

Testimony on “Healthy Kansas First Five”

Presented to the Senate Financial Institutions and Insurance Committee

January 17, 2007

Madam Chairperson and Members of the Committee:

I would like to thank you for giving me the opportunity to address you today. My name is Corrie Edwards. I am the Executive Director of and a registered lobbyist for the Kansas Health Consumer Coalition (KHCC) based in Topeka. This Coalition works to advocate for affordable, accessible and quality health care in Kansas. I am here today to support the 0-5 Initiative, Healthy Kansas First Five.

Our coalition supports this initiative for the following reasons:

- it is a cost-effective way of providing health insurance to a relatively healthy population in need of it;
- using public programs, most of the cost of expanded health insurance for children would be paid for using federal dollars;
- having children without health insurance creates a severe financial and emotional burden on working families in Kansas.

As we understand this initiative, of the nearly 11 percent of Kansans who are uninsured, approximately 15,000 are children ages 5 and younger. This initiative addresses the health insurance needs of low income, working families by expanding the upper limit of eligibility for the state’s health insurance program covering children who are Kansas residents, birth to five, in low-to-modest-income households. As it stands now, eligible families can make up to 200 percent of the federal poverty level, which amounts to about \$32,000 a year for a family of three. In this initiative, the poverty level would increase to 235 percent. Families with children above 235 percent poverty, who do not have access to employer based insurance, and who have been without insurance for six months would be allowed to buy into the HealthWave package through a premium based household income. Families above 300 percent of poverty would pay the full actuarial cost to enroll their children in HealthWave.

All too often, working Kansas families cannot afford health insurance. Parents work for small businesses where either no job-based health insurance is offered or if it is offered, they cannot afford to purchase it. The number of employers offering insurance has declined and health insurance premiums have increased leading families to reject job-based insurance even when they have access to it. For many families, the purchase of health coverage would guarantee the inability to afford other basic life necessities such as groceries and utilities payments. More commonly, families who are uninsured defer medical attention due to the cost of services. This often leads to more costly care down the line. Families also are less likely to seek preventive care and then are more likely to develop serious illnesses, end up in emergency rooms or receive inpatient hospital care

utilizing very expensive services. Families struggle to pay for services and therefore access to care and treatment are compromised based on insurance status. In the end, difficulty in paying for care can cause families to not seek care at all. Ultimately, an uninsured medical expense from an illness or injury can put even the most financially responsible family on a path to greater hardship.

The implementation of this initiative offers Kansas the opportunity to strengthen and build on the success of health coverage programs for children. A lack of health insurance results in inadequate health care. This initiative offers a chance to expand children's health coverage and improve the health care they receive. I urge this committee to support Healthy Kansas First Five.

Thank you for considering this testimony. I will now stand for questions.

Respectfully submitted,

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