



March 5, 2025

Heather Braum, Senior Policy Advisor  
Kansas Action for Children  
Written-only Testimony on the KDHE budget  
Senate Committee on Ways and Means

Chairman Billinger and members of the Committee:

Thank you for the opportunity to provide testimony on several key items in the health budget for the Kansas Department of Health and Environment (KDHE). Much of the KDHE budget impacts children's and families' health and well-being, including local health departments, newborn screening, and prenatal and postpartum services. **Investing in children and their families, especially in a child's earliest years, is critical to their long-term well-being; numerous KDHE-funded programs play an important role.**

Our three priorities for KDHE's FY 2026 budget include:

1. Maintaining access to the Children's Health Insurance Program (CHIP) *[included in HB 2007]*
2. Investing in the infrastructure for children's health support programs *[included in HB 2007]*
3. Increasing children's health provider access through reimbursement rate increases *[Partially included in HB 2007]*

### **Priority 1: Maintaining CHIP Access (CHIP Eligibility Fix Budget Proviso)**

For several years, the budget has included an annual proviso regarding the CHIP eligibility threshold, untying it from the 2008 federal poverty level (FPL) stipulated in state law. HB 2007 includes this proviso language.

While we continue to pursue a permanent fix to this issue through legislation, it is critical this budget proviso remain in place each year. **As this request continues current policy, there should be no added cost to the budget.**

When kids have health coverage, they can go to the doctor and dentist, receive routine immunizations, receive medication, get treatments and therapies when needed, and access hospital care. A lack of health care, especially in childhood, leads to life-long chronic conditions, shorter life expectancy, increased lifetime medical costs, and sicker families. Healthy kids are more likely to enter school ready to learn, graduate high school, and become healthy, productive adults. **CHIP coverage is an important piece of that puzzle.**

For the past several years, KAC has worked through the legislative process alongside some of this Committee's members to pursue a permanent fix to an ongoing issue with CHIP eligibility in current law,

which stipulates that CHIP eligibility is to be up to 250% of the 2008 federal poverty level (FPL).<sup>1</sup> No other state has their CHIP eligibility tied to a specific year. Since 2022, lawmakers have introduced several bills on our behalf.<sup>2</sup>

Please refer to our 2023 written testimony to the House Committee on Health and Human Services,<sup>3</sup> Senate Committee on Public Health and Welfare,<sup>4</sup> and this Committee<sup>5</sup> for more details on why this issue must be permanently addressed.

We appreciate the Legislature's action to temporarily rectify this issue for Kansas kids each year so that Kansas families don't fall through the cracks, which will happen if this proviso is removed from the budget.

## **Priority 2: Infrastructure for Children's Health Support Programs (Newborn Screening Cap; Local Health Department Funding Formula)**

Kids' health across the state is impacted through public health services at both the local and state levels that provide important infrastructure to serve kids in a timely manner.

**The Newborn Screening Program currently screens every Kansas newborn for a multitude of genetic or metabolic conditions, hearing loss, and critical heart defects.** These conditions are undetectable at birth without screening. Early diagnosis and treatment give these newborns the best chance at healthy development. If left undetected and untreated, many of these conditions can lead to lifelong medical treatments and high costs, as well as serious complications like brain damage and death. As new conditions are identified, the list of recommended screenings continues to grow.

For several years now, the newborn screening program has run up against a statutory budget cap due to increased costs and additional available tests the program has added. An annual budget proviso (which is in HB 2007) has increased the \$2.5 million statutory cap to \$5 million. **We ask that this Committee leave the proviso in the budget as is until a permanent fix can be pursued through a bill.**

**Local health departments are vital locations that influence the health of kids and families across the state.** Whether it's the Vaccines for Children Program, WIC, health screenings, nutrition education, disease prevention, breastfeeding support, or a number of other services, local health departments are

---

<sup>1</sup> KSA 38-2001(b)(7).

<sup>2</sup> 2022 HB 2573; 2022 SB 407; 2023 SB 45.

<sup>3</sup> Kansas Action for Children. (February 9, 2023). *Testimony on HB 2050 to the House Health Committee on Health and Human Services.* [https://www.kslegislature.gov/li/b2023\\_24/committees/ctte\\_h\\_hhs\\_1/documents/testimony/20230209\\_01.pdf](https://www.kslegislature.gov/li/b2023_24/committees/ctte_h_hhs_1/documents/testimony/20230209_01.pdf)

<sup>4</sup> Kansas Action for Children. (February 13, 2023). *Testimony on SB 45 to the Senate Public Health and Welfare Committee.* [https://www.kslegislature.gov/li/b2023\\_24/committees/ctte\\_s\\_phw\\_1/documents/testimony/20230213\\_01.pdf](https://www.kslegislature.gov/li/b2023_24/committees/ctte_s_phw_1/documents/testimony/20230213_01.pdf)

