



BRIEFING BOOK
on
**KANCARE
EXPANSION**
2022



ALLIANCE FOR A
HEALTHY KANSAS



THE ISSUE

Costs are rising and Kansans are paying more to take care of themselves and provide for their families. Healthcare is no exception. It's time to help Kansans get more for their money when it comes to healthcare and bring good paying jobs to our state.

Expanding KanCare will reduce healthcare costs for everyone by providing health insurance to 150,000 residents in rural areas, small towns, and cities across the state. Expanding KanCare will provide coverage to hard-working Kansans and result in much needed investments in our communities to strengthen our hospitals, clinics, and provider networks. It also will protect and bring in thousands of jobs, keeping us competitive for local businesses and remain a good place to live, work, and raise a family.

Now is the time to invest in our state and ensure that Kansans have access to the care they need when they need it. **Now is the time to expand KanCare or all of us will keep paying the price.**

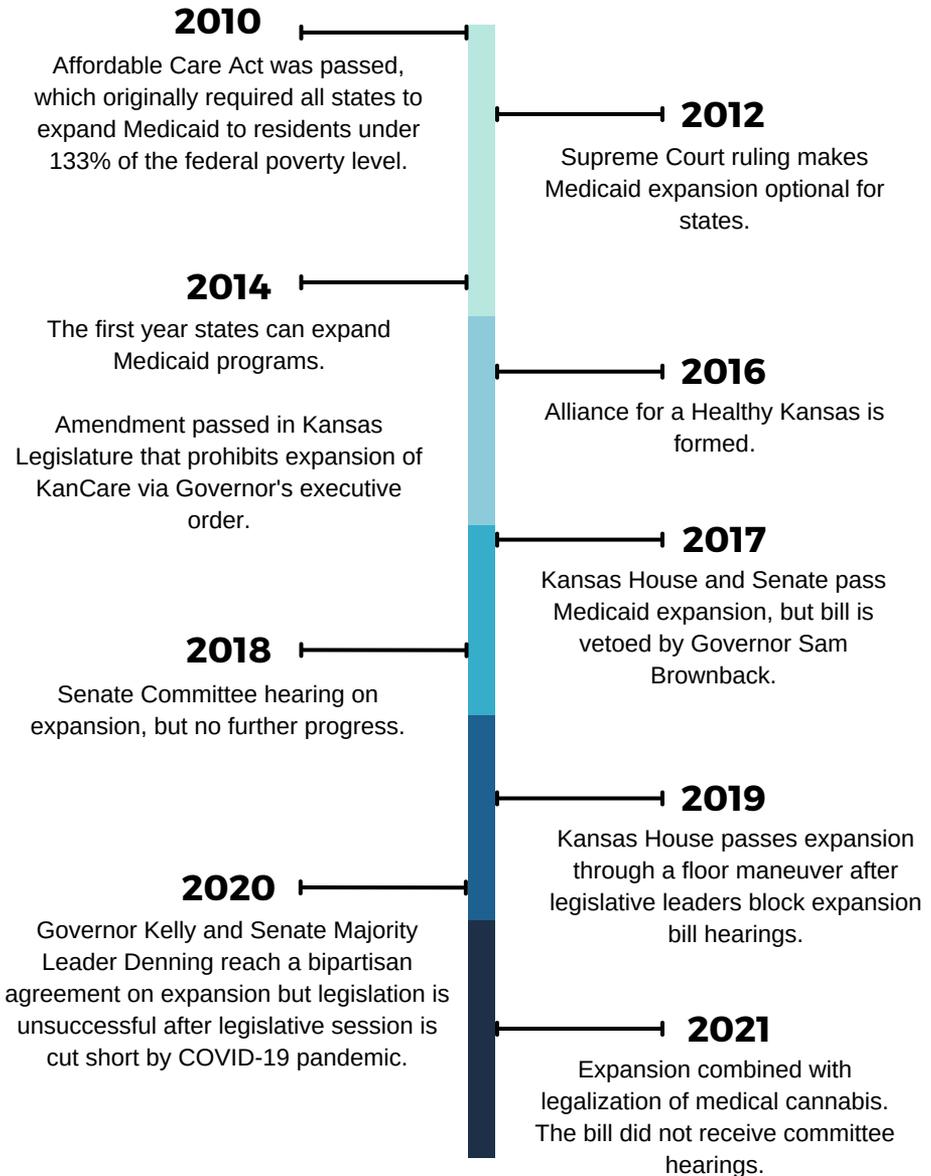


Table of Contents

- 3** A timeline of KanCare Expansion
- 4** By the Numbers
- 5** Fast Facts
- 7** The Business Case
- 9** The Economic Case
- 11** The Rural Case
- 13** Good for Families
- 15** Moral & Faith Case
- 17** Disabilities
- 19** Mental Health
- 21** Other state outcomes
- 23** KanCare Expansion by Kansas County
- 25** Pushing back against other opposing arguments
- 26** Medicaid Expansion in the United States
- 27** AHK Coalition Members
- 28** Calendar

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A timeline of **KANCARE EXPANSION**



KanCare Expansion BY THE NUMBERS

\$8,254

The maximum amount a family of three can make per year to qualify for Medicaid in Kansas. That's about **\$688** per month.

