

March 17, 2024

Dear Elected Officials,

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

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

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

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

March 15, 2024

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

Dear Committee members,

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

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

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

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

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

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

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

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

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



**Olathe**  
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Proponent Testimony before the House Health and Human Services Committee  
House Bill 2556 – KanCare Expansion  
March 20, 2024

Chairwoman Landwehr and Members of the Committee:

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

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

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

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

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

Sincerely,

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

Amy Falk  
Chief Executive Officer

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

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

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

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

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

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

Sincerely,

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

February 14, 2024

### Testimony for Medicaid Expansion

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

Forrest and Joyce Fee

March 15, 2024

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

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

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

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

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

Thank you for taking action!

Ann Fell



*LeEtta J. Felter*

14220 South Copper Creek Drive

Olathe, Kansas 66062

(913) 486-7809

21 February 2024

RE: HB 2556 and SB 355

Dear Kansas Legislators,

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

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

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

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

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

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

Sincerely & respectfully,



LeEtta Felter

# AUSTIN & FERGUSON, L.L.C.

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

February 26, 2024

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

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

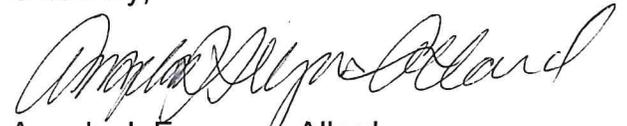
Dear Chair, Speaker, President and Members:

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

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

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

Sincerely,



Angela J. Ferguson Allard

February 11, 2024

Dear Kansas Legislature:

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

Mary Rachel Flynn

Dear Elected officials,

Expanding Medicaid is the humane thing to do.

Here are a few items from research:

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

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

This should make your decision much easier!

Cynthia Forsberg

March 13, 2024

## Support Medicaid Expansion in Kansas

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

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

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

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

Dr. Valerie French  
Obstetrician-gynecologist  
Wyandotte County, KS



# FRESENIUS MEDICAL CARE

March 15, 2024

House Health & Human Services Committee  
300 SW 10th Street  
Topeka, KS 66612

RE: Support for Medicaid Expansion

Dear Chair Representative Landwehr and House Health & Human Services Committee Members:

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

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

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

Sincerely,

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

Testimony for KS 2024 Medicaid Expansion hearing:

Imagine this story:

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

You: Imagine what I could do with that! "What's the catch?"

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

You: "I'm not sure I want to do that".

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

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

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

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

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

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

In 2024, say "YES". Your constituents will thank you.

Nina Fricke  
Overland Park, KS

February 9, 2024

To whom this may concern:

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

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

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

Al Frisby  
Merriam, KS

February 13, 2024

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

I am writing to ask that you endeavor to bring the issue of KanCare expansion to a full and open debate.

My name is Marc Galbraith, I live in Topeka and while I am fortunate enough not to need KanCare services, I know many Kansans do. In fact, there are 150,000 Kansans struggling without access to health care. I do not believe these are able-bodied individuals unwilling to work. I believe the contrary is more likely. I believe these Kansans are low paid workers not covered by employer provided health insurance. Many are parents, many suffer from a disability that prevents full-time employment, some are farmers, some are self-employed, some lost a job during the pandemic and have not found a replacement or found a replacement job that pays less than the one they lost. Some even work more than one job, but still remain low-income. Yet, even while low-income, they earn more than the threshold for KanCare eligibility, which is just \$8,345 for a family of three. That leaves these Kansans stuck in the gap; ineligible for KanCare or other subsidized health insurance, unable to afford a market rate insurance plan and without sufficient funds to cover out of pocket health care costs. These Kansans need our help. Expanding KanCare would provide a significant level of help by raising the income threshold for KanCare eligibility to 133% of the federal poverty level and thereby providing health insurance to those 150,000 Kansans currently in the gap.

Expanding KanCare would actually benefit all Kansans because it would support health care infrastructure across the state. It will free many Kansans from seeking medical care only in emergency situations and promote preventative care and early detection and treatment which will mean a healthier population. It will also help address the fact that many of our rural hospitals are at risk of closing. A factor of that risk is the provision of a high level of uncompensated health care. Expanding KanCare can help reduce the amount of uncompensated care and help assure our rural populations have access to the health care they need. Expanding KanCare will also bring approximately \$900 million of our federal tax dollars back home to Kansas annually. That inflow of dollars will help shore up our health care system, create jobs, boost our economy and help our hospitals compete with those in neighboring states that have already expanded Medicaid.

Kansas is just one of 10 states that has not yet expanded Medicaid. More than 70% of Kansans have indicated they support expanding KanCare to address the health care needs of the low income and uninsured. Yet we continue to deny the 150,000 Kansans who need our help. We can afford to do this, as the federal government will fund 90% of the entire program. That is a clear win, win for all of us. Health care is costly and it became even more costly during the recent period of high inflation. I believe now is the time to expand KanCare, but let us at least have a healthy discussion of the issue.

I ask you to please work to ensure an open debate among your legislative colleagues on the issue of KanCare expansion.

Sincerely,

Marc Galbraith  
1230 SW College Ave.  
Topeka, Kansas

February 15, 2024

Dear Committee members:

I am one of the lucky ones. I had medical insurance through an employer during my working career. Now I am retired and have Medicare. Not so lucky – birth defects, over time, caused serious damage to my cervical spine and knee joints. I had three complex surgeries in three years – the knee replacements done at Mayo Clinic because they were so bad as to be disabling. The spinal surgery stopped the progression of neuropathy and muscle loss in my right arm. I am incredibly grateful for the skills of these surgeons and the rehabilitation specialists.

I grieve for those who are unable to access medical care that could keep them from serious disability, sickness, and chronic illness, making their lives miserable, and possibly keeping them in poverty due to an inability to work. This is not fair or even humane.

Because my husband and I had lucrative careers in Wichita for the last 35 years, our income taxes were above average. We paid them without complaint, expecting them to be used in a responsible manner, to improve the lives of Kansans and support the state's prosperity. What seems irresponsible and incomprehensible is this state's rejection of Medicaid expansion: Millions of federal tax dollars being directed to 40 other states to support the health of their residents.

The final irony is that Medicaid expansion is overwhelmingly desired by Kansans. The apparent roadblock is based on political partisanship, which ignores the electorate's wishes and the needs of the state's most vulnerable.

Deborah Gdisis

March 14, 2024

Dear Committee Members,

It is my privilege to provide testimony to support Medicaid Expansion in Kansas. Kansans are working hard to keep rural hospitals from closing, Medicaid Expansion would help. While I live in a metro area with many health options, many of my family members depend on health care in rural Kansas.

I have not heard any valid reasons for opposing Medicaid Expansion, just stubborn partisan arguments. 150,000 Kansans would benefit from expanded coverage. It's time to join the common sense choice taken by 40 other states and offer this help for our citizens.

A Concerned Kansan,  
Barbara Geers  
Shawnee, Kansas 66216

March 15, 2024

This e-mail is in support of passing Medicaid Expansion for the following reasons:

- Reduces health care costs for everyone
- Protects Kansans from medical debt
- Supports a healthier workforce
- Keeps Kansas economically competitive
- Preserves and strengthens rural communities
- Ensures uniform access to care for all Kansans
- 7,440 Johnson County uninsured residents would become eligible for Medicaid with expansion
- 2,256 new jobs would be created in Johnson County
- \$66,960,000 in new annual health care spending in Johnson County

Thank you.

Gretchen Geistdoerfer  
[ggeistdoerfer@gmail.com](mailto:ggeistdoerfer@gmail.com)



**Genesh, Inc.  
DBA Burger King  
8831 Long St  
Lenexa, KS 66215**

March 15, 2024

**To:** Kansas Legislature  
**RE:** Testimony in Support of Kansas Medicaid Expansion

My name is Mukesh Dharod, and I am the owner and CEO of Genesh, Inc., a Lenexa, Kansas based franchisee of Burger King Corporation. Our team consists of 2,000+ employees throughout 51 restaurants, 38 of which are located in Kansas.

On behalf of Genesh, Inc., our staff members and their families, and Kansas' entire restaurant sector, I wanted to express my support for Medicaid Expansion. In our line of work, the best ability is availability. For us to not only hire but also retain our cooks, cashiers, and servers, we need to put them in positions where they can physically show up and commit themselves to our team for the long haul. With such regular labor shortages and high turnover, however, this is no easy feat.

Medicaid Expansion would help us overcome various hiring- and retention-related challenges. Right off the bat, it would help Genesh, Inc. compete for top talent against other employers in our industry whose restaurants might be located in a state where Medicaid has already expanded (ie, each of Kansas' four neighboring states).

Once we do attract such talent, Medicaid Expansion would be a driving force in keeping our teams fully staffed and creating pipelines for internal growth and development, as the increased access to healthcare would result in more productivity and less worker absenteeism, which, again, I cannot stress enough the importance of in the restaurant industry.

From a financial standpoint, the best part about Medicaid Expansion is that it would come at no extra costs to our business. That there would also be a work requirement ensures that our eligible employees would only be motivated to work even harder to benefit from this pro-business policy.

For these reasons, I respectfully urge Kansas to pass Medicaid Expansion and encourage restaurant businesses like ours to continue thriving in the Sunflower State. Thank you!

Mukesh Dharod  
Genesh, Inc. DBA Burger King

March 15, 2024

Dear Chairman and committee members,

I am a resident of Lenexa, Kansas and wanted to thank you for the opportunity to provide testimony in support of Medicaid Expansion.

Medical care is essential to Kansans and in states where it has already been expanded marketplace premiums are 7% lower. Kansas would receive around \$700 million in annual federal funding that would make our state more economically competitive. It would protect Kansans from medical debt and these particular bills that are being presented would not cost Kansas taxpayers anything.

My husband works as an ICU nurse and sees first hand the need to expand Medicaid. Many times his patients are from rural parts of Kansas, where the care is lacking. Patients then are transferred and can at times overwhelm hospitals in the city.

Let's move Kansas forward and make our state the great state that I know it is and expand medicaid so that we can thrive.

Sincerely,  
Danielle Giarla, Lenexa

March 15, 2024

Dear Kansas Decision-Maker,

I am writing in support of Medicaid expansion for Kansas. Besides believing in general terms that the role of government should be, in part, to be a safety net for the most vulnerable citizens, this issue impacts me personally.

I have a twenty-two year old son who has a disability that makes it difficult for him to sustain employment. He is currently unemployed. He has mental health issues that are rooted in the acute early childhood trauma he suffered at the hands of his birth parents. He was removed from the rolls of Kansas Medicaid at the end of January. He has no health insurance and cannot afford the insurance offered in the Marketplace. He has a pending Social Security Disability case (the application was made four years ago)..

He can no longer access prescribed meds that help him regulate himself and manage anxiety and stress. He can no longer afford essential therapy. Both of these are devastating losses for him and our family. It feels like a total rejection of him by our society and has triggered another deep and prolonged episode of debilitating depression in him.

I am retired and on a fixed and limited income that will support me, but does not allow for his meds (one of them is \$1500/month) or the therapy he needs.

Please join 40 other states in passing this expansion that will bring millions of dollars into the Kansas economy and, in the case of my son, allow him to have what he needs to be employed and contributing again.

Sincerely,

Roger E. Gibson  
733 Lincoln St.  
Lawrence, KS. 66044

March 12, 2024

We desperately need expansion of these services across the state and particularly in the less densely populated western third of Kansas where hospital, clinic, and LTC services have closed in recent years. The injection of these monies would help alleviate the dollar crunch experienced in these areas and allow the population to travel fewer miles for their healthcare. It is a “no-brainer” for the legislature and long overdue.

Respectfully,

Robert M. Giess

March 13, 2024

Hello:

I am a surgical technologist/surgical assistant currently working at a Critical Access Hospital. Kansas has 81 CAH's. They provide screening, ER care, surgery, labor/delivery, labs, cardiac rehab etc. They are VITAL to Kansas' health care system and they need this expansion to help keep doors open.

These facilities are often the heart of a city. They allow patients to stay close to home to receive care. This is not only a comfort to them, it also saves them money.

Kancare is essential to these facilities as it allows patients to seek care without fear of medical debt. It also helps to offset the cost of care for those that do not qualify.

