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The Center for Law and Social Policy (CLASP) is a national, non-partisan, anti-poverty organization advancing policy solutions for low-income people. CLASP aims to reduce poverty, promote economic security and advance racial equity. CLASP works at both the federal and state levels, supporting policy and practice that makes a difference in the lives of people living in conditions of poverty.

CLASP supports Medicaid expansion in Kansas because the policy and its outcomes demonstrated in other states firmly align with CLASP's mission and our work to improve the lives of people with low incomes. The benefits of Medicaid expansion are clear:

**Medicaid expansion reduces the uninsured rate and improves health outcomes.** States that have expanded Medicaid have a lower rate of uninsurance among their residents, particularly among people with low incomes. Numerous studies have explored the effect of Medicaid expansion on access to health care and health outcomes and the results are clear: Medicaid expansion helps people access care and improves their health status.<sup>1</sup> Medicaid expansion results in more consistent care for chronic conditions and an increase in diagnosis and treatment of conditions such as cancer and behavioral health.<sup>2</sup> Health outcomes also improve as a result of Medicaid expansion. Studies suggest Medicaid expansion leads to a reduction in infant mortality, particularly among black infants, and improved mortality rates related to cardiovascular disease.<sup>3</sup> Additionally, people receiving health insurance through Medicaid in expansion states self-report improvements in their health.<sup>4</sup>

Collectively, the studies and data show that Medicaid expansion has a positive impact on access to health care, health care utilization and health outcomes. Expanding Medicaid is a clear policy solution to address these barriers in the lives of people with low incomes.

**Medicaid expansion makes it easier for people to work.** Medicaid expansion is a *work support program*. Having health insurance, whether through Medicaid or another source, allows people to access health care to stay healthy enough to work. The reality is that for low-wage workers, access to health insurance through employers is either non-existent or unaffordable, currently leaving them uninsured. In fact, only 16 percent of poor adults receive health insurance through their jobs<sup>5</sup> and, according to recent a recent survey by the Bureau of Labor Statistics, low-wage workers pay more for employer-provided medical care benefits than higher-wage workers.<sup>6</sup>

Medicaid expansion fills this gap and provides the necessary support to low-wage workers keep them in the workforce. Medicaid expansion enrollees from Ohio<sup>7</sup> and Michigan<sup>8</sup> reported that having Medicaid made it easier to look for employment and stay employed. Further, recent analysis by the New York Times finds that young single mothers' participation in the labor force increased four percentage points more in states that expanded Medicaid in 2014 compared to those that didn't,

providing evidence that if people don't lose their health insurance when they go to work, they are more likely to work.<sup>9</sup>

**Medicaid expansion reduces health disparities.** Several studies have found Medicaid expansion to be associated with a reduction in disparities by race/ethnicity, income, education level, insurance type and employment status.<sup>10</sup> One example is a greater reduction in infant mortality among black infants in expansion states. A report by the Commonwealth Fund found that disparities between Whites and persons of color (particularly Black and Hispanic) saw greater reductions in states that expanded Medicaid.<sup>11</sup> One reason it makes sense that Medicaid expansion leads to a reduction in disparities between Whites and persons of color is because persons of color, especially Black and Hispanic populations, are more likely to be employed in low-wage jobs, live in communities with fewer employment opportunities, or be involuntarily working part-time – all employment conditions that are less likely to include health insurance as an employee benefit.

Hispanic and Black workers have been hardest hit by the structural shift toward involuntary part-time work: Despite wanting to work more, many low-wage workers struggle to receive enough hours from their employer to make ends meet. A report from the Economic Policy Institute found that 6.1 million workers were involuntary part-time; they preferred to work full-time but were only offered part-time hours. According to the report, “involuntary part-time work is increasing almost five times faster than part-time work and about 18 times faster than all work.”<sup>12</sup> Hispanic and Black workers are much more likely to be involuntarily part-time (6.8 percent and 6.3 percent, respectively) than their White counterparts, of whom 3.7 percent work part time involuntarily. And Black and Latino workers are a higher proportion of involuntary part-time workers, together representing 41.1 percent of all involuntary part-time workers. The greater amount of involuntary part-time employment among Black and Hispanic workers is primarily due to their having greater difficulty finding full-time work and more often facing work conditions in which hours are variable and can be reduced without notice.<sup>13</sup>

**Medicaid expansion helps children.** Children thrive when their families thrive. Studies show that when parents have health insurance their children are more likely to have health insurance and more likely to receive care.<sup>14</sup> When parents are unable to receive treatment for their health conditions, children and families suffer. A working parent with a low-wage job may lose that job if they are too sick from the flu or other ailment to go to work, putting the family in greater financial peril. Similarly, medical debt places significant financial burdens on families when parents are uninsured. When left untreated, many conditions, such as parental depression or substance use disorder can have negative effects on children's development.<sup>15</sup> This is true of other adults caring for children, including the child care workforce.

