

Kansas

At one time, Kansas used state funds under its general assistance program to provide the same range of health care to indigent families with children, adults over 55 and adults suffering from temporary or permanent disability, that the state provided to individuals who qualified for Medicaid benefits. Over the past decade, however, the legislature has drastically curtailed general assistance expenditures. In response, the Kansas Department of Social and Rehabilitation Services (DSRS) has narrowed the class of eligible recipient and limited medical coverage to a few categories of primary health care. As a result, state funded general assistance plays a relatively minor role in protecting the health of the state's indigent population. In Kansas, as in so many states, poor people who do not qualify for Medicaid have scant health care coverage.

I. Government Funded Care

A. General Assistance

Article IV, Section 7 of the Kansas Constitution provides “The respective counties of the state shall provide, as may be prescribed by law, for those inhabitants who by reason of age, infirmity, or other misfortune, may have claims upon the aid of society.”¹ Since 1974, all functions of county welfare agencies have been transferred to state government.²

The state provides financial aid and medical care under its general assistance program. General assistance provides aid to three groups: (1) families in which a minor child or pregnant woman resides, (2) foster children, (3) adults who meet Social Security disability standards, and (4) individuals who are caring for disabled persons whose conditions do not permit self-care.³ State law also authorizes DSRS to provide transitional assistance to other needy adults, although the state does not currently extend aid to anyone outside these four categories.⁴

¹Kan. Const., Art. VII, § 4. This section explicitly permits the state to participate financially in aid programs, and to supervise and control the administration of aid to the poor.

²Kan. Stat. Ann. § 39-744.

³Kan. Stat. Ann. § 39-709(d); Kan. Adm. Reg. § 30-4-90. DSRS has adopted simplified disability listings that in some cases, may be easier to meet than social security listings. At one time, Kansas provided general assistance to a much broader range of disabled recipients. Prior to 1993, single adults could receive general assistance if they could prove that they suffered from disabilities that constituted a substantial handicap to gainful employment. *Bullock v. Whitman*, 865 P.2d 197, 199 (Kan. 1994). Now they must show that their disabilities render them unable to perform any substantial gainful employment in the national economy. Kan. Adm. Reg. § 30-4-90. Before 1993, general assistance recipients were required to show that their disability would last for at least thirty days. Now they must establish that their disabilities are likely to last at least twelve months or result in death. Kan. Adm. Reg. § 30-4-90.

⁴Kans. Stat. Ann. § 39-709(d).

Applicants also must establish that they lack sufficient income and resources to provide a reasonable subsistence compatible with decency and health.⁵ DSRS establishes income and resource levels by regulation.⁶ Individuals whose income exceed levels set by DSRS are ineligible for medical and financial assistance, regardless of the amount of their medical expenses.

As with similar programs in other states, general assistance is a program of last resort. Individuals who qualify for federally funded programs are ineligible for general assistance.⁷

Non-disabled adults under 60 and children over the age of 16 who are not full-time students, must seek and maintain employment and must participate in state work programs as a condition of receiving general assistance benefits.⁸ In addition, general assistance benefits are limited to citizens, permanent residents and individuals permanently residing in the state under color of law.⁹

The MediKan program currently provides the following benefits to recipients: (1) twelve physician office visits per year, (2) diagnostic lab and radiology services, (3) prescription drugs, (4) durable medical equipment other than prosthetics and orthotics, (5) outpatient hospital diagnostic and lab services, and (6) limited community health and hospitalization services.¹⁰ At one time, the medical component of general assistance, commonly referred to as MediKan, provided relatively generous benefits to recipients. In 1989, in response to general assistance budget cuts, DSRS adopted regulations which would have eliminated the MediKan Program.¹¹ Kansas Legal Services filed suit to challenge these regulations and, in 1991, DSRS proposed new regulations, which restricted eligibility for general assistance and eliminated most medical services under MediKan.¹²

In 1993, the Kansas Supreme Court rejected a challenge to these new regulations based upon the state's constitutional mandate for aid to the poor. The court concluded that new restrictions on eligibility, which eliminated general assistance for non-disabled adults aged 55 were not unreasonable, because they "limit[ed] eligibility to those most able to cope with, or recover from, their economic misfortune."¹³ The court concluded that the state's elimination of most categories of medical benefits also was permissible, since "neither the state constitution nor our state statutes mandate that

⁵Kan. Stat. Ann.. § 39-109(d)(1)(A).

⁶Kan. Adm. Reg. §§ 30-4-108 and 30-4-109

⁷Kan. Stat. Ann.. § 39-109(d).

⁸Kan. Adm. Reg. § 30-4-63.

⁹Kan. Adm. Reg. § 30-4-54.

¹⁰*Bullock v. Whitman*, 865 P.2d at 201.

¹¹*Id.*

¹²*Id.* at 203.

¹³*Id.* at 204.

S.R.S....meet in full measure all the legitimate needs of the recipient.”¹⁴

B. County Hospitalization Funds

Counties with between 175,000 and 200,000 inhabitants may levy property taxes for the creation of a fund to pay for the hospitalization of indigent people who have resided in the county continuously for at least one year and in the state for at least two of the four years preceding their hospitalization.¹⁵

C. School Health Services

Under state law, local school authorities are required to provide free annual dental inspections to all schoolchildren and free vision tests to schoolchildren once every two years.¹⁶ To the extent of available funding, local health departments must provide inoculations and tests to schoolchildren deemed necessary by the Department of Health and Environment. Local health departments are also charged with providing health screening to children entering school whose health has not been assessed by a private provider. Inoculations, tests and health assessments may be provided to schoolchildren on a sliding scale basis.

D. Other Services

The state makes available additional health services that are available to its indigent residents. Pursuant to state statutes, the state provides (1) aid to hemophilia patients who are unable to pay for services,¹⁷ (2) free products for the treatment of metabolic disorders in children,¹⁸ and (3) free testing, counseling and advice for individuals with sickle cell anemia, as well as financial assistance for treatment.¹⁹ The state also pays for the care and treatment of individuals with active tuberculosis to the extent that they are uninsured and lack the ability to pay.²⁰

¹⁴*Id.* at 206. As a result of this decision, the following services were eliminated from MediKan: (1) All hospital services, other outpatient diagnostic and radiology services; (2) all physicians services, apart from twelve office visits per year; (3) local health department services, (4) rural health services; (5) ambulance services; (6) home health services; (7) nursing services; (8) inpatient psychiatric care; (9) substance abuse services; (10) targeted case management; (11) orthotics and prosthetics; (12) outpatient surgery; (13) dental care; (14) hearing care; (15) chiropractic care; (16) family planning; and (17) hospice services. *Id.* at 201.

¹⁵Kan. Stat. Ann. § 39-415.

¹⁶Kan. Stat. Ann. § 72-5201.

¹⁷Kan. Stat. Ann. § 65-1,132.

¹⁸Kan. Stat. Ann. § 65-1,153.

¹⁹Kan. Stat. Ann. § 65-180.

²⁰Kan. Stat. Ann. § 65-116a.

F. State Commission on Access to Services for the Medically Indigent and Homeless

In 1987, the state established a formal commission to study and report on the best way to provide services to the medically indigent and the homeless.²¹ The commission expired at the end of 1990. Since that time, state government has undertaken no new initiatives to expand medical care to the indigent, but has instead greatly contracted the scope of medical services available to the state's indigent population.

²¹Kan. Stat. Ann. § 74-8501.