23,000

The number of new jobs that would be created in the first full year of KanCare expansion.

150,000

The number of Kansans who would become eligible for coverage under expanded KanCare.

2/3

Number of those eligible for KanCare expansion who work or are in working families. Most are employed in the service industry, construction, retail, and other industries characterized by small firms that are less likely to offer affordable insurance.

76

The number of rural hospitals at immediate or high risk of closing in Kansas

90%

Amount the federal government covers (by law) of the costs associated with expanding Medicaid. This is unlikely to change in the future because it would require an act of Congress. Thirty-eight states already have expanded and are enjoying the benefits of receiving billions of tax dollars to their states.

15,000

The number of Kansans with disabilities who would become eligible for Medicaid with expansion.

7%

Amount marketplace premiums are lower in states that expanded Medicaid compared to non-expansion states like Kansas.

FAST FACTS

- **Kansas is one of twelve states in the U.S. that hasn't yet expanded Medicaid.** All of our border states – Missouri, Oklahoma, Nebraska and Colorado – have expanded Medicaid.
- **Expanding KanCare will create jobs.** More than 23,000 new jobs would be created in the first full year of expansion. In addition to healthcare jobs, expansion would generate job growth in other industries, including retail and construction.
- **Expanding KanCare will return hundreds of millions of tax dollars back to the state.** By the end of 2021, Kansas had turned away more than \$5.2 billion in tax dollars since 2014. This comes from tax dollars that Kansans are already paying.
- **Expanding KanCare will strengthen healthcare providers, especially those in rural areas.** Kansas has more rural hospitals at risk of closing than any other state in the U.S. KanCare expansion would reduce uncompensated care levels and help healthcare providers be more financially stable. This could mean the difference between these hospitals staying open or closing their doors. When hospitals close, rural Kansans have a more difficult time accessing care.
- **Most people eligible for KanCare are in working families.** About two-thirds of those eligible for expanded Medicaid work or come from working families. Most are employed in the service industry, construction, or retail.
- **Medicaid expansion would help thousands of uninsured military veterans and their families.** About 7,400 veterans and their spouses would gain access to quality, affordable healthcare coverage with KanCare expansion. Veterans often do not have automatic and easy access to healthcare through the Department of Veterans Affairs, despite their service to our country.
- **In order to qualify for KanCare now, a family of three would need to earn less than \$8,354 per year (\$688 per month).** This low income limit means that one parent can only work about half-time in a minimum wage job before they earn too much to qualify. Expanding KanCare would allow these parents to get a better job or work more hours without losing health coverage.
- **Medicaid expansion is not a partisan issue.** Members from both the Republican and Democratic parties in Kansas support it, and nationwide both Democratic and Republican Governors and Legislatures have passed expansion.

the **BUSINESS** case *for KanCare Expansion*

- **KanCare expansion will provide insurance coverage for small businesses.** Small businesses are less likely than large employers to be able to afford to provide health insurance to their employees. In states that have expanded Medicaid, small business owners, self-employed individuals and small business employees have seen significant gains in insurance coverage. This means small businesses are better able to compete with larger companies when looking for employees.
- **KanCare expansion will reduce business taxes.** Businesses that pay tax penalties for not providing health insurance as required by the Affordable Care Act would see those penalties decline as employees gain coverage through expansion.
- **Expanding KanCare will keep Kansas from being left behind when recruiting new business to the state.** Health workers and communities with a strong healthcare system are important factors businesses consider when deciding where to locate. All of Kansas' surrounding states have expanded Medicaid, potentially making them more attractive for businesses looking to relocate.

Pushing Back on Opposing Arguments

They say: Expansion discourages the labor force from working, makes people rely on the government, traps people in poverty, or otherwise incentivizes people to be lazy.

We know: Medicaid coverage improves social mobility and reduces the accrual of new medical debt and non-medical debt. Additionally, access to health insurance, including Medicaid, directly contributes to cutting poverty by nearly one-quarter.

the **ECONOMIC** case for *KanCare Expansion*

- **Expanding KanCare will create jobs.** More than 23,000 new jobs will be created in the first full year of expansion. In addition to healthcare jobs, expansion would generate job growth in other industries, including retail and construction.
- **Expanding KanCare will bring in \$36 million - \$45 million in additional tax dollars in the first full year of expansion.** It also will bring millions of dollars in local tax revenue.
- **KanCare expansion will enhance economic development.** Expansion improves the overall climate for doing business in Kansas and boosts economic development and business recruitment efforts. Healthier Kansans mean more healthy employees for businesses.
- **Kansas could lose business recruitment to surrounding states that have expanded Medicaid.** Medicaid directly helps businesses by providing coverage to workers who otherwise would lack access. Since all of Kansas' surrounding states have expanded Medicaid, businesses might choose to locate in one of those states.
- **Expanding KanCare will help stabilize healthcare costs for everyone.** Currently, the cost of providing care to uninsured individuals is passed on to others through higher healthcare costs, sometimes called "uncompensated care." As workers gain insurance through expansion and uncompensated care declines, these higher costs will be reduced.