Please expand Kancare. It will cost so little, save lives and community health centers. Kansans deserve healthcare and we are proud people so if we cannot afford it we neglect to seek it out.

Prove to Kansans that you do care and expand Kancare.

Dana Gillis, CST, CSA

March 16, 2024

Good afternoon. We are writing to express our full, urgent support for the expansion of Kancare in our state.

This measure will increase the availability of health care, support our hospitals and medical practices, improve the health of Kansans, and contribute to a flourishing economy through the creation of jobs with livable wages.

In addition, this measure has been too long delayed at this point, and now, at last, you have the chance to leave an honest, substantial legacy for the residents of Kansas, a legacy that will add to the respect and honor your term in office deserves.

Joan Tedrow Gilson, PhD  
Jerry Gilson  
13850 W. 91st Ter. Apt. 512D  
Lenexa, KS 66215

**Positive Testimony on HB2556  
To Expand Medicaid in the State of Kansas**

**Donna K. Ginther**  
**Director, Institute for Policy & Social Research**  
**Roy A. Roberts & Regents Distinguished Professor of Economics**  
**University of Kansas**

**David J.G. Slusky**  
**Professor, Department of Economics**  
**University of Kansas**

**Thomas C. Becker**  
**Assistant Researcher, Institute for Policy & Social Research**  
**University of Kansas**

**January 26, 2024**

**Based on our research findings and over 600 additional research studies, this testimony is positive for House Bill 2556.** We (Ginther, Ayan, Slusky 2022) have [studied](#) the impact of failure to expand Medicaid in the state of Kansas. In that report, we found that:

- Kansas lost out on an estimated \$4.9 billion in federally available Medicaid funds from 2014 to 2021, as well as an estimated \$6.62 billion in additional economic activity that would have been spurred by the influx of Medicaid funds. As of today, Kansas has lost close to \$7 billion in Medicaid funds.
- Kansas saw a sizeable 23% increase in state Medicaid expenditures between 2014 and 2019, despite launching a Medicaid managed care program. Other states with Medicaid managed care programs kept their costs relatively flat during this time period.
- From 2014 to 2018, total spending for privately insured residents increased at a faster rate in Kansas than in other states, including both Medicaid expansion and nonexpansion states.
- Since 2014, employee premium contributions for family plans have increased 77% in Kansas, compared to 26% in other nonexpansion states and 25% in expansion states.
- Healthcare utilization increased for privately insured Kansans by 10% between 2014 and 2018.

The evidence is clear: Medicaid expansion increases insurance coverage, decreases mortality, reduces uncompensated hospital care, and improves the financial security of patients and has a negligible impact on state budgets.

**Below we examine the evidence behind many arguments against Medicaid expansion:**

1. ***Opponents claim that more people will enroll than projected*** – This concern is based on the assumption that higher enrollment is a problem rather than a benefit. The consensus in the literature though is that **Medicaid expansion improves individuals’ health and financial well-being** (Allen and Somers 2019; Finkelstein et al 2012).
2. ***Opponents claim it will cost much more than projected, and imply that state budgets will be reapportioned to cover the cost*** – A recent [NBER working paper](#) by Gruber and Somers (2022) found that **expansion states saw only about a 1% change in spending from state funding**, with no change in spending on education, corrections, transportation, or public assistance.
3. ***Opponents claim Medicaid expansion opens the door to massive increases in fraudulent and improper payments*** – [A recent study](#) by Perez and Pastrana (2023) found that **Medicaid expansion states have successfully stepped up enforcement of Medicaid requirements**. The authors concluded that expansion states increased their fraud investigations, excluded more individuals from the program, and made more civil recoveries than states that opted out.
4. ***Opponents claim Medicaid expansion causes people to shift from private insurance plans to Medicaid, and that this effect is significant*** – Available evidence has shown this “crowding out” effect is minimal. A [comprehensive study](#) (Semprini 2023) of expansions and insurance from 1999-2019 found that **expansion states saw a 1.5 point drop in the share of the total population who were privately insured**. This equates to around a 2-3% decline in the number of people covered by private insurance. Some of these people may be self-employed. A recent study shows that the Affordable Care Act increased unmarried women’s rates of self-employment by 1.5 points (Blume-Kohout 2023).
5. ***Opponents claim that Medicaid recipients would face longer wait times due to expansion*** – A [review of studies](#) by Mazurenko et al. (2018) found that most peer-reviewed papers concluded **expansion has not led to longer wait times or difficulty scheduling** new appointments in expansion states.

6. ***Opponents claim that Medicaid recipients would get lower-quality care as a result of expansion*** – Opponents often cite a 10-year-old study on the Oregon health experiment where authors found that after two years, recipients had seen little improvement in most health measures. Baicker et al. (2013), however, found that coverage increased diabetes detection rates and decreased rates of depression among enrollees. A [more recent review of studies](#) by Allen and Sommers (2019) found that **Medicaid expansion has been associated with improved health outcomes for low-income residents across a broad range of acute and chronic conditions.**
7. ***Opponents claim that many people who sign up for Medicaid after expansion would be eligible prior to expansion*** – Opponents claim that additional enrollees “coming out of the woodwork” would amount to around 10% of pre-enrollment levels (even though the article they cite found the average “woodwork effect” among expansion states averaged 2.8%). [Sacarny, Baiker, and Finkelstein \(2022\)](#) **investigated the “woodwork effect” in Oregon and similarly concluded it was small,** mostly due to previously eligible children enrolling. Regardless of the size of this effect, evidence has shown that Medicaid access overwhelmingly improves low-income individuals’ health and finances, and so any “woodwork effect” is actually a benefit of expansion.
8. ***Opponents claim that states will relinquish control of their enrollment requirements if they expand Medicaid*** – Opponents cite the continuous enrollment condition authorized by the Families First Coronavirus Response Act and imply that it will continue indefinitely. **This condition is no longer in place** because of the expiration of the COVID-19 Public Health Emergency. In fact, [12.5 million people have been disenrolled](#) due to the end of the COVID-19 Public Health Emergency.
9. ***Opponents speculate that the federal government will pass legislation to force more of the expansion costs on state budgets*** – **States can and have reduced enrollment,** as many did in response to the end of the continuous enrollment condition using various approaches (NASHP 2023). If the federal government reduces its share of expanded Medicaid, Kansas could reduce enrollment to avoid spending more of the state’s budget.
10. ***Opponents claim that Medicaid does little to benefit patients*** – Opponents reference a study in which they believe the authors found that “only 20-40 cents of each dollar spent on Medicaid directly improves the welfare of Medicaid recipients.” This claim comes from [an NBER working paper](#) by Finkelstein, Hendren, and Luttmer (2015). The original paper found that for each

dollar spent in the 2008 Oregon lottery-based Medicaid expansion, the value of services received by enrollees increased by 20-40 cents. The other 60-80 cents compensated emergency service providers and others who **would otherwise not be paid** for their services. **In other words, the entire dollar pays for healthcare, but in the absence of Medicaid, certain services would either be performed at the cost of the government or would represent a financial loss for the provider.** The authors later edited their language to highlight this point and [published in the \*Journal of Political Economy\*](#) (Finkelstein, Hendren and Luttmer 2019).

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TO: House and Senate Committees

FROM: Ruth Duling, CEO  
Girard Medical Center

DATE: March 12, 2024

RE: Proponent HB 2556/SB 355

On behalf of Girard 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 for treatment 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.

Medicaid expansion would benefit our hospital by reducing the amount of uncompensated care we provide. In an environment where operating margins are already in the negative, it doesn't take a lot of uncompensated care to tip the scale even further. Last year alone, our hospital provided more than \$1.86 million in uncompensated care. This bill comes at a time when the healthcare industry in Kansas is providing almost \$1.2 billion in uncompensated care to our state.

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. There is no doubt that our community at large would benefit from Medicaid expansion. Minimum wage workers and those who work very hard for low wages deserve to have health insurance. Having insurance gives these individuals access to care when they are ill and to preventative health services. Access to mental health services for these individuals and families is also a much-needed benefit. Healthy workers are a positive for any local economy. We have only to look at the success in other states where Medicaid is already expanded to know how beneficial it could be for our Kansas communities.

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

**Testimony in support of Medicaid Expansion in Kansas  
3-14-2024**

I am a practicing pediatric cardiologist in Kansas. Most of the patients I see, because they are typically younger than 19, are eligible for Medicaid. That's the good news. The critical care they receive for congenital and chronic heart conditions—care that would be formidably expensive for their parents without some kind of health insurance—makes a huge difference in the quality of their lives.

The challenges for these children occur once they turn 19 and no longer qualify for Medicaid. Just because they received the care they needed as children does not mean that, as young adults, they will no longer require treatment. In fact, almost all of the patients I see face ongoing and serious health challenges throughout their lives. And study after study has shown that patients who age out of specialized pediatric care often have significant gaps in their health care coverage going forward. If their parents can't insure them during these young adult years, then they are hard pressed to receive timely interventions.

Consider the congenital heart defect known as Tetralogy of Fallot, a common condition that prevents adequate flow of blood to the lungs. Surgeries conducted within months after birth can repair this problem, but they cannot cure it. The children who receive the surgery may be left with enlarged hearts and may, as adults, need to have surgery to replace their pulmonary valves. If these adult patients do not have insurance and cannot afford the surgery at the time they need it, they face the prospect of a shortened lifespan. Some, because of their compromised health, find it difficult to maintain steady employment.

Another example: I see many children whose health problems are the result of childhood obesity, a condition that also puts them at risk for liver disease, early development of vascular disease, and Type 2 diabetes. Multiple providers are often required to treat them. And while most children in Kansas at least have Medicaid to initiate this treatment, providing it to them as adults is incredibly expensive, especially if they need insulin-resistant medications. Without access to some kind of health coverage, these patients' conditions will deteriorate and eventually require more complex, and more costly, interventions.

By giving children access to Medicaid, Kansas has provided thousands of young people with the hope of living long and healthy lives. But that hope is nothing more than a mirage if we cannot commit to giving these children access to quality health care once they become adults. Why, after making this investment in their health for their first 18 years, does the state suddenly abandon them? It's long past time for us to truly, and genuinely, give these children hope for a healthy future—and not just until they're old enough to vote.

Sincerely,

**Kenneth K. Goertz, M.D.**  
**6121 W. 86th Terrace, Overland Park, KS 66207**

March 15, 2024

I am writing today to express my strong support and encouragement for adoption of **HB 2556**. There is significant data available confirming the existence of tens of thousands of Kansans who fall into the health insurance coverage gap leaving them vulnerable for financial ruin. I believe that KanCare expansion will likely benefit 150,000 hardworking Kansans who earn too much to qualify for the current Medicaid program, but do not qualify for financial assistance for private insurance. Expanding KanCare will provide access for them to receive affordable health coverage. I believe that access to quality affordable health care is a right and you have the power to make this happen I encourage you to support adoption of HB 2556.

Max Gordon  
3901 West 101<sup>st</sup> Terrace  
Overland Park, KS 66207  
[max@maxgordonlaw.com](mailto:max@maxgordonlaw.com)

March 17, 2024

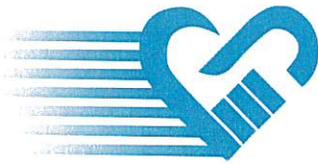
House and Senate committee members:

Kansas has missed out on at least \$7 billion of federal matching funds since expansion was implemented by the federal government. My Kansas taxes are going to Washington DC and sent to 40 other states that participate. I'm tired of my tax dollars going to Missouri, Colorado, New York and California. This also puts us at a competitive disadvantage since bordering states are participating but Kansas does not.

Hospitals and healthcare centers continue to close in rural Kansas. Those patients have to seek access to healthcare elsewhere. In many cases, it's in Johnson County. My wait time for appointments grows as more people from further away also go to my local facilities. We need more locations, providing more access in close proximity to where people live.

It's past time for Kansas to join this program. Expand Medicaid now.

Best,  
Pat Gouger  
Overland Park, KS



**Gove County  
Medical Center**  
*Committed to Others. Always.*

TO: House and Senate Committees  
FROM: Gove County Medical Center Executive Team  
DATE: March 14, 2024  
RE: Proponent HB 2556/SB 355

On behalf of Gove County 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.

