



To: Chair Beverly Gossage, and members of the Senate Committee on Public Health and Welfare
From: David Jordan, President and CEO, United Methodist Health Ministry Fund
Date: February 3, 2026
RE: SB 271

Chair Gossage and Members of the Senate Committee on Public Health and Welfare:

Thank you for the opportunity to provide public comment in support of SB 271, 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 40-year-old, \$80 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. Previously, Kansas tied its CHIP eligibility to the 2008 federal poverty level (FPL). As the dollar value of the federal poverty level increases, Kansas children were being left behind by who should qualify for CHIP.

Kansas was the only state that tied 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 has been addressed on an annual basis through the budget since 2022; however, a permanent fix is needed to best serve Kansas' children.

Already 51,114 children under age 19 were uninsured as of 2024, according to the Kansas Health Institute. If this statute is not permanently addressed or continues to be only temporarily fixed, more of Kansas' children will lose their health coverage.

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 271 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 271. Please let me know if you have any questions or if I can be of assistance.