Pushing Back on Opposing Arguments

They say: Expansion will cause an "explosion" of spending in state government.

We know: The net cost of Medicaid expansion to states is different from the "sticker price." In some cases, the net cost is negative.

They say: Medicaid expansion costs states more than originally estimated.

We know: The first states in the U.S. expanded Medicaid in 2014. While some of the early adopters had difficulty estimating how quickly people would enroll, recent expansion states have estimated more accurately using the experience of others. More importantly, any state that has expanded Medicaid has the ability to reverse that decision at any time if the state is seeing negative effects from expansion. None of the 38 states that have expanded Medicaid have reversed their decision to do so.

the **RURAL** case for *KanCare Expansion*

- **In Kansas, four hospitals have closed in the last few years, in part due to the failure to expand KanCare.** This means hundreds of jobs lost, a compromise in the health of residents in these communities, and loss of economic activity.
- **Thirty-four Kansas rural hospitals are at immediate risk of closing** – more than any other state in the nation – and 36 are at high risk of closing. Expanding KanCare provides these hospitals with an additional stream of revenue and provides enhanced financial stability.
- **Rural hospitals in non-expansion states such as Kansas are six times more likely to close than rural hospitals in states that have expanded Medicaid.** This means reduced access to care for people living in the area and a loss of highly skilled jobs, such as physicians and nurses, which can severely hurt the local economy.
- **Uncompensated care remains a bigger problem in non-expansion states such as Kansas.** This means everyone ends up paying more for healthcare. Hospital systems that operate in both expansion and non-expansion states report significantly lower uncompensated care costs in states with expanded Medicaid programs.
- **Medicaid expansion has been a vital part of growing the next generation of farmers in North Dakota.** Access to affordable health insurance is one of the top three issues facing young people who want to begin farming. Expansion eliminates the need for a full-time off-farm job so these families can invest more time and money into their farming operation.

Pushing Back on Opposing Arguments

They say: Hospitals in expansion states are not financially stronger than those in non-expansion states.

We know: Health centers in states with expansion have higher revenue, greater operational capacity and more financial stability. These centers have more sites, serve more patients, and are more likely to provide behavioral health and vision services.

They say: Rural hospitals are failing because of market forces and Medicaid expansion won't help.

We know: The importance of hospitals to rural communities goes well beyond healthcare. Hospitals are among the largest employers in their communities and serve as local economic engines, creating jobs and attracting and supporting residents and businesses. Hospital closures are devastating to local economies. Expanding KanCare decreases uncompensated care from uninsured patients and provides a greater income source to the hospital.

KanCare Expansion is **GOOD FOR FAMILIES**

- **KanCare expansion encourages work and job advancement among low-income parents.** In Kansas, a single parent makes too much to qualify for KanCare if she earns more than \$8,354 per year, or about \$688 per month for a family of three. Expanding KanCare would allow this single parent to work more hours or get a better job without losing health coverage.
- **KanCare expansion helps reduce medical debt and provides more financial stability.** Medical debt is one of the leading causes of bankruptcy. Expanding KanCare provides people in the coverage gap financial protection and helps improve overall financial stability.
- **Expanding KanCare supports a healthy and robust workforce.** Ohio and Michigan found that a majority of unemployed individuals said it was easier to look for work with access to health insurance. Additionally, a majority of employed adults reported that having health insurance made it easier to work or made them better at their jobs. Expanding KanCare would mean a healthier and more abundant workforce in Kansas.
- **KanCare expansion will reduce unpaid bills and medical debt.** This will reduce the number of referrals to collection agencies and the number of short-term payday loans taken out each month. It also will improve credit scores among those who gain coverage and allow those families to spend that money on other things.
- **KanCare expansion will save lives.** Expansion is associated with decreased mortality for all causes, as well as improvements in infant mortality. It directly enhances preventive care and use of mental health and substance use disorder services.

Pushing Back on Opposing Arguments

They say: People on Medicaid aren't that much healthier than uninsured individuals.

We know: Expanding KanCare will make it possible for many uninsured people to access primary and preventive healthcare. It also allows the previously uninsured to access prescription drug coverage, behavioral health services, and substance use disorder assistance.

They say: Adding able-bodied people to Medicaid will limit the care that the "truly needy" are able to access.

