January 23, 2020

Senator Sullentrop, Chair
Senate Public Health and Welfare Committee
Proponent, SB 252

Chair Sullentrop and Committee Members:

I am writing on behalf of the American Heart Association (AHA) regarding SB 252 which expands eligibility for KanCare to those that live up to 138% of the Federal Poverty Level (FPL). The AHA believes that KanCare Expansion will have a significant, positive impact on many, including the estimated 150,000 Kansans living in the "Medicaid gap". Many of these Kansans are currently living with and affected by cardiovascular disease (CVD) or will be in the future.

In 2015, 41.5% (102.7 million) of the U.S. population had at least one cardiovascular disease (CVD) related condition.[i] For these patients, access to affordable and adequate health insurance is a matter of life and death. Further, the connection between having health insurance and health outcomes for this population is clear and well documented. Americans with CVD risk factors who are underinsured or do not have access health insurance, have higher mortality rates[ii] and poorer blood pressure control[iii] than their insured counterparts. Uninsured stroke patients also suffer from greater neurological impairments, longer hospital stays,[iv] and higher risk of death [v]than similar patients with adequate coverage. Uninsured and underinsured patients are more likely to delay seeking medical care[vi] during an acute heart attack. Clearly, a lack of access to quality, comprehensive healthcare is bad for Kansans.

Low-income populations are disproportionately affected by CVD – with low-income adults reporting higher rates of heart disease, hypertension, diabetes, and stroke. Americans with a history of CVD make up 28% of the Medicaid population.[vii] Medicaid is a lifeline to the over 68 million low income children, pregnant women, and adults in this country[viii] and provides critical access to prevention, treatment, disease management and care coordination services for low-income individuals.

As this committee considers SB 252, AHA asks that the members focus on improving access and quality of care and consider eliminating provisions that exist as nothing more than barriers to these tenets. This includes the removal of unnecessary cost sharing, such as premiums which pose a disproportionate economic burden on low income Kansans.

In closing, I would like to respectfully urge the committee to favorably pass SB 252 out of committee for consideration by the full Senate body. It is vital that Kansans living with CVD are provided heart and stroke care like the people living with CVD in the 36 states and Washington DC that have opted for some form of expanded eligibility.

Sincerely,

Kari Rinker, MPA
State Government Relations Director
American Heart Association

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[i] 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.

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

[iii] Shen JJ, Washington EL. Disparities in outcomes among patients with stroke associated with insurance status. Stroke 38(3):1010-1016.

[iv] 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.

[v] McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. JAMA. 2007; 298:2886 –2894.

[vi] 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.

[vii] Kaiser Family Foundation. The Role Of Medicaid For People With Cardiovascular Diseases. 2012. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_cd.pdf. Accessed August 15, 2016.

[viii] Medicaid and CHIP Payment and Access Commission (MACPAC). Macstats: Medicaid And CHIP Data Book. 2015.