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Kansas Action for Children
Public Testimony on the KDHE Budget
House Committee on Social Services Budget

Chairman Mason and members of the committee,

Thank you for the opportunity to provide testimony on several key items in the budget for the Kansas Department of Health and Environment. Kansas Action for Children is a nonprofit advocacy organization working to make Kansas a place where every child has the opportunity to grow up healthy and thrive. We work across the political spectrum to improve the lives of Kansas children through bipartisan advocacy, partnership, and information-sharing on key issues, including early learning and education, health, and economic security for families.

Priority 1: Support Local Health Departments

Local health departments are a critical part of the care for children across Kansas—including timely immunizations, well-child visits, home visiting, WIC services, and child care licensing. As we lose medical providers across the state – especially in rural areas – local health departments are even more crucial. We ask for your continued attention to funding the demand for their increased services and need for capacity.

We thank you for the increases in the formula and the budget allocation for local health departments the past couple of years. To finish catching the formula up to account for inflation and population increases since 1992, **we support the Kansas Association of Local Health Departments' request to add \$1.4 million to their budget this year.**

We also support **the budget proviso request** from the Kansas Association of Local Health Departments to **set the minimum payment to a local health department at \$12,000, rather than the \$7,000 currently in statute.** This has been a proviso added during the past three legislative sessions, and while work continues to revise the underlying statute, this would continue to adjust the minimum value for inflation since 1992.

Priority 2: Newborn Screening Cap Increase

The Newborn Screening Program currently screens more than 35,000 Kansas newborns each year for 34 different genetic or metabolic conditions, hearing loss, and critical heart defects.



(Currently Kansas screens for 34 out of 37 of conditions on the national Recommended Uniform Screening Panel.) These conditions are undetectable at birth without screening. Early diagnosis and treatment give these newborns the best chance at healthy development. Undetected and untreated, many of these conditions can lead to lifelong medical treatments and high costs, as well as serious complications, including brain damage and death.

The Newborn Screening Program is funded through the Medical Assistance Fee Fund and is subject to a capitation limit. With the addition of new tests and opportunities to treat the identified issues, the current \$2.5 million capitation limit is no longer adequate to respond to current requirements. **We ask that the cap be increased to \$5 million.** A permanent increase in this cap through separate legislation would be the best option, but should a bill not move forward this year, **we ask you to prioritize including that proviso in the budget again, as has been done since 2020.**

Priority 3: CHIP Eligibility Fix

In 2021, we learned of an error in Kansas statute dating back to 2008 regarding the eligibility threshold for the Children's Health Insurance Program (CHIP). When the statute was last updated in 2008, CHIP eligibility was tied to the 2008 federal poverty income guidelines. After reviewing the legislative record, it appears this year-specific language was an unintended error. As a result, CHIP eligibility (250% of the federal poverty level [FPL] in 2008) had to be converted each year to 2008 federal poverty income levels. By 2021, the conversion had declined to 225%. As a result, hundreds of Kansas children have become ineligible for CHIP, even if their family's income didn't change. Fixing this unintended error would likely reduce the number of Kansas children who remain uninsured, which was an estimated 38,000 in 2021¹.

A permanent solution to fix this issue has been pursued via a bill in the 2022 and 2023 sessions. In 2022, a budget proviso was added to temporarily ignore the 2008-year-specific language in statute. We hope a permanent solution is found through legislation, but should separate legislation not move forward this year, **we ask you to prioritize including that proviso in the budget.**

Priority 4: Expand KanCare

We also support the inclusion in the Governor's Budget Recommendation to **fund Medicaid expansion, which would be \$21 million from the State General Fund (SGF).** Due to multiple

¹ KIDS COUNT. (2022). *Uninsured Children in Kansas*. <https://datacenter.kidscount.org/data/tables/1262-uninsured-children?loc=18&loct=2#detailed/2/any/false/2048,1729,871,870,573,869,36,868,867,133/any/11018>



federal incentives to expand KanCare, **Kansas will save an estimated \$71.5 million in SGF dollars in FY 2024 by expanding the state's Medicaid program.**

Most low-income Kansas kids are already eligible for KanCare's Medicaid and CHIP programs. Their health depends on regular access to quality care, including wellness visits, screenings, immunizations, mental health resources, and dental checkups. A lack of health care, especially in childhood, leads to lifelong chronic conditions, shorter life expectancy, increased lifetime medical costs, and sicker families. Insured kids are more likely to enter school ready to learn, graduate high school, and become healthy, productive adults.

Expanding KanCare is critical to helping more children access health coverage, thereby reducing the number of uninsured kids in Kansas. Studies show that when parents sign up for insurance programs, it is more likely they will also enroll their kids. And kids' health reflects the health and well-being of their parents. **When parents are insured, kids are more likely to receive regular checkups and preventive care.**

Yet with few exceptions, parents and caretakers don't currently qualify for KanCare. Right now, if a family of three makes more than \$730 per month (\$8,760/year in 2022), the adult(s) cannot qualify for KanCare in Kansas. **And some of these adults may fall into the coverage gap – making too much to qualify for KanCare, yet not enough to access a plan on the federal health insurance marketplace (more than \$23,030/year for a family of three) and qualify for subsidies.** Expanding KanCare offers an insurance solution to these adults.

Finally, to reduce maternal and infant mortality, low birth weights, pre-term births, and post-birth complications, as well as to address racial disparities in maternal and infant health, we must ensure moms-to-be have continued access to affordable health care coverage before, during, and after pregnancy.

Pregnant moms without health insurance (and whose family income is less than 171% FPL, or about \$39,381/year for a family of three in 2022) currently can be covered by KanCare during pregnancy and for 12 months after birth. However, short-term coverage is not enough. **Moms must have health insurance to access health care long before their pregnancy begins.**

Expanding KanCare would improve coverage for most of these women as they create and nurture their families.

The health of moms and babies supports the health of our entire state. A state full of healthy families will ensure all Kansas communities thrive for years to come.



Thank you for the opportunity to share these priorities with you today. Feel free to reach me if you have any questions at heather@kac.org.