We know: Adults in Arkansas and Kentucky reported that, after expansion, they were more likely to have a personal physician, receive care for chronic conditions and receive an annual check-up. The same improvements were not seen in Texas, which hasn't expanded Medicaid.

the **MORAL & FAITH** case for KanCare Expansion

- **More than 150,000 of our family members, friends and neighbors do not have access to affordable health insurance.** They are not eligible for KanCare and they do not make enough money to qualify for tax credits to help cover the cost of private insurance.
- **These individuals carry the burden of knowing that a single accident, injury, or illness could force them into bankruptcy.** They also have to go without preventive care and live with untreated chronic illnesses that threaten their ability to provide for their families.
- **Scripture calls us to care and provide for our brothers and sisters who are in need.** The importance of health and healing features prominently through most religions in the world.
- **All of us can get sick, but not all of us have access to healthcare that will help us heal.** Suffering and sickness do not discriminate, but access to healthcare too often does.
- **With KanCare expansion, there will be more Kansans who don't have to suffer unnecessarily or whose lives will be saved.** We cannot turn a blind eye to compassion; caring for others is a testament to both faith and morals.
- **KanCare expansion provides our neighbors the opportunity to attain good health and wholeness.** Access to quality, affordable healthcare is not just an abstract policy goal – it is a moral issue.

Support from Faith Leaders

"In these days that I have been in hospital, I saw once more how important it is to have a good healthcare system that is accessible to all, as it exists in Italy and in other countries. A health service that is free and guarantees good service accessible to all...This precious good should not be lost. It must be maintained and everyone should be committed to this. Because everyone needs it."

- Pope Francis, speaking after he had surgery, July 2021

"Providing the care needed to maintain health, prevent disease, and restore health after injury or illness is a responsibility each person owes others and government owes to all, a responsibility the government ignores at its peril...We believe it is a governmental responsibility to provide all citizens with health care."

- *The Book of Discipline of the United Methodist Church*

"We help each other attain good health through our ways of living together and through supporting those who provide all forms of health care services and healing. Health care, therefore, must be a shared endeavor."

- *Caring for Health: Our Shared Endeavor, Evangelical Lutheran Church in America*

Expansion will help those with **DISABILITIES**

- **Expanding KanCare would provide coverage for an estimated 15,000 Kansans with disabilities.** This would include individuals who have serious difficulty hearing, seeing, walking, doing major life activities, and those with serious cognitive impairment. It also would help Kansans with degenerative diseases who do not yet meet the legal definition of disabled by allowing them to get preventive and ongoing care to prevent or delay the deterioration of their condition.
- **Direct support workers and personal care attendants who care for Kansans with disabilities would also benefit from expansion.** This workforce is the backbone of the disability services system. However, there is a shortage of these workers, in part because these jobs don't typically include health coverage. Expansion would provide coverage for these workers and assist with recruitment and retention.
- **States that have expanded Medicaid have generated savings and revenue** that not only offset the cost of expansion, but also create a surplus that could be used to expand Home & Community Based Services (HCBS).
- **KanCare expansion would provide competitive and integrated employment opportunities for people with disabilities.** Research conducted at the University of Kansas shows that people with disabilities living in Medicaid expansion states are significantly more likely to be employed than those living in non-expansion states.

Pushing Back on Opposing Arguments

They say: Expanding KanCare will put individuals with disabilities at the back of the line for care.

We know: States that have expanded Medicaid have shorter wait lists than states who haven't. Expanding Medicaid does not shift resources from people with disabilities on wait lists, but brings other people with disabilities into Medicaid who previously had no or very limited access to needed healthcare. Additionally, expansion helps individuals and their caregivers have better access to healthcare.

KanCare Expansion is good for **MENTAL HEALTH**

- **Individuals who need services for mental health and substance use disorders (SUD) make up a substantial share of those who would gain coverage from expansion.** In Kansas, nearly one-third of uninsured individuals who would qualify for KanCare expansion experienced mental illness or SUD within the last year. Less than 14% of those people received treatment, largely due to lack of access to affordable care. Those enrolled in Medicaid are 30% more likely to receive treatment.
- **Enhancing access to mental health and SUD services will reduce long-term healthcare costs.** Untreated co-occurring psychiatric and chronic medical conditions are associated with significantly more expensive care.
- **Medicaid expansion greatly enhances use of services for mental health and SUD and enables states and providers to offer new services.** These are particularly critical needs in light of care and capacity issues at Osawatomie and Larned State Hospitals.
- **The share of opioid-related hospitalizations of uninsured patients fell dramatically in states that expanded Medicaid,** from 13.4% in 2013 (the year before expansion took effect) to just 2.9% two years later.

Pushing Back on Opposing Arguments

They say: Expanding Medicaid will exacerbate the opioid epidemic by making prescription opioids accessible to more people.