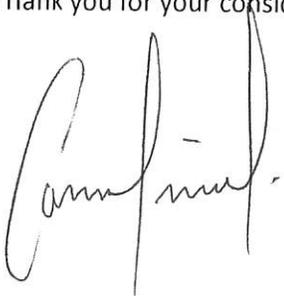
Kansas has 104 rural hospitals. Almost 30% are at risk of closing. Over 40% of them had negative margins. Gove County Medical Center is part of that list. Rural communities provide the food, energy, and raw materials that keep the Kansas economy running. Gove County Medical Center provided over 10 million dollars in salaries and benefits to its community. Rural communities are already struggling with labor shortages and an aging population. Any rural community that would lose that large of an employer and economic benefit would struggle to not see a population collapse. Ultimately leading to negative impact on Kansas overall economic status. Over 74% of the rural hospitals that have closed in the United States have been in the States that have not expanded Medicaid.

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.

It is estimated that 58 residents in Gove County would qualify for Medicaid expansion leading to \$522,000 in new annual health care spending. Rural residents already struggle to have access to local health care and Medicaid expansion would help keep that access close by.

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 \$740,000.

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

 , CEO





Timothy R. Graham  
Director of Government Relations & Legislative Affairs  
Written Testimony – Supporter  
House Committee on Health & Human Services  
House Bill 2556  
March 20, 2024

Chairperson Landwehr, members of the Committee:

Thank you for the opportunity to testify in favor of HB 2556.

Kansas NEA is a member-driven organization that represents all 40,000 educators in the state of Kansas. We have nearly 22,000 members. The positions we advocate for have been proposed, debated, and adopted by several hundred members that were selected by their peers to attend our annual Representative Assembly.

We have several resolutions that deal with the health and safety of Kansas Students. Kansas NEA recognizes that Kansas is a state with a diverse population and culture. Our membership is representative of that diverse population. We have members that live in urban, suburban, and rural communities. **Accordingly, Kansas NEA strongly believes that all Kansans, regardless of zip code, deserve access to affordable medical coverage.**

### **Healthy Students are Better Learners**

Multiple studies have indicated that there is a strong correlation between healthy students and academic achievement. KNEA supports the findings in many of these studies, but our best resource is the voice of our members. A simple discussion with any Kansas educator can result in stories of chronic illness that leads to chronic absenteeism and the negative impact that it has on the student's achievement. Simple ailments like toothaches, headaches, and stomachaches can become chronic ailments without access to quality and affordable healthcare. Anxiety and other mental health issues are going untreated and taking a toll on our children as well. The simple need for eyeglasses and the lack of coverage to assess the need properly can also be an impediment. Additionally, students that are weighed down with worry about chronic illness of family members can be a huge obstruction to learning as well. These issues, and more, are frequently cited by our members as common challenges for student success. **The passage of HB 2556 would be tremendously effective in addressing these issues.**

### **Lifeblood of Rural Kansas**

Agriculture, schools, and rural hospitals are tremendous drivers of the economic engine of rural Kansas. In many Kansas rural communities, the public school district is one of the largest employers in town. Joining school districts at the top of the list of employers is the regional hospital. Not only does this partnership create jobs, but it also attracts industry that creates more jobs. Access to education and healthcare are quality of life issues for rural Kansans. If a rural hospital closes, it starts a domino effect of challenges that also negatively impacts public schools. **The passage of HB 2556 would strengthen and sustain the rural health care system and help ensure rural Kansans get the health care they need while giving a boost to their economies and their public-school systems.**

**Expanding Medicaid is the right thing to do.**

In addition to the reasons listed above, Kansas NEA calls on the legislature **to expand Medicaid because it is the right thing to do.** It is estimated that the passage of HB 2556 will provide medical coverage for more than 150,000 Kansans. It is also estimated that more than 45,000 of those that would be covered are children. As the largest union in Kansas, we strongly support the notion of educators as leaders in their communities. Educators touch the lives of vast numbers of individuals in their communities. Because of this they have insights and perspectives that can be useful when discussing policies. In the spirit of partnership and collective action, we join the vast majority of Kansans in supporting Medicaid expansion.

We ask the committee to approve HB 2556.

Thank You for your time.



## GREAT PLAINS ANNUAL CONFERENCE of The United Methodist Church

REV. DR. DAVID WILSON, *Resident Bishop*

1207 SW Executive Drive  
Topeka, KS 66615  
785-272-9111  
785-414-4219

[bishop@greatplainsumc.org](mailto:bishop@greatplainsumc.org)

March 14, 2024

Testimony in support of Medicaid expansion in Kansas  
House Committee on Public Health, Rep. Brenda Landwehr, chair

Esteemed members of the Kansas Legislature:

I am David Wilson, and it is my privilege to serve as bishop of what our denomination calls the Great Plains Conference, a network of more than 710 churches across Kansas and Nebraska. Roughly two-thirds of those congregations are right here in Kansas.

I am excited to join with hundreds of other faith and community leaders in voicing support for the expansion of the KanCare program. I, along with my many colleagues, believe that the Legislature's action to expand KanCare would allow for greatly improved health care access for more than 150,000 low-income Kansans, many of whom are working each and every day but simply don't earn enough to provide for the health care they need for themselves or their children.

You have the opportunity to make a big difference for families across Kansas. According to a Kansas Reflector article from December 2023, more than 1,500 Kansans have died due to lack of access to health care. I confess to not knowing their methodology for research, but what I do know is the stories shared by United Methodist pastors across Kansas in areas both urban and rural, of people struggling as health care costs continue to soar, of people working longer hours — often in more than one job — to put food on their tables but who cannot afford medicines they need for their children.

I admit that I struggle to understand how something as basic as the health and well-being of the population has become so politicized over the years. We are made in the image of the Creator, and as such, all people are of equal and sacred worth. Scripture tells us that we are to lift up those who lag behind, including the sick. In his parable of the sheep and goats in Matthew 25, Jesus specifically mentions that we are to tend to the sick. He said so not just to encourage visits to the infirm, but rather to illustrate that we will be judged on the extent of our compassion for others.

As the first Native American person elected to serve as a bishop in The United Methodist Church, I often am asked about my background and culture. Among Native peoples, the concept of community is intensely strong. It is a given that we will care for the infirm among us because we are connected. They need assistance, and the able-bodied among us can provide that help. I can help now, and one day I likely will be the one in need of assistance.

I believe we can draw a parallel from my Native culture to what we can do together as Kansans regarding health care in the state today.



Further, in a democracy where citizens govern, our duty to our neighbor merges with the duties that the Hebrew Scriptures assign to those who govern. Expanding KanCare is the right thing to do for Kansans caught between earning too much to qualify for Medicaid and too little to purchase private insurance. Expanding Medicaid via KanCare could create thousands of jobs and return millions of tax dollars to our state every year, according to the Kansas Health Foundation. The National Governors Association (NGA) has reported significant gains in jobs, health of residents and tax revenues in Ohio, Michigan, and Montana — three states studied as Kansas considers this advancement. The NGA reports that findings in those three states are consistent with most of the other states that have opted to expand Medicaid coverage.

After Medicaid expansion was passed in Oklahoma, I saw with my own eyes the great impact it had on tribal members. I serve on the board of the Oklahoma City Indian Clinic, which serves about 22,000 clients from tribes all over the state and country that reside in the service area. The clinic was able to address medical issues that it could not before the expansion. Medicaid expansion opened up many more critical services for clients. It also allowed us to expand our operations to another site.

Expansion of Medicaid in Oklahoma has been a gamechanger for so many who didn't have access to critically needed health care, particularly for oncology patients. Leukemia, lymphoma and multiple myeloma patients have received stem-cell transplants, technology that once seemed futuristic but that is now a standard of care. Those without any other hope have been able to enroll in clinical trials that not only help extend their lives but may lead to breakthroughs that save many more people. Breast-reconstruction surgery is now available to women who have been diagnosed with that form of cancer, greatly adding to their quality of life. And genetic testing allowed under expanded Medicaid services provides the amazing benefit of knowledge, which leads to better monitoring and earlier and earlier detection.

In short, I have seen Medicaid expansion save lives. Kansans should have those same benefits.

I know you likely have heard concerns about how Kansas has lagged in this effort to provide health care to more of its residents. I agree that it is an effort that is long overdue. However, none of us has the power to change the past. But you do have the authority to make an important change for the betterment of 150,000 Kansans now.

I pray that you will embrace the opportunity.

Thank you for your time and attention. Please know that I and the more than 180,000 United Methodists in the state of Kansas are praying for you as you face this and other decisions.

A handwritten signature in blue ink that reads "David Wilson". The signature is written in a cursive, flowing style.

Bishop David Wilson  
Great Plains Conference

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

Dear Committee members,

Along with my clergy spouse, Marilyn, I served congregations in Kansas for over 40 years. Our United Methodist Social Principles state that “creating the personal, environmental, and social conditions in which health care can thrive is a joint responsibility-public and private.” In John, chapter 10, Jesus declared that He came that “people might have abundant life” or life to the fullest. In Ezekiel 34, God points out the failures of the leadership of Israel to care for the weak. **The lack of health care to over 150,000 persons in a coverage gap because government fails to act undermines abundant life.** As one of my colleagues stated so well, “where in my Holy Scripture, in Hebrew Scripture, or Islamic Scripture would there be anything against caring for our neighbors.” Jesus made it clear: our neighbors include the vulnerable, the sick, the unnoticed, the mentally ill, the homeless, those who fill hospital emergency rooms, those encumbered by medical debt.

Expanding KanCare not only benefits individuals caught in the coverage gap but also benefits health care providers and hospitals that must cover uncompensated care. Marilyn and I lived and served in two communities that have lost their hospitals. The unavailability of health care in a community undermines the vitality of the community.

Finally, the lack of health care compounds existing concerns. Expansion would assist law enforcement officers who encounter persons with mental health concerns. Many communities are increasingly impacted by homelessness. Living without health care to cover housing expenses is a choice no one wants to face. Victims of domestic violence hesitate to leave abusive relationships if it means losing their health care for themselves and their children.

**Caring for all who are vulnerable is at the heart of the teachings of all world religions. I urge that you allow a vote that will mean Kansas can join 40 other states who have expanded Medicaid.**

Rev. Jack Gregory  
Lenexa, Kansas

**Date:** March 15, 2024

**To:** Kansas State House and Senate Committees holding hearings on Medicaid expansion

**From:** Laura Gunderson

**RE:** Written testimony supporting Medicaid expansion in Kansas

I want to thank you for the opportunity to submit written testimony in support of Medicaid expansion in Kansas. From my experience in working in community mental health, it is evident that Medicaid expansion would bridge a coverage gap that currently impacts over 150,000 Kansans and their families. As KanCare exists currently, these Kansans earn too much to meet the financial qualifications of KanCare, but earn too little to receive financial support to cover the costs of private insurance offered by the Health Insurance Marketplace. This leaves Kansans without access to affordable health insurance options, denying them access to quality medical and mental health services. Access to these services is essential for the physical and mental health of our communities all across the state.

As a social work student working in the field of mental health, I recognize that Medicaid expansion is a proactive next step for the Kansas State Legislature to address the mental health crisis impacting our state. In a recent study conducted by Mental Health America, Kansas was ranked last in mental health, in terms of need for, utilization of, quality of, and access to mental health resources. Expanding Medicaid would improve Kansans' ability to access and utilize mental health resources while ensuring that mental health agencies have the financial means to operate and improve the quality of their services.

Every Kansan should have access to the resources and life-saving care they need. Please pursue Medicaid expansion and support the mental wellbeing of all Kansans.

Sincerely,

Laura Gunderson

March 15, 2024

As a physician and former registered nurse, it pains me to see how many uninsured and under insured Kansans could be helped by Medicaid expansion. Please help by expanding Medicaid in Kansas.

Douglas Hagen, MD



**KANSAS**  
ASSOCIATION OF  
**COUNTIES**

715 SW 10th Avenue • Topeka, KS 66612  
785-272-2585 • [www.kansascounties.org](http://www.kansascounties.org)

House Health and Human Services Committee  
March 20, 2024  
HB 2556

Kansas Association of Counties  
Proponent Testimony – Written Only

Chairwoman Landwehr and members of the Committee:

Thank you for allowing the Kansas Association of Counties to offer proponent testimony on HB 2556, which would expand the eligibility of KanCare pursuant to the Affordable Care Act.

