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Amanda Gress, Director of Government Relations
Kansas Action for Children
Testimony for the Robert G. Bethell Joint Committee on Home and Community
Based Services and KanCare Oversight

Chair Hawkins and members of the Committee,

Kansas Action for Children (KAC) appreciates the opportunity to reiterate our concerns about the impact of changes to the KanCare program on the poorest children in Kansas.

As part of KAC's efforts to ensure all Kansas children grow up healthy, we closely monitor enrollment patterns in publicly financed coverage for children's health insurance. More than one in three Kansas children receive their health care coverage through KanCare. *The benefits of adequate health care in a child's early years – whether measured in health, educational achievement, or economic success – last a lifetime.*

Young children appear to be losing KanCare coverage. Previously, this Committee and KAC have made requests for enrollment and application data, and as we have testified before, **it appears that young, poor children are losing coverage.** In 2012, 9.93% (or 13,113) of Kansas children living in poverty were uninsured. That number grew to 10.26% in 2013 (13,125) and 12.09% (15,173) in 2014.¹ The trend of decreasing enrollment has been occurring for more than four years, and it is essential to understand and correct problems as soon as possible.

Changes to safety net programs impacts KanCare enrollment. As KAC has previously testified, policy changes that limit access to other safety net programs may contribute to KanCare non-enrollment. The poorest, youngest children in Kansas are not receiving assistance through state-administered safety net programs at a rate proportional to poverty trends. *As fewer children participate in safety net programs, it appears fewer are enrolling in and maintaining health coverage.*

Additional outreach and data are needed. In light of these trends, we urge the state to consider increasing outreach efforts to ensure eligible children get and stay enrolled in KanCare. **Despite concerns about children's coverage, resources that could improve outreach, enrollment, and coordination are being diverted.** The Governor's Budget proposes transferring additional federal matching funds for the CHIP program to the State General Fund by \$17.7 million in State Fiscal Year 2016 and by \$25.5 million in State Fiscal Year 2017. Those funds could instead be used to address the ongoing decline in children's health coverage.

We also respectfully request that KDHE provide additional data to better understand the apparent decline in children's coverage. Historical data on the number of children and families that were enrolled in medical coverage through applications for TANF prior to the separation of benefit applications, as well as data showing reasons for coverage termination, would allow policymakers, advocates, and other stakeholders to address barriers to enrollment.

¹ Analysis of Census ACS Public Use Microdata Sample, non-institutionalized children under 18 without insurance that were below 100% federal poverty level, 2012-2014. Results were at the 90% confidence interval with a margin of error +/- 2.35% (2012), 2.86% (2013), 2.90% (2014).



720 SW Jackson | Suite 201
Topeka, KS 66603

P: 785-232-0550 | F: 785-232-0699
kac@kac.org | www.kac.org

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