



Kansas Maternal & Child Health Council (KMCHC)
 Wednesday, October 15, 2025 | 10:00 am to 2:00 pm
 Topeka Public Library
 Minutes

Member Attendance:

Carrie Atkin, Kourtney Bettinger, Heather Braum, Ali Braun, Jennifer Bruing, Stephani Coleman, Amy Dean Campmire, Drew Duncan, Jason Geslois, Kristianna Guerrero, Stephanie Jerguson, Elaine Johannes, Jamie Kim, Jennifer Miller, Jill Nelson, Susan Pence, Cari Schmidt, Sookyung Shin, Kayla Stangis, Kali Steelsmith, Cora Ungerer, Stephanie Wolf, Kendra Wyatt, Donna Yadrich

Guests: Christine Smith -Pregnancy Risk Assessment Monitoring System, PRAMS, Emily Kessler-Serafin, Kansas Lend

KAAP Staff: Marisa Guerrero, Mallory Laur, Michelle Horst

Time	Agenda	Minutes	References and Action
10:00 am (5 min)	Welcome Remarks Elaine Johannes, Ph.D, Associate Professor – Kansas State University	Dr. Elaine Johannes welcomed attendees and guests. Elaine kicked off the meeting with a box breathing exercise. https://www.medicalnewstoday.com/articles/321805#how-to-do-it Guests: Christine Smith -Pregnancy Risk Assessment Monitoring System, PRAMS, Emily Kessler-Serafin, Kansas Lend	Box Breathing Instructions: https://www.medicalnewstoday.com/articles/321805#how-to-do-it

<p>10:10 am (20 min)</p>	<p>Member Updates Kourtney Bettinger, MD, MPH, FAAP, Kansas Medicaid Medical Director</p>	<p>Dr. Bettinger provided an overview of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, noting that EPSDT is not impacted by the One Big Beautiful Bill Act of 2025 (OBBA). She emphasized that EPSDT covers the cost of vaccines, ensuring continued coverage for Medicaid and CHIP patients. The program’s primary goal is to support timely referrals for pediatric treatment needs and to guarantee coverage of all medically necessary services designated under CHIP. While access to treatment remains the program’s biggest challenge, efforts are underway to improve awareness of EPSDT through managed care organizations (MCOs). Dr. Bettinger also shared that the special formula provision has been transitioned to Medicaid for disbursement, a change that has presented challenges but is actively addressed. Additionally, she noted that utilization of doulas continues to increase.</p>	
	<p>State and Federal Budget Update HR1, Budget Reconciliation Bill /Kansas Impacts Sheena Schmidt, Senior Analyst and Strategy Team Leader, Kansas Health Institute</p>	<p>Sheena Schmidt, representing the Kansas Health Institute (KHI), provided an overview of Hill to the Heartland: Federal Health Policy Briefing, a product series offering regular updates on federal health policy discussions. She noted that these briefings serve as a resource for tracking ongoing federal developments and highlighted Democratic efforts to preserve federal tax credits. Sheena Schmidt indicated she would provide follow-up clarification regarding the definition of “lawfully present” and its implications for Medicaid eligibility.</p> <p>The briefing reiterated that Kansas remains one of 10 states that have not elected to participate in Medicaid expansion and is no longer eligible for associated federal expansion incentives. Ms. Hill also referenced KHI resources outlining the potential impacts of the One Big Beautiful Bill Act (OBBA) on Medicaid/CHIP and SNAP programs, emphasizing the significance of these policy changes for Kansas residents.</p> <p>Discussion following the presentation focused on the need for public education about Medicaid, including increasing understanding of who qualifies for coverage, how many individuals may lose eligibility, and how many Kansans remain ineligible under current policy. Emphasis was placed on the importance of engaging and educating younger populations in Kansas about Medicaid and broader healthcare access issues to improve awareness and informed civic engagement.</p>	<p>PPT 9-24</p> <p>Full overview of OBBA impact on Medicaid and CHIP https://www.khi.org/articles/impacts-of-the-obba-on-medicaid-and-chip-in-kansas/</p> <p>Hill to the Heartland website.</p>
<p>10:30 am (30 min)</p>	<p>Federal Cuts to Child, Maternal, and Infant Health Programs and Impact on Kansas</p>	<p>Amy Dean-Campfire provided a comprehensive update on the current state and federal budget landscape, focusing on the implications of HR1 and the Budget Reconciliation Bill for Kansas public health programs. She began by noting that no</p>	<p>*Discussion surrounding the Rural Transformation Bill and what it will fund. Further information about the Rural</p>

Amy Dean Campmire,
Director, Bureau of Family
Health, KDHE

federally funded programs are currently slated for elimination, though some continue to face uncertainty as federal budget negotiations evolve.

