



Libertarian think tanks, Kansas health secretary testify against expanding Medicaid

Celia Llopis-Jepsen

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A third day of Medicaid hearings that drew crowds to the Legislature this week saw opponents of expanding the program warn of potential harm to state finances and citizens' health care choices.

A senior fellow from the Washington, D.C.-based Cato Institute, the vice president of the Kansas Policy Institute and the head of Kansas' health department were among those who cautioned against seeing Medicaid expansion as a panacea for health care problems or said growing the program in other states had led to negative, often unanticipated effects.

"We've heard testimony that Medicaid expansion would be budget neutral," said health secretary Susan Mosier. "There's no cost-benefit to the state. In fact, there's additional cost."

She and five others who addressed the panel faced questions from lawmakers who sounded skeptical, seeking details about or openly challenging the sources and methodology of the studies and figures they cited.

Kansas is one of 19 states that haven't expanded Medicaid coverage. Expansion was one of the tools included in the Affordable Care Act. The bill before the House health committee would offer Medicaid to more low-income Kansans.

Opponents and proponents are unable to agree on fundamental implications of the program, from what it would cost to whether it would benefit the economy, improve health care and shore up financially struggling hospitals.

Gov. Sam Brownback says the plan would be "bad for Kansas" with a price tag of more than \$100 million over the next two years alone, among other disadvantages.

Proponents, meanwhile, tout a variety of savings and question the state's calculations. At least one lawmaker, Susan Concannon, R-Beloit, sought further clarification of the state's cost estimates and whether it had accurately factored in anticipated savings to the state. Health department officials said they would send lawmakers detailed figures.

The Kansas Hospital Association is raising similar concerns, saying assumptions the state published for the bill appear to lead to a conclusion of about \$78.5 million for two years instead of about \$111 million. Additionally, the association believes increased revenue from HMOs in conjunction with expansion would lead to an overall state savings.

Proponents testified Wednesday, with a few hundred turning out for a rally and hearing and the Alliance for a Healthy Kansas advocacy group providing lawmakers binders full of supportive statements from physicians, residents, cities and chambers of commerce across the state.

Thursday's opposition testimony included warnings that Kansas could end up with far more people on Medicaid than expected — including people who are already eligible for Medicaid but aren't enrolled.

“It tends to be that as you expand the program,” [said Michael Tanner](#), of the free-market think tank Cato, “because of the outreach that’s going on with the expansion, as well as the associated publicity of it, that these people who are eligible but not enrolled today, enroll.”

Gregg Pfister, of the Florida-based Foundation for Government Accountability, said the expansion would extend coverage to able-bodied adults for whom there is an “easy solution” — jobs.

“This is not assistance for someone’s elderly grandmother who’s struggling to live. This money doesn’t go toward the developmentally or physically disabled,” he said. “These adults don’t have disabilities. Most of them are without children and don’t work a full-time, year-round job.”

Opponents of expanding Medicaid also questioned the stability of federal aid for Medicaid expansion and noted the uncertain future of the ACA, which President Donald Trump has indicated he will do away with.

“There’s no reason to expect that the federal government will continue to keep its funding promise in perpetuity,” said Melissa Fausz, a Virginia-based policy analyst for Americans for Prosperity. “There’s plenty of precedent for the federal government failing to live up to the funding promises made to the state.”

Fausz admonished against seeing money from D.C. as simply “tax dollars that rightfully belong to Kansas,” calling it instead “federal deficit spending.”

Opponents have also expressed concern that Medicaid expansion would lead to worse health care access for people with disabilities, who would find themselves vying for services amid an influx of new enrollees.

Brownback warned this week that expansion “moves able-bodied adults to the front of the line, ahead of truly vulnerable Kansans.”

Mike Oxford, executive director of policy at Topeka Independent Living, rejected that assessment — and cautioned against labeling people with disabilities as vulnerable.

“I just don’t see the issue affecting access to services or the amount of services,” he said, arguing that those problems already exist and stem from other factors.

The Disability Rights Center of Kansas also supports Medicaid expansion. It argues that many Kansans with disabilities are uninsured and currently ineligible for Medicaid. It also says personal care attendants could gain coverage, making it easier to recruit employees to a workforce with a shortage.