



Testimony in Support of SB 271 – CHIP Eligibility Fix

February 5, 2026

Chair Gossage and Members of the Senate Public Health & Welfare Committee,

The Kansas Chapter, American Academy of Pediatrics (KAAP) represents more than 450 pediatricians who care for children in every region of our state. Our mission is simple and nonpartisan: every child in Kansas should have the opportunity to grow up healthy and thrive. **SB 271 is a technical correction** that directly supports that goal by protecting children’s access to health coverage through CHIP.

Why This Bill Matters

The Children’s Health Insurance Program (CHIP), administered in Kansas through KanCare, serves children in working families who earn too much to qualify for Medicaid but cannot afford private insurance. CHIP allows children to receive preventive well-child visits, immunizations, prescription medications, specialty care and therapies, and hospital services when needed. For pediatricians, **CHIP is not an abstract policy — it is the difference between seeing a child for routine asthma care versus in the emergency department for a crisis.**

The Problem SB 271 Fixes

Kansas law currently ties CHIP eligibility to the 2008 federal poverty level (FPL) instead of the annually updated FPL used nationwide. Because FPL is adjusted each year for inflation, referencing 2008 values has unintentionally eroded eligibility over time.

Instead of remaining at the intended 250% of FPL, the outdated formula previously drove eligibility down to roughly 225% of FPL, putting coverage at risk for thousands of children in working families. Temporary annual budget provisos have held eligibility at 250% in recent years, but those protections expire, and the underlying statutory issue remains unresolved. **Kansas is the only state using this outdated reference approach.**

This is not a policy shift — it is math correction.

Impact on Kansas Children

When CHIP eligibility shrinks, families just above Medicaid limits face a coverage cliff. Many do not have access to employer-sponsored insurance or face premiums and deductibles that make care unaffordable. Pediatricians see the downstream effects: delayed care for chronic conditions, missed well visits and vaccinations, unfilled prescriptions, and increased emergency care and hospitalizations. **These consequences increase long-term health costs for families and for the state.**

What SB 271 Does

SB 271 removes the outdated 2008 FPL reference in statute, so Kansas CHIP eligibility adjusts appropriately each year like every other state. It aligns Kansas statute with federal CHIP regulations and provides a permanent solution rather than relying on temporary budget language. This is a technical modernization that ensures the program functions as originally intended.



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Why Pediatricians Strongly Support This Fix

From a child health perspective, CHIP coverage supports healthy development and school readiness, early identification of developmental, behavioral, and medical needs, reduced avoidable hospitalizations, and health equity for children in working families. **Stable coverage is one of the strongest predictors of positive pediatric health outcomes.**

Closing

SB 271 does not expand a program. It does not change income thresholds. It simply ensures Kansas children are treated the same way children in every other state are — using the current federal poverty level as intended.

On behalf of Kansas pediatricians and the children we serve, we respectfully urge the Committee to support SB 271 and protect children's access to care.

Respectfully submitted,

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