We know: The U.S. Government Accountability Office reported that states that had expanded Medicaid saw 20 – 34% of adults use some form of behavioral health services in 2014. Additionally, these states reported greater access to care and increased use of medication-assisted treatment for substance abuse.

OTHER STATE OUTCOMES

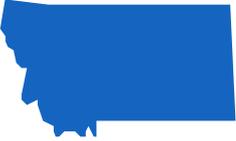
from Medicaid Expansion

Louisiana (expanded in 2016)



- In FY2017, expansion saved the state general fund \$199 million because:
 - Some Medicaid enrollees were funded at a lower state match,
 - Disproportionate share payments to hospitals fell as the number of uninsured people fell, and
 - Additional revenue from a premium tax on managed care organizations.
- In FY2018, Louisiana saved more than \$350 million by expanding Medicaid.
- Expansion generated \$4 billion in new revenue for the state's healthcare providers.
- Louisiana saw a 50% reduction in the number of uninsured residents from 2013 - 2017.

Montana (expanded in 2016)



- The direct fiscal effects of Medicaid expansion created savings of \$25.2 million, fully offsetting state costs in FY2017.
- In 2018 and 2019, approximately 59% of businesses in Montana had employees enrolled in Medicaid.
- Without Medicaid expansion, Montana employers would be subject to tax penalties estimated to be between \$11.1 million and \$16.7 million.
- As of 2020, the Montana expansion program has saved the state health department more than \$30 million.

Kentucky (expanded in 2014)



- Between 2014 - 2016, Kentucky saved \$13.5 million in uncompensated care costs.
- Most of the federal money that has supported expansion in Kentucky has gone to doctors, hospitals, pharmacists and others who provide care, according to the state's secretary of the Cabinet for Health and Family Services.
- Kentucky saw a 58% reduction in the uninsured rate from 2010 to 2019.

OTHER STATE OUTCOMES

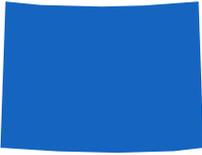
from Medicaid Expansion

Michigan (expanded in 2014)



- Michigan was able to save money from mental health and correctional health programs that originally were covered completely by state funds. Under expansion, these programs were eligible for 90% coverage with federal funds.
- Additionally, the increased federal funding coming into the state generated more than 30,000 new jobs and about \$150 million additional revenue for state government via income and sales taxes.
- 90% of Michigan hospitals saw a decline in uncompensated care, from \$7.8 million in FY2013 to \$3.8 million in FY2016.
- A greater proportion of enrollees in the Medicaid program reported being employed and/or a student; in 2018, 61% reported working or going to school versus 55% in 2016.

Colorado (expanded in 2014)



During FY2015 - 2016, Colorado saw an estimated:

- \$3.82 billion increase in state GDP,
- 31,704 more jobs,
- \$102.4 million increase in general fund revenues, and
- \$643 increase in average household income.

Nebraska (expanded in 2020)



- Nebraskans approved Medicaid expansion in 2018 by a ballot initiative, with 53% of the vote approving expansion.
- In the first two months, 11,000 Nebraskans submitted an application for coverage.
- An estimated 90,000 Nebraskans became eligible for coverage under the expanded Medicaid program.

Oklahoma (expanded in 2021)



- Oklahomans approved Medicaid expansion in June 2020 by a ballot initiative, with 50.5% of the vote approving expansion.
- More than 123,000 people were enrolled in expansion coverage in Oklahoma leading up to the day it actually took effect.
- Nearly 250,000 Oklahomans enrolled in Medicaid in the first six months of expansion.

KanCare Expansion by KANSAS COUNTY

COUNTY	NEW ANNUAL HEALTHCARE SPENDING	# OF NEW JOBS CREATED
Allen	\$2,302,500	53
Anderson	\$1,342,500	31
Atchison	\$2,542,500	100
Barber	\$ 930,000	21
Barton	\$6,165,000	141
Bourbon	\$3,060,000	70
Brown	\$1,732,500	40
Butler	\$8,865,000	203
Chase	\$ 427,500	10
Chautauqua	\$ 892,500	20
Cherokee	\$4,252,500	97
Cheyenne	\$ 682,500	16
Clark	\$ 352,500	8
Clay	\$1,222,500	28
Cloud	\$1,537,500	35
Coffey	\$1,110,000	25
Comanche	\$ 352,500	8
Cowley	\$6,420,000	147
Crawford	\$11,452,500	262
Decatur	\$ 652,500	15
Dickinson	\$3,382,500	78
Doniphan	\$1,260,000	29
Douglas	\$27,127,500	622
Edwards	\$ 705,000	16
Elk	\$ 675,000	15
Ellis	\$6,052,500	139
Ellsworth	\$ 697,500	16
Finney	\$11,662,500	267
Ford	\$11,745,000	269
Franklin	\$3,690,000	85
Geary	\$4,867,500	112
Gove	\$ 645,000	15
Graham	\$ 480,000	11
Grant	\$1,785,000	41
Gray	\$1,380,000	32
Greeley	\$ 270,000	6
Greenwood	\$1,185,000	27
Hamilton	\$ 990,000	23
Harper	\$1,380,000	32
Harvey	\$6,030,000	138
Haskell	\$1,252,500	29
Hodgeman	\$ 360,000	8
Jackson	\$2,160,000	49
Jefferson	\$2,452,500	56
Jewell	\$ 525,000	12
Johnson	\$59,475,000	1,363
Kearny	\$1,042,500	24
Kingman	\$1,035,000	24
Kiowa	\$ 577,500	13
Labette	\$4,710,000	108