<sup>5</sup> Kansas Action for Children. (October 11, 2023). *Public Comment to the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight.* [https://www.kslegislature.gov/li/b2023\\_24/committees/ctte\\_jt\\_robert\\_g\\_bob\\_bethell\\_joint\\_committee\\_1/documents/testimony/20231011\\_07.pdf](https://www.kslegislature.gov/li/b2023_24/committees/ctte_jt_robert_g_bob_bethell_joint_committee_1/documents/testimony/20231011_07.pdf)

Kansas Action for Children. (August 26, 2023). *Public Comment to the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight.* [https://kslegislature.gov/li/b2023\\_24/committees/ctte\\_jt\\_robert\\_g\\_bob\\_bethell\\_joint\\_committee\\_1/documents/testimony/20240826\\_03.pdf](https://kslegislature.gov/li/b2023_24/committees/ctte_jt_robert_g_bob_bethell_joint_committee_1/documents/testimony/20240826_03.pdf)

critical to maintaining children’s health across our state. **That is why we support the priority of the Kansas Association of Local Health Departments to permanently codify the increase of the base amount of funding to each local health department from \$7,000 to \$12,000** and sustain funding for each health department at the FY 2025 amount. This base amount increase was adjusted across multiple years through a budget proviso. Like the CHIP eligibility fix proviso, this language also needs to be permanently codified into KSA 65-242. But until that happens, a proviso must continue to be included in the budget bill (and it is in HB 2007).

### Priority 3: Increasing Children’s Health Provider Access (Provider Reimbursement Rate Increases)

Reimbursement rates play a critical role in increasing access to health care for both adults and children enrolled in Medicaid or CHIP. That is why we support the requests by Oral Health Kansas to **increase woefully low dental provider rates** and the Kansas Chapter of the American Academy of Pediatrics (KS-AAP) to **increase reimbursement rates for child sick visits** (Medicare parity).

While HB 2007 partially increased both of these rates from the original asks by each group, we ask this Committee increase both rates to the original, fully requested amounts.

Advocate Request			Currently in HB 2007 (Budget Bill)	
Dental Provider Rate Increase	\$16.9 Million SGF	\$44.3 Million All Funds	\$4.0 Million SGF	\$10.0 Million All Funds
Pediatric Provider Rate Increase	\$1.66 Million SGF	\$4.16 Million All Funds	\$1.0 Million SGF	\$2.7 Million All Funds

Dental care and sick visits are important components to children’s health maintenance and disease prevention. Increasing reimbursement rates will likely result in more providers taking Medicaid patients and expanding access for kids’ health maintenance and critical preventative care. When the Missouri Legislature increased dental rates in 2022 to the level proposed by Oral Health Kansas, the number of Medicaid providers increased by 184 and the number of Missouri Medicaid members who received dental care increased by more than 50,000!<sup>6</sup> While HB 2007 contains a partial dental provider rate increase, Oral Health Kansas has determined that the full \$16.9 million SGF request (\$44.3 million All Funds) will be required to meaningfully increase the dental provider network to see the same impact as in Missouri.

Additionally, it does not cost less to provide care for a child with a sore throat, sprained ankle, or diabetes than it would be to serve an adult enrolled in Medicare with a comparable issue. However, the current sick rate per visit for these children is reimbursed at a significantly lower level.

<sup>6</sup> Oral Health Kansas. (n.d.). *Raise the Medicaid Rates Talking Points*.  
<https://www.oralhealthkansas.org/MedicaidDentalRates/Medicaid%20Dental%20Rates%20Talking%20Points.pdf>

Research shows that increased Medicaid payments made it easier for parents to find doctors for their children, including in rural areas.<sup>7</sup> **As more than 60% of KanCare enrollees are children (yet only account for 21.4% of spending),<sup>8</sup> this request is an important step to benefit the long-term health of Kansas children.**

Thank you for the opportunity to share our priorities, and please do not hesitate to contact me at [heather@kac.org](mailto:heather@kac.org) if you have any questions.

---

### ***About Kansas Action for Children***

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.

---

<sup>7</sup> Alexander, D. E., and Schnell, M. (2019). Increased Medicaid Reimbursement Rates Expand Access to Care. *NBER Working Paper*. <https://www.nber.org/bh-20193/increased-medicaid-reimbursement-rates-expand-access-care>

<sup>8</sup> KDHE. (2025). *KanCare Executive Summary Q4 2024*. [https://www.kslegislature.gov/li/b2025\\_26/committees/ctte\\_it\\_robert\\_g\\_bob\\_bethell\\_joint\\_committee\\_1/documents/testimony/20250221\\_33.pdf](https://www.kslegislature.gov/li/b2025_26/committees/ctte_it_robert_g_bob_bethell_joint_committee_1/documents/testimony/20250221_33.pdf)