral: Written Testimony

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 34 million people in the United States living with lung diseases, including more than 383,535 adults in Kansas living with chronic lung disease. The Lung Association strongly supports KanCare expansion, which would expand access to care for 150,000 Kansans. However, we must provide neutral testimony regarding SB 355 because, as written, it would significantly limit the benefits of expansion by including a work requirement, as well as premiums for patients. The Lung Association strongly urges members of the Committee to strike these provisions from the bill.

KanCare expansion will help patients with asthma, lung cancer, and other lung diseases in Kansas access quality, affordable care. Research has shown that Medicaid expansion is associated with higher rates of early-stage cancer diagnosis when survival rates are higher.¹ Similarly, Medicaid expansion reduces preventable hospitalizations for individuals with chronic conditions including asthma and COPD² and reduces racial disparities in timely treatment for cancer patients, amongst many other health benefits.³ KanCare expansion also would have significant financial benefits for Kansas. An evaluation of Medicaid expansion in Ohio found that enrollees are less likely to have medical debt than their non-enrolled counterparts.⁴ Additionally, Medicaid expansion has helped state economies and has been associated with a reduced risk of hospital closures, especially in rural areas.⁵ Researchers have predicted that expanding KanCare in Kansas would create nearly 23,000 new jobs across multiple sectors.⁶ The American Rescue Plan Act makes the fiscal case even stronger by providing states that implement expansion with a significant increase in Medicaid funding, totaling an estimated \$468 million in Kansas.

7

However, SB355 would add burdensome work requirements to KanCare expansion. The employment verification process outlined in the bill would cause otherwise-eligible people to get caught up in red tape that could prevent them from accessing healthcare coverage. In 2018, Arkansas imposed a work requirement on people enrolled in Medicaid. Before a federal court halted the state's efforts, more than

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

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

SB355 also includes premiums that would limit the benefits of KanCare expansion. Research on Michigan's Medicaid expansion showed that modest increases of a few dollars in premiums resulted in coverage losses, especially among healthy individuals.¹¹ Additionally, premiums also exacerbate existing disparities in access to healthcare, as they have been shown to lead to lower enrollments for Black enrollees and lower-income enrollees, compared to their white and higher-income counterparts, respectively.¹²

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

Thank you for your time and consideration,

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

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

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

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

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

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

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

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

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

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

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

¹¹ [w28762.pdf \(nber.org\)](#)

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

I was born in Kansas and have lived in Topeka for over 45 years. I ardently support expansion of Medicaid NOW in Kansas. I thank our current Legislature for scheduling committee hearings on this vital issue.

In 2017, I attended a committee hearing on Medicaid expansion in the Kansas Capitol conducted by the excellent Republican senator and chairwoman Vicki Schmidt. The meeting was fair to both sides, facts were presented, and the members unanimously passed that bill out of committee. Unfortunately, passage was blocked by the Republican leadership. Each session since, I have observed the Republican leadership block Medicaid expansion. All Kansas legislators should be given the opportunity to work together and vote on this important matter. My voice and the voices of all Kansans are wrongly silenced when most of our representatives are never allowed to vote. As a Kansas taxpayer and constituent, I object.

Providing life-sustaining health care to needy persons should be a nonpartisan issue especially to those legislators who, like me, profess to be Christian. The 40 states that have expanded Medicaid include all our neighboring states. Even states with partisan legislatures like ours have worked together to pass expansion. Kansas is now one of only 10 states that continue to reject Medicaid expansion.

Both supporters and opponents of expansion have had several years to learn from the expanded states. Studies clearly show that expanded states are reaping big benefits. Kansas can expect the same success. The reasons to expand Medicaid in Kansas are many and are based on research and facts. First and foremost, expanding Medicaid would provide health care to numerous people in Kansas who live barely above the poverty level. They are too poor to buy health insurance yet make too much to qualify for KanCare. Unfortunately, 225,000 Kansans between 19 and 65 have no health insurance. The nonpartisan Kansas Health Institute recently announced its new estimate that Medicaid expansion would serve 152,000 Kansans. These Kansans include parents; farmers; caregivers; workers at small businesses, as in food service and retail; veterans, 30,000 children, and many disabled adults and children.

Under expansion, the federal government would cover 90 % of the costs for Medicaid services in Kansas. By expanding, our state would receive an influx of \$682.4 million dollars a year. Expanded states are already receiving these millions. Since 2014, Kansans have paid federal taxes yearly that go into the expansion program, but we forfeited any chance to bring these tax dollars home. Our legislature's refusal to expand Medicaid in Kansas has cost our state billions of federal dollars.

The KHI recently estimated from its research that expanded Medicaid coverage would in effect be at no cost to our state for the first eight years. In any event, our ten percent share would clearly be outweighed by the economic boost and savings to our State. Kansas has been called "unrivaled" in its rural hospital crisis, with 59% of rural medical centers at risk of closing and those in 84 of our 102 counties losing money on unreimbursed patient services. The nearly \$700 million annual influx of federal funding to our state could potentially save rural hospitals from closing and help struggling rural medical providers. Hospitals could fund equipment, add employees, and add new services. Expansion would create 23,000 jobs for providers of additional services. Expansion money could ensure competitive wages for doctors and other medical staff and halt their exodus from our state to expanded states. Unexpanded states like Kansas

have to absorb the financial consequences of higher numbers of uninsured and uncompensated care. Insurance for the needy would decrease their dependence on expensive emergency rooms. The bills for these services are often inflated and then written off. Property taxes will no longer have to be high enough to subsidize local public hospitals. Expansion could also mean better wages for our essential home caregivers. Our workforce would be strengthened as health outcomes for working poor and rural residents improve like in other states with expansion. Insurance costs could be lower for all Kansans, as they are in expanded states; and taxpayers would be relieved of the burden of paying for the higher priced uninsured healthcare. This would also reduce medical debt which is a leading cause of personal bankruptcies. Expansion would improve availability of mental health counseling and addiction treatment and thus benefit law enforcement by reducing arrests and confinement costs. 15,000 Kansans with disabilities will be allowed to enroll in KanCare. Expansion will also lead to economic development, increased tax revenue, and increase our state's competitiveness with other states. It will positively impact all parts of Kansas' health care system and help rural communities survive.

Opponents of expansion in the Kansas Legislature have never refuted any of these many reasons for expansion. The Republican leadership bases their opposition and attempts to justify their blocking of Medicaid expansion on their fear that it would grow the welfare state. Poor people in our state should be entitled to access healthcare. Opponents also complain that expansion will provide care to able-bodied Kansans. This bald argument is nothing more than an ideological bias against poor people and "entitlement programs." Some 70% of those eligible for healthcare under Medicaid expansion are working at least part time, many are children, and many others are plainly too disabled or impaired to work. Legislative leadership has failed to support either of these arguments with any facts or figures.

Finally, our Legislature should be hugely motivated to pass Medicaid expansion by the fact alone that 70% to 80% of Kansans support it. Most good Kansans believe we all have a moral obligation to care for the sick and poor. The few legislators blocking hearings on expansion must be aware that their constituents are savvy and want expansion. The Director of the Kansas ACLU reported at the Capitol this past week that the Kansas legislature ranks among the very bottom of states that follow the will of their constituents. Surely, you are obliged to listen to the people of Kansas who pay taxes and your salaries.

If you have actually read the foregoing written evidence, I thank you wholeheartedly. During these hearings you will be presented with overwhelming evidence that Kansas needs Medicaid expansion NOW. I plead with you to use your intelligence, morality, and rationality in weighing the evidence before you and to do the right thing. EXPAND MEDICAID NOW!

Leslie Prentice
4020 SE 37th Street
Topeka, KS. 66605
(785) 266-9349

March 15, 2024

I am an ER nurse for many years. I have seen how uninsured and underinsured patients get their care. It is not the way to get the best care possible for good health. It's also so very much more expensive. Just fund medicaid to help folks get care before they get too sick. Let them get screenings and immunizations. Let them go to planned parenthood, if that's convenient for them.

Don't end up spending more money on more acute illnesses.

Keeping rural hospitals going is a wonderful way to provide good care as well as employ folks and keep them in their small towns.

Don't waste federal dollars

Jamie Proffer

January 26, 2024

The Honorable Carolyn McGinn
Senate Committee on Ways & Means

Dear Chair McGinn and members of the Committee,

On behalf of The ALS Association and the 290 Kansans living with ALS, we urge you to support SB 355 to close the healthcare coverage gap.

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

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

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

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

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

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

We strongly encourage members of the Committee to advance SB 355 to the full Kansas Senate for their consideration.

Sincerely,

Matt Prokop
Managing Director, Advocacy
The ALS Association
matt.prokop@als.org



SB 355 Testimony - Proponent
Trisha Purdon, Director of the Office of Rural Prosperity
at the Kansas Department of Commerce
Senate Ways and Means Committee & the Senate Public Health and Welfare Committee
March 20, 10:30 A.M.
Room 346 S

The Office of Rural Prosperity supports Medicaid expansion and SB 355. The Office of Rural Prosperity is located in Independence, which is one of the first communities to lose their rural hospital since the Federal Medicaid changes took effect in 2010. Working in economic development in Montgomery County at the time, I saw the trauma and resulting economic losses that this closure caused all of Montgomery County, and after 9 years, the community is only recently started to recover. Since this time, we have seen so many of our rural communities struggle to maintain their rural hospitals, with 7 communities also experiencing a hospital closure, and 56 additional communities currently on the verge of closure across our state.

With well over half of Kansas counties experiencing healthcare shortages, there is no question that something must be done to guarantee that rural Kansans have access to healthcare. Expanding Medicaid will go a long way to supporting these rural health systems, ensuring that all Kansans can be part of a healthy workforce that helps all rural communities prosper. In addition, the following reasons are why the Office of Rural Prosperity supports Medicaid expansion:

- There is a significant healthcare workforce shortage, especially related to the competitiveness of our rural hospitals with neighboring border communities - Medicaid expansion would create nearly 23,000 jobs and help end our healthcare worker shortage.
- Our small local businesses struggle to fill jobs, as they cannot afford to offer employees health insurance. With Medicaid expansion, they will be better able to retain and recruit employees – like rural grocery store clerks, childcare providers, wait staff, and cashiers at the local diner. All of these employees are currently falling in the Medicaid coverage gap, and with expansion, these business owners could save almost \$80 Million in healthcare costs and employee turnover.
- Rural counties are now often assisting their rural hospitals with financial support, resulting in rising taxes on all taxpayers, who already bear the burden of disproportionate property taxes due to the declining populations. Losing their healthcare would only increase these population and business losses, making counties further struggle with high taxes.

In summary, rural communities critically need this expansion. All Kansans deserve access to healthcare no matter where they live, and without this expansion, we are limiting the opportunities for our rural communities in our state. The Office of Rural Prosperity requests that this committee consider the future of rural communities in our state as you consider Medicaid expansion.

March 14, 2024

I ask you to make healthcare available for all Kansans by expanding Medicaid. Allow me to share my experience.

I am a masters prepared nurse. For several years I worked in a safety net clinic in Kansas City, Kansas. I saw hardworking people in low paying jobs that did not provide health insurance. Some had chronic diseases that required continual care and medication. As they struggled to pay rent, buy food, and take care of their families, they were often forced to choose between providing the necessities for their families and taking care of their own health needs. Putting their own needs on the back burner, led to more health problems, more personal sick days, loss of employment...a downward spiral.

We can help these hardworking people stay healthy and succeed. Helping these adults helps their families, their children, society. We all benefit from healthy neighbors, healthy workers.

Please expand Medicaid so all Kansans can achieve their potential.

Thanks for your consideration,
Jill Quigley
Retired Nurse, Former Legislator.

Testimony in Support of the Expansion of Eligibility for KanCare

My name is Trudy Racine, and I am a former administrator in the Department of Children and Families and at the Kansas Childrens Service League. I appreciate the opportunity to provide testimony in support of expanding Medicaid coverage to the more than 150,000 Kansans who need the essential services expansion would provide.

Ample evidence has shown that at the macro level, Medicaid expansion can reduce health care costs for everyone, bring additional hard-earned federal tax money paid by all Kansans back to Kansas rather than subsidizing other states' Medicaid expansions, strengthen rural health care by helping struggling hospitals stay afloat, and make Kansas more economically competitive by increasing the state's economic input.

