



SISTERS OF CHARITY OF LEAVENWORTH

OFFICE OF JUSTICE, PEACE, AND INTEGRITY OF CREATION



January 23rd, 2020

To: Senate Committee on Public Health and Welfare

From: John Shively, Coordinator of the Office of Justice, Peace, and Integrity of Creation,
Sisters of Charity of Leavenworth

RE: Support of SB 252 Expanding medical assistance eligibility and implementing a health insurance plan reinsurance program.

Chairman Sullentrop and Members of the Committee,

I write to you today in support of SB 252 which would expand Medicaid eligibility to approximately 150,000 Kansans. The history of the Sisters of Charity of Leavenworth dates to a religious order of women committed to caring for the most poor and vulnerable in 17th century France. In 1864, our Community opened the first civilian hospital in the then territory of Kansas, Saint John's in Leavenworth. Sister Joanna Bruner, who ran that hospital, once said "The love of my life was the sick." Though we have stepped back from our ministry of operating hospitals in Kansas and across the country, we hope that our Community's nearly 150 years in healthcare can shine an important light on the need for low income Kansans to have access to preventative and chronic care.

The Moral thing to do: The Catholic faith tradition teaches that every person has a basic right to healthcare.^{1 2} It "rejects an unjust system where substantial numbers of residents are denied access to basic healthcare."³ We believe that Kansas' current healthcare coverage is unjustly inadequate. Due to the complexity and breadth required to resolve that injustice, we

¹ The Right to Health Care and Distributive Justice" in *Transition and Tradition in Moral Theology* (Notre Dame, Ind.: Univ. of Notre Dame Press, 1979).

² United States Conference of Catholic Bishop, *Economic Justice for All*. (Washington. 1986.)

³ John W. Glaser "Health Care" in *The New Dictionary of Catholic Social Thought* (ed. Judith A. Dwyer, The Liturgical Press, 1994)

further believe that the State is in the best position to remedy this situation. We believe that expanding KanCare eligibility to Kansans who cannot afford or are not provided health insurance otherwise is presently the best solution.

Economic Justice: Several studies have demonstrated that rural hospitals in states that have not expanded Medicaid are more likely to close.⁴ As most advocates know, expansion is not a silver bullet to prevent rural hospital closures, but it does significantly reduce uncompensated care. If expansion does not keep rural hospitals afloat, at the very least it buys hospitals more time while community stakeholders decide what to do when hospital closure threatens or becomes likely. Hospitals provide many valuable jobs in Kansas communities, and their closures deny families the ability to make ends meet. In fact, evidence seems to suggest that expanding Medicaid eligibility does not simply prevent economic decline, but in fact, it leads to economic growth. In Montana, expansion introduced approximately \$350 to \$400 million a year into the State economy.⁵

Healthy Kansans: Access to preventive care and the ability to manage chronic health conditions will make people healthier and reduce the number of critical care events that require emergency department admissions, which are more expensive forms of healthcare delivery.⁶ Expansion also seems to point to a greater rate of smoking cessation, reduced infant mortality, increases in treatment for opioid addiction, and other positive effects on health outcomes.⁷

In Conclusion: We support SB 252 because we believe that evidence from other states makes it overwhelmingly clear that expansion is the most moral, cost-effective, and health outcome effective policy solution at hand to address the immediate barrier to access to health care – cost. We thank you for all the hard work that you do. We recognize that legislating is not an easy task. **Please know that the Sisters in our Community will continue praying for all of you who must make this very important decision.**

⁴Adam Searing, “More Rural Hospitals Closing in States Refusing Medicaid Expansion Coverage” 2018. <https://ccf.georgetown.edu/2018/10/29/more-rural-hospitals-closing-in-states-refusing-medicaid-coverage-expansion/>.

⁵The Economic Impact of Medicaid Expansion in Montana, Bureau of Business and Economic Research University of Montana. 2018.

⁶ <https://healthpayerintelligence.com/news/state-medicaid-expansion-should-reduce-emergency-room-visits>

⁷ <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-august-2019/>