



ALLIANCE FOR A
HEALTHY KANSAS

KanCare Expansion: Just the Facts

KanCare expansion supports families by enhancing financial stability, supporting work, and reducing divorce.

- Medicaid expansion reduces debt by decreasing catastrophic health expenditures (defined as healthcare spending as a percentage of family income). Expansion is also linked to fewer referrals to collections agencies, fewer unpaid bills, and improved credit scores among those who gain coverage.
- Expansion is associated with a reduction in the number of short-term high interest (“payday”) loans taken out each month. It also lowers the number of individual borrowers each month and the amount of payday loan debt.
- Expansion reduces “medical divorce.” Before enacting expansion, most states had Medicaid eligibility rules that limited maximum asset levels. These rules still exist in Kansas. This is often a problem when one member of a couple is diagnosed with an illness that requires expensive care. In these cases, couples sometimes divorce and separate assets to ensure healthcare for the sick spouse and some remaining retirement assets for the other. Expansion decreases the prevalence of these divorces.
- Medicaid expansion is associated with increases in income for low-income individuals and it is also linked to decreased levels of overall income inequality.
- Medicaid expansion is linked to reduced economic burdens and decreased psychological distress, especially among low-income parents
- A national study found significant reductions in high school dropout rates in the first year of Medicaid expansion implementation. Non-expansion states – like Kansas – would likely see an 11.2% decrease in dropout rates if we adopted Medicaid expansion.
- Medicaid expansion supports work. Access to healthcare makes it easier for those enrolled in Medicaid to look for work and to maintain steady employment. Medicaid enrollees report that having Medicaid coverage makes them better at their jobs.
- KanCare expansion will encourage work and job advancement among low-income parents. For example, in Kansas, a single mother with two dependent children makes too much to qualify for KanCare if she earns more than \$8,345 per year – about \$4 per hour in a full-time job. If she gets a better job or a raise, she would fall into the coverage gap – her income would be too high to qualify for KanCare and too low to qualify for assistance to purchase private insurance. If Kansas were to expand KanCare, low-income parents could earn more without losing their health coverage.



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Expand KanCare: How You Can Help

Join the Alliance for a Healthy Kansas at expandkancare.com

To share stories about the coverage gap, email marissa@expandkancare.com, or submit your stories on our website at expandkancare.com/share-your-story.

Sign our petition to urge candidates to support KanCare expansion at expandkancare.com/get-involved.

To volunteer to collect petition signatures or to learn more about how you can be a KanCare expansion advocate, email taylor@expandkancare.com.

Use #ExpandKanCare and #ksleg to promote KanCare expansion on social media.

On Facebook: www.facebook.com/ExpandKanCare/

On Twitter: @ExpandKanCare

On TikTok: @AllianceforaHealthyKS

Reach out to the faith leaders, business leaders, and leaders of community organizations that you know and ask them to join the Alliance for a Healthy Kansas. More info at expandkancare.com/who-we-are.