



Kentucky Coalition for Healthy Children

Steering Committee Meeting Notes

March 31, 2022, 1:00 to 2:00 EST

Attendees:

Sheila Schuster	Advocacy Action Network	Mike Stone	Kentucky Council on Problem Gambling
Candance Gurley	Aetna Better Health of Kentucky / KY SKY Program	Jim Tackett Stephanie Bunge	Kentucky Department of Education
Christopher Bolling	American Academy of Pediatrics - Kentucky Chapter	Elizabeth Anderson-Hoagland Alesha Staley	Kentucky Department for Public Health
Jennifer Miller	Anthem Medicaid	Emily Beauregard Cara Stewart	Kentucky Voices for Health
Joe Bargione Beverly Winsch	Bounce Coalition	Alicia Whatley	Kentucky Youth Advocates
Jess Lawrence	Cairn Guidance, Inc.	Pukur Patel	Seven Counties Services Inc.
Amalia Mendoza Ashley Brauer Allyson Wells	Foundation for a Healthy Kentucky	J. Eric Davis	United Health Care Community Plan of Kentucky

Meeting Objectives:

- The Steering Committee will review the status of legislative priorities in the 2022 legislative session.
- The Steering Committee will discuss the results of the 2022 session and possible action steps related to bills supported/opposed by the KCHC.

Pre-Meeting Materials Included in Packet to Review:

- Kentucky Coalition for Healthy Children 2022 Legislative Priorities Review Chart.
- Kentucky Coalition for Healthy Children Letter to Representative Rudy.

Meeting Notes:

The meeting was dedicated to reviewing the main bills supported and opposed by the Kentucky Coalition for Healthy Children. What Happened in the 2022 Legislative with an impact on children, youth and their families?

Comments:

- The piece of legislation praised by most steering committee members, considered one of the most positive bills passed in the session, is the one which directs the Kentucky Department of Medicaid Services to request federal approval to make certified Community Health Workers Medicaid billable (HB525).



- In the budget, Medicaid and SEEK funding remained intact, which is one of the positive aspects of the budget which also included pay raises state workers, but not for teachers.
- The “Breakfast after the Bell” legislation, HB 151, which clarifies the current law to give school districts the option to serve students on free and reduced meals their breakfast during the first 15 minutes of the day, was also a positive move for children. The KCHC supported it during the session with a letter to Representative Rudy.
- The bill which allows excused absences from school for mental health issues passed (HB44), with discretion of each local school district.
- Another bill supported by the steering committee which passed is the one which creates funding for the 9-8-8 suicide prevention and mental health crisis line, HB 373.
- While additional funding for school mental health professionals was not included, SB 102 did pass, and it requires data collection for school mental health professionals.
- Legislation mentioned by various members which is among the legislation with a long lasting negative impact on children and youth, and which reverses progress on equity and justice in schools, is the anti-transgender legislation, Senate Bill 83, and Senate Bill 1, which included the provisions from SB138, to limit school instruction on race, sex, religion and American history.in schools.
- Other school-related bills that passed this session with a strong impact on public schools include the bill which will shift important school governance decisions from school-based decision-making councils to superintendents (SB1), and HB9 which provides stable funding to enable charter schools to open.
- There were two bills passed which have the potential of having a negative impact on children’s health and safety in school during a period when there are still variants of the coronavirus spreading, with a particularly strong impact on children and youth with disabilities, are the bills which prohibit mask mandates in schools (HB21), and prohibit asking employees and students their vaccination status (HB28).

Special Conversation: House Bill 7

One of the main pieces of legislation which passed this session with a negative impact on children, youth, and their families, mentioned by many members at the meeting, and considered an “attack on the poor”, was HB7 related to public assistance. The KCHC steering committee voted to oppose the bill and took action on this bill during the session.

The focus of the conversation at the meeting was how the strong advocacy opposing the bill led to various modifications during the process of its passage, removing many of the components which would have made it even worse for Kentuckians.



It was noted in the meeting that the final bill passed will still mean less benefits and won't save money. The legislation starts with the false premise that people are misusing public benefits, committing fraud, or don't deserve the benefits, ignoring the causes of poverty, and the many people working multiple low-paying jobs which can't make ends meet and can't afford their basic needs including healthcare and food. There is nothing in the bill which would improve healthcare benefits and nothing that addresses job supports (like transportation, childcare assistance). It does not focus on health outcomes and reducing disparities.

Additionally, it was noted that no Kentuckians showed up to support HB7. However, many showed up in person to oppose it. This bill came from a template from the Foundation for Government Accountability.

Some of the major provisions modified and/or removed from the bill thanks to the advocacy opposing it include:

- Broad Based Categorical Eligibility (BBCE) and SNAP change reporting requirements were left unchanged. This is important as it also relates to free and reduced school meals.
- The asset test was removed, which would have restricted further eligibility.
- The Cabinet for Health and Family Services (CHFS) will be allowed (not required) to assign SNAP participants who must meet work requirements to participate in an Employment & Training program.
- CHFS will be required to develop a Medicaid community engagement program, but this could be voluntary. There could be litigation around this.
- CHFS will be required to consider fluctuating income to ensure more accurate eligibility determination.
- CHFS will have 12 months (instead of 60 days) to complete Medicaid redeterminations following the end of the Public Health Emergency.
- Hospitals will not be subject to penalties related to Medicaid Presumptive Eligibility applications.
- Studies will be conducted on using a single EBT card and presumptive eligibility.

Next Meeting: April 26, 2022