Closer to home, improving access to medical insurance can protect families from medical debt, fix our current Medicaid eligibility levels, improve access to health care, and make it possible for lower wage earners to afford the multitude of other things their families need. My work and life experience has made it abundantly clear to me that families do better when they have stable housing, employment, and medical care. All too often, it's lack of access to medical care that causes things to fall apart. If you can't afford the medications, surgeries, or other medical care you need, you often can't work, and it's a slippery slope downward from there.

Can we realistically expect a family of three that earns \$4 an hour (just over the \$8,345 limit for Medicaid eligibility) to pay the full cost of their prescriptions? We have great insurance, so my co-pay for my generic (frequently prescribed) cholesterol medication is \$0. As in most areas of health care, it's the private pay patients who get the bigger bills, because insurance companies have all the bargaining power. If I had to pay the full retail cost of that prescription it would be \$271. Even if I had a relatively common hourly hiring wage of \$13 per hour, that's 20 hours (before taxes and expenses) of work to pay for one medication. I hope no one else gets sick, the car doesn't break down, the rent doesn't go up...

Most Kansans agree. As cited in the Alliance for a Healthy Kansas' testimony, a recent survey by national research firms, Perry/Undem and Bellwether Research, found nearly 4 out of 5 Kansans (78 percent) want low-wage families to have access to KanCare 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.

So, if economics and public opinion clearly and overwhelmingly support expansion, why has the Kansas Legislature so steadfastly and repeatedly resisted? "Politics" is the easy answer, but there's also evidence that some may have a misplaced belief that Kansans who can't afford medical care are somehow unworthy of our help and support. Neither of those reasons can be easily defended when faced with the reality of the harm that is being done, so shame on us. All of us.

Thank you for your consideration.

13 March 2024

I am a retired KS Army National Guard Colonel who was previously head of the Physical Exam Section of the Kansas Army National Guard. In 2003, the United States invaded Iraq and this was done primarily with active duty military members. In 2004, we began activating National Guard members for service in Iraq. A major problem in Kansas was that up to 40% of some units were medically or dentally disqualified from deployment. The main contributing factor was the lack of medical and dental care due to a lack of insurance. This caused such a manning problem that the US Military expanded eligibility for the Tricare health insurance to all drilling Guardsmen and Reservists. In the Kansas Army National Guard, this provided 5600 soldiers (plus their families) with medical and dental insurance which for many was for the first time. As care was rendered, the medical and dental condition of the vast majority of the disqualified guardsmen improved and they were then eligible to deploy in support of our military operations.

This expansion of access to medical and dental care through government health and dental insurance shows what could be done to improve the functioning of the US Military. Imagine the improvement in the functioning of the Kansas workforce and families if we expand Medicaid in Kansas.

Richard J Randolph III, MD

COL, US Army - Retired

March 15, 2024

There are a number of reasons why I support expansion of Kancare.

1. When lower income folks are not eligible for Medicaid and need to access healthcare, it ends up costing everyone with higher premiums.
2. Not having health insurance restricts people from accessing preventative services. This causes more emergency room visits and serious illness.
3. More rural area hospitals are at risk of closing which impacts their patients and communities.

Please consider passing this important initiative.

Susie Rawlings
2212 W. 104th St.
Leawood, KS 66206



February 1, 2024

To: Representative Brenda Landwehr, Chair
Members of the House Committee on Health and Human Services

From: Brenda R. Sharpe, President and CEO
REACH Healthcare Foundation

Re: Support for Cutting Healthcare Costs for All Kansans Act

I am writing to ask you to support the “Cutting Healthcare Costs for All Kansans” Medicaid expansion bill. Kansas has a well-documented health coverage problem. Thousands of Kansans fall into a coverage gap because of the state’s highly restrictive eligibility requirements and few affordable options. This is a problem that affects all of us, and Kansans are ready for a solution today.

The REACH Healthcare Foundation has a mission and mandate to reduce uninsurance and increase access to quality health care for uninsured and medically underserved people. Our work with community health and mental health providers, hospital administrators, public health officials, health advocates and business organizations has shown us the immense value of health coverage to workers, small businesses, rural hospitals, and the economy.

Forty states have taken advantage of the enhanced federal match that covers most of the cost of expansion. Kansas is now surrounded by states that have expanded Medicaid. There is no “win” for Kansas in continuing to decline federal resources to invest in Kansas people and health care.

We know people without coverage are at greater health and financial risk, and the health providers that serve them carry a larger cost burden that ultimately gets passed on to all of us.

Meeting the current demand for workers is a major state and business priority. Nearly all Kansas industries have employees who would benefit from expansion. The majority of those in the coverage gap work, and in jobs we turn to everyday – but they don’t offer coverage.

Rural health care providers are facing elevated levels of uncompensated care. They have been upfront about their difficulties retaining health care professionals and the financial strain on their operations. We also have heard the worries of people living in communities that have lost their hospitals. When a hospital closes, a lot of jobs go, too, and communities lose the ability to attract and retain residents.

Kansas has missed nearly a decade of opportunity to leverage federal resources to bolster the health of our people and communities. Kansans know that uninsured workers and families are vulnerable *now* and that communities struggle without access to health care *today*. We encourage you to look to your neighboring states for examples and take the next step to advance the health of Kansas for the future.

Brenda R. Sharpe
President and CEO, REACH Healthcare Foundation
brenda@reachhealth.org
913-432-4196

March 17, 2024

Testimony to the Senate Assessment and Taxation Committee

NAME: Claire Reagan

TITLE: Parent, former educator, and current Olathe Public Schools Board Member

EMAIL ADDRESS: clairereagankc@gmail.com

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

PROPONENT, OPPONENT, or NEUTRAL: Proponent

ORAL or WRITTEN ONLY TESTIMONY: Written-Only Testimony

Dear Chair & members of the committee,

I am writing to respectfully request that you **PASS** Medicaid Expansion out of committee. Thank you for giving Kansans the opportunity to provide written testimony on this very important issue.

The bottom line: Expanding Medicaid will make health insurance accessible to 150,000 Kansans who otherwise may not have affordable coverage. This **revenue neutral** legislation is what Kansans want, and not just those who'd directly benefit from the expanded coverage. Our family is fortunate to have health insurance through my husband's employer; when I worked full time, I had access to coverage as well. This testimony is on behalf of those who fall in the current coverage gap, those whose community is at risk of losing its local hospital, those who would benefit from the extensive employment opportunities expansion would bring.

As I've been learning about the clear benefits of expansion, one has stood out to me. Medicaid Expansion will help stabilize health care costs for **ALL** of us. Currently, the cost of providing care to uninsured individuals, like those who are forced to use emergency rooms for primary care, is passed on to the rest of us through higher health care costs. As Kansans gain insurance through Medicaid Expansion, this uncompensated care declines, reducing the need to increase prices for everyone.

Beyond the financial benefits our state and residents would see, expanding Medicaid is the **right** thing to do. How we treat (and mistreat) those among us who are under-served, those who lack access, those who struggle to feed their families, those who are working but make too much to qualify for KanCare (a family of three needed to earn less than \$9,800 per year) and are not provided coverage through their employment, how we treat these fellow Kansans is a true reflection of our values. Failing to expand Medicaid lacks compassion, common sense, and basic decency.

It is with the utmost respect and appreciation for what our great state has provided our family thus far that I appeal to you now. I trust you will proceed with our entire state's very best interest in mind and **SUPPORT** Medicaid Expansion.

Thank you for your careful consideration.

Claire M. Reagan

Olathe, KS

March 15, 2024

Dear Chairman and committee members,

Thank you for taking the time to read my testimony in favor of Medicaid expansion. Kansas is one of only 10 states that has NOT expanded Medicaid, do we want to be known as the last state in our union to take action?

Expanding Medicaid helps ALL Kansans, unlike other bills that are moving forward to only help a small percentage of Kansans. Kansas tax dollars should go to bills that benefit us all. Over half of our rural hospitals are in danger of closing. This will be detrimental to family growth, senior citizen, and the economy in these areas. People wont move there, and residents will move out.

Expanding Medicaid doesn't cost tax payers any additional money and it will bring \$450 million in Federal funding over the first two years!!!

We hear all the time there isn't a gun problem, there is a mental health problem. Let's put our money where your mouth is! Expanding Medicaid will greatly improve access to mental health care and medication.

Please expand Medicaid for all of Kansans.

Thank you,

Michaela Reynolds

Shawnee, KS



RE: HB 2556/SB 355

KanCare Expansion 2024

Neutral Testimony- written submission

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

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

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

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

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

- Higher mortality ratesⁱⁱⁱ
- Poorer blood pressure control.^{iv}
- Greater neurological impairments, longer hospital stays,^v and higher risk of death^{vi} for stroke patients.
- Delay in seeking medical care^{vii} during an acute heart attack.

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

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

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

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

ⁱⁱ RTI. Projections of Cardiovascular Disease Prevalence and Costs: 2015–2035, Technical Report. http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf

Accessed June 19, 2017.

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

^{iv} Shen JJ, Washington EL. Disparities in outcomes among patients with stroke associated with insurance status. *Stroke* 38(3):1010-1016.

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

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

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

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

March 14, 2024

This is so needed. As many young people would qualify that aren't eligible for health coverage through a possible family member. Where mental health is involved many young workers in Kansas won't have earnings to offset insurance cost, they must continue to have care. Those on disability need the expansion to pick up what Medicare doesn't. Please push for the expansion. Kansas's out counting on you. Rural hospitals are closing. Help them to stay open.

Deborah Robinson

TESTIMONY IN FAVOR OF KANCARE (MEDICAID) EXPANSION

February 26, 2024

I am a medical ethicist and educator providing written testimony in favor of KanCare (Medicaid) expansion.

I was raised on a farm by conservative, Christian, Republican parents. I live still in a conservative rural Red Kansas community where we know and value hard work and independence.

We know also—all of us do—that even the hardest working farmer or laborer can get injured or sick. We all know how expensive medical care will be when that happens. Even if we are privileged to have healthcare insurance benefits, as most of us are, we have some awareness of how expensive insurance premiums would be for those who do not have such privilege and cannot afford that expense on their own.

Indeed, the vast majority of us do have employer-sponsored insurance benefits, or we're old enough for Medicare or disabled enough to qualify for disability benefits or poor enough to get Medicaid. But not all of us qualify for one of those or are wealthy enough to self-insure. Some of our neighbors slip through the cracks of this hodge-podge insurance benefits system. They still get sick or injured and need healthcare. So what happens then?

I have spent a good portion of my personal and professional life tending to the needs of such neighbors in need, first as a Christian and an ordained minister, then also as an ethics educator and consultant.

I have begged healthcare providers for provision of free or reduced fee care for neighbors who needed help but couldn't pay.

I have visited and prayed for, then officiated the funerals of neighbors who didn't get care soon enough or at all.

I have collaborated with safety net clinics in Kansas and Missouri to create nonprofit organizations that solicit pro bono specialty care for patients who need it yet have no payer source.

I have helped hundreds of new neighbors find jobs with employee benefits for healthcare.

My wife and I have given away tens of thousands of dollars in charitable donations to help families and their children access healthcare or establish income generating businesses so as to sustain health and better prepare for future healthcare crises.

Many of us are doing our part. But still it is not enough. Still there are neighbors in need who suffer too long and die too young for lack of adequate healthcare access.

Some of them end up at the University of Kansas Hospital where I provide ethics consultation. My clinical colleagues take care of many patients who have no payer source. Some of them go

TESTIMONY IN FAVOR OF KANCARE (MEDICAID) EXPANSION

February 26, 2024

bankrupt. Ultimately, we all foot those unpaid medical bills. We all know that those costs became much higher than they would have been if uninsured patients had been able to access care long before they required an ER visit and hospitalization.

For those of you to whom it matters, please understand that Medicaid expansion actually is a fiscally conservative—also Christian and compassionate—response to a fixable problem.

We all know how to resolve this, don't we? We know what could be done for Kansas neighbors who slip through the cracks of a hodge-podge healthcare insurance system. Almost every state except this one has implemented known solutions for well-known problems.

I am doing my part. Many of us are. Now we are asking our Kansas legislators to do your part. Expand KanCare (Medicaid) access. Just do it. Please.

