



COMMUNITY CARE NETWORK OF KANSAS

To: Senate Committee on Public Health and Welfare
From: Robert Stiles, Chief Executive Officer, Community Care Network of Kansas
RE: SB 271 – State Children's Health Insurance Program (CHIP) Eligibility Requirements
February 5, 2026

Chairman Gossage and Members of the Committee,

Thank you for the opportunity for Community Care Network of Kansas to submit written testimony in support of SB 271, updating the law to set income eligibility for the Kansas Children's Health Insurance Program (CHIP) at 250 percent of current poverty income guidelines according to the Federal Poverty Level (FPL) set by the federal government. This change allows for a responsive eligibility level, as opposed to the limit being attached to 2008 FPL, as the current law does.

I serve as Chief Executive Officer of Community Care, the association representing health centers and other community-based clinics with locations statewide. These clinics serve all Kansans, with a special focus on those who are most vulnerable, underserved, and medically at risk and provide care regardless of ability to pay with sliding scales for those below 200 percent of the federal poverty level.

This network of clinics is critical to sustaining access to care and improved health in Kansas. In 2025, our network provided comprehensive whole-person care through 1.17 million visits for more than 355,000 patients at our clinics in 48 counties with more than 200 locations. These clinics are the health care provider for 40% of Kansas' uninsured residents, 23% of KanCare members, 21% of rural Kansans, and 12% of all Kansans.

Community Care supports SB 271. Without the proviso passed by the Legislature in 2025, the effective income limit for 2026 would be only 161 percent of the current FPL, making thousands of children whose families earn between 161 and 250 percent of FPL ineligible for CHIP. As costs continue to rise, this eligibility limit will get progressively lower, and the number of children denied eligibility will continue to grow placing a burden on our members who see all patients regardless of insurance status or ability to pay.

Since SFY2023, the state has addressed this issue through annual budget provisos. This is an imperfect solution because it needs to be done annually, and in times of tight budgets, striking the proviso becomes a tempting quick fix. What is needed is a permanent, statutory solution, which is exactly what SB 271 provides.

Correcting this error allows clinics to utilize their resources to serve more patients and expand the services provided in communities. This bill is good for Kansas children, good for Kansas families, and good for Kansas. We encourage the committee to approve this bill.