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Medicaid Expansion Testimony (*proponent, with provisions*)

Kansas Senate, Public Health and Welfare Committee

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Chairperson Suellentrop and members of the committee:

Thank you for the opportunity to offer testimony on this profoundly important issue.

The Catholic desire is authentic affordable healthcare for all people, regardless of socioeconomic status. Jesus the Great Physician is our inspiration. He longs to take people from where they are and bring them to where they need to be. He encounters afflictions of body, mind or spirit. Moved with compassion, *He heals the whole person.*

OVERVIEW

Today in Kansas, hospital emergency rooms are all-too-often the primary access point of care for the unemployed and working poor. Hospitals are legally compelled to serve anyone who enters their doors. This paradigm contributes to inefficient care delivery. Hospitals provide uncompensated care worth millions of dollars, resulting in higher costs for all patients.

Even for those with health insurance—including government-sponsored plans—skyrocketing deductibles can lead to crushing debt.

The complex solution now under legislative consideration in Kansas—government funded Medicaid Expansion—is itself in need of healing and prompts a number of grave reservations.

Tragically, the recent Kansas Supreme Court decision in *Hodes & Nauser v. Schmidt* created significant obstacles to authentic healthcare—obstacles the Kansas Catholic Conference seeks to remove so Medicaid Expansion can move forward.

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Few people are aware or understand that in *Hodes*, the Kansas Court cited as their justification five state cases that specifically site support for **Medicaid-funded abortions and publicly funded abortions**.

- ***Comm. to Defend Reprod. Rights v. Myers*, 625 P.2d 779 (Cal. 1981)** (holding that the state, having enacted a general program to provide medical services (the **Medi-Cal program**) to the poor, may not “selectively withhold such benefits from otherwise qualified persons solely because such persons seek to exercise their constitutional right of procreative choice in a manner which the state does not favor and does not wish to support.”)
- ***Women's Health Center v. Panepinto*, 191 W. Va. 436 (W. Va. 1993)** (held that statute which banned the use of **state Medicaid funds for abortions** constitutes a discriminatory funding scheme which violates an indigent woman's constitutional rights).
- ***Moe v. Sec'y of Admin. & Fin.*, 417 N.E.2d 387 (Mass. 1981)** (held restrictions on public funding of abortions under **state Medicaid program** unconstitutional).
- ***Women of the State v. Gomez*, 542 N.W.2d 17 (Minn. 1995)** (using strict scrutiny, held “statutes that permit the use of public funds for childbirth-related medical services but prohibit similar use of funds for medical services related to therapeutic abortions impermissibly infringe on a woman’s fundamental right of privacy”).
- ***Valley Hosp. Ass’n v. Mat-Su Coal. for Choice*, 948 P.2d 963 (Alaska 1997)** (under state constitutional right to abortion, nonprofit hospital which accepted public funds was “quasi-public” institution and therefore could not refuse to permit its facilities to be used for elective abortions).

These cases clearly indicate that the Kansas Supreme Court will require Medicaid-funded abortion under Expansion unless adequately restricted by statute and a constitutional amendment.

Abortion is currently a Medicaid-covered expense in sixteen states. While it is quite true the *federal* government does not cover abortions (the “Hyde Amendment,” exceptions for cases of rape, incest or life of the mother), the state can, and in many instances does cover abortion through Medicaid. **State taxpayers there—and elsewhere—foot the entire bill for Medicaid abortions.**

One of these states is Connecticut. Under “Husky” (Connecticut Medicaid), 75% of ALL abortions in 2018 were paid for with state tax dollars. This amounted to more than \$4 million dollars of state tax dollars to abortion providers! <https://www.bridgeportdiocese.org/state-of-abortion-in-connecticut-report/>

The far-reaching language of *Hodes* emphasizing “bodily autonomy” creates another obstacle to authentic healthcare. The Court appears to be creating a legal loophole allowing and even compelling healthcare professionals to offer a host of other questionable practices and procedures through Medicaid. These practices include, but are not limited to, publicly funded physician-assisted suicide, experimental (and irreversible) gender transition procedures, dispensing of medical marijuana and opioids, gene-editing and other genetic manipulation on children in-utero, and more.

For abortion and other fertility-damaging procedures, as well as the aforementioned practices, we are seeking reasonable conscience protection provisions in any Medicaid Expansion bill.

Our concerns extend beyond the nexus of Medicaid Expansion and the *Hodes & Nauser v. Schmidt* decision.

Medicaid Expansion will not significantly improve healthcare for 4500+ Kansans living with intellectual or physical disabilities, many on a multi-year waiting list. Due to low reimbursements rates, this highly vulnerable population already struggles to find doctors and other healthcare providers. We are concerned that their situation may well deteriorate under Medicaid Expansion.

LEGISLATIVE RECOMMENDATIONS

Clearly, the challenge before us is momentous. Absent any clear alternatives, our support for Medicaid Expansion is contingent upon adoption of the following provisions:

- **Medicaid Expansion in Kansas shall exclude abortion beyond current provisions (Hyde Amendment) as a reimbursable service.**
- **The “no Medicaid abortion” provision is virtually meaningless without the “Value Them Both” amendment excluding abortion as a constitutional right. We ask that legislators provide Kansans the opportunity to vote on the “Value Them Both” amendment next August.**
- **Medicaid Expansion shall include religious and professional conscience protections for healthcare institutions and individuals.**

The Catholic Bishops of Kansas commend those in the Legislature seeking effective, scientific and ethically sound solutions to those seeking healthcare.

Thank you again for the opportunity to voice our comments.



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