COUNTY	NEW ANNUAL HEALTHCARE SPENDING	# OF NEW JOBS CREATED
Lane	\$ 300,000	7
Leavenworth	\$8,797,500	202
Lincoln	\$ 615,000	14
Linn	\$1,935,000	44
Logan	\$ 480,000	11
Lyon	\$10,455,00	240
Marion	\$1,860,000	43
Marshall	\$1,312,500	30
McPherson	\$3,652,500	84
Meade	\$ 997,500	23
Miami	\$3,502,500	80
Mitchell	\$ 885,000	20
Montgomery	\$7,897,500	181
Morris	\$ 982,500	23
Morton	\$ 682,500	16
Nemaha	\$1,297,500	30
Neosho	\$2,962,500	68
Ness	\$ 645,000	15
Norton	\$ 750,000	17
Osage	\$2,805,000	64
Osborne	\$ 705,000	16
Ottawa	\$ 907,500	21
Pawnee	\$ 900,000	21
Phillips	\$ 855,000	20
Pottawatomie	\$3,202,500	73
Pratt	\$1,680,000	38
Rawlins	\$ 532,500	12
Reno	\$12,082,500	277
Republic	\$ 780,000	18
Rice	\$1,897,500	43
Riley	\$18,915,000	433
Rooks	\$ 840,000	19
Rush	\$ 562,500	13
Russell	\$1,320,000	30
Saline	\$9,930,000	228
Scott	\$ 922,500	21
Sedgwick	\$119,287,500	2,733
Seward	\$8,482,500	194
Shawnee	\$26,835,000	615
Sheridan	\$ 555,000	13
Sherman	\$ 900,000	21
Smith	\$ 637,500	15
Stafford	\$ 937,500	21
Stanton	\$ 510,000	12
Stevens	\$1,635,000	37
Sumner	\$3,547,500	81
Thomas	\$1,417,500	32
Trego	\$ 450,000	10
Wabaunsee	\$ 817,500	19
Wallace	\$ 262,500	6
Washington	\$1,012,500	23
Wichita	\$ 517,500	12
Wilson	\$1,740,000	40
Woodson	\$ 735,000	17
Wyandotte	\$65,025,000	1,490

Pushing back against other **OPPOSING ARGUMENTS**

Abortion

They say: Expanding Medicaid will increase the number of abortions in the state.

We know: Expanding KanCare would not increase the number of pregnant individuals covered, but it does allow for more prenatal and postpartum care.

Underestimating costs

They say: Many states underestimate the number of people who will enroll in expanded coverage, leaving the state on the hook for higher-than-anticipated costs.

We know: One of the few benefits to being one of the last states in the U.S. to expand Medicaid means we have been able to watch and learn from previous states how to more accurately predict the costs associated with Medicaid. As more states have expanded, more research has come out to help us understand the number of people enrolling and the timing of them doing so.

More government spending

They say: Medicaid expansion would cause more government spending and higher taxes on hardworking Kansans.

We know: Though there may be disagreement about the appropriate size of government, the benefits to expanding KanCare are clear:

- **Expanding KanCare will create 23,000 new jobs and return hundreds of millions of tax dollars to our state – tax dollars that Kansans are already paying for.**
- **Expanding KanCare will strengthen rural communities and the rural healthcare system by providing additional revenue streams and contributing to local economies.**
- **Expanding KanCare will improve the health and financial stability for 150,000 Kansans, most of whom work or come from working families.**