In order to fully support the healthy development of children we must support the entire family, including ensuring that parents have access to affordable health care.

## **Conclusion**

For all the reasons outlined above, CLASP fully supports a timely and comprehensive Medicaid expansion in Kansas, implemented without unnecessary hurdles and barriers for those that are eligible, providers, and the state. An efficient expansion and implementation without an abundance

of red tape and delay tactics will be the most successful and reap the greatest benefits for Kansans.

On a more personal note, my family has recently been reminded of the importance of health insurance and access to affordable care. Fifty-six days ago I gave birth to our second child, a healthy baby girl, after a relatively normal pregnancy. Three days after our daughter was born, I developed unexpected complications that without access to affordable care could have threatened my life. After several trips to the emergency room (at the direction of my doctors), a re-admittance to the hospital, several doctor visits, and prescriptions filled, I am still managing my post-natal complications and in need of regular health care.

I'm fortunate to have health insurance and be able to afford my deductible. If I received my pre-natal care through Medicaid, I would be terminated from my insurance later this month because I will be past 60 days post-partum. I'm honestly not sure what I would do if I was in that situation, other than pray for my health and likely go into substantial debt to continue my care. In the worst case scenario my complications would go untreated and I would suffer long-term damage to my health or worse. It's unconscionable to me that our state lets this happen.

It's not often that challenges have clear and affordable policy solutions, but this is one situation where that is the case. Expanding Medicaid in Kansas is clearly a strong policy solution that will significantly help Kansans across the board – new mothers, veterans, farmers, business owners, and many others.

Thank you for the opportunity to participate on the Governor's Council on Medicaid Expansion.

Sincerely,

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<sup>1</sup> Larisa Antonisse, Rachel Garfield, Robin Rudowitz, et al., *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review*, Kaiser Family Foundation, August 2019, <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-august-2019/>.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid., 1.

<sup>4</sup> Ibid., 1.

<sup>5</sup> "Health Insurance Coverage of the Total Population," *Kaiser Family Foundation*, 2017,

<https://www.kff.org/other/stateindicator/total-population/?currentTimeframe=0&sortModel=percent7Bpercent22colldpercent22:percent22Locationpercent22,percent22sortpercent22:percent22ascpercent22percent7D>; "Health Insurance Coverage of Adults 19-64 Living in Poverty (under 100 percent FPL)," *Kaiser Family Foundation*, 2017, <https://www.kff.org/other/state-indicator/pooradults>.

<sup>6</sup> Bureau of Labor Statistics, "Lower-wage Workers Pay More Than Higher-wage Workers for Employer-provided Medical Care Benefits," *U.S. Department of Labor*, January 2019, <https://www.bls.gov/opub/ted/2019/lower-wage-workers-pay-more-than-higher-wage-workers-for-employer-provided-medical-care-benefits.htm>.

<sup>7</sup> "Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly," *The Ohio Department of Medicaid*, January 2017, <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>.

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<sup>8</sup> Renuka Tipirneni, Jeffrey Kullgren, John Ayanian, et al., “Medicaid Expansion Helped Enrollees Do Better at Work or in Job Searches,” *University of Michigan*, June 2017, <http://ihpi.umich.edu/news/medicaid-expansion-helped-enrollees-dobetter-work-or-job-searches>.

<sup>9</sup> Claire Cain Miller and Ernie Tedeschi, “Single Mothers Are Surging into the Work Force,” *The New York Times*, May 2019, <https://www.nytimes.com/2019/05/29/upshot/single-mothers-surge-employment.html>.

<sup>10</sup> *Ibid.*, 1.

<sup>11</sup> Ajay Chaudry, Adlan Jackson, and Sherry A. Glied, “Did the Affordable Care Act Reduce Racial and Ethnic Disparities in Health Insurance Coverage?” *The Commonwealth Fund*, August 2019, <https://www.commonwealthfund.org/publications/issue-briefs/2019/aug/did-ACA-reduce-racial-ethnic-disparities-coverage>.

<sup>12</sup> Lonnie Golden, *Still Falling Short on Hours and Pay: Part-time Work Becoming New Normal*, Economic Policy Institute, December 2016, <http://www.epi.org/publication/still-falling-short-on-hours-and-pay-part-time-work-becoming-new-normal/>.

<sup>13</sup> *Ibid.*

<sup>14</sup> Elisabeth Wright Burak, “Parents’ and Caregivers’ Health Insurance Supports Children’s Healthy Development,” *Society for Research in Child Development*, June 2019, <https://www.srkd.org/research/parents-and-caregivers-health-insurance-supports-childrens-healthy-development>.

<sup>15</sup> Elisabeth Wright Burak, Maggie Clark, and Lauren Roygardner, *Nation’s Youngest Children Lose Health Coverage at an Alarming Rate*, Georgetown University Health Policy Institute Center for Children and Families, December 2019, <https://ccf.georgetown.edu/wp-content/uploads/2019/12/Uninsured-Kids-under-6-final-1.pdf>.