

The Bridge to a **Healthy Kansas**

A Kansas health care coverage solution

Myth

Any expansion of Medicaid is ObamaCare.

The state of Kansas cannot afford expansion.

The federal government is unreliable and will decrease payments over time, leaving the state with the costs.

There isn't a need to expand, everyone already has access to health care through ERs.

The state already provides enough assistance to safety net providers.

States are being manipulated.

Fact

The Bridge to a Healthy Kansas Is a Unique Kansas Solution.

Kansas has always had the freedom to change its Medicaid program because it has always been a joint state-federal program. In 2013, Governor Brownback's administration initiated a unique Kansas solution to reform Kansas Medicaid, known as KanCare. The Bridge to a Healthy Kansas, which expands upon the KanCare program, is NOT Obamacare, but a unique, Kansas-centric solution that builds on the values of personal responsibility and accountability.

The Bridge to a Healthy Kansas Is Fiscally Responsible.

The state of Kansas CAN afford The Bridge to a Healthy Kansas. The program is beyond BUDGET NEUTRAL, it would actually produce a NET SAVINGS to the state of Kansas. The state cost for the program would be approximately \$57.5 million in 2017, which would be offset by additional revenues and savings of approximately \$126.7 million. By 2020, the state costs would reach approximately \$114.5 million, but revenues and savings would jump to \$154 million.

Health Care Is an Exception.

In Medicaid's 50-year existence, the federal government has reduced Medicaid funding only once, temporarily, in the early 1980's. Since that time, federal Medicaid funding has been increased nationwide in both 2003-2004 and 2007-2009 during recessions.¹ Kansas's 2016 federal matching rate for Medicaid is 55.96%.² This means nearly 56 cents of every Kansas Medicaid dollar is paid for with federal funds; the state pays 44 cents.

The Bridge to a Healthy Kansas Helps Build Better Access to Care.

Making sure 150,000 Kansans have health coverage through The Bridge to a Healthy Kansas means more low-income Kansans will receive preventive care, and fewer will seek care in the most expensive place possible, the emergency room. Proper preventive care and reduced emergency room visits are good for all Kansans because the costs of caring for the uninsured are paid by Kansas hospitals, business and individuals with health insurance. With The Bridge to a Healthy Kansas, we can expand the number of people with health care coverage, which in turn increases the number of people paying for their own health care, making the system fair for everyone.

The State Will Get a Better Return on its Investment.

The state of Kansas may get an even better return on its investment in safety net clinics because with more insured individuals, the clinics can utilize their funding to provide more and better services.

Each State is Unique.

Each state has different Medicaid coverage, so a one-size-fits-all federal policy would not work. Other waiver expansion states are: Montana, Iowa, Arkansas, Michigan, Indiana, and New Hampshire. This is a good opportunity for Kansas to leverage our state's rights and take control over how we bridge the gap between KanCare and health insurance marketplace subsidies. The Bridge to a Healthy Kansas is a Kansas-centric solution to fit the needs of our most vulnerable working citizens.

¹ <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8352.pdf>

² <https://aspe.hhs.gov/basic-report/fy2016-federal-medical-assistance-percentages>

Myth

Other states are experiencing problematic and unsustainable enrollment levels.

States cannot afford 'government-run' health care and balance their budgets.

Government programs lead to less productive people.

Making more people eligible for KanCare would lead low-income Kansans to work less or not at all.

Eliminating the home and community-based services waiver waiting lists must happen before the expansion of KanCare.

Fact

Other States Have Seen Savings.

Ohio and Kentucky had more people enroll than originally anticipated, which actually benefited their states. In Ohio, newly eligible Medicaid beneficiaries are charged premiums, which generate revenue for the state, so more enrollees mean more revenue. According to the state of Ohio, their 2015 Medicaid budget spent \$1.9 billion LESS than anticipated. In Kentucky, having more enrollees has meant more savings for the state. In 2014, they saved \$2.4 million on medically needy enrollees alone. New Hampshire reported a 30 percent decrease in uninsured emergency room visits after the first year of its expanded Medicaid program, with similar reductions in uninsured inpatient and outpatient visits. As a result, the cost to New Hampshire hospitals for uncompensated care dropped by more than \$142 million.

The Bridge to a Healthy Kansas Helps Attain a Balanced Budget.

The Bridge to a Healthy Kansas provides a healthy return on investment in the form of additional revenues and savings for the state, which will help Kansas balance its budget. The Bridge to a Healthy Kansas is beyond budget neutral, the new savings and revenue it generates will actually result in a net financial gain for Kansas. It also utilizes private managed care companies, ensuring Kansas does not have government-run health care.

The Bridge to a Healthy Kansas Improves Health and Productivity.

People with health care coverage tend to be healthier and more productive. The Bridge to a Healthy Kansas will lead to more insured individuals in Kansas, through private managed care, creating a healthy and productive population to help our local and state economies grow.

The Bridge to a Healthy Kansas Incentivizes Employment.

In a study published by *Health Affairs*, researchers analyzed labor-market participation in expansion versus non-expansion states and found that expanding Medicaid has had no appreciable impact on employment status. Furthermore, The Bridge to a Healthy Kansas will require enrollees to work at least 20 hours per week or be referred to work training (with exemptions for students and stay-at-home parents), so it is a program designed to reward hard work with affordable health care coverage.

The Waiting Lists Are a Completely Separate Issue.

Many attempt to link elimination of home and community-based services waiver waiting lists to expanding KanCare. We know from other states that elimination of the waiver waiting lists is not a prerequisite for expanding our KanCare program. In addition,