Alliance for a Healthy Kansas COALITION MEMBERS

ADAPT - KANSAS
 AMERICAN CANCER SOCIETY CANCER ACTION NETWORK
 AMERICAN COLLEGE OF CARDIOLOGY
 AMERICAN FEDERATION OF TEACHERS - KANSAS
 AMERICAN HEART ASSOCIATION
 AMERICAN LUNG ASSN IN KANSAS & GREATER KANSAS CITY
 ASCENSION VIA CHRISTI
 ASSN OF COMMUNITY MENTAL HEALTH CENTERS OF KANSAS
 BETTER TOGETHER
 BIG TENT COALITION
 BREAKTHROUGH HOUSE
 CAIRN HEALTH
 CAPPER FOUNDATION
 CENTRAL PLAINS HEALTH CARE PARTNERSHIP, INC
 CHC IN COWLEY COUNTY
 CHILDREN'S ALLIANCE OF KANSAS
 COMMUNITIES CREATING OPPORTUNITY (CCO)
 COMMUNITY CARE NETWORK OF KANSAS
 COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS
 COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY
 CROSS-LINES COMMUNITY OUTREACH
 CULTIVATE KANSAS CITY
 DISABILITY RIGHTS CENTER OF KANSAS
 DOUGLAS COUNTY CHILD DEVELOPMENT ASSOCIATION
 DOUGLAS COUNTY COALITION ON AGING
 EAST CENTRAL KANSAS ECONOMIC OPPORTUNITY CORP
 EL CENTRO INC., KANSAS CITY
 FAITH VOICES FOR MEDICAID EXPANSION
 FIRST CARE CLINIC
 FLINT HILLS COMMUNITY HEALTH CENTER
 FREEDOM HEALTHY CHOICES COMM. DEVELOPMENT CORP
 FRIENDS OF YATES, INC.
 GRACEMED
 GRASS ROOTS ADVOCATES FOR INDEPENDENT LIVING
 HEALTH ALLIANCE OF SEDGWICK COUNTY
 HEALTH FORWARD FOUNDATION
 HEALTH PARTNERSHIP CLINIC
 HEALTHY COMMUNITIES WYANDOTTE
 HEARTLAND COMMUNITY HEALTH CENTER
 JERRY WHITE FAMILY CARE CLINIC
 JEWISH FAMILY SERVICES OF GREATER KANSAS CITY
 JOHNSON COUNTY MENTAL HEALTH CENTER
 KANCARE ADVOCATES NETWORK
 KANSAS AARP
 KANSAS ACADEMY OF FAMILY PHYSICIANS
 KANSAS ACTION FOR CHILDREN
 KANSAS ADVOCATES FOR BETTER CARE
 KANSAS AFL-CIO
 KANSAS APPLESEED
 KANSAS AREA AGENCIES ON AGING
 KANSAS ASSOCIATION OF ADDICTION PROFESSIONALS
 KANSAS ASSN OF CENTERS FOR INDEPENDENT LIVING
 KANSAS ASSN OF COMMUNITY ACTION PROGRAMS
 KANSAS ASSN OF LOCAL HEALTH DEPARTMENTS
 KANSAS BREASTFEEDING COALITION
 KS CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
 KANSAS CHAPTER, NATIONAL ASSN OF SOCIAL WORKERS
 KANSAS CITY KANSAS CHAMBER OF COMMERCE
 KANSAS CITY MEDICAL SOCIETY FOUNDATION
 KS COALITION AGAINST SEXUAL & DOMESTIC VIOLENCE
 KANSAS DENTAL HYGIENISTS ASSOCIATION
 KANSAS EMS ASSOCIATION
 KANSAS EQUALITY COALITION
 KANSAS FARMERS UNION
 KANSAS HEAD START ASSOCIATION
 KANSAS HEALTH CARE ASSOCIATION
 KANSAS HEALTH FOUNDATION
 KANSAS HOMECARE ASSOCIATION
 KANSAS HOSPITAL ASSOCIATION
 KANSAS INTERFAITH ACTION
 KANSAS MENTAL HEALTH COALITION
 KANSAS NATIONAL EDUCATION ASSOCIATION
 KANSAS NURSES ASSOCIATION
 KANSAS RURAL CENTER
 KEYS FOR NETWORKING, INC
 KIDSTLC
 KONZA PRAIRIE COMMUNITY HEALTH & DENTAL CENTER
 LABETTE ASSISTANCE CENTER
 LAWRENCE UNITARIAN FELLOWSHIP
 LEAGUE OF WOMEN VOTERS OF KANSAS
 LEUKEMIA & LYMPHOMA SOCIETY, KANSAS
 MAINSTREAM COALITION
 MARCH OF DIMES
 MENTAL HEALTH AMERICA OF THE HEARTLAND
 NATIONAL ALLIANCE ON MENTAL ILLNESS - NAMI KANSAS
 NATIONAL MULTIPLE SCLEROSIS SOCIETY
 NATIONAL ORGANIZATION FOR RARE DISORDERS
 NURTURE KC
 ORAL HEALTH KANSAS
 OVERLAND PARK CHAMBER OF COMMERCE
 PLANNED PARENTHOOD
 POETRY FOR PERSONAL POWER
 POSTPARTUM SUPPORT INTERNATIONAL - KS CHAPTER
 PROSTATE CANCER NETWORKING GROUP
 PUBLIC HEALTH ASSOCIATION
 REACH HEALTHCARE FOUNDATION
 ROSEDALE DEVELOPMENT ASSOCIATION
 SALINA FAMILY HEALTHCARE CENTER
 SELF-ADVOCATES COALITION OF KANSAS (SACK)
 SHAWNEE CO HEALTH AGENCY & COMM HEALTH CTR
 SILVER CITY HEALTH CENTER
 SOUTHWEST BOULEVARD FAMILY HEALTH CARE
 ST. PAUL'S UNITED METHODIST CHURCH LENEXA
 SUNFLOWER FOUNDATION
 SUSAN G KOMEN OF KANSAS AND WESTERN MISSOURI
 SWOPE HEALTH SERVICES
 TEAM SAINT MARK PRISON MINISTRY GROUP
 THE ARC OF DOUGLAS COUNTY
 THE FAMILY CONSERVANCY
 THE MIDLAND GROUP
 THE WHOLE PERSON
 THRIVE ALLEN COUNTY
 THRIVE HEALTH CONNECTION
 TOPEKA CENTER FOR PEACE & JUSTICE
 TOPEKA INDEPENDENT LIVING RESOURCE CENTER
 UNITED COMMUNITY SERVICES OF JOHNSON CO INC
 UNITED METHODIST HEALTH MINISTRIES FUND
 UNITED WAY OF GREATER KANSAS CITY
 UNITED WAY OF GREATER TOPEKA
 VIBRANT HEALTH
 WESTERN KANSAS COMMUNITY FOUNDATION
 WICHITA HUTCHINSON FEDERATION OF LABOR
 WICHITA MEDICAL RESEARCH & EDUCATION FOUNDATION
 WICHITA PEACE CNETER
 WOMEN FOR KANSAS
 WYANDOT BEHAVIORAL HEALTH NETWORK
 WYANDOTTE HEALTH FOUNDATION

