



April 20, 2022

Heather Braum, Health Policy Advisor Kansas Action for Children Public Comment Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

Chairwoman Landwehr, Vice-Chair Hilderbrand, and members of the Committee:

Thank you for the opportunity to provide public comment about the KanCare program. 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.

We periodically weigh in on KanCare-related issues, as 75 percent of KanCare enrollees are children and their parents/caregivers. According to the Kansas Department of Health and Environment (KDHE), KanCare enrollment data presented at the February 2022 oversight meeting,<sup>1</sup> 62.2 percent of KanCare's enrollees are children, and another 13.4% are parents or caretakers of children.

Briefly, we want to acknowledge a few things in this public comment opportunity.

First, thank you to the committee **for endorsing the extension of Medicaid coverage for pregnant women from the current 60 days postpartum to 12 months, aligning coverage with that of her infant**. The committee's endorsement helped lead to strong bipartisan support for this important policy opportunity to be funded in the budget bill, that (at the time of submission of this testimony) was awaiting the Governor's signature.

We eagerly await the Medicaid agency's filing and implementation of the State Plan Amendment (SPA) option to extend this coverage to pregnant women on Medicaid in the coming months. According to the Kaiser Family Foundation, "Postpartum care encompasses a range of important health needs, including recovery from childbirth, follow up on pregnancy complications, management of chronic health conditions, access to family planning, and

http://www.kslegislature.org/li/b2021\_22/committees/ctte\_jt\_robert\_g\_bob\_bethell\_joint\_committee\_1/docume\_ nts/testimony/20220204\_25.pdf



<sup>&</sup>lt;sup>1</sup>KDHE. (Feb. 2022). KanCare Executive Summary Q4 2021, Slide 3.





addressing mental health conditions."<sup>2</sup> This policy change is a significant positive advancement for maternal and infant health in Kansas, and we thank the committee for their support of this important policy.

Second, we want to acknowledge a few other KanCare-related items impacting kids and families that are funded in the budget, such as beginning to increase both the **availability of adult dental services** and **provider reimbursement rates for pediatric primary care services, prioritizing first for newborns**. Both policy changes are much-needed steps forward and begin to address issues raised at previous meetings of this committee. But we also acknowledge that much more work and funding needs to be dedicated to both items, and we look forward to the committee continuing to monitor and further addressing these issues in the coming years.

Finally, we want to share our concern that when the public health emergency ends, the continuous eligibility provision for Medicaid also ends, and all the redeterminations for eligibility begin. We are concerned about the potential negative impact, particularly on families with children enrolled in KanCare, when these redeterminations begin. Research shows that when large numbers of eligibility redeterminations occur, "churn rates," defined as "the temporary loss of Medicaid coverage in which enrollees disenroll and then re-enroll within a short period of time," <sup>3</sup> increase, especially for children. Your oversight of the KanCare program, along with the detailed attention of our current Medicaid agency, will help mitigate the impact of these coming changes. We will continue to share more details about the effects on Kansas kids as the public health emergency comes to an end likely later this year.

Thank you for the opportunity to participate in this public comment period, and please do not hesitate to contact me at <u>heather@kac.org</u> if you have any questions.

https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/ <sup>3</sup> Corallo, B., Garfield, R., Tolbert, J., and Rudowitz, R. (2021). Medicaid enrollment churn and implications continuous coverage policies. <u>https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-</u> continuous-coverage-policies/



<sup>&</sup>lt;sup>2</sup> Ranji, U., Gomez, I., and Salganicoff, A. (2021). Expanding postpartum Medicaid coverage.