The Women, Infants, and Children (WIC) program remains secure through the end of October, with plans to reduce state team staffing if necessary to maintain service delivery.

Title V Maternal and Child Health funding has been level-funded and includes a two-year spending window, allowing flexibility in program implementation. However, Title X Family Planning funding remains uncertain, currently sustained through March 2026, after the state absorbed a \$120,000 reduction.

Ms. Campmire shared that the Pregnancy Risk Assessment Monitoring System (PRAMS) continues to be “on the bubble” for potential elimination at the federal level, though it remains operational for now.

Social Security Disability Insurance is funded through November 2025, ensuring continued support for beneficiaries in the short term.

She reported that Teen Pregnancy Case Management no longer receives Medicaid funding after being deemed duplicative of other services.

In contrast, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is fully funded and expanding into 19 western Kansas counties through a partnership with Russell Child Development.

The Kansas Connecting Communities initiative, which includes KSKidsMAP, has secured funding through September 2026—two years short of its original grant timeline ending in 2028. Efforts are underway to lobby the state of Kansas to assume program costs or to secure additional support through the Rural Transformation Bill.

The meeting concluded with a discussion about the Rural Transformation Bill, focusing on its potential to fund maternal and child health initiatives. Participants were encouraged to attend upcoming KDHE webinars on October 16 and October 20 for further information.

Transformation Bill can be found through the following webinars. Live sessions left 10/16 and 10/20.

<https://www.kdhe.ks.gov/CivicAlerts.aspx?AID=1728>

<p>11:00 am (20 min)</p>	<p>Title V State Action Plan and Federal Site Review Results Jennifer Miller, PhD, Kansas Maternal and Child Health/Title V Director, Kansas Department of Health and Environment</p>	<p>Dr. Jennifer Miller, PhD, Kansas Maternal and Child Health/Title V Director at the Kansas Department of Health and Environment (KDHE), presented updates from the Title V State Action Plan and Federal Site Review. Highlights included family leadership training initiatives focused on increasing father engagement and strengthening advocacy for children with special healthcare needs, as presented by Alli Braun.</p> <p>Jill Nelson provided an overview of a blood pressure monitoring program scheduled to launch on November 1, in partnership with 50 hospitals and 39 birthing centers, to provide blood pressure cuffs to pregnant women with severe hypertension. While Medicaid Managed Care Organizations (MCOs) cover the cost of blood pressure cuffs, the slow reimbursement process has limited timely access. Discussion emphasized the importance of provider education to improve utilization and ensure program sustainability, with the goal of encouraging private insurance coverage in the future.</p> <p>Funding for these initiatives is supported through braided funding approaches and interagency collaboration. The Kansas Perinatal Quality Collaborative (KPQC) was also recognized nationally for its innovative work in improving maternal and perinatal health outcomes.</p>	<p>PPT 29-42</p>
<p>11:20 am (10 min)</p>	<p>Kansas Transforming Maternal Health (TMaH) Grant Update Heidi Hartner, KDHE, Division of Healthcare Finance</p>	<p>Heidi Hartner presented updates on TMaH, an initiative focused on rural and frontier communities, with large counties intentionally excluded from the current scope. Emphasis is placed in the southern region of the state, reflecting its higher concentration of rural populations and associated access challenges. The primary goal of the initiative is to improve data collection to better inform and strengthen hospital-based services over time.</p> <p>The project includes a three-year pre-implementation phase, allowing for planning, data development, and stakeholder engagement prior to full implementation. Discussion underscored that access to care remains the greatest barrier, with participants noting that improved access is foundational to all other system improvements.</p>	<p>Follow-up, individuals interested in participating in the work stream or serving on the advisory council were encouraged to contact Heidi Hartner at Heidi.x.hartner@ks.gov.</p>