2022 CALENDAR

January

S	M	T	W	T	F	S
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February

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13	14	15	16	17	18	19
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27	28					

March

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27	28	29	30	31		

April

S	M	T	W	T	F	S
					1	2
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17	18	19	20	21	22	23
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May

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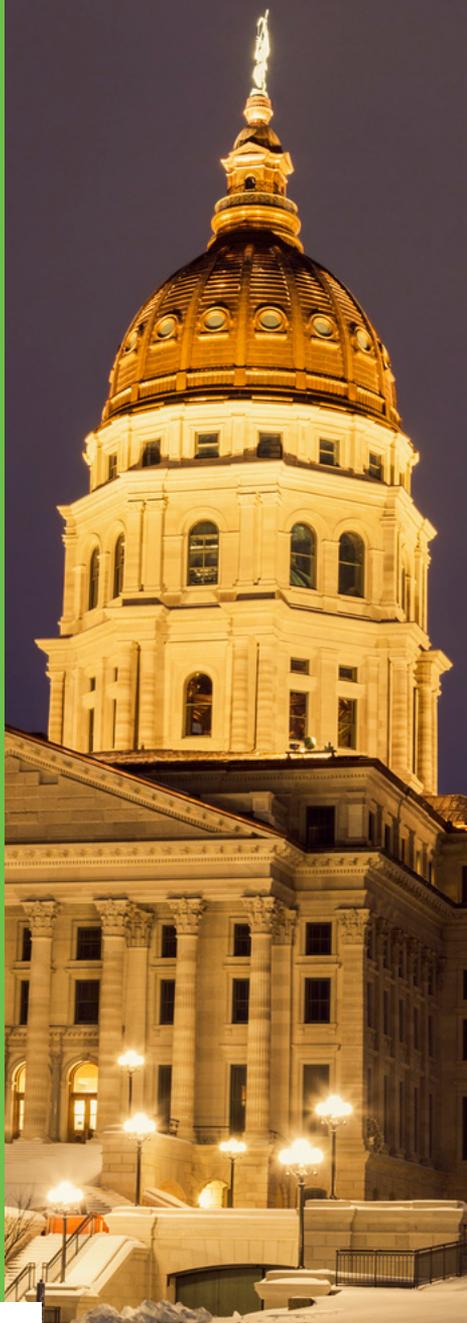
ABOUT US

The Alliance for a Healthy Kansas is a statewide coalition working throughout Kansas, encouraging people and organizations to promote policies that ensure everyone has the opportunity to attain their highest level of health. Our membership is wide-ranging and includes business leaders, doctors and hospitals, social service and safety-net organizations, faith communities, chambers of commerce, advocates for healthcare consumers, and many more. We believe by unifying our voices we won't be ignored.

The first policy goal of the Alliance is to expand KanCare to cover more Kansans. Expanding KanCare would bring hundreds of millions of tax dollars back home, insure 150,000 Kansans, cover unpaid healthcare costs that are hurting our hospitals, create thousands of jobs, and help stimulate our economy. Many common-sense conservative states have embraced expanding their Medicaid programs. If they can find state-based solutions, so can Kansas.

@ExpandKanCare





ALLIANCE FOR A
HEALTHY KANSAS

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