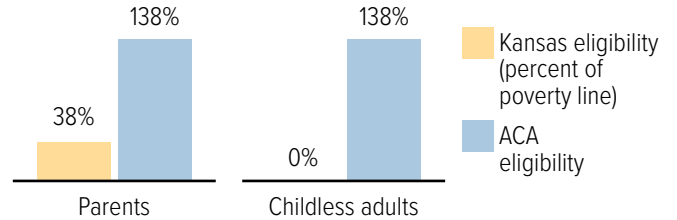


The Medicaid Coverage Gap in Kansas



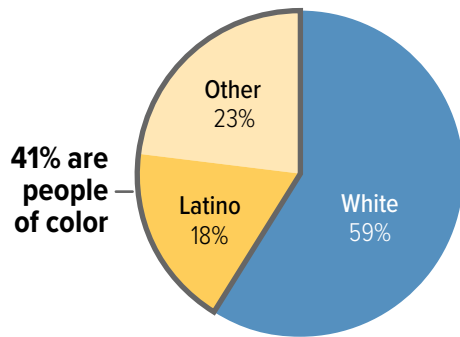
Nationwide, over 2.2 million poor, uninsured adults are in the Medicaid coverage gap – too poor to qualify for Affordable Care Act (ACA) marketplace assistance, yet ineligible for Medicaid because their state hasn't enacted ACA Medicaid expansion. In Kansas, some 44,000 uninsured adults in the coverage gap would become eligible if the state expanded Medicaid.

Expansion would provide coverage to Kansans who are now shut out of coverage. To qualify for Medicaid in Kansas, parents must earn less than 38% of the federal poverty line (or less than \$8,344 for a family of three annually). Adults without dependent children are not eligible for Medicaid at all.

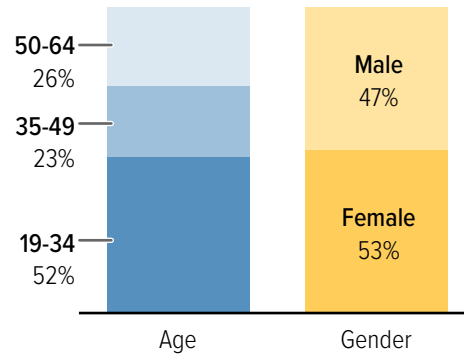


Who Is in the Coverage Gap in Kansas?

Race and Ethnicity



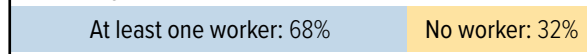
Age and Gender



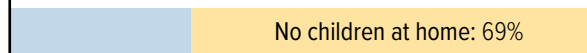
Work and Family

68% are in families with at least one worker, and 31% are parents with children at home. 39% are women of reproductive age.

In a Family With at Least One Worker



Parents With Children at Home



Women of Reproductive Age



Industry

Many work in jobs that are crucial to the state's economy but often pay little. The most common industries for people in the coverage gap in Kansas are restaurants and other food services and construction.



How Would Closing the Coverage Gap Help Kansans?



Improving access to care and health outcomes

- Expanding coverage increases the use of preventive care and reduces the utilization of emergency care.
- The state's decision not to expand Medicaid cost the lives of **288** Kansans aged 55-64 from 2014 to 2017 alone.



Reducing racial and ethnic disparities

- People of color make up 60% of the coverage gap population nationwide, and **41%** in Kansas.
- Closing the coverage gap is one of the most effective ways to reduce disparities in coverage and health outcomes.



Covering more children

- As newly eligible parents seek coverage, many will also enroll their children.
- Over 250,000 children, including **11,000** in Kansas, would have gained coverage if all remaining non-expansion states had expanded Medicaid in 2020.



Improving financial security

- People with coverage are less likely to face catastrophic medical costs, leave bills unpaid, or borrow money to pay for medical care.



Reducing uncompensated care costs and creating state savings

- Research shows that state costs of expanding coverage are largely or fully offset by savings in uncompensated care and other areas.
- The American Rescue Plan offers an additional **\$468** million to Kansas if it expands Medicaid, enough to cover the cost for **3.8** years.

Sources: CBPP analysis of 2019 American Community Survey, see “Closing Medicaid Coverage Gap Would Help Diverse Group and Narrow Racial Disparities” [\[link\]](#); “Medicaid and CHIP Eligibility and Enrollment Policies as of January 2021: Findings from a 50-State Survey” [\[link\]](#); CBPP calculations based on supplemental estimates from “Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data” [\[link\]](#); “Medicaid Expansion Would Have a Larger Impact Than Ever during the COVID-19 Pandemic” [\[link\]](#); “Assessing the Fiscal Impact of Medicaid Expansion Following the Enactment of the American Rescue Plan Act of 2021” [\[link\]](#)