Tarris (Terry) Rosell, PhD, DMin, HEC-C
Rosemary Flanigan Chair at the Center for Practical Bioethics
Professor of Pastoral Theology for Ethics & Ministry Praxis -- Central Baptist Theological Seminary
Clinical Professor, History & Philosophy of Medicine -- University of Kansas Medical Center, School of Medicine
Co-Chair, Hospital Ethics Committee; Director, Ethics Consultation Service -- University of Kansas Health System

5374 Choctaw Ln, McLouth, KS 66054

Cutting Healthcare Costs for All Kansans Act Proponent Testimony

February 2024

Dear Members of the House Committee on Health and Human Services:

My name is Shea Roy and I am a current PhD student studying Health Policy & Management in Kansas City. I am proud to provide proponent testimony in support of the Cutting Healthcare Costs for All Kansans Act. My educational specialty is Medicaid and disability health policy, which makes me especially qualified to speak to this subject.

Currently, we are already paying for people with lower income to receive health care. Many people on the Medicaid cliff of eligibility that do not qualify for Medicaid cannot afford health insurance. People are forced to use urgent care or emergent services, and are not able to pay for that care, which leads to money out of everyone's pockets. If we expanded Medicaid eligibility, more people could utilize primary care services and save everyone taxpayer money. On top of that, a strain would be lifted from healthcare workers and decrease their workload, improving burnout on our already overworked nurses and physicians.

With inflation limiting the budgets of Kansans, we are facing a moment where people are choosing between receiving health care and putting food on the table. If we ignore the cries of help from working class Kansans, we are setting ourselves up for financial failure. Already, rural hospitals are feeling the pressure as closures are mounting in Western Kansas. By expanding Medicaid, we are able to increase access to primary care doctors and preventative screening, saving millions of dollars by keeping our workforce healthy, preserving the working Kansas family's dollar, and preventing illnesses before they turn chronic.

Why should we finance government safety-net programs such as Medicaid? 1) Because Kansans take care of Kansans. By not expanding Medicaid, you are actively contributing to Kansan deaths and chronic illness. 2) We will save money on the short and long-term. Preventing disease means that people are healthy and able to contribute more to the Kansas economy. And 3) the majority of Kansans support this policy. If this was on a ballot, we would have had Medicaid expansion years ago. If you are truly a representative for your constituents, you would listen to them and pass this bill.

As a young adult who works with Medicaid recipients and the disability population, I see firsthand the struggle and negative effects of not expanding Medicaid. People die because they cannot get care. They are trapped in the cycle of poverty because they have common conditions like diabetes, asthma, and high blood pressure but can't afford to see a doctor because they can't afford health insurance without Medicaid. It is critical for Kansas to receive Medicaid expansion. Kansans—your constituents—cannot struggle one day longer.

Sincerely,

Shea J. Roy

Legislative Testimony

To: The Alliance for a Healthy Kansas Medicaid Expansion

To Kansas Policymakers –

My name is Sondra L Samuels, Wyandotte County Resident, and member of the Voter Rights Network of Wyandotte County located in Kansas City, Kansas. I would like to thank you for allowing me the opportunity to provide testimony in support of KanCare Expansion.

My purpose today is to urge the 2024 legislative body to pass the KanCare expansion for the citizens of Kansas because medical costs are increasingly rising for us. The rising costs are causing all Kansans to pay more money for health care for families. KanCare expansion will help reduce health care costs for all because it will provide health insurance to Kansas residents in rural areas, small towns, and cities across the state.

Expanding KanCare will provide coverage for hardworking Kansans and help to invest in Kansas communities. For example, it will help strengthen hospitals, clinics, and provider networks. In addition, it will make Kansas more competitive with neighboring states that have expanded Medicaid; protect jobs; and ensure that Kansas continues to be a good place to live, work, and raise a family. A survey conducted by the national research firm of Perry/Undem and Bellwether Research, found nearly 4 out of 5 Kansans (78 percent) want low medical costs for them and their families.

The benefits of passing KanCare are as follows:

- Reduce health care costs for everyone. For example, every Kansan benefits as it relates to mental and physical health care. Without health coverage increases the cost of more ER bills, increased uncompensated care for hospitals, and untreated mental and physical health needs. Expanding KanCare will bring the cost of health care down for everyone which and without it, individuals, families, and businesses all end up paying more for health care.
- Protect Kansans from medical debt. The rising costs for Kansans are felt as it relates to housing, food, and other needs, including health care. Almost half of Kansans have medical debt or knows someone who does. By expanding KanCare, tens of thousands of people will be able to afford insurance coverage. That protects them from medical debt. By saving on medical costs, individuals will be able to pay for other essentials.
- Fix eligibility limits. The income limit to qualify for KanCare is less than \$8,345 a year for a family of three, which is less than \$4 per hour. Expanding KanCare would raise the income eligibility limits so that more hardworking Kansans who contribute to the economy can get the health care they need for themselves and their families.
- Rural health care can be preserved and strengthen. At the present time, Kansans living in rural communities struggle as they face difficulty accessing health care when and where they need it. Also, rural health care providers face high levels of uncompensated care. Many rural hospitals are currently at risk of closing across our state, which is more than any other state our size. Expanding KanCare would strengthen and sustain the rural health care system and help ensure that rural Kansans get the health care they need as well as giving a boost to their economies. HB 2556 and SB 355 expands Medicaid and lowers health care costs. It gives 150,000 Kansans access to affordable health care. It can go toward tax

cuts, funding for public schools, and infrastructure. Only a few extremists in the legislature stand in the way of expansion but I urge you not to let them prevail in their efforts to make this bill fail.

- Make Kansas more economically competitive. Expanding KanCare would increase the state's future economic output by billions and increase the personal income of Kansans by billions. Expanding KanCare will not only improve the health of Kansans, but it will also help our state compete with our neighbors who have expanded eligibility for their Medicaid programs.

In closing, cutting health Cutting Healthcare Costs for all Kansans Act is a must. HB 2556 and SB 355 expands Medicaid and lowers health care costs and gives 150,000 Kansans access to affordable health care. It is common sense way to help increase the Kansas economy providing funds for public schools, infrastructure, and providing health care simultaneously for all Kansans. It helps to strengthen our work force and eliminates barriers to health care for Kansans.

I urge to help Governor Kelly and her commitment to help all Kansans receive the health care well supporting Kansas communities. I urge you to listen to your constituents and protect all of us. Thank you again for your support regarding this urgent matter.

Respectfully submitted,
Dr. Sondra B Samuels
Dr. Sondra B Samuels



March 20th, 2024

To: Honorable Members of the Committee on Public Health and Welfare

Re: Support for SB 355: Expanding medical assistance eligibility and enacting the cutting healthcare costs for all Kansans

Dear Sen. Gossage, Sen. Billinger, Sen. McGinn and Members of the Committee,

On behalf of all ALS patients, including the 240 patients we serve in Kansas, I respectfully request your support of SB 355, which would expand medical assistance eligibility and reduce healthcare costs for all Kansans.

Amyotrophic lateral sclerosis, also known as ALS, is an always fatal neurodegenerative disease in which a person's brain loses connection with the muscles. People with LAS lose their ability to walk, talk, eat and eventually breathe. There is no cure. ALS also bring devastating financial implications for families. Over the course of their illness, people with ALS need significant medical care, which can easily exceed \$80,000 a year.

Most people living with ALS need to rely on Medicare and Medicaid to cover the crushing cost of care associated with the disease. The ALS Association conducted a survey of people living with ALS, and one out of four respondents said they experienced significant debt or had to borrow money due to their ALS treatment or caregiving, and the respondents said that the cost of care was their number one stressor. This is why Medicaid expansion in Kansas is crucial for individuals living with ALS.

Medicaid expansion will not just benefit people living with ALS, but it will also reduce the strain and financial burden on the healthcare system and state budget. Leaving people without access to necessary medical care, treatments or equipment puts an even larger burden on the state's budget because individuals end up overutilizing expensive emergency services and rehab facilities. The state can save money that would otherwise be spent on avoidable and expensive outcomes if more cost-effective interventions are implemented earlier. Additionally, providing the care people need earlier in the course of their disease means caregivers face less burnout, better quality of life, and may be able to remain in the workforce longer.

Finally, Medicaid expansion would improve access to care for individuals with ALS who live in rural areas of the state. Many individuals with ALS are unable to travel long distances to access medical care, and without adequate healthcare facilities in their area, they are left with limited options. Medicaid expansion would increase access to telehealth and the availability of healthcare facilities and providers in underserved areas, ensuring that individuals with ALS have access to the care they need, when they need it.

It is critical for Kansas residents living with ALS and other rare diseases that this legislation is passed. When individuals have access to consistent and adequate coverage, they are more likely to seek treatment early, get the care they need, and avoid trips to emergency rooms or expensive stays in rehab facilities that end up costing the state much more. States that have expanded Medicaid have reported lower out-of-pocket spending, a decline in hospital admissions, increased medication adherence and improved health outcomes.

For these reasons, I ask that you please vote Yes on SB 355 to close the coverage gap by expanding Medicaid and help people impacted by ALS and so many other Kansas residents in needs.

Sincerely,

Sarah Sanchez
Managing Director, Advocacy
The ALS Association
sarah.sanchez@als.org

March 13, 2024

Hello,

Since 2008 I have been paying for Medicare through F.I.C.A. yet I have not been able to receive any of the Medicare reduction benefits. Other States get the benefit of MINE and ALL Kansans payments into FICA-Medicare!

My daughter goes without health insurance because she is self employed. She gross annual income is just above the range to enjoy any benefits she pays into the system.

It's TERRIBLE that ALL Kansans suffer because of ONE MAN...Daniel Hawkins!!!!
Where is the democracy in one man denying others of the money that is rightful due to ALL KANSANS!

Daniel's false narrative needs to be exposed all across Kansas!!!

Please spread the news!!

Sara Schaufler
Shawnee KS

March 13, 2024

As a taxpayer I ask that you do NOT cut Kansas healthcare care please vote for Medicaid expansion.

Debby Schloegel

March 17, 2024

Dear Chairman and committee members,
Please support Medicaid expansion and vote NO HB2653

Thank you for your consideration.
James Schloegel
Leawood, KS

March 15, 2024

A lady I know comes to my home to help me with an assortment of things when I call her. She is on a limited income and needs better healthcare. She has looked into Medicaid (and may have it) but I know she has found it challenging to acquire the medical care she needs because of limitations. I do not understand her complete health situation but she needs adequate and more easily obtainable health services when she has certain health issues that need attention.

Thank you,

Marge Schlosberg
Overland Park KS 66207

Testimony in support of Medicaid Expansion in Kansas

March 16, 2024

Dear Legislators:

I am a retired physician and an enthusiastic supporter of expanding Medicaid in Kansas. In addition to spending many years in the private sector practicing pulmonary intensive care medicine in Missouri, I also spent a significant part of my career seeing patients in rural Kansas communities through an outreach program.

While in Missouri, before that state expanded Medicaid, I became familiar with the frustrating scenarios that healthcare providers still face every day in Kansas: serving patients who cannot afford insurance, whose financial circumstances cause them to delay care, and whose conditions worsen until they must seek acute treatment at an emergency room. As a pulmonary specialist, for example, I saw patients in extreme distress because they could not afford medication to treat their COPD. Imagine having to choose between feeding your family and breathing freely without discomfort.

While treating patients in rural Kansas, I learned how the hospitals there operate on razor thin margins. Many of these hospitals' patients are uninsured and do not qualify for Medicaid. This means the hospitals must treat them without adequate compensation. While the state does provide hospitals with some funds for uncompensated care, that support falls far short of the hospitals' needs. The results over the last two decades have been catastrophic: Nearly a dozen rural hospitals have closed, and many more could follow.

This is shameful. Kansas should not put its hospitals in jeopardy, and it especially should not put at risk the health and economic welfare of our most vulnerable residents. But that's exactly what our Legislature has done every year that it rejects Medicaid expansion. I urge all Legislators to reconsider their past opposition to this life-saving policy and do their part to keep our hospitals open and our residents healthy.

Sincerely,

Daniel L. Schlozman, MD
6600 Overhill, Mission Hills, KS 66208

March 13, 2024

Just a quick note to thank you for the hearing on Medicaid expansion and encourage follow through on approval of this much-needed legislation. States all around Kansas have implemented this: Oklahoma, Missouri, Nebraska, Colorado. It will be helpful for many Kansans who fall in a coverage gap with health care, helpful for the economy, helpful for rural hospitals. It is a win-win for our state.