11:30 am (10 min)	Domain Work Group Discussion Elaine Johannes, PhD	Dr. Johannes reviewed the expectations for the Domain Workgroups and then adjourned the meeting for a break before the workgroups reconvened for a 1-hour discussion and working meeting.	
11:40 pm (40 min)	Lunch and Networking	Lunch and Networking	
1:20-pm (10 min)	Work Group Reports Domain Work Group Reporters Women/Maternal Perinata/Infant Child Adolescent	See Attachment A for a summary of the workgroup discussions.	
1:40pm (15 min)	Member Announcements All Attendees	Throughout the virtual meeting, members shared numerous resources and information. A compilation can be found online here <ul style="list-style-type: none"> • Shout out to Dr. Bettinger, she provided honest feedback to spark improved provider education surrounding ordering of specialty formula for infants through MCOs. • Jennifer Miller-Shout out to Denise Cyzman. Congratulations on retirement! 	Meeting links: https://kansasmch.org/documents/Links%20and%20Resources%20-%20KMCHC%20October%20Meeting.pdf
1:55 – 2:00	Closing Remarks Dr. Elaine Johannes		

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2026 KMCHC Meetings

May 13, 2026-Topeka & Shawnee County Public Library, 2026, 10 am to 2pm

July 15, 2026, 9 am to 12 pm (virtual)

September 16, 2026, Topeka & Shawnee County Public Library, 10 am to 2 pm

Domain Work Group Reports

Women/Maternal Domain

Response To Presentations

Presentations highlighted that, despite the ongoing government shutdown, some programs continue to operate and receive funding, with resources prioritized for individuals with the greatest need. Opportunities were identified to better leverage the Rural Health Transformation Grant, noting that pregnancy-related services are explicitly included, as well as TMaH as a viable avenue for support.

Clinical capacity challenges were discussed, particularly the role of obstetric providers, who often serve as a primary source of care for women ages 18–20, including those seeking contraception or prenatal care, despite limited capacity to provide EPSDT services. Presenters noted significant delays for Medicaid patients attempting to obtain blood pressure cuffs, citing the lack of clear durable medical equipment (DME) pathways. An example was shared describing substantial effort over several months that resulted in only one blood pressure cuff being obtained for patients with hypertension.

The need to educate providers on processes for securing blood pressure cuffs for Medicaid participants was emphasized as a critical next step to improve access. Additionally, presenters noted changes to SNAP work requirements, expressing support for the reduction of the age threshold to 14 years, and discussed potential implications for families and adolescents.

Project Updates

Project updates included several activities underway to strengthen maternal health systems and coordination. Jill shared the Missouri Prenatal Risk Assessment form with Heidi Hartner and TMaH for consideration, noting that if adopted, it would be piloted in a designated region of the state. Obstetric simulation trainings are ongoing through collaboration with the Patterson Foundation.

Kendra proposed that the work group support convening a Maternal Health Interoperability Summit, bringing together maternal and child health stakeholders engaged in HITECH-related efforts across HHS Region 7 (Iowa, Nebraska, Kansas, and Missouri). She also outlined a potential ASTP Maternal Interoperability Work Group meeting scheduled for February 11–12, which could take the form of a 90-minute virtual discussion or a multi-day summit. The proposal emphasized the need to better understand cross-state efforts, with ASTP identifying postpartum transitions—including substance use disorder and hypertension—as key contributors to maternal mortality. Relevant pregnancy interoperability resources were referenced for further review.

Additional updates highlighted ongoing outreach for the TLCMAMA Maternal Mental Health Hotline, including distribution of educational materials. An intern, Theresa Bartels, working with Kelsee Fout, is coordinating this effort and awaiting guidance from HRSA regarding bulk ordering of promotional materials for hospitals. Outreach has begun with community-based service providers to expand material distribution to families accessing food, housing, and other supports.

Discussion emphasized the importance of meeting families where they are, including leveraging technology and online platforms to engage younger populations. Members also noted persistent challenges with post-discharge follow-up, particularly when patients leave the hospital without scheduled provider follow-up, leading to gaps in care for mothers and infants. Weekends were identified as a particular challenge, and the potential role of community health workers and community partners in supporting follow-up was discussed.

Updates were also shared regarding doula care, including recent research demonstrating reduced cesarean section rates with doula support. Members celebrated that 51 doulas are now enrolled in Medicaid, while noting ongoing workforce challenges. The Maternal Health Initiative (MHI) is partnering with community-based organizations and the Academy of Childbirth Education and Doulas to recruit and train doulas, with plans to deliver trainings statewide based on community interest.

Next Steps

Explore convening an informational session on maternal interoperability in Kansas, spanning efforts across TMaH, Rural Health Transformation Program (RHTP), and related initiatives. The work group will suggest this concept to KMCHC leadership, with potential involvement from KDHE and the Kansas Health Institute (KHI).

