

Executive Director Report September 10, 2025

Organizational Updates

- 2025 audit of budget year 2024 completed and will be presented by SSCCPA's during the September KALHD Board meeting. Two invoices have been paid as work continued and a final invoice will be received after the presentation of the final report.
- PHEP Grant. KDHE reduced the SFY2025 4th quarter reimbursement from the submitted expenditures of \$14,516.64 to \$844.04. This is based upon an advance payment in August of 2024 upon signature of the new contract. With the advance payment and this payment, the 1st year of the contract has been fulfilled and all payments received. It was expected that KDHE would recoup this at the end of the contract, however, they have clarified their intent is to do this annually. As a result, an advance payment for SFY2025 is owed, however that payment has not been received as of this report. Parallel to this, KHDE provided an update in early September advising that the revised contract with KALHD based on 70% federal funding is still working its way through KDHE and the Kansas Department of Administration approval process.
- Reevaluated the current KALHD budget given the 30% reduction in PHEP funding based upon the notification that both LHDs and KALHD received from KDHE. That reduced projected revenue by approximately \$8,400 for the period of July through December 2025. Based on actual expenditures and revenue through August 31, 2025, we currently project to end the year with a net gain for the year of approximately \$16,000.
 - Based on this confirmation, in August KALHD met with WSU Center for Public Health Initiatives on projects for the rest of the year. These figures will allow KALHD to fund the next billers manual update (\$5,000), which will be completed prior to the end of this budget year. And to provide plaques (\$600) for the current cohort who are taking part in the Public Health Leadership Series.
- Made a recommendation to the KALHD Board Executive Committee to move reserve funds held in a money market account into a certificate of deposit to increase interest income. The existing account at Bank of America was earning .01% interest after a promotional term ended and the new CD at that bank will earn 4.25% interest on a balance of just under \$200,000 over the next 7 months. Unless market conditions change, it is expected that we will renew the CD at maturity and continue keeping these funds in CDs for the foreseeable future.
- The last dues payment for 2025 from the Geary County Health Department was received. All 100 Local Health Departments continued membership this year.

- Contacted 10 Local Health Departments who did not continue their NACCHO membership this year and 5 of them renewed their membership in August or September. KALHD received funds last week and will receive an invoice and make payment to NACCHO this month.

Project Updates

- Laboratory Courier Service outreach efforts.
 - Shared discussion by the Board from our July meeting about limitations of commercial carriers in many communities with KDHE leadership.
 - Submitted proposal to KDHE for their stakeholder budget meeting supporting a long-term funding source for the laboratory courier.
 - Requested data from KDHE on samples received the prior year.
 - Of 81,510 samples shipped via the KDHE laboratory courier, hospitals (37,576) and environmental samples (23,301) are the 1st and 2nd most samples the KDHE laboratory.
 - LHD's are the smallest user (20,633), but so far the only vocal advocate for KDHE funding for the courier so trying to rally interest from others.
 - Initiated outreach to Kansas Hospital Association, Kansas Action for Children and Kansas Municipal Utilities to gauge impact of the lost courier services in 63 counties and potential loss in the remaining 42 for their constituencies. Shared this data with them as well.
- Almost at once after our July 15th Board meeting, Deputy Secretary Goss reached out to ask for a meeting with the Board on how KDHE could most effectively work with Local Health Departments to implement the just announced reduction in IAP Grant funding. As there would not be another meeting until September, KALHD helped to organize a meeting with KDHE with representatives from the Board to give input as KDHE requested. KDHE was open to input and they committed to incorporating the input as best they could within federal requirements and the LHD/KALHD participants offered to be a resource again if needed.
- PHEP contract tasks completed in July and August include:
 - Posted SFY2026 documents provided by KDHE to our website.
 - Hosted the first quarter PHEP Advisory Team meeting on August 13th. At which we discussed 2 items from the KALHD MYM – no decisions and more discussion is planned.
 - Possible alternatives to the annual expenditure for recalibration of FIT test machines
 - Misalignment of PHEP regions with Health Care Coalition (HCC) regions.
 - Topic for KALHD presentation on PHEP at Kansas Association of Counties (KAC) conference identified as update on federal funding and related executive orders specific to PHEP.
 - Researched potential resources for LHD use for public engagement during preparedness month and sent those out to administrators via email.
 - Attended the first quarter Healthcare Coalition Steering Committee meeting.