Linda Schmidt

Subject: Testimony in Support of Expanding Medicaid in Kansas

Dear Legislators,

I am writing to you today as a concerned citizen and advocate for the well-being of our fellow Kansans. As our state faces various challenges, I would like to bring to your attention the critical importance of expanding Medicaid in Kansas. This expansion is not just a policy change; it is an investment in the health and prosperity of our communities and the state as a whole.

Medicaid expansion holds the potential to positively impact the lives of over hundreds of thousands of individuals across Kansas, providing access to essential healthcare services for those who currently find themselves without adequate coverage. Medicaid expansion will:

1. Improve access to healthcare,
2. provide economic benefits to our state's economy and to healthcare providers, creating jobs, and stimulating economic growth,
3. Improve workforce productivity as individuals who have access to healthcare are more likely to maintain their health leading to a more productive workforce,
4. Increase fiscal responsibility by leveraging existing resources to address the healthcare needs of our residents without placing an undue burden on the state budget, and
5. Enhance community resilience by building stronger, more connected neighborhoods where individuals can thrive and contribute to the well-being of the state.

Lastly, most Kansans support Medicaid expansion. I urge you to consider the profound positive impact that Medicaid expansion can have on the lives of our fellow Kansans and the overall prosperity of our state. By supporting this you can make significant strides towards a healthier, more economically robust, and compassionate Kansas.

Thank you for your time and consideration. I trust that you will prioritize the well-being of our communities as you deliberate on this important matter.

Sincerely,

Jerry Schultz

1945 Tennessee St.
Lawrence, KS 66046

March 17, 2024

Dear Chairperson and Committee Members,

Thank you for the opportunity to provide testimony in support of Medicaid Expansion. I have been writing to the legislature and individual KS legislators for years now, on why we need to join the majority of our country and expand Medicaid. It is hard for me to believe that our state has still refused to do this for our own residents. I know you already know all the benefits of doing it - because we have been hearing about them for more than 10 years.

It's interesting to me that in all parts of my life, the support behind Medicaid Expansion is expressed. Even as a Realtor, we are now being encouraged to write to you all about passing this important piece of legislation. I am also a member of the Lenexa Chamber of Commerce (previously a member of Olathe Chamber of Commerce), and both of them also support the passing of Medicaid Expansion. Why is it that so many people, businesses, and organizations around us want to see this passed, but our state legislature keeps saying "no"?

I've heard the excuse that until we can properly fund our IDD community needs, then we cannot pass Medicaid Expansion. Well, the IDD community also supports passing it. I've visited with Johnson County Developmental Supports and heard directly from their mouths when I was running for office in 2018 and 2020. Holding one hostage over the other is inhumane. Acting like this is a group of undeserving Kansans is also inhumane. Representative Adam Turk told me at a legislative forum that if those are the people moving out of our state, then good. Is that really the image we want of our state? That the working poor should move away to find an option to have healthcare? I certainly hope not.

Thank you again for your consideration on this, and please do what is right for Kansans and pass Medicaid Expansion this year.

--

Angela Justus Schweller (She/Hers)
Realtor w/ Thrive Real Estate KC - KW Kansas City Metro
Angela@AngelaSchweller.com
913-710-1146

Second Baptist Church of Olathe

331 N. Kansas Avenue
Olathe, KS 66061
Reverend Dr. Bobby L. Love, Pastor

Church Office 913-780-5553
Fax 913-764-1980
Pastor's Office 913-829-7776
www.secondbaptistchurchofolathe.org

Dear Kansas Legislators,

I am writing on behalf of the Second Baptist Church of Olathe Kansas which is one of the oldest predominately black congregations in the state of Kansas, established in 1868. We are proud members of the Missionary Baptist State Convention of Kansas and one of the founding Congregations of MORE2 (Metro Organization for Racial and Economic Equity). Together with our denominational brothers and sisters across the state we stand in support of Medicaid expansion. We have seen and felt the impact of having many of our sister churches in rural Kansas suffer when the hospitals in their area have closed and they have been forced to travel greater distances to get their healthcare needs met.

In conversations across the state, parishioners overwhelmingly have come to the same conclusion that something must be done, and expanding Medicaid is a solution that can help. We all have been splattered with the talking points and statistics on what can happen if this legislation is approved expanding Medicaid in Kansas. We know factually that Kansans indeed will be helped and afforded access to health care, and approximately 150,000 people who are presently mired in the coverage gap will benefit from its passage.

In my faith tradition two biblical stories remind me of the great opportunity that we have in Kansas to truly demonstrate our care and concern for the well being of all Kansans. In the Gospel according to Luke 10:25-37 we read about the all too familiar story of the Good Samaritan. This account vividly demonstrates the choices of those who are in a position to render assistance/aid to a person who is clearly in need but for various reasons (personal, political, positional power) chooses not to help (although they see him) but decides to leave the bloodied, wounded, stripped, and suffering man to fend for himself. But I thank God each and every day that there are folk in elective office that care! There are those who see the impact of leaving people on the side of the road and are willing to be the "Good Samaritans" in Kansas and render the necessary access to healthcare the man required.

Being a lifelong resident of Kansas I have been fascinated about the origin of my birthplace Liberal, Kansas. Its humble beginning was initiated by the kind act of benevolence and generosity stemming from the act of giving. That's right...caring enough for others who were in need of water in a time when water was scarce. The gesture of being blessed so that you may be a blessing to others put Liberal on the map. Mr. S.S. Rogers, the first homesteader, freely provided travelers with water. His kind act sprung forth the genesis of a new town. Liberal, Kansas was born. I cannot help but think about Matthew 25:35b "For I was thirsty and you gave me drink. How about Kansas...let us do the right thing and Expand Kancare Now!

In advance, with faith, we thank you for your vote of YES to Medicaid Expansion.

Rev. Dr. Bobby L. Love, Sr.
Pastor
Second Baptist Church of Olathe
General Secretary
Missionary Baptist state Convention of Kansas

March 16, 2024

To the Chairman and Committee Members:

I urge you to support Medicaid expansion in Kansas and help to improve the health of over 150,000 Kansas citizens without healthcare coverage.

In Kansas, severely mentally ill patients without insurance cannot access the care they need, until they are arrested and taken to an Emergency Department by police seeking treatment. At Advent Health - Shawnee Mission, on most nights, at least 4 ED beds are being occupied by mentally ill patients, most without the ability to pay for care. That means, the hospitals are absorbing the expense of providing care until the patient is transferred to another facility or stabilized and discharged into the community. Many destined to return when their condition deteriorates and they are again picked up by the police.

This situation increases overall healthcare costs for everyone and providing Medicare expansion can help reduce the pressure on healthcare costs, costs for our business community, insurers and law enforcement, as more people can receive the care they need.

Families having a loved one with mental illness and unable to pay or find care, live in fear that the next time their loved one is in crisis, instead of getting a call that their family member has been arrested, they get the call that the police officer feared for their life and "we're sorry to tell you"...another tragedy and fatality. I carry that fear in my heart every day.

YOU have the power to change how Kansas treats their most vulnerable citizens. YOU have the power to make the difference that Kansas citizens have made it known they want and support. YOU have the responsibility to step up and represent the majority of the citizens that are saying...."the time is NOW....for Medicaid expansion".

Sincerely,

Linda Seiner
8017 Meadow Lane
Leawood, Kansas 66206



The Historic Lackman-Thompson Estate

11180 Lackman Road

Lenexa, KS 66219-1236

913.888.1414

DATE: March 20, 2024

TO: Sen. Beverly Gossage, Chair, Public Health & Welfare
Sen. Rick Billinger, Chair, Ways & Means
Members, PH&W and SWAM Committees

BY: Ashley Sherard, CEO
Lenexa Chamber of Commerce

RE: Expanding Income-Based Medicaid Eligibility

Most health care coverage in the U.S. is provided through an employer. Businesses *want* to offer coverage because they recognize its benefits in improving workforce wellness, increasing workplace attendance and productivity, and providing a key attraction and retention tool in a tight labor market.

But health care premiums have been – and continue to be – a very real financial challenge for employers, especially smaller employers. According to the Kaiser Family Foundation’s nationwide 2023 Employer Health Benefits Survey, the average annual premium for employer-sponsored health insurance in 2023 was \$8,435 for single coverage and \$23,968 for family coverage, both a 7% increase from the previous year. Unfortunately, sizeable annual premium increases are not uncommon. To help manage these increases, many workers are being asked to contribute more towards premiums, co-pays, and deductibles. If coverage costs continue to rise, more businesses and workers are at risk of being priced out of the market.

There are many factors challenging our health care facilities and contributing to ever higher health care system costs, and no single solution will “fix” the issue – it will require considering a number of approaches. Increasing low state Medicaid reimbursement rates, as has been proposed by lawmakers, is one important step that will help financially shore up health care facilities and increase access to care by encouraging additional providers to accept Medicaid patients.

In addition, the impact of uncompensated care on health care system costs is significant. Health care for low-income uninsured individuals is generally both expensive – more likely to be costly emergency care and for more serious or chronic conditions caused by delaying care – and unreimbursed. The expense of this uncompensated care is being broadly passed on to others in the health care system through higher costs, primarily employers who provide most of the country’s health care coverage. That cost is substantial -- in FY 2022, one of our area hospital systems provided \$135.7 million in uncompensated care, while for another area system it was \$30 million. The figure statewide is \$1.2 billion. Reducing the amount of uncompensated care and its impact on health care system costs must be considered, and a Kansas solution to expanding income-based Medicaid coverage is one way to achieve that important goal along with the other benefits that come from increased access to health care.

Thank you for this opportunity to provide input on this important issue for Kansas businesses and workers.

To: Members of the Committee

From: Paula Shields

Re: Support for Medicaid expansion

I have been blessed to always have health insurance. I have never had to worry about when I am sick if I can go to the doctor. So many Kansans face this dilemma. Many small businesses can not afford to give their employees health insurance.

Also, many rural hospitals have been closed because of not having Medicaid expansion. So sad that we are one of ten states without Medicaid expansion.

Paula Shields

Legislative Testimony

John Shively

Hearing on KanCare Expansion

Wednesday, March 20th, 2024

Dear Chairperson and Committee Members,

My name is John Shively, and I work as the Executive Director of Mission at the Sisters of Charity of Leavenworth. However, I write today speaking only on behalf of myself as a lifelong Kansan and Catholic.

I spent my entire life growing up in Kansas, and one thing I know about the people of Kansas is that they are good neighbors. They care about one another. **We have an opportunity to demonstrate that care for one another – that is at the heart of our Christian and Kansas identity – and to put it into public practice by expanding KanCare.**

Nearly 150,000 people would benefit from expansion if we passed Medicaid expansion, which would bring Kansas tax dollars back to the state to pay for the health and well-being of our own people. Many of those who would qualify already work, pay taxes, and contribute to our state. It only makes sense that we bring Kansas tax dollars back to the state to reinvest in the health of our own workforce. **We are already paying the cost and have lost nearly \$7 billion that would have benefited Kansas Hospitals, workers, and citizens by refusing to enact expansion.**

More importantly, expanding access to healthcare is the moral thing to do. People without coverage are dying and getting sick, putting additional strain on already burdened rural healthcare facilities. My Catholic faith calls me to care for the sick. **In their 1981 Pastoral Letter, the U.S. Catholic Bishops state plainly that "health care is so important for full human dignity and so necessary for the proper development of life that it is a fundamental right of every human being."**

I urge you strongly to do what is right for the poor and medically underserved people of Kansas and pass Medicaid Expansion in committee and on the floor.

In Christ,

A handwritten signature in black ink that reads "John Shively". The script is cursive and fluid, with the first letters of "John" and "Shively" being capitalized and prominent.

John Shively

Sisters of Charity of Leavenworth Associate

March 12, 2024

I admit that I have it better than many disabled people, but I still find affording doctor appointments and prescription medicine difficult. I currently have Medicare, but do not qualify for Medicaid or for Extra Help. (My income is >just< above the threshold for Extra Help). Medicaid expansion would help me greatly, and would help several of my friends who are also disabled greatly. I have considered moving to another state that has expanded Medicaid. Please pass a Medicaid expansion bill!