KAC and its member counties support a Medicaid program that maintains the federal government's responsibility for providing for the physical and behavioral health care of the country's most vulnerable citizens.

Thank you for the opportunity to offer support for this important issue.

Jay Hall  
Deputy Director and General Counsel  
Kansas Association of Counties  
[hall@kansascounties.org](mailto:hall@kansascounties.org)  
(785)272-2585

The USA is one of the only industrialized countries in the world without adequate universal/socialized medical system for its citizens.

As a Kansan who has spent 9 years abroad in 5 different countries, I can assure you that our system can't hold a candle to most. Americans avoid the system because of the costs and inconvenience.

Please vote to bring Kansas into the 21<sup>st</sup> century and join the civilized and developed world that puts priority on a healthy citizenry.

Sincerely,  
Tim

March 16, 2024

To the Members of the Kansas House and Senate:

I am writing today to ask you to move forward and Expand Medicaid. Of the many reasons to do this, may I list a few.

- \*It will help preserve hospitals and medical care in rural areas.

- \*It will help provide 150,000 Kansans with health insurance that they now cannot afford. Thus causing them to put off treatment until the medical issue becomes so severe it cannot be resolved.

- \*It will allow Kansas to take advantage of millions of dollars in federal dollars that we have thus far allowed to go to other states!!

- \*It will create jobs and spur economic growth.

- \*It will provide jobs for people with disabilities.

- \*It will provide more funding to mental health services.

- \*It will create better health care for children

My list could go on and on because there are so many valid reasons to accept Medicaid Expansion. You know these reasons are critical and necessary. You have heard this for the last ten years. Now is the time, far past the time, please show courage, show compassion, show wisdom and pass Medicaid Expansion for the people of Kansas. We want it, and you are there to carry out the will of the people!!

Thank you,  
Marilyn Hammond  
9112 Alhambra Street  
Prairie Village, KS 66207

P.S. Your plan to just raise the rates to providers is a faulty one. It will just make the providers wealthier than they already are. Several of those wealthy providers are within your membership.

March 16, 2024

Dear Chairman and committee members,

I write to you in favor of Medicaid Expansion. I have been in healthcare for 12 years and know the importance of EVERYONE receiving adequate access to care is beneficial to the whole community. Many will be able to have a proactive approach to their healthcare, reducing the amount of urgent needs that is burdensome to hospitals. Especially in rural Kansas, Medicaid Expansion will be a lifesaver for those community hospitals.

No one should go into Medical Debt. Everyone should receive access to care. Everyone will benefit from Medicaid Expansion.

Thanks,

Lisa Hamrick

Helen Hands  
509 W. 14<sup>th</sup> St.  
Hays, KS 67601

March 15, 2024

Dear Legislators:

I'm writing to urge you pass Medicaid Expansion. Kansas is long overdue to expand Medicaid and is one of only 10 states not having done so. All of Kansas' neighboring states have expanded eligibility for Medicaid. One year ago, [North Carolina's Legislature passed Medicaid Expansion](#) with large majorities despite being controlled by Republicans. Like Kansas, North Carolina legislators long resisted expanding Medicaid, but finally decided it was a good deal for their constituents. Long-time opponent and current Senate President Pro Tempore, Phil Berger, explained why he and fellow Republican legislators changed their mind in [this interview](#) on the *PBS Newshour*. Points he made about changing his mind to support expanding Medicaid include:

1. The federal government pays 90% of the costs and has done so through both Democratic and Republican control for over 10 years. This is a much better deal than the 66% for traditional Medicaid and there should be no concern about the federal government renegeing on this.
2. Because of the way Medicaid Expansion is designed by the federal government, the majority of the people it helps are working people who make too much to be eligible for traditional Medicaid, but too little to be helped by the Affordable Care Act subsidies.
3. He wasn't concerned about any political consequences of changing his mind after adamantly opposing Medicaid Expansion for many years because there was widespread support for expanding Medicaid, even among Republicans.

Governor Kelly's work requirement proposal should alleviate any concerns about subsidizing those who are unemployed and not looking for work. Her exceptions (students, veterans, caregivers, and people with medical conditions) and less-burdensome paperwork requirements make it more humane than work requirements proposed by other states. By being among the last, Kansas has had the opportunity to learn from the experiences of other states and design an even better program.

Although it may be late in this legislative session, I know the Legislature has a way of passing bills they really want to pass no matter how late. If it can't be passed this session, it needs to be a priority for summer work groups and passed in 2025. A large, **bipartisan** majority of Kansans want this. Our hospitals need it. The data show it is economically responsible. So, please do everything in your power to make it happen.

Thank you for considering my views.

Helen Hands

March 15, 2024

Greetings and good health to you!

My name is Lois Harder; I have been a pastor in Kansas in the Mennonite Church for over 27 years and have witnessed first-hand the need to expand Medicaid in our state. I have served both in Wichita as well as in rural Goessel and the need is great in both urban and rural settings. While in Wichita I witnessed the death of a young neighbor who died of covid complications. If her single mother could have received aid in the form of expanded Medicaid resources it's highly probable that she would still be with us. In the rural setting I have watched as small, rural hospitals have struggled mightily to stay open - and many have not. As you know this is a huge hardship for your constituents who live many miles from medical care. Help them - help all of us - by voting to expand Medicaid!

SB 355 and HB2556 will be heard on Wednesday, March 20. I ask that you listen carefully - and vote yes.

- Expanding Medicaid in Kansas will lower health care costs for everyone.
- Expanding Medicaid in Kansas will not cost Kansas taxpayers anything at all. It is revenue-neutral.
- Expanding Medicaid in Kansas is a commonsense, middle-of-the-road, non-partisan approach to health care that will help to protect rural hospitals and cut health-care costs for everyone - your constituents! When an uninsured Kansan goes to the emergency room for health care and can't pay for the care they need, we ALL pay for it in the form of increased hospital expenses and higher taxes.
- This is a bipartisan proposal that everyone can get behind. Please vote yes!

Sincerely,  
Lois Harder

March 17, 2024

Below is my testimony for this. Thanks for putting all of these together and submitting.

Dear Chairman and committee members,

I really appreciate the opportunity to provide testimony in support of Medicaid Expansion. Thank you for allowing this to occur.

The benefits of Medicaid expansion to Kansans would be wide ranging. Here is a summary of many of them.

**Reduces health care costs for everyone.** Every Kansan 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. As a result of expansion, 150,000 low income Kansans would gain access to medical care.

**Protects Kansans from medical debt.** People all over the state feel the effects of rising costs for housing, food, and other needs, including health care. Almost half of Kansans have medical debt or know someone who does. 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.

**Fixes eligibility limits, which are currently too low.** The income limit to qualify for KanCare is about \$8,750 per 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.

**Preserves and strengthens rural health care.** Kansans in our rural communities already have a hard time accessing health care when and where they need it, and rural health care providers face high levels of uncompensated care. Kansas has more rural hospitals at risk of closing than any other state our size. Expanding KanCare would strengthen and sustain the rural health care system and help ensure rural Kansans get the health care they need while giving a boost to their economies.

**Makes Kansas more economically competitive.** Expanding KanCare would increase the state's economic output by \$17 billion and increase the personal income of Kansans by \$6.3 billion over the next three years. 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.

**Addresses workforce issues.** Nearly all industries in Kansas employ individuals who would become eligible under KanCare expansion. The benefits of expansion would be seen not only financially for Kansas employers, but also with improved health and increased ability to work for employees.

My sister-in-law and her husband, who are both low income, would benefit greatly if medicaid was expanded, as I know many other Kansans will as well. The reduction in health care costs and protection from medical debt will be of particular benefit to them, providing them with additional peace of mind and a higher quality of life.

Please make the expansion of Medicaid a reality for so many Kansans that need this.

Sincerely,

Marcel Harmon  
Lawrence, KS

March 14, 2024

When my autistic brother became too ill with MS to care for himself any longer, Medicaid was a godsend. It allowed him to live with dignity in a nursing home until he passed away.

The staff at his last facility did their best to care for their patients, but one thing was obvious. The lack of medical insurance for most of the staff was very detrimental to retention and morale.

We see the same problem with childcare workers. Employees can't take relatively low wage jobs if they don't have medical insurance. And Kansas families suffer as a result.

Please expand Medicaid ASAP!

Thank you for your time and service!

Mary Ann Harmon  
Garden Plain

March 14, 2024

For 4 decades, I worked with low and moderate income people as a lawyer with Kansas Legal Services. Nearly daily, I encountered the effects of lack of medical care on people's lives. More tragically, I tried to solve problems for people who got health care for themselves in critical situations without health insurance. The gall bladder surgery, the broken arm, the cancer treatment. Things that couldn't be ignored. Life saving things that allow them to continue to work and take care of their children.

Many of the people I was working with were working minimum wage, part or full time jobs. They were employed, but at jobs that didn't provide any insurance benefits. They came to a lawyer because they were getting collection letters from the health care provider. They came in because the garnishment of their wages by a hospital removed 25% of their weekly paycheck. They couldn't pay their rent and now were being evicted. Eviction likely means a change of school for their children and a disruption of learning. They were willing to pay for health insurance, but it wasn't available to them in Kansas without Medicaid expansion.

Even the full time employee making \$11 an hour doesn't make enough to participate in the Marketplace (family of 3). If they make less per hour, they can't qualify for insurance without Expanded Medicaid. They work at the convenience store, as the night clerk at the hotel, in crucial jobs needed in your community.

Others I worked with were in the 2 year process of proving their eligibility for Social Security Disability. This could result in monthly benefits which they have paid for by working. But the Catch 22 of this system is that they must get medical proof of their physical or mental impairment during a time when they aren't working and don't likely have access to health insurance. The window to prove their disabling condition and qualify for benefits is a narrow one. Time can run out to qualify, even if their health condition is quite severe. Getting treatment and medical proof would benefit their lives, providing a steady stream of income to meet their daily needs. But, without access to health insurance to fund the treatment they need, they end up homeless. They require the commitment of local agencies and churches to meet their needs forever. There is a direct link between the level of homelessness in our communities and the refusal of a few to allow Medicaid Expansion to take effect.

I wear an Expand Medicaid button everyday at the Capitol. It isn't my lobbying focus, but it is important enough for me to be a daily witness to the benefits to real people that would come from a decision to Expand Medicaid for Kansans.

Marilyn Harp  
Citizen Lobbyist  
Lawrence, KS

March 13, 2024

Denise Hartley  
24635 W. 55th Street  
Shawnee Kansas 66226

To Whom it May Concern,

I am writing to you today as a concerned citizen and constituent in Kansas regarding the upcoming hearing for Kansas Medicaid expansion. I have been informed that you would like to hear testimonies from individuals like myself, and I would like to take this opportunity to share my story.

My name is Denise Hartley, and at the age of 32, I was unfortunately disabled by an infection caused by tick bites. The tick bites led to the development of a blood infection called babesia and also Lyme disease.

Due to the lack of insurance coverage at the time, I was unable to receive prompt medical treatment. As a result, I am now profoundly disabled and reliant on disability benefits and Medicare.

I firmly believe that if Medicaid had been available to me during my working and functioning years, I would not be in the position I find myself in today – confined to my bed and relying on supplemental oxygen for survival. The trauma I have endured in Kansas, solely because of my lack of insurance, is something that I may never fully recover from.

I would like to express my deep appreciation for your relentless efforts in advocating for Medicaid expansion. Your hard work and dedication give hope to people like me who have fallen through the cracks of our healthcare system. I sincerely hope that your endeavors are successful in bringing about the necessary changes. Thank you for your time and consideration. I am grateful for the opportunity to share my testimony.

Sincerely,  
Denise Hartley

March 13, 2024

I am pleased to be able to tell you why up to 80% of Kansans support Medicaid expansion.

First, this directly effects people I know and love. Good, hard working people. I have a niece who lives in another state that has not yet expanded Medicaid. She works part time and cares for her daughter who was born with many medical issues. She is in the donut hole. She cannot get Medicaid nor can she get insurance through the ACA. I see how this affects her. I hear her struggles. She cannot get the medical care she needs as a single mother that will allow her to continue to care for her daughter. So, she goes without routine healthcare and then when she gets really sick, she has to go to the emergency room. That is high cost for her and for the community the hospital serves. If Medicaid were expanded, she would have adequate health care services she could utilize. It is true for my niece and it is true for others I know in Kansas.