- KALHD document and policy review. Initiated a review of documents posted on our website and internal policies to begin to identify any needed updates. This project is not highest priority and will be worked on around other activities, but these should be reviewed periodically and updated as necessary. Some are up to date, others 2-5 years since last review, and the oldest is our fiscal policy which dates to 2013. Where updates just require review and updating hyperlinks (a theme) in the document, updates in terminology, etc. those will be completed at the KALHD office. Where more substantive updates are necessary, for example our fiscal policy is based on multiple KALHD employees doing specific tasks, which is not our reality, those will be brought to future Board meetings for review and approval.
 - The KALHD HIPPA Privacy Rule Handbook was last updated in early 2021 by an outside vendor, PYA Accountants & Advisors at a cost of \$26,000.
 - In my research, and confirmed by PYA, there have been changes to federal law since 2021 that should be updated in this publication (HITECH Act of 2021, Reproductive Health Privacy Act of 2024, 42 CFR Part 2 Alignment of 2024).
 - PYA has provided a proposal to update this manual at a cost of \$7,875. A cost that the current year budget could absorb and work would be completed by December 31, 2025.

- Kansas Statute and Regulation Reference Tool. Initiated a new project to help Local Health Department (LHD) Administrators more easily identify and understand legal requirements. In conversations most often this has been expressed as a wish for a “list” that could be used in local conversations with Commissioners and others.
 - A word and phrase-based search was completed using our KANFOCUS software for Kansas Statutes Annotated (KSA) and Kansas Administrative Regulations that include any of the following: Local Health Officer, County Health Department, Public Health Department, Local Health Department, County Board of Health, and Board of Health.
 - So far 105 KSAs and 41 KARs have been found, in which one or more of these terms exist but I want to do some added research before publishing the resource to be as inclusive as possible.
 - During our Board meeting, I will share a draft of this tool on screen and have a couple of questions as I would appreciate feedback on how to make this tool as useful as possible before a future publication.

- County Commissioner Roadshow. After postponing last summer and canceling last winter, KDHE has reinvited stakeholders at KHI, KAC, WSU, KALHD and representatives from local health departments to resume this conversation.
 - A meeting was held September 5, 2025 with subsequent meetings to follow at time/date to be determined to help KDHE meet a PHIG grant objective that has a November 30, 2025 deadline. In this new conversation the focus in on virtual instead of in-person events as last spring KDHE, with KALHD consent, shifted previously budgeted funds to sustaining the laboratory courier.

- Wrap up from 2025 MYM. Evaluations received from WSU which were used to compile the final report for the Board which was distributed via email on July 18, 2025. Final expense for \$3,283.66 paid to WSU on August 4, 2025. Net gain from this event was \$5,245.38.
- Initiated preliminary planning for the 2026 MYM. Exploring possible options for location, food/beverage services, registration and onsite support that could reduce KALHD costs for this event. If costs can be reduced, while maintaining substance and quality, this could replace some revenue that is being lost from grant sources. The 2026 MYM Planning team will have its first meeting on September 18th to discuss options. Targeting the 3rd or 4th week of June based on tradition and site selection. No dates to announce currently.
- With the President and Past-President (Chair per KALHD bylaws) the KALHD Legislative Committee has been organized for this year and our first meeting was held on September 9, 2025. We will present a proposed 2026 Policy Statement for a vote at our December 11, 2025 membership meeting.
- Met with WSU CPHI after they met with KDHE regarding potential renewal of the Medicaid contract between those two entities. This contract provides matching Medicaid funds to WSU that fund important supports to the public health system in Kansas and specifically to local health departments and KALHD.
 - The current contract will expire October 31, 2025. KDHE is willing to extend the contract beginning November 1st for these items: Public Health Leadership Series, Billing Symposium, Medicaid Stakeholder meetings.
 - Examples of projects that will not be continued include: ATL survey, Public Health and Medicaid Advisory Workgroup and the KALHD Informatics Subcommittee.
 - Other projects that WSU plans to continue from other sources: support of the Kansas Public Health Collaborative website, new LHD Staff Orientation, Academy of Sciences Library and others that may be determined as more is finalized.

Federal Updates

- Since early August, NACCHO has been sharing with KALHD and our peer statewide organizations that most currently appropriated federal funds that have been delayed or withheld by the President, should begin to flow to States by then end of the federal fiscal year. PHEP has been specifically mentioned in these updates. However, as of this report there is no word from KDHE on them receiving these funds, which might mean this will happen right at the end of the federal budget year. But there is reason for optimism.
- Signed onto these joint letters of support on federal topics:
 - H.R. 4445, legislation to reauthorize the bipartisan-supported [Public Health and Bio-Preparedness Workforce Loan Repayment Programs](#) with 87 organizations including APHA, ASTHO, NACCHO and peer associations in Colorado, Connecticut,