--David Shobe
Lawrence, KS

Amber Shultz, Secretary

Laura Kelly, Governor

**Written Only Proponent Testimony on SB 355 & HB 2556
Senate Ways & Means Committee
Senate Public Health & Welfare Committee
House Health and Human Services Committee
Amber Shultz, Kansas Secretary of Labor, KDOL
Wednesday, March 20th, 2024**

Madame Chairwoman Gossage, Madame Chairwoman Landwehr, Mr. Chairman Billinger, & Committee Members,

I am Kansas Secretary of Labor Amber Shultz. Please accept this written proponent testimony for SB 355 and HB 2556. I want to begin by thanking senate and house leadership and the committee chairs for agreeing to hear these bills. Kansas workers without employment provided or affordable healthcare options are depending on you to provide them an avenue to a healthier future. The agency stands in full support of these two bills, and we ask that the legislature support working Kansans by passing this legislation that adds Kansas to the growing list of states to pass some form of expansion.

SB 355 and HB 2556 will help stabilize and grow the Kansas workforce by ensuring our small hospitals remain open, providing essential healthcare services for our rural population, and keeping high paying jobs in these areas of the state. These doctors, nurses, therapists, and other healthcare related positions keep the local economies strong and the local workforce healthy and productive.

- 86 out of 105 counties in Kansas are in nonmetropolitan areas (OEWS balance of state)
- Balance of State estimates:
 - 22,680 Healthcare Practitioners and Technical Occupations
 - This includes 8,050 Registered Nurses, 2,210 Licensed Practical and Licensed Vocational Nurses, 1,190 Pharmacy Technicians, 820 Clinical Laboratory Technologists and Technicians, and 810 Pharmacists.
 - 18,370 Healthcare Support Occupations
 - This includes 7,450 Home Health and Personal Care Aides and 7,330 Nursing Assistants

The Medicaid expansion bills this year provide incentives for employment by including a work requirement for Medicaid enrollees. And while there will be exceptions to this requirement, including for full-time students, full-time caretakers, veterans, and Kansans with medical conditions, the agency believes this requirement will help to encourage workforce participation.

- Ohio Medicaid Expansion Assessment (Ohio expanded Medicaid in 2014 – this report is from 2018): <https://medicaid.ohio.gov/wps/wcm/connect/gov/71bc891a-d5b6-49f6-990a->

Office of the Secretary
401 SW Topeka Boulevard
Topeka, KS 66603



Phone: 785-296-7474
Fax: 785-368-6294

Amber Shultz, Secretary

Laura Kelly, Governor

[7b9a7de1e585/MedicaidExpansion.pdf?MOD=AJPERES&CONVERT_TO=url∓CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-71bc891a-d5b6-49f6-990a-7b9a7de1e585-nAUQzb](#)

- 290,000 Medicaid expansion participants (71% of respondents) got a job or increased income.
- 83.5% of participants reported that Medicaid made it easier to continue working.
- 60% of unemployed enrollees reported that Medicaid made it easier to look for work.
- Employment among expansion enrollees increased 15% from 2016 to 2018.
- 2017 study from the National Institutes of Health: [Effect of Medicaid Expansion on Workforce Participation for People With Disabilities - PMC \(nih.gov\)](#)
 - This study provides evidence that Medicaid expansion results in higher employment among individuals with disabilities.
 - 48.4% of adults with disabilities were not working in states that had not implemented the Medicaid expansion in 2014 compared with 39.7% in states that had.
 - The authors conclude that higher eligibility and earnings thresholds under Medicaid expansion allow individuals to work and earn at levels that would have previously made them ineligible for benefits.

With the federal government paying for 90% of the costs to expand Medicaid, many states pay the remaining 10%. However, with SB 355 and HB 2556, the state's 10% share is completely covered by drug rebates, a hospital fee, savings from higher reimbursement rates for existing Medicaid recipients, and additional federal funding. This means that Kansas can now expand Medicaid at no additional cost to Kansas taxpayers.

I thank the committee for your willingness to hear and work this important legislation. Our agency stands in full support of expanding Medicaid in an effort to keep our workforce healthy, productive, and growing.

March 15, 2024

I am a proud Kansan growing up in Parsons. I know small town Kansas medical care has suffered due to the lack of Medicaid availability. It is time to expand Medicaid and do the right thing for our state !

David Shuss

March 14, 2024

Hello,

I am writing to urge the Kansas Legislature to expand KanCare in Kansas.

Kansas has missed out on so much funding over many years that could have gone to help hard-working Kansans.

While my husband and I have been able to afford health care insurance throughout our lives while farming, many Kansans cannot. And most of these Kansans are hard-working, employed individuals! I cannot imagine not seeking medical attention when needed, because I had no help from insurance coverage!

And a big percentage of about 80% of Kansans support expanding KanCare! Please listen to your constituents and help this issue get out of committee and onto the floor for a vote!

Harry and Eileen Sieger, Marion



KANSAS SILVER HAIRED LEGISLATURE

The Kansas Silver Haired Legislature (SHL) was formed in 1982, created by an act of Congress in 1969. The SHL is made up of 125 representatives, one from each of the 105 counties with the exception of the larger counties having five additional. Representatives must be 60 years old and are elected from their county of residence.

Our purpose is to advocate for seniors and provide a voice at the state level with emphasis in educating our seniors and other populations about issues on bills and resolutions being proposed. The SHL gives voice to approximately 600,000 senior citizens of Kansas. We also enlighten the Kansas Legislature about issues promoted by their Silver Haired Legislators.

The Resolutions to be presented to the 2024 Legislature

- **Support Medicaid Expansion;**
- **Establish a medical cannabis advisory board to explore and make recommendations regarding the medical use of cannabis;**
- **Support voting rights of seniors and all other registered voters by ensuring accessibility to the polls;**
- **Expand the existing Grandparents as Caregivers Act to provide financial assistance to other relatives providing care to children;**
- **Support the elimination of the tax cliff and increase income thresholds to qualify for an exemption of social security benefits from state income tax.**

Executive Board Officers

President: Thomas Gordon, Wyandotte County, tgpsa1shl@gmail.com

First Vice-president: Katy Hoffman, Johnson County, kmrhoffman@gmail.com

Second Vice-president: Sherri Grogan, Leavenworth, sdr7304@gmail.com

Treasurer: Gary Scott, Johnson County, scottskufhsu@gmail.com

Secretary: Donna Lehane, Sedgwick County, stillinadream@sbcglobal.net

Officers for State Legislature

Speaker: Randall Hardy, Saline County, KS67401@gmail.com

Speaker Pro Tem: Chuck Schmidt, Sedgwick County, cschmidt3131@gmail.com

Floor Leader: Leroy Burton, Butler County, leburton@cox.net

-over-

We represent the SHL from the Planning Service Area, PSA 11, Johnson County. We are: Katy Hoffman, Chair, kmrhoffman@gmail.com; Gary Scott, Vice Chair, scottskufhsu@gmail.com; Mary L. Calhoun, Merrilee517@yahoo.com; Norman Kahn, nkahnmd@gmail.com; Mary Penrose, Penrose,mary@gmail.com; David Wood, wowowoody@earthlink.net. We want to keep you informed! You may also visit [Kansas Silver Haired Legislature \(kansas-shl.org\)](http://kansas-shl.org).

March 14, 2024

Dear Kansas Legislators:

Please pass HB 2556 and SB 355 in support of Medicaid expansion in Kansas. As a lifelong Kansan, retired former small business owner and active Manhattan Area Chamber of Commerce volunteer, I see so many positives for this and NO negatives.

It won't cost my fellow Kansans and me a dime—and **over 80% of us want this to happen because we see the catastrophic results of not allowing Medicaid expansion!**

We are already paying our hard-earned tax dollars to the federal government, who is sending our dollars to the **40 other states that have already expanded Medicaid eligibility.**

It's a travesty to me that **we're penalizing our neediest neighbors, colleagues, friends and family members over purely partisan politics.** Rural Kansas continues to suffer from lack of employment opportunities, population decrease and access to good healthcare. Lack of Medicaid expansion in rural Kansas, where our poverty rates are highest, has tragic consequences.

Small hospitals are usually one of the largest employers in a town or county, but when they close because of lack of Medicaid dollars coming in to cover care, not only do Kansans on Medicaid suffer, so do all the other citizens in that community, because now they have to drive a half hour...an hour...two hours or MORE to reach a hospital. And all those **well-paying jobs for healthcare professionals go away.** And so do those skilled workers—doctors, nurses, radiology techs and more—who have to leave to earn a living.

For the sake of our small communities and our critical access hospital network—which feeds our larger regional hospitals and serves an absolutely vital function in saving Kansans' lives!—**please vote YES to expand Medicaid and bring our beautiful state up to par with the rest of the country.**

Let's stop financing good healthcare for everybody else, instead of ourselves.

Thank you,
Lisa A. Sisley
Manhattan, Kansas

4200 S. 4th
Street
Cantwell Hall
913-758-6564



SISTERS OF CHARITY OF LEAVENWORTH

OFFICE OF JUSTICE, PEACE, AND INTEGRITY OF CREATION



Date: March 20, 2024

From: Rebecca Metz, Lead Coordinator,

Office of Justice, Peace, and Integrity of Creation- Sisters of Charity of Leavenworth

RE: Proponent testimony for House Bill 2556 / Senate Bill 355

Dear Chairperson and Committee members,

I write today not only as a coordinator for the the Sisters of Charity of Leavenworth's Office of Justice, Peace, and Integrity of Creation but also as a concerned citizen of Kansas. The Sisters of Charity follow in the traditions of St. Vincent de Paul and St. Louise de Marillac, who began the daughters of charity with a particular emphasis on serving those living in poverty. It is in the same tradition that we support House Bill 2556 / Senate Bill 355, which could provide health coverage for "A total of 151,898 Kansans, including 106,450 adults and 45,448 children . . . if Medicaid were to be expanded in January 2025."¹ The Sisters of Charity of Leavenworth have a legacy of having founded and operated several hospitals between spanning California to Kansas and are intimately aware of the struggles of every day Kansans.

I believe it is deeply immoral for that many Kansans to continue to go without care and it is beyond time to offer additional help to struggling families and individuals to provide for their basic needs.

Human Dignity and the Common Good

Catholic Social Teaching emphasizes the dignity of every individual, the common good and a preferential option for the poor. Expanding KanCare is a lifesaving measure full stop. Expansion increases access to high-quality care for those who would otherwise go without healthcare. Making sure our brothers and sisters, *our neighbors*, have access to health care is everyone's responsibility and our state is worse off for having not expanded Medicaid yet. "We answer the Gospel call to affirm that each person's life is a treasure and everyone should have the opportunity to flourish. Access to quality health care is a right and is necessary for everyone to achieve that vision."²

A Justice Issue

A lack of affordable health care coverage is an economic and racial justice issue. To date, Kansas has lost over 6 billion dollars by refusing to expand Medicaid.³ With the most recent closing of of CareArc clinic in Eureka⁴ is no secret that rural health care access is in jeopardy for some of Kansas' most marginalized. While we have continued to not accept federal dollars for Medicaid Expansion, we have *actively* seen the loss of health care access.

Finally, it is known that Medicaid Expansion is a matter of racial justice. In Kansas, those in communities of color are three times more likely than those in primarily white areas to lack any form of health insurance.⁵ As a state, we are morally obligated to reduce these disparities and to ensure communities of color have equal access to healthcare. The Governor's Commission on Racial Justice and Equity also recommended expanding Medicaid in order to reduce barriers to healthcare access for people of color.⁶

I implore you to pass Medicaid expansion in committee and on the floor, because we cannot wait any longer to give Kansans the care they so desperately need.

Sincerely,

Rebecca Metz

¹ [Kansas Health Institute, 2024 Medicaid Expansion Estimates: Enrollment, Costs and Characteristics of the Expansion Population.](#)

² [Journal of the Catholic Health Association of the United States, Medicaid Expansion in Michigan Reflects Catholic Social Principles.](#)

³ [Home, Alliance for a Health Kansas 2024.](#)

⁴ [The Emporia Gazette, CareArc Announces Closure of Eureka Health Center.](#)

⁵ [Llopis-Jepsen, Celia. "Kansas and Missouri Health Care Is Saddling People of Color with Debt." KCUR 89.3 - NPR in Kansas City.](#)

⁶ [CREJ Report July 1 2021 Final - Governor of the State of Kansas.](#)

March 16, 2024

Dear Health & Human Services Committee Members:

I write in support of HB 2556, which is important to me with senior hindsight, since I am still catching up with deferred health care from my previous uninsured era.

