

Opinion Editorial

A Rural Physician's Perspective on Medicaid Expansion

I am a family physician in Quinter where I see patients in my clinic, the emergency room and our county hospital. I perform minor procedures, deliver babies and take care of patients of all income levels. I see patients every day who have difficulty paying for their care because they are either uninsured or underinsured. My county hospital is a Critical Access Hospital which has been under financial stress due to multiple reasons. The two primary financial reasons are the decreased Medicare reimbursement rates and the uninsured who cannot pay for their care.

A Sept. 24 letter from Lt. Governor Jeff Colyer implied that if Medicaid is expanded in Kansas, the money used to fund Medicaid would come from Medicare. The reality is that 90 percent of the money will come from the federal government, and not out of Medicare. By not expanding Medicaid (KanCare), the state has lost nearly \$800 million since 2014, while effectively paying for other states' expansion with Kansas tax dollars. Those dollars could have come back to Kansas. The money would have been used to insure hard working adults who cannot afford regular insurance but make too much to qualify for Medicaid.

My local hospital, Gove County Medical Center, like many other rural hospitals, is struggling to balance its budget. When the uninsured come to the emergency room (the most expensive way to get care) the hospital is unable to recoup the costs. Budget cuts must be made; staffing and services suffer. If KanCare is expanded, our rural hospital, which provides care to an 8-10 county area of hard-working Kansans, would see a significant improvement in its revenue, giving us the freedom to continue to provide excellent care for Gove County and much of northwest Kansas.

While there is a financial obligation down the road for the state by expanding KanCare, the benefits derived from the recoupment of Kansas dollars drastically offset the cost. Kansas has 128 community hospitals, of which 84 are Critical Access Hospitals. The state's cost of the newly eligible expansion population over the next decade would be \$653 million and the additional revenue to Kansas hospitals during that time would be \$3.6 billion (\$307 million would go to CAHs), according to the Kansas Department of Health and Environment.

The result, after Obamacare cuts to Kansas hospitals are accounted for, is a net gain for rural CAHs of roughly \$370,000 per year, per hospital, over the next decade. I know that my hospital, and more importantly my patients, would greatly benefit from this money.

Our mission as family physicians is to provide medical care for all Kansans, not just the insured. With the expansion of KanCare, this mission will be easier to accomplish by providing coverage for our poorest patients with increased revenue for hospitals. I ask that our great state of Kansas stop exporting our tax dollars to Washington and expand KanCare so that our most vulnerable patients and hospitals can survive and thrive.

In light of the recent US visit by Pope Francis and his appeal for the common good, I close with a quote from Cardinal Roger Mahoney: "Any society, any nation, is judged on the basis of how it treats its weakest members, the last, the least, the littlest." How will Kansas be judged?

Sincerely,

Doug Gruenbacher, MD

Board Chair, Kansas Academy of Family Physicians

Doug Gruenbacher, MD, is a family physician in Quinter, Kansas, and is currently serving as the Kansas Academy of Family Physicians Board Chair. He is a graduate of the University of Kansas School of Medicine-Wichita and did his residency at the Smoky Hill Family Medicine Residency Program in Salina.