



To: Chairman Richard Hilderbrand, and members of the Senate Committee on Public Health and Welfare  
From: David Jordan, President and CEO, United Methodist Health Ministry Fund  
Date: February 17, 2022  
RE: SB 407

**Chairman Hilderbrand and Members of the Senate Committee on Public Health and Welfare:**

Thank you for the opportunity to provide public comment in support of SB 407, which is a common-sense technical fix that addresses a mistake in statute dating back to 2008. The bill corrects the issue so Kansas is back in alignment with federal regulations for the Children’s Health Insurance Program (CHIP).

The United Methodist Health Ministry Fund (Health Fund) is a 35-year-old, \$70-million health philanthropy located in Hutchinson. Our mission is to improve the health of Kansans. We focus on three strategic areas—access to care, early childhood development, and Healthy Congregations, a program aimed at addressing community health by engaging churches throughout Kansas.

We support and invest in access to care initiatives because health care plays a critical role in supporting Kansans’ health and strong communities. Ensuring children have access to health care is vital for their health and future success. Currently, Kansas has tied its CHIP eligibility to the 2008 federal poverty level (FPL)—as the dollar value of the federal poverty level increases, Kansas children are being left behind who should qualify for CHIP.

Kansas is the only state that ties its CHIP eligibility to a specific year for FPL. Other programs referenced in Kansas statute do not tie the FPL to a specific year. This statute is the exception—and it needs fixed.

According to the Kansas Health Institute’s 2019 population estimates, there were an estimated 47,063 Kansas children under age 19 with family incomes that fell in Kansas’s CHIP eligibility gap. The estimate is based on the U.S. Census Bureau 2019 American Community Survey (ACS) Public Use Microdata Sample (PUMS) file.

Each year the gap will grow larger, leaving more children vulnerable who should qualify for CHIP.

CHIP provides essential health coverage for low-income children. According to the [Kaiser Family Foundation](#), evidence shows that “following enrollment in Medicaid or CHIP, children are more likely to have a usual source of care, visits to physicians and dentists, and use of preventive care, and less likely to have unmet needs for physician services, prescription drugs, and dental, specialty, and hospital care. In nine of ten studies cited in the Congressionally-mandated evaluation of CHIP, rates of unmet need were reduced by 50% or more.” CHIP also plays an important role in providing health care coverage for children of color, whose families are more likely to be uninsured than white families.

Health is also key for school readiness and success. According to the [Head Start Early Childhood Learning & Knowledge Center](#), “children who access ongoing health care have better attendance and are more engaged in learning. Consistent attendance helps children prepare for school.”

SB 407 is a common-sense fix to Kansas CHIP eligibility that will ensure more Kansas children have access to care.

Thank you again for the opportunity to testify in support of SB 407. Please let me know if you have any questions or if I can be of assistance.