- California, Maryland, Massachusetts, Missouri, New Jersey, Oregon, Texas, Washington, Wisconsin.
- Local Public Health: A Commonsense Investment action notice supported by NACCHO and sent to Kansas Delegation.
 - Release of currently appropriated federal funding by OMB action notice supported by NACCHO and sent to the Kansas Delegation
- Progress towards a Federal Fiscal Year (FFY) 2026 Budget on or before September 30, 2025 or by continuing resolution of the current FFY2025 Budget.
 - The Senate Appropriations Committee approved the FFY2026 Labor, Health and Human Services and Education appropriations bill on July 31, 2025 on a vote of 26-3. This bill still requires consideration by the full Senate and the House of Representatives before it could be considered by the President.
 - This is largely a status quo budget with many line items proposed for level funding or small changes. It is unlike budget proposed by the President and does not support the reorganization of Health and Human Services (HHS) or the Presidents Make America Healthy Again (MAHA) proposal.
 - PHEP FFY2026
 - Proposed \$933,200,000 in funding slightly less than the \$938,200,000 for FFY2025 (President had proposed \$587,678,000)
 - This includes level funding for cooperative agreements with states at \$735,000,000 (President had proposed \$350,000,000)
 - PHIG
 - Proposed \$350,000,000 in funding which is level with FFY2025 (President had proposed \$260,000,000)
 - Family Planning for Title X
 - Proposes \$286,479,000 for FFY2025 which is level with FFY2025 (could not find President's recommendation in the document I have available)
 - Immunization and Respiratory Diseases (a bucket of many funding sources)
 - Proposes \$913,291,000 in funding slightly less than the \$919,294,000 for FFY2025 (President had proposed \$963,291,000)
 - Chronic Disease Prevention and Health Promotion (a bucket of many funding sources)
 - Proposes \$1,428,914,000 in funding slightly less than the \$1,433,914,000 in FFY2025 President had proposed to zero out this funding, with less funding moved into his new MAHA funding category as a partial replacement)
 - The House Labor, Health and Human Services, Education, and Related Agencies Committee held a hearing on September 9, 2025 to review a "full markup" of their Federal Fiscal Year 2026 proposed budget bill. This has not been reviewed at the time of this report.

- H.R 1 Signed into law on July 4, 2025 included a provision for \$50 billion in a new program targeted at hospitals named the Rural Health Transformation Program (RHTP).
 - Includes \$25 billion to be split equally among states that submit and get approval for their transformation plans from the Centers for Medicare & Medicaid Services (CMS). And \$25 billion distributed on a formula that considers the states rural population, number of rural healthcare facilities and proportion of low-income patients served.
 - The law specifies December 31, 2025 as the deadline for CMS to approve submitted plans. When application materials will be available to states and if this time limit is realistic is not yet known.
 - This amount is spread over 5 years at \$10 billion per year. Or if divide equally among 50 states (which the 2nd part will not be) and an estimated 1,800 rural hospitals in the United States (per 2021 data from American Hospital Association) this is about \$111,111 per hospital.
 - HR1 lists eight potential uses for the funds which in most medicaid accounts has been described as focused on providing funding to keep rural hospitals viable.
 - The KDHE Secretary discussed this in a stakeholder meeting in July, at which time she shared that the application will likely come from the Governor's Grants Office for Kansas not from KDHE or another State Agency.

Kansas Legislative Update

- Monitored interim committee meetings including the:
 - Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight meetings in July and August. – Topics included briefings on HR1, general updates by KDHE and KDADS, update on measles outbreak, implementation of managed care organizations contracts and updates by those vendors, etc.
 - Joint Special Committee on Health and Social Services - Topic State Hospital staffing and exploration of privatization of some or all those functions.
 - Legislative Budget Committee – budget and revenue updates by KLRD staff, impact of HR1, impact of lost laboratory courier services by KDHE, KDADS staffing, federal claw back of Medicaid funds for K-12 education, Nursing education, and World Cup preparations were on the agenda.
- Followed up on an earlier discussion with Rep. Buehler, Chair of the House Social Services Budget Committee (where KDHE budget is worked) to try and get an in-person meeting with him in September. We have exchanged emails, he is interested, but a date has not been set.
- Submitted a proposal to KDHE and then presented it at their budget meeting for stakeholders on August 14, 2025. The proposal recommended they inform the Kansas Legislature of the full scope of lost federal funding for public health by asking for a dollar-for-dollar replacement with state funds. And expressed our continued support for a sustainable funding plan for the laboratory courier.
- Presented a proposal to the Kansas Association of Counties Legislative Policy Committee to ask them to consider including in their policy statement for 2026, a position on replacement

of lost federal funding by the State of Kansas and laboratory courier services. Any funding by the State could reduce the burden on local taxpayers (property or sales) or loss of services due to federal funding changes. This group will continue deliberations throughout the fall and determine their policy statement at the KAC Conference in December.

Important Dates to Remember

- [Kansas Public Health Association Conference](#), September 23-24, 2025, at the Eugene M. Hughes Metropolitan Complex, located in Wichita, Ks.
- October 21, 2025, KALHD Board Meeting (virtual)
- Kansas Association of Counties 50th Annual Conference at the Hyatt Regency in Wichita, Ks on December 9-11, 2025. Registration is now open at [this link](#).
- December 11, 2025 Annual membership meeting at the KAC Conference (see above). This is an in-person meeting and will have a virtual option as well.