Expanding Medicare lowers health care costs, and it won't cost Kansas taxpayers!

Expanding Medicare helps our rural hospital that are critical for so many of us.

I pay Federal taxes. Part of those taxes are going to the residents of 40 States that I do not know. I want the part of my Federal taxes that I pay to help Kansans.

Kansas has lost nearly \$7 Billion in additional federal funding.

Medicaid expansion would create more jobs and help end our health care worker shortage.

In a nut shell, it is a no brainer.

Expand Medicaid.

Barbara Hartness  
11722 SW Diamond Rd  
Augusta, KS 67002

March 15, 2024

Dear Chairman and Committee Members,

Thank you for the opportunity to provide testimony in support of Medicaid Expansion. Expansion of coverage makes sense for many reasons, so I will focus on just a couple of the benefits:

When more Kansans have access to routine and preventative medical and mental health care, our workforce can stay healthier and more productive. That benefits all Kansans. We have a proud rural heritage in Kansas, yet many rural communities have lost, or are facing the loss of their hospitals and physicians. Medicare Expansion can help to stem and reverse this tide. We cannot continue to proudly advertise Kansas farmers on billboards along the highways, while turning a blind eye to their struggle to have nearby quality medical care.

Medicare Expansion would bring increased federal dollars to Kansas, to the tune of \$700 million, annually, with additional dollars in the first two years. Both HB 2556 and SB 355 are revenue neutral. How can we continue to turn away this kind of funding?

It is undisputed that routine and preventative healthcare plays a critical role in child development, and by extension, the success of those children as they move through the educational system. As a career educator, I have seen firsthand, the ripple effects of poor healthcare on children and families. Making healthcare accessible to all moves us all toward a healthier student population that is better able to attend school, and do their best learning. How can we want any less than that?

In my role as a school counselor, I have witnessed the continuing increase in the frequency and severity of mental health issues within our communities. Medicaid Expansion would result in increased accessibility to critical mental health services and treatment. As someone who routinely refers families to community resources, I see how difficult it is for families to obtain the services they need. We need to keep pace with escalating needs.

Please, let's do better for Kansans. We have inched toward taking this step in previous years; make this the year for joining forty other states in expanding this critically important resource.

Thank you for listening,

Rita Hastings  
Olathe, KS.

To: Members of the Committee

From Sara "Sally" V. Hayes

Re: Medicaid Expansion

I personally have always had Health Insurance and know it has helped me reach the age of 76 being very healthy. I want the same for all Kansans. I have worked for Medicaid Expansion because I care that all people have access to doctors and hospitals and that is not happening now. We are closing hospitals especially in rural areas and losing health workers. I am appalled that we are sending an amazing amount of money to Washington, DC with nothing in return. This is not being responsible and fair to All Kansans!

We need to have this come from committee to be voted on as a clear bill for Medicaid Expansion! The Health Care of our whole state demands this!

Sara "Sally" V. Hayes. Wichita, KS

Date: March 20, 2024

From: Sister Eileen Haynes, SCL, Sisters of Charity of Leavenworth Community Director

RE: HB 2556 / SB 355 Proponent testimony

Dear Chairperson and members of the committee,

I write to you concerning Medicaid expansion in Kansas from a personal perspective. Some of my family members, who are working in full-time positions, are not able to afford adequate health insurance. This is through no fault of their own. Due to the lack of insurance, they then avoid going to the doctor due to the cost of healthcare. Eventually, they end up in the emergency room with illnesses that could easily have been prevented. Now, some of these family members have to live with chronic illnesses that would not have happened if they had adequate health care. The medical cost would also be significantly less for everyone. What will it take for persons to understand that it is really much more economical to ensure Medicaid expansion, to say nothing of demonstrating care and respect for all humans?

Sister Eileen Haynes

# HAYSMED

**TO:** House and Senate Committees

**FROM:** Edward Herrman  
President & CEO

**DATE:** March 14, 2024

**RE:** Proponent HB 2556/SB 355

Thank you for the opportunity to offer testimony on this profoundly important issue. On behalf of Hays Medical Center, I am in full 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.

As hospitals across the state are faced with ever-increasing uncompensated care, and stagnant reimbursements from public and private payers, they are forced to look to the local governments to make up shortfalls and keep their doors open. Having the local investments is in many hospitals' cases key to make the financial situation work however, it comes at a price to local taxpayers, many times in the form of increased mill levies.

Hospitals, not unlike many other industries, are facing ever-increasing workforce challenges. As the state continues on the path of non-expansion, many hospitals and health care settings will lose out on talented front-line healthcare professionals who will go to any of the other surrounding Midwest states that have invested in their healthcare systems and already expanded Medicaid.

The bill is very important to the continued success of Hays Medical Center and Ellis County along with the Northwest Kansas Health Alliance of CAH hospitals within this region. As in most communities, HaysMed is the largest employer in the county with 1,500 Associates and plays a significant role in overall economic impact of Ellis County as well as Northwest Kansas. The State of Kansas lack of expanding Medicaid has cost HaysMed more than \$12,000,000 to date and continues to rise. These are dollars that are currently going to other states who have expanded Medicaid and have resulted in job creation and significant direct impact to the local economy. Those are true dollars that directly impact tax revenues, retail sales, and more importantly provides care for working Kansans that so desperately need it.

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 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 provided over \$14,000,000 in charity and uncompensated care in 2023.

On behalf of our board, staff, patients and especially those that we are yet to serve, I ask for your support of this critical piece of legislation that will expand access to care by providing critically needed resources to our healthcare system – ultimately resulting in healthier and more prosperous communities. We ask that the committee recommend favorably HB 2556/SB 355.

February 22<sup>nd</sup>, 2024

House Committee on Health and Human Services  
State Capitol  
300 SW 10<sup>th</sup> Street  
Topeka, KS 66612

**Re: Health Forward Foundation Supports Expanding KanCare**

Chair Landwehr and Members of the Committee:

On behalf of Health Forward Foundation (Health Forward), I submit this letter of testimony in support of expanding KanCare. Health Forward works everyday to support and build inclusive, powerful, and healthy communities in Kansas characterized by racial equity and economically just systems. We support expanding KanCare as it would make health care more accessible, cut health care costs and create jobs for Kansans.

Currently, approximately 260,000 Kansans across the state, in rural and urban communities alike, do not have health care coverage. Many of them are hardworking people in high impact jobs that earn too much to qualify for KanCare but too little to purchase health insurance in the marketplace. Expanding KanCare would make 150,000 of those Kansans currently in the coverage gap eligible for coverage that is affordable to them.

Expanding KanCare will not only make healthcare coverage more accessible and affordable to Kansans, it is economically beneficial to the state. These 150,000 potentially qualifying individuals are still receiving care that is being borne by these individuals, hospitals, clinics and businesses at costs far exceeding what the KanCare program provides. Further, any costs that would inure to the state to support the expanded program would be offset by savings and the recoupment of federal dollars Kansas is already paying into the program with no benefit. Instead, the state has forfeited these dollars to other states that have expanded Medicaid and lost nearly \$7 billion dollars as a result. This is money that could have prevented the closure of 8 rural hospitals since 2014, that could protect many more Kansas hospitals at risk of closure, and that would support the creation of 23,000 jobs in health care and other fields during a time of severe workforce shortage.

Health Forward asks legislators to heed the will of nearly 80 percent of Kansas who support KanCare expansion and vote yes to expand KanCare. Expanding KanCare makes good economic sense and would improve health care access and health outcomes. Please feel free to reach out to me at mbryantmacklin@healthforward.org if you have any questions or requests for additional information.

Respectfully,

*McClain Bryant Macklin*

McClain Bryant Macklin, Vice President – Policy and Impact, Health Forward Foundation

**OUR  
PURPOSE**

*Every day we work to support and build inclusive, powerful, and healthy communities characterized by racial equity and economically just systems.*

## Medicaid Expansion Testimony for KS House and Senate, as published 2/28/24 in the Kansas City Star

Richard Hellman MD, FACP, FACE

Past President, American Association of Clinical Endocrinologists

Past President, Metropolitan Medical Society of Greater Kansas City

4900 W 112<sup>th</sup> Terrace

Leawood, KS 66211

More than ten years ago, I was asked by the Executive Director of the Kansas Health Insurance Association for advice as to how to deal with the costs of caring for the persons with Diabetes who were in the Kansas High risk Pool Insurance program. At the time, the costs of care for these Kansas citizens were so high as to make the high-risk insurance program unsustainable. Why me? I am a physician and a clinical endocrinologist, who specializes in diabetes and provided healthcare for many patients from Kansas and Missouri. My team and I had published data showing how our practice had reduced death rates and kidney failure rates in those patients with diabetes. Also, I was involved nationally in multiple efforts to improve diabetes care for all patients with diabetes, and today, I continue to advise national organizations regarding optimal diabetes care. For more than twenty-five years, I have had the privilege of providing advice to both Republican and Democratic administrations in Washington DC as well as to many national groups involved in these worthwhile endeavors.

The advice I gave was simple. Improve early access to quality diabetes care. Diabetes is a serious disease that costs the nation more than 400 billion dollars annually, and it is most expensive when care is delayed. In my more than fifty years as a specialist in diabetes care, it has almost always been the case that if people do not have access to affordable care, and have limited means, particularly if they are uninsured, they will choose to feed their family and keep a roof overhead first and neglect their health care, with devastating consequences to themselves. One of the reasons why the pooled risk insurance program was not going to survive, was that it was providing too little too late. Waiting for people to get sick enough that they are uninsurable by private insurance makes no fiscal sense and from a medical perspective is exactly the wrong way to get a good outcome. Good care for the person with diabetes is early care, which in most cases can prevent the complications that create a downhill spiral that in many cases, leads to suffering, disability, and premature death, as well as high costs.

Today, Kansas is involved in a debate on the expansion of Medicaid. If the opposition to expansion is a fear that it will cost Kansas more, the fear is misguided. Diabetes care is far less expensive if care is given early. Medicaid expansion will increase the likelihood that care will be available earlier in many other chronic diseases, and just as in diabetes care, many disorders, including both cancer and cardiovascular disease, are disorders where prevention, early diagnoses, and early treatment saves not only lives and health, but reduces costs.

One of the many areas where our health care system fails our citizens is in the health of our unborn children and mothers. Our nation has among the very highest infant and maternal mortality rates in the world. One of the key reasons is lack of health care access beginning before the woman become pregnant as well as early in the pregnancy, particularly among those with chronic conditions such as diabetes. Again, the remedy is early access to quality care. The benefit is impossible to overstate. Early care can reduce birth defects in an unborn child with a diabetic mother by up to 80% and reduce the risk of having a stillborn baby by up to 90%.

If preserving life, particularly of the unborn, is as important to the reader as it is to me, the easier the access to health care, and the broader it is, the more likely it is to be timely and successful. In Kansas not only is a lack of Medicaid expansion devastating to women, and to all those with chronic illnesses, but expansion of Medicaid in Kansas will help keep the rural communities of Kansas intact. The rural

**Medicaid Expansion Testimony for KS House and Senate, as published 2/28/24 in the Kansas City Star**

hospitals in Kansas need the funds that will accrue from Medicaid expansion, which in many situations are closer to the real costs of care than many private insurances. Medicaid expansion in Kansas will provide this and reduce the costs of care as well. Medicaid expansion in Kansas is one of those instances where doing what is right from a moral point of view is both scientifically sound and saves money. I hope we can get Medicaid expansion passed this session of the legislature.

March 16, 2024

Hello committee members,

Thank you for the opportunity to provide testimony in support of Medicaid Expansion. Kansas is one of ten states in the U.S. that hasn't yet expanded Medicaid. All of our border states – Missouri, Oklahoma, Nebraska and Colorado – have expanded Medicaid. It's time we match our neighbors. Expanding Medicaid will create jobs. Nearly 23,000 new jobs would be created in the first full year of expansion. In addition to health care jobs, expansion would generate job growth in other industries, including retail and construction. How can we argue about job growth for our state? Please support expanding Medicaid.

