

**Q1 of FY 2026 PHEP Advisory Team  
Meeting Minutes  
August 13, 2025**

**Attendees**

Skye Reid	Cindy Mullen	Shelly Schneider
Amber Kelly	Steve Maheux	Dana Rickley
Tamara Wilkerson	Lisa Beebe	Randy Bowman
Luke Johnson	Kendra Baldrige	
Nancy Griffith	Natalie Savage	

**Meeting Start and Approval of Agenda**

Randy Bowman started the meeting at 10:01 a.m.

**Charter and Advisory Team membership**

Randy initiated the discussion by reviewing the prior conversations on this topic in Q4. He then shared that today the goal is to look at our membership not necessarily through an equity lens, rather do we have the right people at this table and who are able to commit to this body. He shared on screen a map of the locations of current LHD/Regional representation on this team which shows that northern Kansas, and more specifically Northeast Kansas, are represented more than southern Kansas.

Kendra then expanded on the conversation as an opportunity to discuss the membership and be thoughtful about representation across the state. There is no specific grant requirement or timeline that we need to look at currently, but did want to have this space for discussion.

The team discussed the history of this group in membership and purpose having begun with new Bioterrorism funding in the early 2000's. Membership has been Local Health Departments (LHD) and Regions, with a focus on the PHEP work plan and working relationships between KDHE and LHD/Regions. The recent membership expansion to include Tribes was based upon contracts the state has with tribes for their work under separate work plans. Also discussed the role of Healthcare Coalitions (HCC) and those meetings in context of would a HCC voice be beneficial on this team. The group discussed potentially adding members that align with the KALHD regions. While also being thoughtful about those who might volunteer or be invited to join and them being diverse in the roles and functions they perform for their LHD/Region.

Next steps include the KDHE team discussing this conversation internally to help inform another discussion among this team in our Q2 meeting. Randy will include on that future agenda.

**Questions from KALHD MYM**

Randy shared that these two questions arise from the KALHD Business meeting at the Mid-Year Meeting (MYM) where the Board thought this team could discuss each and possibly identify options for the system.

**Are there any options for reducing LHD costs for maintenance/calibration of Fit Test Machines?**

As we experience reductions in revenue, the annual cost of approximately \$1,500 to have these machines recalibrated is becoming burdensome for LHDs. Most LHDs have their own machines provided by KDHE during the pandemic, sometimes other entities like hospitals also have machines, yet the number of persons in a community who need fit tested may not justify the annual expense.

In the discussion, ideas were expressed to possibly look at other technology that does not require this maintenance, maintain one machine on a regional instead of individual county basis that all LHDs can access, organize a location annually (ex. Governor's Public Health Conference) where the vendor could recalibrate multiple machines at a reduced cost through a group rate and less shipping, or could counties with small population give up their machine if they have an agreement to use one maintained by another entity in the county.

Next step. KDHE will check into rules that may apply to these machines that were purchased with federal funds. Can they be returned, donated, sold, etc. Towards goal of options to maintain fewer machines on a statewide basis and maintain compliance. Randy will also include this on the Q2 agenda.

### **How might the system most efficiently align Local Health Department / PHEP Regions / Healthcare Coalition Regions?**

Randy shared that in the MYM and in other conversations, the question comes up periodically of whether or how these regions could align and would that improve delivery of services. That might be changing PHEP and HCC regions to align, or developing a process for counties to change regions, or as a few have indicated interest a means for a county instead of regional delivery model for all PHEP functions. He shared on screen a map that overlays the PHEP and HCC regions.

In today's discussion, it was identified that there may have been regions or catchment areas of other systems (ex. EMS or Homeland Security) that contributed to the current regions and different maps. Sometimes it might have been influence of a particular administrator or community leader that determined region membership, other times it may have been based on county to county working relationships that may or may not have changed in the ensuing years.

The PHEP regions were recalled as having been formed by KDHE and KALHD as a "bottom up not top down" with LHDs determining the membership of each region as the best fit for them. There was a requirement to be contiguous in setting up regions. It was also recalled that there have been at least one prior discussion approximately 10 years ago to reconsider the regions that ended poorly and with no changes.

If there were an effort to review maps/regions the following groups were identified as potential voices with a stake in the discussion: county emergency managers, LHD Administrators, hospitals, KDHE, KDEM, PHEP Coordinators. Others may be necessary but were not identified in this conversation.

It was also recognized that there are other regional service delivery systems across the span of programs operated by LHDs. And if a revised PHEP / HCC map were to be considered, how do or do not the other programs factor into the process?

KDHE and KALHD will discuss outside this meeting to determine if this merits more discussion at the Q2 meeting.

Randy summarized the task in the KALHD PEHP contract with KDHE to provide a PHEP session for County Commissioners which has historically been done at the Kansas Association of Counties (KAC) Annual Conference which will occur in December of 2025. A spot on the KAC conference agenda has been reserved for this event, an event that will be structured a little differently this year as it is the 50th anniversary of this event. He then invited members of the team to suggest topics for a session at this event.

The importance of Commissioner support, demonstrating the value of PHEP if federal funds were to be reduced or eliminated to help Commissioners make decisions, LHD Administrator stories about how federal funding has benefited the community, and if funds went away what would be the impact locally were possibilities discussed.

As a next step, team members were asked to please email Randy later with 1 or 2 bullet points of what each sees as the greatest value of PHEP for Commissioners.

### **Update on current year federal funding process**

Natalie updated the team that no additional information on the PHEP funding reduction has been provided to States. But a second component of the federal award that could provide full funding is still anticipated at some future point in time.

Randy shared that he has heard information from NACCHO that there have been changes from the Administration that should allow Federal Agencies to receive the remaining funding appropriated for this year. Which could then allow them to fully fund States. He also provided an update on action by the U.S. Senate at the end of July when the Appropriations Committee passed a budget that is mostly status quo, but most importantly does not support the majority of the Presidents budget proposals. There are several steps in the budget process which still must be completed, so a long way from final. But this is more positive than what he has been hearing for months.

### **Adjourn**

Randy Bowman adjourned the meeting at 11:35 a.m.

Next meeting is scheduled for November 5, 2025 from 10:00 a.m. to noon.