

# The Bridge to a **Healthy Kansas**

A Kansas health care coverage solution

- ❶ The Bridge to a Healthy Kansas **improves the health of Kansans.**
- ❷ The Bridge to a Healthy Kansas **protects our local communities and hospitals.**
- ❸ The Bridge to a Healthy Kansas **creates jobs and stimulates the economy.**

The Bridge to a Healthy Kansas is a **Kansas health care coverage solution** that makes health care coverage affordable for approximately 150,000 hardworking, low-income Kansans. Designed to protect access to health care, it also brings **preventative care** to those who need it most. The Bridge to a Healthy Kansas is **budget-neutral** and does not require use of State General Funds. In fact, according to independent, third-party analyses, it is more likely to produce a net financial gain for Kansas. The Bridge to a Healthy Kansas **protects our local communities and hospitals** while strengthening our local and state economies.

- **A Unique Kansas Solution** – The Bridge to a Healthy Kansas is NOT Obamacare. It is a unique Kansas solution that uses federal funds to build upon and extend our current KanCare program to approximately 150,000 low-income, hardworking Kansans. The new program will allow Kansas health care providers to continue their focus on providing the right care, in the right amount, in the right setting and at the right time.
- **A Budget-Neutral Program** – The Bridge to a Healthy Kansas is budget-neutral. It makes health care coverage more accessible for low-income Kansans at no additional cost to Kansas taxpayers and without using State General Funds. In fact, with federal funds replacing state funds and a program emphasis on primary and preventive care to lower health care costs, The Bridge to a Healthy Kansas is likely to produce a net financial gain for Kansas. Independent sources suggest the financial gain to Kansas could reach \$126.7 million in 2017, with positive net gains every year thereafter through 2025.
- **Keep Kansas Dollars in Kansas** – More than \$1.6 billion dollars in federal funding designated for health care in our state has left Kansas since January 2014. That money is going to the federal government to be spent in other states – states that have chosen to expand their Medicaid programs. The Kansas Hospital Association maintains a live ticker of this growing number that demonstrates what inaction has cost Kansas (go to [www.kha-net.org](http://www.kha-net.org)). The Kansas Department of Health and Environment estimates if KanCare were expanded in 2018, expansion would bring \$2.7 billion in federal dollars to Kansas over the next three years (2018-2020) to care for the most vulnerable Kansans. Funding for health care in Kansas should not go to other states. Bring Kansas money back to Kansans by supporting The Bridge to a Healthy Kansas.

- **Health Care Coverage for Kansas** – Legislation presented to the Kansas Legislature known as The Bridge to a Healthy Kansas proposes a budget-neutral program – a bridge within current KanCare that make health care coverage accessible for approximately 150,000 Kansans who do not earn enough to afford private insurance today. The Bridge to a Healthy Kansas includes:
  - Eligibility requirements – the program covers participants who:
    - Must be between 18 and 65 years of age.
    - Has an annual household income of no more than 133% of the federal poverty level, after the 5% income set aside allowed by the Patient Protection and Affordable Care Act.
    - Do not participate in Medicare or are not otherwise eligible for Medicaid.
    - Federal law requires Medicaid recipients must be US citizens or legal residents.
  - Preventive care – the program covers qualifying preventive care at no expense to participants.
  - Federal funding – the program is funded in part by federal funds as set forth in the Affordable Care Act (ACA), and the program will automatically terminate if federal funding is reduced below the requirements set forth in the ACA.
  
- **Three out of Four Kansans Support The Bridge to a Healthy Kansas** – Across all political party affiliations, an overwhelming 76 percent of Kansans support expanding KanCare under the new, budget-neutral legislative proposal, according to a statewide public opinion poll conducted in February 2016. While support for expanding KanCare has remained steady at 62-64 percent overall for the last two years, the percentage of those in favor rose to 72 percent when poll participants learned the new program will be budget-neutral. Full results of the February 2016 poll are available at [www.khanet.org](http://www.khanet.org).
  