Health care coverage is a bi-partisan issue, as Medicaid expansion will give coverage to some additional 100,000 adults of both major parties and 50,000 related children in Kansas (data per the non-partisan Kansas Health Institute). Funding for this expansion is essentially revenue neutral, even after the two years of Federal American Rescue Plan Act monies, which offset the first eight years of implementation costs. Approximately a third of the newly eligible adults are currently working a minimum of 20 hours/week, yet cannot afford coverage for themselves or their children. Others work less than 20 hours/week or are disabled. HB2556 includes a work requirement with limited exceptions.

Fiscal Responsibility reasons to expand Medicaid coverage include:

- * Financial savings to employers/individual patients due to the lower cost of prevention/early intervention
- * Savings to entire taxpayer base who otherwise pay for uncovered ED visits
- * Savings to entire taxpayer base who otherwise pay for uncovered health services to inmates
- * Savings to County/Local Government who otherwise pay for mandated but unfunded health services
- * Revenue generation for the retention/preservation of rural hospitals/clinics
- * Revenue generation for retention/recruitment of health care providers/adjunct staff

Community Health and Well-Being reasons to expand Medicaid coverage include:

- * Supports the health/well-being of Kansas residents who constitute your work force, your families and your future
- * Reductions in crime/safety concerns, due to accessible treatment for mental health/substance treatment
- * Enhanced Quality of Life reputation which helps attract/retain business; trained employees; and tourism
- * Increases population health resilience during contagious epidemics
- * Generation of adjunct jobs due to spin off from health care industry
- * Reassures your Constituents that you recognize/respect the 80% of Kansans who support expansion

So far Kansas has lost in the vicinity of \$7B from declining this opportunity. Please review the ten years of outcome data from the 40 States that previously expanded Medicaid, which has been analyzed by KHI.

https://www.khi.org/articles/event-recap-exploring-medicaid-expansion-experiences-in-other-states/?utm_medium=email&utm_source=sharpspring&sslid=MzlwMDA0NgZic3MDI3MA&sseid=MzIzNjA0MDM0NAUA&jobid=60559961-39a3-4f98-afc0-25ac54a35014

Regards,

Sherry G. Skillwoman

Retired Medical Social Worker

Native Kansan in Wichita

February 23, 2024

772 Hwy 40
Lawrence, KS 66049
785-841-1526
Glsloan_ks@yahoo.com

Re: Medicaid Expansion

Dear Legislators,

I am a retired Republican State Representative and current LMH Health Trustee. You have heard for years that Medicaid expansion will help local hospitals and the people of Kansas and that over 70 percent of Kansans support Medicaid expansion.

Some legislators have opposed expansion for a variety of presumed financial risks to the State. We believe risks to the State have been addressed by hospitals committing to pay for the State's required match of federal dollars. What has not been adequately explained to legislators is the financial realities being experienced by hospitals in the absence of Medicaid expansion.

LMH Health in 2023 provided \$12 million of uncompensated care to patients. Medicaid expansion would provide approximately \$3 million in additional annual revenue to the hospital, based on the additional 3,800 residents who would be covered by the program. This is crucial to our efforts to remain an independent community hospital because we had almost a \$6 million operating shortfall in 2023. Medicaid expansion will not solve all of our fiscal challenges, and we are aggressively addressing cost controls and other opportunities, but it would significantly reduce our uncompensated care costs.

I am writing with three requests: 1) that you contact our CEO Russ Johnson (russ.johnson@lmh.org) to discuss the very real financial impact that Medicaid expansion would have on LMH's ability to remain an independent community hospital; 2) that you recognize that the Governor's proposed Medicaid expansion bill requires Kansas hospitals to pay the State's share of the cost-matching requirement (this is similar to a similar program in which adult care facilities pay the State's matching requirement for other federal financial aid). We support that proposal because the increased federal funds will more than offset our contribution to the State's matching requirement; and 3) after your conversation with Mr. Johnson, that you contact other hospital CEOs in your legislative district or region about their very real financial challenges.

Thank you for your consideration of these requests. I trust that you will accept the opportunity to discuss with Mr. Johnson and other hospital CEO's the benefits to healthcare providers' (e.g., hospitals, physicians, etc.) ability to provide quality healthcare to patients locally and statewide and the willingness of these entities to financially support the State's matching requirements. Medicaid expansion will help close the "coverage gap" for those whose incomes are too high to qualify for Kansas' current Medicaid program, but too low to qualify for marketplace plan subsidies.

Sincerely,

Tom Sloan
45th District Representative (Retired)
LMH Health Trustee

P.S. In Kansas, a single mother of two only qualifies for Medicaid if she makes less than \$8,203 per year. If she works full time for minimum wage, she makes too much to qualify for Medicaid and is not eligible for a health insurance exchange incentive. Expanding Medicaid in Kansas will give families the opportunity to work and have health insurance.

March 17, 2024

I am a resident of Bourbon County and a registered Republican. My husband and I are very much in favor of the expansion of Medicaid in Kansas. We are retired educators and we are confident that our Bourbon County residents would benefit from the expansion of Medicaid in Kansas. Other states benefit from Medicaid and it is time for Kansans to choose to accept Medicaid expansion. We pay federal taxes that help provide this program and we would like our state to benefit also.

Sincerely,
Patricia Smilie
Dale Smilie

Jonathan Smith

Private Citizen

03/14/2024

SB 355 - Expanding medical assistance eligibility and enacting the cutting healthcare costs for all Kansans act.

Written-Only Proponent testimony

Hearing Date: March 20th, 2024 10:30am

Joint Senate Committees on Ways and Means and Public Health and Welfare

Chairwoman McGinn, and esteemed members of the committee,

Hello, and thank you for taking the time to read my testimony today. I cannot tell you how long I have waited for Kansas to finally expand Medicaid coverage for Kansans. I implore you with my whole being, to please, PLEASE pass SB 355 favorably. I cannot think of anything that will improve the lives of more Kansans with one stroke of the pen.

My children have been on a form of Kancare for most of their lives, it's what we've used for all of their doctor visits, all of their hospital stays, all of their dental appointments, all of their medications, all of their therapy, all of their case managers, and so on. Me and my wife do not make enough money to be able to afford real health insurance; I can barely afford insurance for me through my job. We let our kids' insurance through Kancare lapse *once*, and it *decimated* our finances. I think it cost us about \$1,700 in three months from medication and doctor's appointments. Luckily we had some money saved up in our savings, and we were able to eat that cost until they were reactivated at Kancare. Those few months probably set us back from buying a home for another year, but our children were able to stay in school without any disruptions to their medication.

But what my point is, is that Americans cannot afford health insurance or healthcare anymore. People would rather sit at home and die from an infection than risk going to a hospital to save their life and bankrupting their family in the process. We need the solace of knowing that our healthcare will be covered by the government. That the government will be able to fight these greedy insurance companies with more teeth than the American public ever could.

Finally, expanding Medicaid Coverage is covered by the federal government. It's not even going to increase our state tax burden, plus, any additional cost would obviously be covered by the healthcare cost savings on the back from Kansans not having to pay for the uninsured Kansans' healthcare across the state.

Expanding Medicaid is a sure-fire way to help more Kansan's than just about anything else I can imagine. I have been waiting so long for our state to finally catch up to the rest of the country. I wish, more than anything, for any family to be able to experience that stability, calm, order, and reliability that we were able to experience with our children on Kancare.

Please pass SB 355 favorably out of committee, for all Kansas families to prosper more tomorrow than yesterday.

Thank you for your time,

Jonathan Smith

Sharla Smith
4723 Grove Street
Shawnee, KS 66226
Smithsa98@gmail.com

Re: Kansas Medicaid Expansion

Joint Hearing of the Senate Ways & Means Committee and the Senate Public Health & Welfare Committee
Chaired by Senator Carolyn McGinn

Dear Joint Hearing of the Senate Ways & Means and the Senate Public Health & Welfare Committee Members,

I am writing to express my strong support for the expansion of Medicaid in Kansas. As a resident of this state, I have seen firsthand the significant impact that lack of access to affordable healthcare has had on individuals and families in our community. Expanding Medicaid would not only improve the health and well-being of thousands of Kansans but also provide numerous economic and social benefits to our state.

One of the primary reasons I believe Medicaid expansion is because I lived in a Medicaid expansion state prior to moving to Kansas. When I accepted the position at KUMC, I remained a resident of my state for three months preparing for the move. Accepting the position meant that I did not qualify for benefits for 90 days. However, as a resident of a expansion state, I was able to purchase affordable and comprehensive insurance for myself and family, thus when my son faced an injury during a high school basketball game, we were able to receive healthcare and physical therapy because of our ability to purchase affordable health insurance. Medicaid expansion is crucial because it would extend healthcare coverage to low-income adults who currently fall into the coverage gap and middle-class families like mine. These are hardworking individuals who earn too much to qualify for traditional Medicaid but too little to afford private insurance. By expanding Medicaid, we can ensure that over 140,000 individuals in our state have access to essential healthcare services such as preventive care, prescription medications, and treatment for chronic conditions. This will not only improve their health outcomes but also reduce the financial burden on hospitals and healthcare providers who currently bear the cost of uncompensated care.

Furthermore, ***Medicaid expansion would stimulate our state's economy by creating jobs and generating revenue.*** Studies have shown that expanding Medicaid leads to increased healthcare spending, which in turn creates jobs in the healthcare sector and related industries. Additionally, by drawing down federal funds to cover the costs of expansion, Kansas can save millions of dollars in state spending, which can be reinvested in other critical areas such as education and infrastructure and recoup the seven billion dollars that would be allocated to Kansas going to other states because we have not expanded Medicaid. We also can no longer ignore the closing of rural hospitals and millions of Kansans, your constituents, losing access to medical care and driving miles to receive health care.

Beyond the economic benefits, Medicaid expansion is a moral imperative, the bible clearly outline that we are to take care of the least of them, Matthew 25:40: "Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me. Access to healthcare is a basic human right and also the requirement of a bible belt state and believers, and no one should have to go without medical care simply because they cannot afford it. By expanding Medicaid, we can ensure that all Kansans have the opportunity to live healthy and productive lives, regardless of their income or background.

In conclusion, I urge you to support Medicaid expansion in Kansas. It is not only the right thing to do morally, but it is also in the best interest of our state's health, economy, and future prosperity. Thank you for considering my testimony, and please do not hesitate to contact me if you have any questions or need further information.

Sincerely,

Sharla Smith

February 11, 2024

Dear policymakers,

I am not a Medicaid recipient and I don't need it. However, I know folks who suffer because they don't have insurance and are not well. I also believe that if folks have medical insurance they are healthier because they can see a doctor before they are sick into death. Expanding Medicaid will save the state a lot of money in the long run. Taxpayers pay for trips to the ER and hospitalizations when there is no insurer to pay. All the way around having health insurance for everyone is a win-win situation. Thank you.

Sincerely,

Sister MaryLex Smith, SCL

March 15, 2024

I'd like to submit this written testimony in support of expanding Medicaid in the state of Kansas. As a Clinical Psychologist in Kansas City, KS, I've seen first hand the extreme mental health needs of our community members. This need is evident in the rise of anxiety in our youth, the increase of utilization within our community mental health centers, hospitals, K-12 schools, and Universities and Colleges, as well as the increase in suicidality among our most vulnerable populations (our youth and our elders). Moreover, research has shown that less 50% of people who need mental health treatment actually obtain mental health treatment. A major factor impacting this horribly low treatment rate is the lack of resources to access available treatment. Expanding Medicaid in Kansas would help our neighbors, family, and friends obtain the treatment needed to live a meaningful life and, frankly, to save lives.

I implore you to vote to expand. Medicaid in our wonderful state, so that all Kansans have the opportunity to live healthy and happy lives within healthy and happy communities.

Thank you,

Rev. Dr. Lynette Sparkman-Barnes, Psy.D.
Licensed Clinical Psychologist
Associate Minister, Grant Chapel African Methodist Episcopal Church, 2800 N.
Tremont, Kansas City, KS, 66101
(913) 909-481

March 13, 2024

To the Kansas legislature,

I strongly support the expansion of Medicaid in Kansas. I am working to develop wind power, long duration energy storage and green hydrogen projects in western Kansas and have close relationships and friendships with many western Kansans. My friends there need the expansion of Medicaid to retain hospitals and medical help for their communities.

No one who considers themselves to be “pro-life” can oppose the expansion of Medicaid. One cannot say that life is precious on one hand and then deny healthcare to hundreds of thousands of people on the other hand. All Kansans deserve access to quality healthcare.