Adolescents Domain

Response to Presentations

The group identified several key takeaways during the large group meeting. Participants emphasized the importance of collaboration and mutual trust among those present, noting that progress should be driven by the collective expertise within the group rather than reliance on external pathways. Clear and consistent communication was highlighted as essential to advancing shared goals.

Discussion also addressed misunderstandings related to political processes and their impact on programs, underscoring the need for greater clarity and education. Participants stressed the importance of educating younger populations about civic systems and processes, including civic engagement, community health, and civic responsibility, with references to models such as the Kansas Leadership Center and adolescent-focused initiatives.

Natalie provided a personal introduction, sharing a story that illustrated the real-world impact of government shutdowns on children and families and the critical role of support within existing programs. Additional discussion focused on data privacy concerns, particularly the lack of adequate protections for data held by private entities.

Special Project Update

The group also noted an update to eligibility criteria, with the age range reduced to 14–21 for access to additional transition services through KYA.

Elaine provided an update on the \$1,500 Academy-funded special project report. The group will review the reported outcomes and consider opportunities for potential project expansion based on the findings.

Additional Discussion

During additional discussion, members expressed interest in collecting more qualitative stories from youth to better illustrate program impact and strengthen adolescent engagement. The group also discussed the importance of balancing the potential negative effects of social media with its value as a tool for outreach, connection, and engagement.

Next Steps

- Review key priority objectives focused on adolescent health and system capacity
- Increasing the number of adolescents ages 12–17 who receive high-quality annual preventive services
- Improving the proportion of adults and adolescents who understand and can access health information, quality services, and necessary supports
- Expanding the number of agencies and providers equipped to deliver behavioral interventions and supportive services for adolescents

Child Domain Group:

Response to Presentation:

The updates were broken down as a group. Overall, the presentations sparked more questions.

Special Project Update:

There was no progress to report on special projects at this time, as planned follow-up steps have not yet been completed.

Next Steps:

Members expressed interest in discussing next steps with the Child and Adolescent Coordinator to explore how this group may provide support related to medical homework and care coordination efforts.

Perinata/Infant Domain Workgroup

Response to Presentations

During the overview of presentations, several key takeaways were highlighted regarding the status of Women, Infants, and Children (WIC) funding. Members noted that significant uncertainty remains regarding WIC funding beyond the end of October. While current food and administrative funding is expected to continue through October, there is concern that food funds may be depleted earlier than anticipated due to increased stockpiling by families.

It was reported that WIC is currently receiving redirected tariff funds; however, members expressed concern that if administrative funding is exhausted, both new applicants and existing beneficiaries may be placed on waitlists. The discussion underscored the critical role WIC plays in infant nutrition, with members emphasizing that WIC is the primary source of nutrition for many infants, raising particular concern for infants who require specialty formula and the potential impact on access to essential nutrition.

Special Project Update

An update was provided on project progress since July 2025, highlighting increased mobile user engagement, largely driven by the use of QR codes on postcards and business cards. The Welcoming Babies resource page has become the most frequently visited page on the Newborn Screening (NBS) website. Interest in replicating the project has been expressed by Wyoming and Nebraska, including expansion to incorporate postpartum support resources.

The group reported that approximately 500 postcards are mailed each month, resulting in an average of 100 users accessing the webpage. Additionally, 500 Spanish-language postcards have been produced and are ready for distribution to support broader outreach. Contact information used for outreach is sourced from the newborn blood spot card, and families are advised to follow up with their primary care provider if screening results are not received.

All design and content development for the project has been completed internally by the NBS team. It was noted that the current QR codes expire after six months, and the group expressed interest in exploring the purchase of trackable, longer-term QR codes. Ongoing website maintenance costs, estimated at \$3,600 annually, were identified and should be incorporated into future budget planning.

Next Steps

- Identify and pursue potential funding sources to support project sustainability, including:
 - Title V, TMAH, and KAAP,
 - Home Visiting, Childcare, and Early Childhood programs featured on the resource site,
 - Sunflower Foundation,
 - Russell Child Development Center,
 - Regents' universities with early childhood endowments
- Explore cost-saving distribution strategies, including the option to distribute outreach postcards through Vital Statistics alongside birth certificates.
- Confirm project leadership structure, noting that Stephanie Wolf is currently listed as project lead, and that additional support roles require clarification.
- Incorporate considerations related to WIC access and sustainability, recognizing WIC as a primary source of infant nutrition and the heightened impact on infants requiring specialty formula