Thank you,  
Jory Hennelly  
Shawnee

Molly Henson  
Regarding SB 355 and HB 2556  
March 15, 2024

My name is Molly Henson and I am a student at the University of Saint Mary studying social work. I am writing here today to testify in favor of Medicaid expansion in Kansas.

I originally grew up in Texas, where government assistance is very strict and not openly talked about. However, my father was proud enough to share his story on government assistance. He, like many Kansans, grew up in turner Kansas below the poverty line. His father was abusive toward him and his mother, causing his mother to be the sole provider for my father and his sibling. Because of this, my father grew up with lots of government assistance, through SNAP, Medicaid, and any other government resources that helped push my father toward sustainability. Even though my father grew up in poor conditions, he knew that there was a better life out there and pushed to give that to his children, myself, and my brother. My father, who leans conservative and Republican, still fights for Government aid expansion in Texas through every election available. My father was also a teacher for 15+ years and typically taught in poorer areas of the district, where gang violence was high, and the socioeconomic status was low. Through his teaching experiences, he has taught me that there are so many people in need of care but are unable to get it and that it is my job, as someone who has privilege and a voice, to advocate for these people. My father has seen countless children go to school sick, wearing blankets instead of jackets, because their families couldn't afford to go to a doctor. This is an experience that no one should have. Healthcare is a human right that should be allowed to everyone, regardless of their situation.

I urge the House and Senate to move forward with expanding Medicaid in Kansas so that families and children don't have to have the same suffering that is seen in Texas. I Thank you for reading my testimony and hope you continue to think about the vulnerable population you serve.

Respectfully, Molly Henson

March 17, 2024

My name is Dave Herdman and I live in KCK. I would like to voice my support for Medicaid expansion in Kansas.

I am retired but am an active Ambassador for Harvesters, our food bank that covers eastern Kansas. I also volunteer for the Alzheimer's association in Kansas. I've been doing these for over ten years.

I've been to the Capitol to discuss with representatives there about Alzheimer's effects on all of our Kansas friends.

I see the population in many parts of our states aging and needing help with this and other illnesses and with a lack of nutrition in their diets.

At the same time I see access to that lifesaving health care getting further away from them.

Please expand Medicaid to protect our aging rural population and get lifesaving care to them.

Thanks for listening

Dave Herdman  
11704 Delavan Ave  
Kansas City KS 66109

# HAYSMED

**TO:** House and Senate Committees

**FROM:** Edward Herrman  
President & CEO

**DATE:** March 14, 2024

**RE:** Proponent HB 2556/SB 355

Thank you for the opportunity to offer testimony on this profoundly important issue. On behalf of Hays Medical Center, I am in full 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.

As hospitals across the state are faced with ever-increasing uncompensated care, and stagnant reimbursements from public and private payers, they are forced to look to the local governments to make up shortfalls and keep their doors open. Having the local investments is in many hospitals' cases key to make the financial situation work however, it comes at a price to local taxpayers, many times in the form of increased mill levies.

Hospitals, not unlike many other industries, are facing ever-increasing workforce challenges. As the state continues on the path of non-expansion, many hospitals and health care settings will lose out on talented front-line healthcare professionals who will go to any of the other surrounding Midwest states that have invested in their healthcare systems and already expanded Medicaid.

The bill is very important to the continued success of Hays Medical Center and Ellis County along with the Northwest Kansas Health Alliance of CAH hospitals within this region. As in most communities, HaysMed is the largest employer in the county with 1,500 Associates and plays a significant role in overall economic impact of Ellis County as well as Northwest Kansas. The State of Kansas lack of expanding Medicaid has cost HaysMed more than \$12,000,000 to date and continues to rise. These are dollars that are currently going to other states who have expanded Medicaid and have resulted in job creation and significant direct impact to the local economy. Those are true dollars that directly impact tax revenues, retail sales, and more importantly provides care for working Kansans that so desperately need it.

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 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 provided over \$14,000,000 in charity and uncompensated care in 2023.

On behalf of our board, staff, patients and especially those that we are yet to serve, I ask for your support of this critical piece of legislation that will expand access to care by providing critically needed resources to our healthcare system – ultimately resulting in healthier and more prosperous communities. We ask that the committee recommend favorably HB 2556/SB 355.

March 14, 2024

Hi, my husband and I are in our 70's and collecting social security. We are currently on Medicare but that could change. I am worried that if we need Medicaid in the future that we would have to sell our home in KS and move to one of the 40 other states that would help us with the medical care we would need. It's a shame that Kansas is a hold out and the states we are keeping company with are an embarrassment.

Fran Hess  
12320 Pembroke Lane  
Leawood Kansas 66209

March 15, 2024

I urge you to consider expanding Medicaid in Kansas for the following reasons:

Public support:

- 80% of Kansas favor expansion.
- Supporting Medicaid expansion aligns with what people want and demonstrates a commitment to improving the health and well-being of all Kansans.
- 41 other states have already expanded Medicaid.

Economic benefits:

- Kansas has lost nearly \$7 billion in additional federal funding because we refuse to expand Medicaid.
- Expansion would inject significant federal funds into Kansas, creating jobs and stimulate economic growth in the healthcare sector.
- It would also reduce uncompensated care costs for hospitals and healthcare providers, alleviating financial strain on the state's healthcare system.

Better health outcomes:

- Access to Medicaid coverage leads to better health outcomes for Kansans, including lower rates of mortality, improved management of chronic conditions, and increased preventive care utilization.
- Rural Kansans drive hours to access care or aren't getting care because rural hospitals have closed.
- Medicaid expansion would help reduce health disparities by providing coverage to low-income individuals who are disproportionately affected by barriers to healthcare access.

As someone who works in employee benefits - I speak with employees regularly who have difficulty finding providers or choose not to access care because they can't afford it. Medicaid expansion supports the health of thousands of Kansans and would also help our healthcare providers - we should be doing everything we can to make it easier and more affordable to access healthcare.

Thank you,  
Amy Hill  
Olathe, KS

Alliance for a Healthy Kansas, Committee Chairs, and members:

My name is Dr. Evelyn Hill, and I am a voter in Wyandotte County and Commissioner of the Fourth District of the Unified Government of Wyandotte County. I urge you to support the Medicaid Expansion bill by Gov. Laura Kelly that ensures uniform access to healthcare for all Kansans.

Wyandotte County is the most diverse county in Kansas. Hispanic and Black Kansans are more likely to live in the coverage gap. Current statistics report that 8,713 uninsured Wyandotte County residents would become eligible for Medicaid Expansion if enacted, creating 2,642 new jobs. Kansans who live in frontier counties and in the southwest part of the state are also more likely to live in the coverage gap. Expanding Medicaid allows all low-wage Kansans access to affordable health care, regardless of their race, how much money they make, or what their ZIP code is.

Further, expanding Medicaid reduces health care costs for everyone. When low-wage Kansans can't get health coverage, that means more in emergency room visits and crisis treatment for physical and mental health needs. When hospitals and health care providers aren't compensated for services they provide, a portion of those additional costs are passed on to everyone through higher prices, meaning we all pay more out of pocket and through insurance premiums.

Medicaid Expansion supports a healthier work force. Most Kansans in the coverage gap work at least one job, but either aren't offered employer-based health insurance, or can't afford it. Those who are not working are often caretakers or are unable to work because of their own health conditions. When more people have access to the physical and behavioral health care they need, there are more workers healthy enough to re-enter or remain in the workforce.

The expanded healthcare opportunities for families who have experienced traumatic experiences such as a victim of crime or extended services for hospice cases is so needed in our community. One family, we know about, has a daughter who saw her father get shot and killed. She needs extended services for mental wellness and emotional care. Her mother works but is challenged with four children and cannot afford the cost of employee benefits to cover the cost for these needed mental health services. Others who have limited insurance that does not include hospice care is tragic. Hospice allows both the family and patient to prepare for the transition. Cancer patients often cannot afford their medicine or therapy or even the surgery that could directly cut the cancer out of body is limited because of insurance. Expanded healthcare would be a way to transition to health and a better quality of life.

Increased and expanded healthcare also preserves and strengthens rural communities. For Kansans in outlying communities, accessing health care when and where they need it is becoming a significant challenge. When hospitals in rural communities close, not only do residents struggle to get care, but the community loses good-paying jobs.

Expanding Medicaid would help ensure rural Kansans get the care they need while also boosting their local economies.

Please vote to support access to healthcare for both urban and rural Kansans. The vibrancy and well-being of our state depends on it.

Respectfully submitted,

Dr. Evelyn Hill  
Commissioner Fourth District  
Unified Government of Wyandotte County,  
Kansas City, Kansas



**Don Hineman Farms**  
116 S. Longhorn Road  
Dighton, KS 67839  
620-397-3242  
don@hinemanfarms.com

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March 20, 2024

Don Hineman  
Retired Member of Kansas House of Representatives, 118<sup>th</sup> District  
Proponent Written-Only Testimony on HB 2556

House Committee on Health and Human Services

Chair Landwehr and members of the Committee:

Thank you for the opportunity to provide testimony in support of HB 2556.

During my time as Chair of the House Committee on Rural Revitalization the committee conducted numerous hearings to identify the challenges facing rural citizens and communities. At the conclusion of the hearings the committee identified 1. access to affordable, quality healthcare, 2. access to highspeed broadband, and 3. adequate affordable workforce housing as the three critical issues constraining growth and vitality in rural Kansas.

Since then, progress has been made regarding broadband, but healthcare and housing still loom as daunting obstacles. The proposal before you today provides an opportunity to make tangible progress on healthcare, not only for rural residents and not only for Medicaid recipients, but for all Kansans.

As a Kansan who depends upon the rural healthcare system for myself and my family, I fear the loss of more rural hospitals as their economic viability becomes less assured. I am concerned by the challenges that rural healthcare providers (and all Kansas healthcare providers) face in recruiting and retaining employees while in all of the states neighboring Kansas, healthcare providers are operating with the infusion of cash provided by expansion. And I am tired of the tax dollars of hardworking Kansans going to pay for that cash infusion for our neighboring states and thirty-six others which have already adopted expanded Medicaid.

This isn't just about providing access to Medicaid to Kansans who truly need the help. It is about improving the economic vitality of Kansas healthcare, which in turn will benefit local communities and the Kansas economy. With a reasonable work requirement, this revenue-neutral proposal just makes sense. And while it won't be the final solution to the problems it seeks to address, it will point the way to a better path forward.

Kansas has delayed taking this step for far too long. This proposal just makes sense, and I urge its adoption.

**March 15, 2024**

**Testimony for Senate joint committee on Ways and Means and Public Health and Welfare,  
and the House Health and Human Service Committee.**

**NAME:** Amy Hinrichs

**TITLE:** Kansas resident

**EMAIL ADDRESS:** aloramy.hinrichs@yahoo.com

**BILL NUMBERS:** HB 2556 and SB 355

**PROPONENT, OPPONENT, or NEUTRAL:** Proponent

**ORAL or WRITTEN ONLY TESTIMONY:** Written Only

Dear Chair & members of the committee,

I am writing to voice my support for HB 2556 and SB 355.

I believe it is fiscally responsible to accept federal money to help with health care costs.

Medicaid expansion will benefit Kansas financially in the following ways:

1. Passing Medicaid expansion will not cost Kansas a cent. This is money that can go toward other important programs such as public schools or tax cuts.
2. Rural hospitals need this money to survive. Not only will the money help 150,000 Kansans who need medical assistance, but it also helps everyone who provides the medical assistance (doctors, lab workers, janitors, nurses, etc.) even restaurants and hotels near the hospitals. Eight rural hospitals have closed while Kansas waited for Medicaid expansion to pass. There are thousands of people directly impacted by these closures.
3. When one person doesn't have health insurance, everyone else must pay for it. Most people without insurance wait to seek help until they are in bad health. When they do finally go, they go to the emergency room. This has a high price tag that must be paid by someone. That usually means hospitals raise the price for other patients. I don't want to pay more out of my pocket for healthcare, especially when it isn't necessary.

The people of Kansas send representatives and senators to legislate for the good of all Kansans. Passing Medicaid expansion is literally taking care of all people in this state. It is especially critical for many Kansans that live in rural areas. Eight hospitals have closed, putting real people in emergency situations far away from help. Passing these bills will not cost the state anything, but it will reap huge benefits. 80% of Kansans want this to be passed. It isn't even a partisan issue. It is a no-brainer to pass this. Please take this opportunity to do what is right for Kansas.

