



February 3, 2022

Adrienne Olejnik, Vice President  
Kansas Action for Children  
Public testimony on the KDHE Budget  
Senate Ways and Means Subcommittee on Human Services

Chairwoman McGinn 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: Extending Postpartum Coverage**

The Governor’s Budget includes \$4.2 million in State General Fund (SGF) dollars to extend postpartum coverage for pregnant moms eligible for the pregnancy option in KanCare. Pregnant moms can qualify for KanCare coverage when they are under 171% of the federal poverty line (FPL). Research shows how important a full 12 months of postpartum care is to the wellbeing of not only moms, but their infants as well.

Under current policy, after 60 days postpartum, women with household income levels below 38% FPL (\$8,352 annual income for a family of three) lose their KanCare pregnant women coverage. In March 2020, Congress passed the American Rescue Plan Act, which opened an opportunity for states to extend postpartum coverage to a full 12 months after giving birth. The change can take place through a state plan amendment rather than the more cumbersome 1115 waiver process. I ask you to keep the amount allocated in the Governor’s Budget that would fund this extension for Kansas. Only \$4.2 million would be SGF dollars. In 2020, nearly 11,000 moms would have benefited from this extended coverage—and we ask that you support this priority so moms in 2022 and beyond have access to care during such a critical time.

**Priority 2: Newborn Screening Cap Increase**

The Newborn Screening Program currently screens more than 38,000 Kansas newborns each year for 34 different genetic or metabolic conditions, hearing loss, and critical heart defects



(currently Kansas screens for 34 out of 35 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, this \$2.5 million cap is no longer responsive to current requirements. We ask that the cap be increased to \$5 million. A permanent increase in this cap would be the best option (and through a bill), but should that not happen this year, we ask you prioritize including that proviso in the budget again.

### **Priority 3: Fully Fund the Children’s Health Insurance Program (CHIP)**

In FFY 2016, the federal CHIP matching rate was increased by 23 percentage points to between 88 and 100 percent of CHIP costs to help states maintain recent improvements in children’s coverage while guaranteeing eligibility under the Maintenance of Effort requirement. To give states time to plan for a resumption of regular CHIP matching rates, the enhanced Federal Medical Assistance Percentage (FMAP) was continued through FFY 2019, reduced in half to 11.5 percentage points in FFY 2020, and phased out completely in FFY 2021.

We saw this FMAP decrease catch up to the state in the FY 2022 budget in which the state had to shift some of the cost of CHIP to state general fund dollars. Previously the state’s portion was funded through the Medical Assistance Fee Fund, but that funding source is no longer sustainable to meet the obligation. We ask that you continue to prioritize the full funding of CHIP so that kids in Kansas have a reliable health insurance program.

### **Priority 4: Adult Dental KanCare Coverage**

Healthy families not only include children’s priorities—but also those of parents. Dental care should not be considered an added-on benefit, but rather one of the key aspects of a person’s health care coverage. We ask that you fund the extension of dental benefits to adults in KanCare. Currently, adults are only eligible for emergency extraction services. These benefits would be a cost-effective way to prevent more expensive emergency treatment and provide a better outcome for a number of Kansans who are hindered by inadequate or no dental care.

### **Priority 5: Support Local Health Departments**

We thank you for the increases in the formula and the budget allocation for local health departments last year, and we ask that you add \$1.6 million to their budget this year to catch



them up to a more current level. Local health departments are a critical part of the care for children across Kansas—including timely immunizations, well-child visits, 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.

Thank you for the opportunity to share information with you today. Feel free to reach me if you have any questions at [adrienne@kac.org](mailto:adrienne@kac.org).