



Medicaid expansion in KS could hinder federal efforts to improve health care

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September 4, 2019

Passing Medicaid expansion in Kansas could hinder efforts at the federal level to create a more personalized, cost-effective health care system across the country, according to Beverly Gossage.

Gossage, a former Kansas Insurance Commissioner candidate and senior fellow with the Independent Women's Voice, is wearing a path to Washington, D.C. She frequently meets with federal lawmakers and their policy staffers to assist in crafting health care policies for the nation.

“(Kansas expansion) will definitely hurt the efforts the Republicans have on delivering more personalized health care,” Gossage said.

Kansas is one of 14 states that didn't expand Medicaid after Congress passed the Affordable Care Act, also known as Obamacare. Every state that signs onto Obamacare makes it more difficult to get legislation that would make healthcare more affordable and more personalized through Congress.

Currently, the federal government picks up 90 percent of the tab for Medicaid expansion, while the state pays the remainder. The Kansas Health Institute estimates expansion would cost Kansas taxpayers about \$520.8 million over 10 years for the state's share of expansion costs.

Leadership in the Kansas Legislature will attempt to craft a cost-effective expansion plan, according to Sen. Gene Suellentrop. The Wichita Republican has been tasked with chairing a Senate interim committee that will draft an expansion proposal. He says he's heard the rumors about potential health policies coming from Congressional Republicans, but that shouldn't stop the Kansas Legislature from acting.

“We can't operate on rumors,” he said. “We just have to move forward in our daily planning and continue looking at this, regardless of how things may come out in Washington, D.C. or elsewhere.”

The goal of the Senate interim committee will be creating an expansion proposal that meets the needs of the public, he explained.

“We're looking for an expansion product that will benefit the broadest segment of the population, and making sure it's fiscally sound as far as the state is concerned,” he said.

Without seeing it and without knowing the types of amendments that might be added to it later, Suellentrop doesn't know how he'll ultimately vote on whatever proposal his committee drafts.

Creating a Kansas proposal that the federal government will approve is another challenge. Several states have passed expansion programs designed to limit the cost of the programs. Michael Cannon, health policy studies director at the Cato Institute, says lawmakers shouldn't count on the Trump administration for waivers.

"They're not averse to rejecting GOP waivers," Cannon said.

The Centers for Medicare and Medicaid Services has denied several states' requests for waivers from some of the provisions of Obamacare. For instance, Utah's plan sought to offer Medicaid to able-bodied adults who earn less than 100 percent of the federal poverty, instead of the 138 percent benchmark provided in the federal plan. CMS denied Utah's waiver. The feds also blocked waivers for work requirements in New Hampshire, Kentucky, and Arkansas.

Work requirements and limiting the earnings for Medicaid eligibility are a few of the options Republicans have discussed as potential ways to make expansion more affordable for Kansas.

In all of the states that have expanded Medicaid, enrollments have outpaced projections. In Arkansas, for instance, expansion proponents anticipated fewer than 200,000 able-bodied adults would enroll in Medicaid. Instead, 330,000 enrolled. Officials in Iowa projected the state would see 123,000 new Medicaid enrollees. There are now 150,000 enrolled.

The added enrollees increased costs beyond initial projections.

"Long story short, there is no such thing as fiscally responsible Medicaid expansion, either from a federal or a state perspective," Cannon said.