Again, I ask you to support HB 2556 and SB 355.

Amy Hinrichs

Olathe, KS

**March 15, 2024**

**Testimony for Senate joint committee on Ways and Means and Public Health and Welfare,  
and the House Health and Human Service Committee.**

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Again, I ask you to support HB 2556 and SB 355.

Amy Hinrichs

Olathe, KS

Hello Senators and Representatives.

I am a member of the Kansas Silver Haired Legislators (SHL). We advocate for seniors. One of our primary issues is MEDICAID EXPANSION. We want that to be an issue for you too.

The Silver Haired Legislature represents over 600,000 Kansans, 60 and older, and we vote. At our legislative session this past October, our delegates unanimously voted to advocate for MEDICAID EXPANSION. The Kansas Health Institute estimates that 14,000 Kansans between 60 and 65 would benefit from expansion. Our members are in all 105 counties and will be watching which legislators support expansion.

In support of MEDICAID EXPANSION, please know that Kansans overwhelmingly want the issue to be debated and voted upon.

It is estimated that 150,000 Kansans, and some of these are from your county, would benefit from MEDICAID EXPANSION. Most of these are of lower income and cannot afford private insurance. Some have great physical and mental health issues and cannot support steady employment. They want to be productive. What happens to you or your family when it becomes your need?

Please be supportive of your fellow Kansans/constituents and support MEDICAID EXPANSION. The entire SHL as well as the six Johnson County SHL members do.

Thank you.

Katy Hoffman  
First Vice President, SHL  
Chair of Johnson County SHL

February 11, 2024

**To all Kansas Republican Members of the Legislature:**

This is simple.

The state of Kansas needs this.

The rural hospitals need this.

The rural residents need this.

Over 70% of Kansans are in favor of this expansion.

Pass the dang bill and take care of Kansans instead of pandering to your base of high rollers.

Please ..... Take care of your constituents.

--

Larry J. Horne

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

Cell: 913-219-0348

March 14, 2024

Proponent, SB 355 and HB 2556

**I am writing to express my strong support for the expansion of Medicaid in Kansas.** As a Kansas citizen who has gone without healthcare because I could not afford insurance when I was younger, I hope you understand how frightening it is to worry about whether you can afford medicine and still have enough left to pay for housing and groceries. I had a dear friend who took his life when, after 25 years working as a licensed electrician, he became disabled, could no longer do such physical work, and could not the afford private insurance that would have allowed him to take care of his health. He was a kind, lovely person, and the world is poorer for his absence. Had he received the healthcare he needed, it's likely he would have trained in a different field, been able to afford insurance, and lived the kind of live he deserved. HB 2556 and SB 355 would prevent 150,000 Kansans from being in a similar position.

**I firmly believe that Medicaid expansion not only improves access to healthcare for thousands of Kansans but also has numerous positive impacts on our economy and overall well-being.**

**One of the key reasons for supporting Medicaid expansion is its ability to lower healthcare costs for everyone.** When uninsured individuals seek medical care at emergency rooms and cannot afford to pay, the burden falls on hospitals, which often leads to increased costs for other patients. By expanding Medicaid coverage, we can mitigate these cost burdens, leading to more stable healthcare pricing for all Kansans.

**Moreover, Medicaid expansion has the potential to alleviate the strain on local budgets and taxpayers.** Currently, without expansion, counties and hospital districts in Kansas are forced to allocate more tax dollars to cover healthcare costs. By expanding Medicaid, these resources can be redirected towards essential services such as education, infrastructure, or even tax cuts, benefiting all residents of our state.

**Furthermore, the expansion of Medicaid has proven to be a catalyst for economic growth.** Kansas has missed out on nearly \$7 billion in federal funding due to our current stance on Medicaid expansion, while other states have reaped the benefits. Expanding Medicaid would not only inject much-needed federal dollars into our economy but also create approximately 23,000 jobs, addressing our healthcare worker shortage and providing employment opportunities for our citizens.

**Additionally, expanding Medicaid is fiscally responsible and revenue-neutral.** Contrary to misconceptions, there will be no additional cost for Kansas taxpayers. In fact, expanding Medicaid could lead to substantial savings for Kansas business owners, potentially up to \$80 million per year in healthcare costs.

In conclusion, Medicaid expansion is a win-win proposition for Kansas. It improves access to healthcare, lowers costs for everyone, stimulates economic growth, and is

fiscally responsible. I urge you to support Medicaid expansion and help ensure a healthier, more prosperous future for all Kansans.

Almost 80% of Kansans agree that we need Medicaid expansion. Thank you for considering our viewpoint on this crucial issue.

Sincerely,  
M Horowitz  
Lawrence, KS

March 15, 2024

We fully support Medicaid expansion and hope you do too! Actually we support Medicare for all! The amount of money companies and individuals will save would be more than enough to pay for health care for all through taxes. We are the only country that doesn't provide health care for EVERYONE! It's a human right!

Judy Houdyshell  
2515 Highway 77  
Lincolnvillle, Ks. 66858  
620-924-5532



# DCF Legislative Testimony

March 20, 2024

**TESTIMONY OF:** Secretary Laura Howard, Department for Children and Families

**TESTIMONY ON:** HB 2556 - Medicaid Expansion Hearing in House Health & Human  
Services

## DCF | HOUSE BILL 2556 | MEDICAID EXPANSION

Madam Chair and members of the House Health and Human Services Committee, thank you for the opportunity to provide written proponent testimony today on House Bill 2556 providing Medicaid expansion to the State of Kansas. As the Secretary for the Kansas Department for Children and Families, I stand in strong support of this legislation. For too many years, Kansas has left federal funds on the table, and left Kansas residents, employers and providers stranded while other states adopted expansion.

There is no doubt that Medicaid expansion is best for Kansas and Kansans –

- For **low-income Kansans** who struggle with the cost of health care, and either forego care, or are laden with medical debt and struggle to meet basic housing and food needs;
- For **physicians, mental health providers and rural hospitals** who have carried the load of uncompensated care; and
- For **employers**, who know that employees with access to adequate health care stay healthy and show up healthy and productive to do critical work each day in support of Kansans and the Kansas economy.

In our DCF offices across Kansas, we hear stories every day from families struggling to make ends meet who cite medical debt as a reason they have been driven into poverty. We also hear stories of families unable to access needed care. The inability to access needed health care means the parent is less likely to be at work regularly and to struggle to meet the basic needs of their families. This impacts the ability of employers to have a stable, healthy engaged workforce.

Medicaid expansion is no longer an experiment – it has been operational in many states for an entire decade – 10 years. Kansas can look at real data and real outcomes in making the expansion decision. We don't have to speculate on the impact – we have real evidence from states that have journeyed before us about the real impact of Medicaid expansion on work and family well-being, and on state child welfare systems. Here are just a few examples.

## IMPACT OF MEDICAID EXPANSION ON WORK AND FAMILY WELL-BEING

### Medicaid Expansion Increases Access to Health Coverage for Low-Income Workers

- **More than 24% of Kansas childcare workers would be eligible for Medicaid** if the state were to expand Medicaid. These workers are critical to supporting our youngest Kansans and ensuring Kansans have the necessary childcare to enter and remain in the workforce.

### Reducing Absenteeism and Increasing Worker Productivity

- Medicaid enrollees across multiple studies have shared that Medicaid **supports or improves their ability to work**. A study showed that approximately 84% of Medicaid enrollees said having Medicaid made it easier to work. Medicaid expansion **reduces absenteeism** by increasing access to preventative and behavioral health screenings, prescriptions, and treatment for chronic conditions.

### **Income and Financial Security**

- **Increases in payment of current and past due child support occurred in expansion states,** equating to more than \$20 million in payments.
- Several studies have shown a **reduction in medical debt and Chapter 7 bankruptcies** among low-income persons in expansion states.

### **Reducing Food Insecurity and Increasing Housing Stability**

- Two studies have shown that Medicaid expansion has resulted in a **reduction in food insecurity** and reduced the rates of very low food security.
- In California, a study showed a **significant reduction in evictions** in the expansion population; another study across several expansion states showed **an increase in home ownership** in the expansion population.

## **IMPACT OF MEDICAID EXPANSION ON CHILD WELFARE**

### **Reports of child maltreatment in Expansion States have Fallen for All Age Groups Compared to Non-Expansion States**

- First-time neglect reports for children under age 6 fell by 17.3 percent in expansion states. Repeat reports also fell for all age groups.

### **States expanding Medicaid have experienced reductions in foster care admissions due to Neglect compared to non-expansion states**

- In expansion states there was a **32.0 percent reduction in foster care admissions related to neglect** compared to non-expansion states. If applied to Kansas, this would equate to more than 300 youth.
- Expansion also drove a **17.5 percent decrease in foster care admissions** for any reasons and a **23.3 percent reduction in readmissions**.

Thank you for the opportunity to provide this testimony in support of Medicaid expansion. Expansion is good for individual Kansans, Kansas families, Kansas health care providers, Kansas business, Kansas communities and the Kansas budget. Please follow the evidence and support Medicaid expansion in Kansas.

Proponent Testimony on HB 2556  
House Health & Human Services Committee  
Wednesday, March 20, 2024

Madam Chair and Members of the Committee,

Thank you for holding this hearing and allowing us a chance to provide proponent testimony on HB 2556 – expanding medical assistance eligibility and enacting the cutting healthcare costs for all Kansans act. The Kansas Department for Aging & Disability Services (KDADS) administers services to older adults; administers behavioral health, addiction and prevention programs; manages the four state hospitals and institutions; administers the state’s home and community-based services waiver programs under KanCare, the state’s Medicaid program; and directs health occupations credentialing. As a state agency that serves vulnerable populations, our testimony will focus on how Medicaid expansion would help those populations.

Medicaid Expansion would increase quality of life and access to health care, not only for the aging but also the disabled population we serve. Many adults eligible under Medicaid expansion are struggling with chronic illness or complex health conditions making it difficult to maintain employment. Expanding Medicaid puts more money back into the pockets of eligible beneficiaries for things like bills and groceries.

Medicaid supplements Medicare costs by paying premiums, deductibles, and cost-sharing. It also fills in the gaps Medicare doesn’t cover for things like transportation to medical appointments and some medical equipment. For adults with disabilities with or without Medicare, Medicaid allows people to gain quicker access to coverage without waiting for a disability determination, which can take months to years. Disabled adults have more costly medical care and often need in-home services to sustain quality of life. Additionally, Medicaid covers close to 60% of nursing home residents and funds over half of long-term care services nationwide. Without Medicaid, many older adults would not be able to afford these services with Medicare alone.

If you consider PACE, where participants must be 55 years of age or older, those who pay out of pocket contributions may pay less or nothing at all for services depending upon their eligibility. Passage of HB 2556 would increase PACE enrollment for those who couldn’t afford their portion previously, but who would now qualify for additional financial support.

KDADS administers the state’s seven Home and Community-Based Services (HCBS) waivers, which provide specific benefits outside of the standard Medicaid State Plan to targeted populations. While the waivers themselves would not be directly impacted by Medicaid expansion, there would be many benefits to the populations served by the waivers from Medicaid expansion.

Another population that HB 2556 would assist are those with intellectual, developmental, or physical disabilities. Currently, while an individual is on the waiting list for HCBS waiver services, they could receive the standard State Plan medical coverage if their household is financially eligible. The waiting list is for access to additional specialized waiver services. Seventy percent (70%) of individuals on the Intellectual and/or Developmental Disability (I/DD) waiting list are currently receiving the State Plan services under KanCare. Once an individual is offered a waiver slot, financial eligibility is determined by individual – not household –

income. By expanding Medicaid, many people on the waiting list and in the 30% not currently receiving State Plan medical coverage may become eligible for that coverage for routine medical services, prescription drugs, and mental health services. The same is true for individuals on the waiting list for the Physical Disability (PD) Waiver and children on the proposed recipient list for the Autism Waiver.