- **It's Good Business** – The Bridge to a Healthy Kansas will provide health care coverage to approximately 150,000 hardworking, low-income Kansans. When people have health care coverage and access to primary and preventive care, they tend to be healthier and more productive, which is good for Kansas businesses. A healthier Kansas population also lowers the occurrence and cost of uncompensated health care services, which prevents further health care cost-shifting to businesses and insured individuals throughout the state.
  
- **Help Vulnerable Kansans** – Kansas hospitals support The Bridge to a Healthy Kansas because we know that lack of health care coverage keeps people from receiving regular care. Unfortunately, the uninsured often turn up in emergency rooms because their health is not properly managed. The Bridge to a Healthy Kansas would cover Kansans making less than 138 percent of the federal poverty level - \$27,800 annually for a family of three in 2017. The majority of Kansans who would be eligible under the new program work as dishwashers, housekeepers, health care support workers, janitors, nursing assistants, landscapers, bus drivers, child care workers, medical assistants, retail sales people and fast food workers.
  
- **Support Physicians and Patients** – Kansas physicians are concerned about meeting the health needs of their Kansas communities. At the core of everything they do is a desire to help others regardless of income or status, and they take their patients' health very personally. The Bridge to a Healthy Kansas insures more working Kansans, empowering physicians across the state to help more people achieve and maintain better health. Healthier individuals make healthier communities.

- **Help Community Hospitals and Keep Health Care Accessible in Rural Kansas** – One way to keep health care accessible in our rural communities is to insure more patients. The Bridge to a Healthy Kansas will provide more low-income individuals with health care coverage, which in turn helps maintain access to local health care services in rural Kansas. It also will reduce the occurrence of uncompensated care for the uninsured and the associated costs that are passed along to hospitals and other health care providers. Additionally, since 2010, Kansas hospitals have endured federal reimbursement cuts for health care services. These reductions were supposed to be offset by federal funding for expanding Medicaid, which has yet to pass in Kansas. According to data released by the Kansas Department of Health and Environment, the 2016 average benefit for each of the 84 Critical Access Hospitals in Kansas would be \$255,469. For each of the 16 rural, non-CAH hospitals, the average benefit would be \$913,418 per hospital. For each of the 28 urban hospitals, the average benefit would be \$6,255,445 per hospital.
- **Elimination of Waiver Waiting Lists is Not a Barrier** – People on home and community-based waiver waiting lists already receive health care coverage similar to that proposed in The Bridge to a Healthy Kansas. Therefore, eliminating the waiting lists is not required for The Bridge to a Healthy Kansas. We know from other states that elimination of waiting lists is not a prerequisite for expanding Medicaid, despite our state administration’s attempts to link the two initiatives together.
- **Increasing Evidence from Other States** – There is an ever-increasing amount of evidence to support the positive impacts of expanding Medicaid. To date, 31 states and the District of Columbia have expanded Medicaid programs:

  - In a 2015 brief from the Robert Wood Johnson Foundation, data from eight states, including Arkansas, Colorado, Kentucky, Michigan, New Mexico, Oregon, Washington and West Virginia, suggest that states expanding Medicaid should expect to see:
    - A reduced need for state spending on programs for the uninsured and people with behavioral health needs;
    - Savings related to increased federal dollars for certain newly-eligible Medicaid enrollees, including pregnant women and people with disabilities; and
    - Revenue gains related to existing insurer or provider taxes.
  - A study in Ohio found enrollees had better health outcomes than the uninsured, and costs came in nearly 29 percent lower than expected.
  - In a Health Affairs study, uncompensated care in Connecticut was roughly one-third lower than what it would have been without early Medicaid expansion.
  - Indiana, which recently shared results of its Healthy Indiana Plan with Kansas, reported Indiana’s plan is financially viable and has successfully raised reimbursement rates in its Medicaid expansion to the same level as Medicare reimbursements.
  - In New Hampshire, data collected from the first year of operation for the New Hampshire Health Protection Plan shows a 30 percent decrease in uninsured emergency room visits, a 38 percent decrease in uninsured inpatient visits and a 28 percent decrease in uninsured outpatient visits. In addition, the cost to New Hampshire hospitals for uncompensated care has been reduced by more than \$142 million.