The legislature must support expanding Medicaid to promote healthy lives in our state. We are counting on all legislators to stand up for healthy lives by voting for expanded Medicaid.

Thank you for caring for all Kansans.

Joe L Spease, CEO
WindSoHy, LLC
Overland Park, KS 66214
Mobile: 913-481-2869
www.windsohy.com
jspease@windsohy.com

Audrey Spellman

Regarding SB 355 and HB 2556

March 13, 2024

My name is Audrey Spellman, I am a college athlete at the University Saint Mary. I am testifying in favor of SB 355 and HB 2556 for the expansion of Medicaid. I am a nursing major and work as a CNA. Adults or elderly patients that do not have the funds for healthcare is a more common problem than people think. Everyone should have access to healthcare and be treated fairly. I have seen too many patients choose not to go to the hospital and choose to manage their needs on their own because they don't have insurance to pay for it.

By expanding Medicaid, roughly 150,000 more Kansans would have access to affordable health care, and it won't cost Kansas taxpayers a single cent. Nearly 80% of Kansans support Medicaid expansion, including myself. We have lost \$7 billion in federal funding while our federal taxpayers support jobs and healthcare in 40 other states. This will also be better for the economy and will create more jobs. Thank you for your consideration. Please vote yes to expand Medicaid.

Thank you, Audrey Spellman

March 14, 2024

Testimony in support of SB 355 and HB 2556.

My name is Robin St James and I am Executive Director of Papan's Landing Senior Center. PLSC is an activity center for seniors (age 60+) in Topeka and Shawnee County, Kansas. Our Mission is to provide the services that help keep seniors in their own homes for as long as possible. One of those services is ensuring that our seniors are aware of issues that affect them.

Medicaid Expansion is one of those issues and is important to me because a full 75% of our participants fall into that income gap between being financially ineligible for Medicaid but being unable to afford marketplace plan subsidies. Many of our seniors do not get the medical services they need or do without something else, such as food or heat in the winter, to pay for medication or copays. When we discuss Medicaid expansion, they are very vocal and do not understand why so many other states have expanded Medicaid but Kansas has not. They ask why when the money is there, it's not available to the people of Kansas. I honestly don't know what to tell them because I have the same questions and have yet to find answers that make sense to me.

Beyond the senior citizen issue are people like our employees. As a small not-for-profit, we are unable to provide health insurance for the people who are here every day working for our seniors including me. One of our employees makes too much to qualify for KanCare, but it would cost over \$500 a month to buy health insurance for his family through his wife's employer. They are doing without because \$500 a month is a financial burden they are can not bear at this time. He is just one of more than 150,000 Kansans who fall into this healthcare gap.

SB 355 and HB 2556 could make a difference for a lot of people, be they retirees or those who are working. I ask that those who have the power to make a true, positive change, consider every Kansan and vote yes on these bills.

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

--

Robin St James
Executive Director
619 NW Paramore Street
Topeka, Kansas 66608
785.232.1968



TO: House Health and Human Services Committee

FROM: Robert L. Olm-Shipman, President & Chief Executive Officer, South and East Regions,
Saint Luke's Health System

DATE: March 20, 2024

RE: Proponent Testimony Senate Bill 355

On behalf of Saint Luke's Health System, a faith-based, not-for-profit, and our over 4,200 employees who live or work in Kansas, thank you for allowing me to submit testimony in support of House Bill 2556. My name is Bobby Olm-Shipman and I am President and Chief Executive Officer of the South and East Regions of Saint Luke's Health System. I am also the current Board Chairman of the Kansas Hospital Association. Saint Luke's Health System operates Saint Luke's South Hospital in Overland Park, with additional locations in Leawood, Roeland Park, and Kansas City, and two critical access hospitals in Anderson County Hospital in Garnett and Allen County Regional Hospital in Iola. In fiscal year 2022, our Kansas hospitals provided over \$12.3 million in uncompensated care costs.

Under the *Emergency Medical Treatment and Labor Act (EMTALA)*, federal law requires Medicare-participating hospitals to ensure public access to emergency services regardless of ability to pay. Because of this requirement, hospitals often absorb the uncompensated cost of emergency department visits of those who are unable to pay. It is well established that visits to the emergency department, generally the most expensive place in the hospital to receive care, are a significant driver to the rising cost of health care in the United States. And while as providers we are committed to caring for anyone who comes through our emergency department doors, regardless of ability to pay, the neglected costs of that care end up saddled on a hospitals' bottom line and are typically passed on to private insurance holders in the form of higher health insurance plan premiums. Expanding Medicaid in the state of Kansas will not only provide access to health care for tens of thousands of hard-working Kansans who currently find themselves in the coverage gap, making too much for Medicaid coverage but not enough for subsidized coverage on an exchange plan, and improve health outcomes, but also mitigate unnecessary, expensive, last-resort emergency department visits and improve the viability of hospitals in communities across our state.

Hospitals across the country, and certainly in our State, continue to navigate a perilous economic environment, confronting increased staffing and supply costs and stagnant reimbursement, leading to razor-thin margins and deficits. 2022 National Health Expenditure (NHE) data from the Centers for Medicare and Medicaid Services (CMS) show that while total healthcare spending increased 4.1% that year, hospital spending was up only 2.2% - compared to physician services (+2.7%), prescription drugs (+8.4%), private insurance (+5.9%) and the overall inflation rate (+6.5%). Additionally, according to a recent report by Syntellis Performance Solutions and the American Hospital Association, hospital labor expenses per adjusted discharge were up by 24.8% by the end of 2022 compared to pre-pandemic levels in 2019.¹ The rapid growth in labor expenses in 2022 alone were projected to increase hospitals' labor costs by \$135 billion according to a report published by Kaufman Hall in September 2022. Inflated labor

¹ https://www.syntellis.com/sites/default/files/2023-03/AHA_Q2_Feb_2023.pdf

and supply costs continue to challenge hospital finances today, as does *EMTALA*, chronic government payer reimbursement below cost, and unnecessary prior authorization and improper claim denials from commercial health plans. Without supportive public policies like expanding Medicaid, Kansas hospitals will continue to fall further behind on their balance sheets, which could lead to shuttered services, limited investment and innovation, and, unfortunately, potential closure. Given the ongoing financial hardship hospitals are experiencing, not expanding Medicaid jeopardizes improved access to health care services for all Kansans.

Thank you for your consideration of our comments. We ask that the committee recommend favorably Senate Bill 355.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bobby", written in black ink.

Robert L. Olm-Shipman
President & Chief Executive Officer, South and East Regions, Saint Luke's Health System

March 15, 2024

Dear Kansas Legislature:

Over the last two weeks I have attended rallies for Medicaid Expansion and Mental Health Advocacy Day at the Kansas State Capitol. Governor Laura Kelly addressed both rallies. I am writing to encourage you to expand Medicaid in Kansas.

A Long Journey

When my wife and I came to Topeka in 1972 from the east coast for me to pursue two years of Post-Doctoral Training in Clinical Psychology at the Menninger Clinic, a large billboard posted at I-70 and McVicar greeted travelers: "Welcome to Topeka, Psychiatric Capitol of the World."

How the passage of time and the transformation of health care has changed all that.

Living in a city my mother volunteered to go door to door on behalf of the American Heart Association, the American Cancer Association, and other charities to ask for modest contributions to those charities. There I was as a child at my mother's side witnessing her quest and learning about charity.

Growing up in a religious household and attending Sunday school and prayer services I learned the two most important lessons of many religions: 1) the most important "good deed" one can do is take care of and look after those less fortunate than ourselves and 2) "I am my brother's keeper."

Medicaid Expansion

150, 000 Kansans go to bed each evening and wake up in the morning with an awareness that if they develop a moderate or life-threatening illness they may not have access to life-affirming or life-saving health care. This is not right by any standard or measure.

Related Matters

During the last four years of my work at the Menninger Clinic (1972-1995) I had a unique opportunity and experience. I had spent my first 19 years at Menninger treating patients in the Adult and Children's Hospitals at Menninger. From 1991-1995 I visited with the CEOs, Medical Directors, Network Development Directors of about 100 insurance companies across America and about 200 hospitals, clinics, and doctors' offices. I witnessed first hand the transformation taking place in health care in America at that time.

Later, as Kansas made its own good faith effort to enact universal health insurance I shared some of my experiences and knowledge before several committees of the Kansas Legislature.

The Moral Imperative for Medicaid Expansion

During that era Len Nichols, Ph.D., a health care economist for the New America Foundation, reminded the Kansas legislature about the concept of “gleaning” from the Book of Leviticus in the Old Testament. Gleaning is the idea that when the farmer harvests the wheat from the field, he or she sets aside 10% of the harvest for the widow and orphan.

Nichols suggested to the legislature that a modern day interpretation of gleaning would apply to health care and health care reform. It may be our moral obligation to set aside 10% of our national wealth to provide health care for all our citizens.

Thank you for your consideration.

Ira Stamm

Topeka

To: Senate Ways & Means Committee
From: League of Kansas Municipalities
Date: March 20, 2024
RE: Medicaid Expansion Proponent Testimony – Written-only

Chair and members of the committee, the League of Kansas Municipalities appreciates the opportunity to offer testimony in support of Medicaid Expansion.

This legislation would provide necessary avenues for the citizens of Kansas to better access needed medical care, help expand important mental health services and enable hospitals to obtain additional revenue and provide critical services. The failure to expand Medicaid has resulted in an increased financial burden on municipalities felt in small and large cities, alike.

What affects the health care community affects our cities. The availability of adequate healthcare for those who reside and work in cities in the rural areas of our state is vital. Where accessibility to healthcare is lacking, people are less likely to seek homes and employment.

Much of the discussion on this issue has related to hospitals, and that impact is of concern. However, there are other significant gaps in health care coverage Medicaid Expansion would address that are having a major impact on cities. For example, many of Kansas' homeless population is dealing with mental health issues. Many cities have implemented programs to assist local centers to address the issue, but Medicaid Expansion provides mechanisms that allow these programs to better help long-term those on the streets suffering a mental health crisis. If this help can be provided, it reduces the homeless population, which improves our cities and state.

There are other examples where Medicaid Expansion aids, ranging from helping low-income working families to those with disabilities currently not receiving the full coverage they need. Helping these populations makes cities better, Kansas more attractive to live in as a state and takes financial burdens off the state and cities.

As it relates to hospitals, the delivery of medicine has changed across the United States. In 2023, the Center for Healthcare Quality & Payment Reform reported that 57% of rural hospitals in Kansas are in danger of closing and an additional 26% are at immediate risk of closing. And since that report, the municipally owned hospital in Herington closed. Many independent hospitals originally were owned by the city, and cities continue to contribute financially to sustain their community's hospital. Since 2015, ten hospitals have closed in Kansas.

When the local hospital closes, it causes a ripple effect on the city's economy. In most cases, hospital staff will leave the community resulting in an immediate decrease of the property

and sales tax base. Closure of a hospital in a community can reduce per capita income and can increase unemployment. Additionally, the closure of a hospital makes it more difficult to attract new business to the community. Companies will not locate to areas without adequate access to healthcare. To put this in perspective, due to a lack of expansion, the city hospital in Parsons loses \$3 million per year. The city hospital in Coffeyville loses \$2 million per year. These large financial losses have forced municipalities to financially supplement local hospitals in various ways in order to mitigate the economic fallout to their communities.

One concern we hear from our member cities relates to EMS and hospital funding. As such, our members have directed us, through our Statement of Municipal Policy, to support programs that encourage access to water. One of our top legislative policies states:

We support expansion of Medicaid to allow hospitals and emergency medical services (EMS) access to federal funding, helping cities maintain and provide critical services for citizens. Absent Medicaid expansion, additional state funding needs to be made available to rural hospitals to retain businesses and employees and sustain the health and lives of Kansans.

Kansas residents are paying federal taxes to help other states expand Medicaid while at the same time shouldering an increased local tax burden to maintain essential healthcare services in their communities. This increased burden is unsustainable for municipalities and taxpayers. Municipalities are faced with a choice between continuing to supplement the local hospital so the community can maintain vital healthcare services crucial to sustaining the local economy or cutting such aid for the sake of providing other essential governmental services also crucial to sustaining the local economy. This choice can potentially be avoided by supporting Medicaid Expansion.

The League supports Medicaid Expansion and asks this Committee to recommend it favorable passage.

