## STATE OF KANSAS HOUSE OF REPRESENTATIVES

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COMMITTEE ASSIGNMENTS
HEALTH AND HUMAN SERVICES - Ranking Democrat
JUDICIARY - Member
PENSIONS AND BENEFITS - Member

JOINT COMMITTEE ASSIGNMENTS
CORRECTIONS AND JUVENILE JUSTICE OVERSIGHT
KANCARE OVERSIGHT
RULES AND REGULATIONS

## TESTIMONY ON BEHALF OF MEDICAID EXPANSION

Good Morning Mr. Chairman and Committee Members thank you for allowing me to testify on the most important health issue facing our state in the last 20 years. Anywhere from 157,000 (KDHE estimate) to 169,000 (Report Commissioned by Kansas Hospital Association) Kansans would be eligible for health insurance under Medicaid expansion. There is no debate that access to timely and consistent health care saves lives, extends lives and increases the quality of those lives.

Some basics: 52% of Kansans get health insurance through their employers, 16% Medicare/Veterans Administration/TriCare, 13% depend upon Medicaid/Children's Health Insurance Program, and 6.5% purchase insurance in the individual market. The remaining 12.5% are without any health insurance.

Approximately, 350,000 are uninsured, 44,000 of whom are children. Almost half of these uninsured Kansans would be eligible for Medicaid if we were to expand Medicaid under the Affordable Care Act. The other half are purchasing health care through the Health Exchange with the last report showing over 80,000 Kansans signing up or renew policies in the second year open enrollment. Kansas has 182,000 people who fall into the coverage gap, of being too rich for our Medicaid program and too poor for tax credits associated with the Health Exchanges.

To date Kansas has lost almost \$400,000,000, in health care dollars. Lost forever.

I have introduced House Bill 2045 to expansion the Kansas Medicaid program to cover every Kansas adult earning less than 138% of poverty, which is \$27,310 a year for a family of three. HB 2045 is a simple expansion of Medicaid as originally designed by the Affordable Care Act. It gets the most health insurance for the tax dollar in the most efficient method of delivery.

## We should do this:

- 1. KDHE estimates Medicaid expansion would bring \$2.1 billion in federal dollars to Kansas over the first three years and nearly \$8.0 billion over the next ten years. Dollars to provide health care insurance for the most vulnerable Kansans.
- 2. Kansas Hospital Association (KHA) estimates Medicaid expansion will add roughly 2,546 jobs across all industries in 2016; and 3,830 more jobs by 2020.
- 3. A KHA study estimates the State of Kansas will save \$321 million because Community Mental Health, Drug & Alcohol treatment and MediKan & Medically Needy For Families dollars will be covered by Medicaid insurance.
- 4. Disproportionate Share Hospital (DSH) money provided to hospitals that treat patients without health insurance expires this year leaving the 129 community hospitals having the increased

demand of uninsured without any money. As a result some of our 83 critical care hospitals could close; our small and rural community hospitals face extreme financial hardship.

For me this is fundamentally a moral question — it is wrong to deny 44,000 children health insurance that has already been paid for by Kansas taxpayers; it is wrong to deny 110,000 adults health insurance because you don't trust the United States of America as a partner. The same United States that create and funded Social Security for more than 80 years, Medicare and Medicaid for 50 years; the same United States that landed a man on the moon and return him safely. Arguments about sending a message about federal debt using poor Kansans ring hallow as we struggle with a structural deficit in the Kansas budget for years to come.