Additionally, expanding Medicaid would help recruit and retain direct service workers (DSW) for individuals on all of Kansas' HCBS Waivers by providing access to the benefit of health coverage and access to healthcare. Many of these DSW do not receive benefits from their employers and fall into the Medicaid coverage gap that exists in Kansas due to lack of expansion. Based on a survey conducted in 2023, the average wage for DSW is \$15/hr which is not enough to qualify for subsidized health insurance through the federal Marketplace but too much for adult coverage through Kansas Medicaid.

Today, more than 8,950 Kansans are served on the HCBS I/DD Waiver. Kansas has seen a steady increase over the last decade of individuals waiting to receive services on the HCBS IDD Waiver. There are currently 5,240 people on the waiting list and that number has not dropped below 3,000 in the last decade. For the PD Waiver, there are currently 6,063 individuals receiving services and a waiting list of 2,382. The increased number of individuals on the waiting list for these waivers has lengthened the time people are waiting to receive waiver services.

In order to reduce the current waiting list for the I/DD and PD Waivers, having an adequate provider network and workforce is key. KDADS has been focusing on maintaining and expanding the provider network for Home & Community Based Services (HCBS) to serve more individuals on the waiting list. Between years of limited increases to rates, the COVID-19 pandemic, and workforce shortages impacting every industry, there has been a noticeable impact on the provider network of HCBS Services.

Passage of HB 2556 would be an additional, and much needed, tool in these efforts by providing health insurance coverage for many low wage DSW. This would not be a cost to the employer and would be a coordinated benefit for the DSW whose children are likely also covered by KanCare.

Over 250,000 Kansans live with Severe and Persistent Mental Illness (SPMI), which can be debilitating if not properly managed. If Medicaid were to be expanded in Kansas, an estimated 13,200 additional Kansans with SPMI would be eligible for coverage. While Kansas' robust Community Mental Health Center system does provide services to people who are indigent or lack health insurance coverage, prescription medication is often an important part of managing SPMI and those medications can be extremely costly out-of-pocket. Medicaid coverage would include prescription medication as well as therapy services. When HB 2556 is enacted, the costs of covering those services would be entirely recouped through cost savings, fees, and one-time federal funding.

Thank you for the opportunity to provide testimony and KDADS strongly encourages the committee to favorably pass HB 2556.

Respectfully,



Laura Howard

Secretary, Kansas Department for Aging & Disability Services

March 5, 2024

My name is Barbara Humpert. I am 71 years old. I was born in Stockton KS. My father was a Republican County Attorney in Rooks County for many years. As a friend and supporter of Bob Dole, my father raised his children to believe in taking care of your community.

I attended Kansas University and married another KU student. We located in Winfield KS in 1975. I was a young nurse and my husband was a retail pharmacist. We raised 3 children while working in healthcare jobs. I started working in Wm Newton Hospital in 1975. I am still working in that hospital.

I have been horrified by the lack of caring by the Republican Party I was raised to believe in, for rural healthcare. I see hospitals across Kansas closing with complete indifference by our elected Kansas Republican Representatives and Senators. Rural hospitals save lives. We work for less money in more difficult circumstances to care for our communities regardless of a patient's insurance status. It is not the Medicaid patients that we lose money on. It is the hard working class people who work low paying jobs and can not afford insurance.

Kansas must expand Medicaid before more rural hospitals close and leave communities without a local hospital. I believe in my local hospital, but we do not get any support from our elected officials. Rural hospitals employ good people who add to the local economy and help the school systems. I will never vote Republican again unless I see some sort of action in Topeka. Please do not let more rural hospitals close in Kansas. Show some caring for the people of Kansas. I do. I am old, but I still work because I care.

Barbara Humpert

**Testimony by Charlie Hunt with  
the Johnson County Department of Health & Environment (JCDHE) to  
House Committee on Health and Human Services  
Written Proponent for HB 2556 – March 20, 2024**

Chair Landwehr and Members of the Committee,

Thank you for the opportunity to provide written testimony in support of House Bill 2556, a bill which would expand Medicaid coverage for Kansans whose income is too high to qualify for Medicaid coverage and yet too little to qualify for subsidies through the Affordable Care Act (ACA), often making health insurance unaffordable for them and their households. Expanded Medicaid coverage for low-income Kansans would enhance the financial stability, health, and well-being of many of our residents, now and in the future.

More than 33,000 Johnson County residents are uninsured, over 5,000 of whom are children. Lack of insurance falls disproportionately among our community's persons of color. Residents who identify as Black or African American and those who are American Indian or Alaska Native are 3.5 times more likely to be uninsured; those who identify as Hispanic or Latino are four times more likely. These same groups experience health disparities – poorer health outcomes as a population – when reviewing mortality rates due to cancer, diabetes, and cardiovascular disease. The age group in Johnson County most likely to be uninsured are those 19-34 years of age, when many are starting families and would benefit from pre and postnatal care to support their health and that of their newborns. According to the Kansas Health Institute, 151,898 Kansans, including 106,450 adults and 45,448 children, are estimated to newly enroll in KanCare if Medicaid were to be expanded in January 2025.

When low-wage residents do not have access to employer-based health insurance or cannot afford the coverage offered, they often go without. This results in fewer preventive visits for both physical and behavioral health needs, delaying care, and relying on emergency room visits and crisis treatment when the need becomes too great to ignore. Chronic conditions may go untreated until they become an emergency or escalate to more serious illness. Medical costs without insurance add up quickly and have long-term consequences for those unable to pay, with medical debt being the leading cause of bankruptcy in the U.S. But inability to pay does not make that debt go away – uncompensated care costs must then be passed on through higher insurance premiums and out of pocket costs for others.

Having healthcare insurance supports our residents' abilities to learn, work and play in our community and contributes to a thriving and growing Johnson County. The local economy benefits from high levels of insurance coverage among its residents as having coverage contributes to financial stability, lower healthcare costs for businesses, both employment and educational stability, and a healthier workforce overall. As such, JCDHE asks that the committee support HB 2556, which would enable low-income Kansans to access affordable health care coverage.

Sincerely,

D. Charles Hunt, M.P.H., Director



February 23, 2024

Written Testimony from K Charles Hunter, 13111 131<sup>st</sup> Road, Winfield, Ka

To Whom It May Concern:

I am writing in support of HB 2556 and SB 355, legislation to expand Medicaid in Kansas. Personally, Medicaid Expansion will not directly affect my eligibility for health insurance, as I am retired and on Medicare plus a supplemental health insurance policy. However, there are several critical reasons why this legislation will affect me indirectly.

1. **Roughly 5% of our state's working population, 150000 men, women and children, is without access to affordable health care.** This legislation provides for that. Medicaid Expansion is the right thing to do for improving the quality of life for this segment of our population. I am a strong supporter of the separation of church and state, but as a reminder to all with a Christian background, the biblical "least of these" passages in the Book of Matthew are pertinent to this debate and discussion.
2. **Somewhere between 70-80% of all Kansans support Medicaid Expansion.** Experiences in the 40 other states that have accepted federal funding for Medicaid Expansion have shown that it has the potential to grow our economy, create jobs and reduce taxes. The bottom line is that not one of the 40 states implementing the program has withdrawn.
3. **Medicaid Expansion will strengthen rural health care and protect rural hospitals, both of vital importance to Kansas.** Since the implementation of the Affordable Care Act, 8 of our rural hospitals have closed. Kansas currently has ~100 rural hospitals, with around 900000 Kansas residents considered as living in rural areas. Our state is at risk of losing 58 of our rural hospitals, with 27 of those at risk of immediately being forced to shut down operations. Our own local hospital, William Newton in Winfield is a wonderful modern, regional facility. However, William Newton is in financial difficulty. Although in 2023 our hospital was able to reduce its monthly losses, it still ended 2023 with an operating loss of just over \$2.5 million. I can't imagine what the loss of this facility would mean to our community.

Thank you for this opportunity to have input. I trust that our State Senators and Representatives will thoroughly, objectively and fairly evaluate the proposed legislation and do what is best for the people of Kansas.

Respectfully submitted, K Charles Hunter

February 26, 2024

Dear Kansas Legislature,

I am simply a citizen, a taxpaying citizen, a retiree, in favor of expanding affordable health care.

Nearly 165,000 Kansans struggle without access to affordable health care because the state legislature continues to fail to expand KanCare.

According to research from the AARP's Public Policy Institute, expanding KanCare would provide health coverage for an estimated 20,219 uninsured Kansas residents aged 50-64 who were living at or below 138 percent of poverty in 2010.

Kansas is one of only 10 states that has yet to expand KanCare health care to hard-working residents who earn less than \$18,000 per year. These Kansans include parents, farmers, and small business employees. They all struggle without access to affordable health care.

Every state that borders Kansas has expanded Medicaid health care. KanCare expansion under the ACA will both expand access to health care.

Just this morning, I heard on the news that "Kansas can't afford to expand medicaid." Two simple questions: How can it be cheaper to have them go to the ER? How can 40 other states afford it?

Kansans are overwhelmingly in support of medicaid expansion. It is time that we are represented in Topeka.

Sincerely,  
Lynne Hunter  
13111 131st Rd  
Winfield, KS

March 15, 2024

Dear Legislative Committee,

I was so glad Chairwoman Landwehr agreed to hold a hearing on Medicaid Expansion on HB 2556/SB355. I have always had health insurance with my employer, but I firmly believe health insurance should not be tied to a job. As a teacher, I still paid deductible, co-pays and in some cases part of the premium.

Since over 70% of Kansans support Medicaid Expansion, I support helping workers whose income is “low” and they really need assistance to maintain health and dignity. Schools will benefit as well as many services for the special needs children require help from the healthcare industry; professionals such as PTs, OTs, Speech Path, Psychs, nurses for feeding tubes, etc. support IEPs of our students. As a “senior” I worry about my future in the skilled nursing center that there will be staff to care for me-and they need to stay healthy for us! Our rural hospitals need Medicaid Expansion to stay open, which is jobs, jobs, jobs.

I attended a KPERS Board of Trustees meeting in January, 2024. Their actuary presented “health trends” and one chart they used was the states with the best longevity. Kansas surprised me at being in the middle. I believe in the heart of America, we ought to be the healthiest, but we are NOT.

Chris Huntsman

4645 NW 50th CT

Topeka, KS 66618

To: Kansas Senate Joint Committee on Ways and Means & Public Health and Welfare and  
Kansas House Health and Human Services Committee

Re: Written Testimony in Support of SB 355 and HB 2556

Date: March 20, 2024

Thank you for the opportunity to submit written testimony in support of SB 355 and HB 2556 on behalf of members of the Hutchinson/Reno County Chamber of Commerce.

The largest employer in Hutchinson is the Hutchinson Regional Healthcare System, contributing to the health and vitality of our own economy. However, like many hospitals in our state, Hutch Regional has struggled due to millions of dollars of unreimbursed care, not to mention the many other healthcare clinics and service providers in this sector who would benefit. We stand with them to ask for your support for the Cutting Healthcare Costs for All Kansans Act, which would accomplish several things.

1. It protects rural hospitals, supporting jobs and healthcare in rural communities.
2. It cuts healthcare costs for Kansas families, and it would provide greater access to those who need it most.
3. Expanding coverage lowers costs for everyone because when people go uninsured in Kansas, it leaves the rest of the consumers paying for it.
4. Lastly, Medicaid Expansion will actually strengthen our economy by bringing federal dollars back to our own taxpayers rather than it going to other states.

According to recent statistics, nearly 1,600 uninsured low-income residents of Reno County would gain health coverage and over \$10 million of annual health care spending will be captured. Currently uninsured residents are either going without care or leaving bills with our current health care providers as uncollected.

Expanding KanCare would also provide health coverage to the residents of Reno County who fall into a coverage gap – those who earn too much to qualify for the current program, but too little to get financial help to obtain private coverage. This bill will allow them and nearly 150,000 Kansans to access preventive care to help them stay healthy and avoid costly ER visits, giving them more financial and emotional wellbeing, knowing they have coverage.

This bill is a step in the right direction for uninsured Kansans, for community hospitals and rural communities, and to help give peace of mind to those who desperately need care, but cannot afford it and certainly cannot afford the financial perils of going uninsured.

We applaud the efforts to consider the importance of expanding KanCare for our State and communities and urge you to support this measure. Thank you for your favorable vote on this issue of great importance to Kansas.

Respectfully,

Debra Teufel, President/CEO

**connect. grow. play. explore.**