Dear Kansas Policymakers,

Thank you for the opportunity to provide testimony in support of the Kansas Medicaid Expansion program, KanCare.

My purpose today is to urge the passage of KanCare expansion legislation in 2024. Kansans are paying more to take care of themselves and provide for their families. Polling shows that over 75% of Kansans want to Expand Medicaid for their hardworking family, friends and neighbors that fall in the Healthcare gap. Expanding KanCare will reduce health care costs for everyone.

Medicaid Expansion in Kansas:

- is a cost savings for all Kansans.
- will help promote a healthier Kansas by providing much needed healthcare to 150,000 individuals working in rural areas, small towns and cities that fall in the gap and cannot get health coverage.
- will help struggling rural hospitals and clinics, provide investment in our communities, and make Kansas more competitive with neighboring states that have expanded Medicaid.

Personally, I am tired of my hard-earned tax dollars going to the states around us that have Medicaid Expansion, i.e., Missouri, Iowa, Nebraska, etc. It is time for the Kansas Legislature to listen to their constituents and support an open debate on KanCare expansion legislation in the Kansas Statehouse so that the voices of the 8 in 10 Kansans supporting expansion can be heard and expansion can be enacted in our state.

Sincerely,
Chris Steege
Medicaid Expansion Supporter
Lenexa, KS

March 14, 2024

Dear Kansas Legislators,

My State Legislators are Senator Pat Pettey and Representative Louis Ruiz.

As the mother of a 19-year-old college student with Type 1 Diabetes who has just aged out of Children's Medicaid, who is currently waiting for word as to whether my child has been accepted for Adult Medicaid, I urge you to vote Yes for Medicaid expansion. If my child is rejected for Adult Medicaid and needs to be on my Healthcare Marketplace plan, I know there will be copays for every doctor visit and also for prescriptions. I myself often postpone going to the doctor because I cannot afford the copay, but I know I'll have to find a way to pay it for my child who needs the lifesaving care and medications and supplies. I'm praying that we'll find out that my child can receive Adult Medicaid, because then we won't have to cut back on food to pay for healthcare.

Expanding Medicaid will be a godsend for many, many Kansas individuals and families, especially as our food costs keep going up, and property taxes are rising as well here in Wyandotte County. Having a home, food, and regular healthcare is starting to feel like an impossible dream to dream here in Kansas. You legislators can help make it possible again. Please do!

Sincerely,

Susan Stevens,
Argentine Neighborhood, Kansas City, Kansas

March 15, 2024

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

I am a registered voter in Kansas and I always vote.

It is way past time that we pass Medicaid/Kancare expansion. This is what the majority of citizens want and it is time to do it.

All people deserve affordable healthcare!

Linda Stoner
913-633-2002



To: Representative Brenda Landwehr

House Health and Human Services Committee Chair

From: Stormont Vail Health

Date: February 22nd, 2024

Subject: Testimony in Support of HB 2556

Thank you, Madam Chair Landwehr and member of the House Health and Human Services committee, for allowing Stormont Vail Health to provide testimony. My name is Stacie Mason and I am the Chief Financial Officer and Senior Vice President at Stormont Vail Health system based in Topeka and Geary County, Kansas. Today, Stormont Vail is the second largest health care system in the state providing care to over 219,000 unique patients in our hospitals and over 793,000 patients in our care clinics across northeast Kansas. We employ about 5,700 team members and invest \$47 million in our community annually, not including the nearly \$79 million written off for charity, which, many times, does not fully cover the cost of care.

Medicaid Expansion presents a unique opportunity for Kansas, offering significant benefits that align with the well-being of our community. By extending health coverage, we can:

- enhance overall community health
- mitigate uncompensated care costs for local hospitals
- foster a more productive workforce

Rural hospitals, in particular, are at risk, with eight closures since 2014. The legislation not only safeguards these institutions but also creates a comprehensive strategy for rural healthcare. However, rural hospitals are not the only health care facilities at risk if Medicaid is not expanded.

Recent changes to the federal Disproportionate Share Hospital (DSH) program put Stormont Vail's hospitals at risk of losing \$25-\$30 million by losing eligibility in the 340b drug savings program. Medicaid Expansion will:

- Allow Stormont to remain in the 340b program
- Recoup reimbursement for the millions in uncompensated care we already give
- Provide patients with access to critical services that keep them healthy

Passing HB 2556 is the difference between losing \$25-30 million without Medicaid Expansion or Stormont Vail being able to conservatively invest \$7-10 million more into the community with Medicaid Expansion—at no additional cost to tax payers. Facing the rising prices of health care and the rollback of pandemic era support programs, losing \$25-\$30 million will cripple Stormont's ability to provide comprehensive care and support to communities across Kansas.

Medicaid Expansion will not only help hospitals but will also greatly contribute to the growth and prosperity of our local businesses. The financial implications are substantial. Medicaid Expansion can generate approximately 23,000 jobs and save employers up to \$80 million annually in healthcare costs.



This not only supports the health and productivity of Kansans but also contributes to a thriving community.

Furthermore, this bipartisan proposal addresses key concerns by incorporating a work requirement that both grows our workforce and streamlines administrative processes. Exceptions for students, veterans, caregivers, and those with medical conditions make it a pragmatic and inclusive approach. Recent statistics indicate overwhelming support from Kansans (approx. 80%), aligning with the vision of growing our workforce and ensuring the prosperity of our local businesses.

The financial burden on health care providers, local businesses, and communities due to the lack of Medicaid Expansion cannot be understated. Your influential support in advocating for Medicaid Expansion through HB 2556, is crucial. We urge you to support the Cutting Healthcare Costs for All Kansans Act. Thank you for your consideration of my comments.

Respectfully,

Stacie Mason, MBA

Senior Vice President and Chief Financial Officer/Treasurer



Phyllis Stowell, scl

I am offering my testimony regarding the expansion of Medicaid for the citizens of Kansas. I have been a citizen of this state since my childhood and value the tradition it has of serving those residents most in need as part of its responsibilities to provide for the common good.

My family has rural roots and because of this has depended upon health services in rural areas of the state.

- I received polio shots from a clinic in Seneca.
- My sister and brother-in-law received health care at the now closed Holton hospital.
- My niece and her family must travel from their farm in Fairview to Topeka when hospital services are needed. The travel and cost of medical care and travel is extraordinary causing delayed medical attention.
- There are nearly one hundred Sisters of Charity of Leavenworth residing in Leavenworth who now have only one hospital in the city to deal with health needs, some life threatening, when a 30-45 minute or longer ambulance ride to a hospital able to provide necessary care for strokes, etc. could be critical.
- As a state that prides itself still on fiscal responsibility and respect for its citizens, it is imperative that Kansans receive assistance from Medicaid expansion.
- Accepting the federal funds to provide for the health and well-being of Kansans must not fall prey to partisan politics.

S. Phyllis Stowell, scl



TO: Sen. Carloyn McGinn, Chair
Joint Committee
Senate Ways and Means and Public Health and Welfare Committees

FROM: Kevin Strecker
Ministry Market CEO
Ascension Via Christi

DATE: March 20, 2024

RE: Senate Bill 355

Thank you, Chair McGinn and members of the Joint Committee of the Senate Public Health and Welfare and Senate Ways Means Committees, for holding this hearing and providing an opportunity to receive public comment.

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

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

On behalf of Ascension Via Christi, I want to thank Governor Kelly for introducing her plan to expand Medicaid in Kansas. Senate Bill 355 ensures 90 percent of expanded KanCare program costs are covered by the federal government, while the remaining 10 percent is funded with no state dollars and with support from hospitals, drug rebates, and other strategies.

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

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

It's important to recognize Kansans have been paying additional taxes associated with the federal Affordable Care Act for more than a decade. Other states have recouped those tax dollars and reinvested them into their healthcare systems, creating new jobs, sustaining rural hospitals, and improving public

health outcomes. Kansas would benefit by taking a similar approach and helping Kansans rather than continuing to fund Medicaid expansion and better health outcomes in other states.

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

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

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

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

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

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

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

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



Submitted to the Senate Committee on Public Health and Welfare and the Senate Committee on Ways

March 20, 2024

By Susan G. Komen

Thank you for the opportunity to provide written testimony in support of Medicaid Expansion. Susan G. Komen is committed to ensuring that all Kansans have access to healthcare that could save their lives. Expanding the eligibility of KanCare would ensure the availability of the full range of health services to low-income Kansans, including required cancer screenings, diagnostic services and treatment.

Many women are forced to delay or forego breast cancer screenings because they do not have health insurance. In Kansas 12% of women between the ages of 19 and 64 are uninsured.¹ Unfortunately, we know that health insurance is key to obtaining health care services, and those who lack insurance are less likely to get timely, appropriate, and high-quality healthcare.

Having a regular provider is one of the best predictors of mammography use. Women with a regular primary care physician, for example, are more than twice as likely as women without one to have undergone mammography screening. Many women who delay screening may be diagnosed with more advanced breast cancers that are more difficult to treat, deadlier and as much as five times more expensive to treat than cancers caught in earlier stages. This impacts every Kansas taxpayer, as public funds are often tapped to cover the cost of uncompensated care.

Medicaid expansion has been associated with earlier diagnoses, fewer treatment delays, and more treatment options being available for patients with cancer. In particular, patients with newly diagnosed stage IV breast cancer, Medicaid expansion was linked to enhanced survival rates and a reduction in the 2-year mortality gap.² Research has also shown Medicaid expansion has led to earlier cancer diagnoses and a reduction in cancer mortality rates.³

We also know that most Kansans who would benefit from Medicaid expansion are already working. Of all adults aged 19-64 likely eligible for Medicaid expansion in Kansas 7 out of 10 are already working.⁴ We believe Medicaid expansion should be offered to these individuals without additional barriers or restrictions.

KanCare expansion will bring tremendous benefits for Kansas citizens as well as the Kansas economy. Expanding KanCare will create jobs and return hundreds of millions of tax dollars to Kansas every year. Kansas has already lost out on an estimated \$6.9 billion in federally available Medicaid funds between 2014 and 2023. In addition, the state missed out on the additional economic activity that can be spurred by the influx of federal Medicaid dollars.⁵ Medicaid expansion would also help ease the closure of hospitals and clinics in rural Kansas. It's estimated that 28% of rural Kansas hospitals face an immediate risk of closing.

Susan G. Komen urges you to support the expansion of KanCare without burdensome restrictions. We hope that you will take advantage of this opportunity to provide health care to the most vulnerable in our state.

Thank you for your consideration.

Michael Steiner
State Policy & Advocacy Manager for KS, MO & NE
msteiner@komen.org

¹ Kaiser Family Foundation. "Women's Health Insurance Coverage" 2022

² Hotca A, Bloom JR, Runnels J, Salgado LR, Cherry DR, Hsieh K, Sindhu KK. The Impact of Medicaid Expansion on Patients with Cancer in the United States: A Review. *Current Oncology*. 2023; 30(7):6362-6373.

³ Justin M Barnes, Kimberly J Johnson, Eric Adjei Boakye, Lidia Schapira, Tomi Akinyemiju, Eliza M Park, Evan M Graboyes, Nosayaba Osazuwa-Peters, Early Medicaid Expansion and Cancer Mortality, *JNCI: Journal of the National Cancer Institute*, Volume 113, Issue 12, December 2021, Pages 1714–1722

⁴ Schmidt, S., Sink, K., Uridge, E., & Rowell, S. (2024, February 29). *2024 Medicaid Expansion Estimates: Enrollment, costs and characteristics of the expansion population*. Kansas Health Institute. <https://www.khi.org/articles/2024-medicaid-expansion-estimates/>

⁵ Kansas Hospital Association

March 13, 2024

Please support medicaid expansion in Kansas. It is a “win win” for all Kansans. I see no reason to prevent this assistance. Eight rural hospitals have closed since 2014 and thousands of Kansans are without medical coverage which they cannot afford.

Passing this medicaid expansion will decrease medical cost for all Kansans. When an uninsured Kansan goes to the emergency room the hospital will increase the cost of services for those who can pay to make up for short falls incurred serving the uninsured.

Most Kansas support medicaid expansion, and the state will have no additional taxpayer cost. In fact, it will bring revenue into the state. I understand Kansas has lost nearly \$7 billion in additional federal funding while our federal taxpayers support jobs and healthcare in 40 other states.

Ron and Sheila Szymankowski of Overland Park Kansas