KANSAS
MATERNAL &
CHILD HEALTH

Kansas Maternal and Child Health Council

This project is supported by
the Kansas Department of Health and Environment
with funding through the Health Resources and
Services Administration (HRSA) of the
US Department of Health and Human Services (HHS)
under grant number B04MC32543
and Title V Maternal and Child Health Services

Kourtney Bettinger

Amy Dean-Campmire

Sheena Schmidt

Kari Harris

Jennifer Miller

Heidi Hartner

Kourtney Bettinger

Amy Dean-Campmire

Sheena Schmidt

Kari Harris

KMCHC Chair

Heidi Hartner

Jennifer Miller

Welcome Members

Kourtney Bettinger

Kansas Medicaid
Medical Director

Amy Dean-Campmire

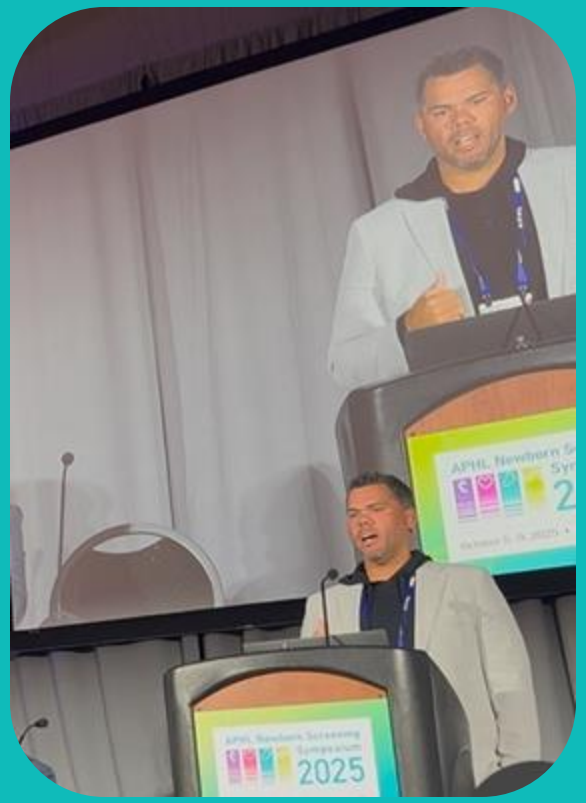
Jennifer Miller

Kari Harris

Sheena Schmidt

Heidi Hartner

Member Update: KDHE Staff – State Action Plan Highlights



Congratulations
Drew Duncan!

Kourtney Bettinger

Kansas Medicaid
Medical Director

Member Update: KDHE Staff – State Action Plan Highlights

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Denise Cyzman

HR1 Budget Reconciliation Bill | Kansas Impacts

KANSAS HEALTH INSTITUTE
30 YEARS
khi.org
Informing Policy. Improving Health.

Federal Policy Updates: Implications for Kansas

October 15, 2025

Hello!

Sheena L. Schmidt, M.P.P.
Senior Analyst &
Strategy Team Leader
Kansas Health Institute

✉ sschmidt@khi.org

Who We Are

- Nonprofit, nonpartisan educational institution based in Topeka.
- Established in 1995 with a multi-year grant from the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.

Medicaid and the Children's Health Insurance Program (CHIP)

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Medicaid (KanCare): Quick Facts

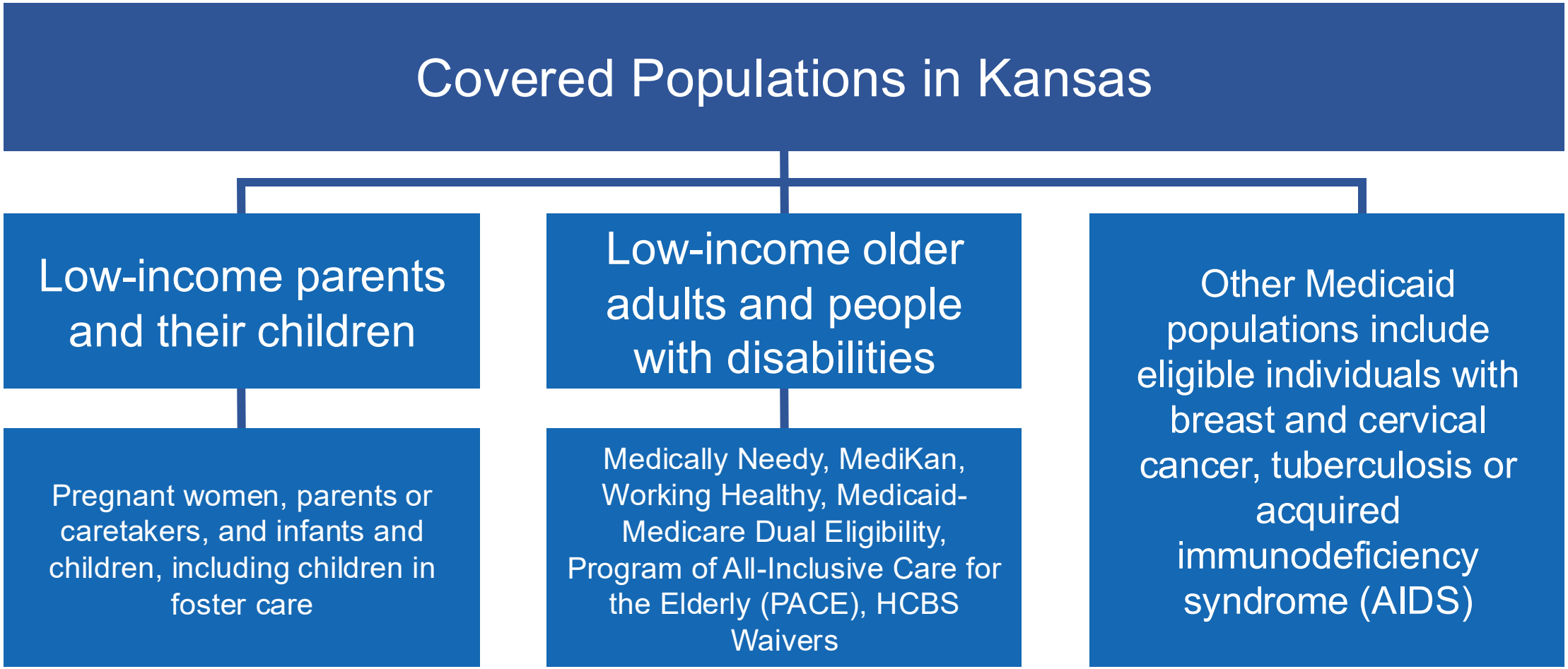
Medicaid is the **third-largest domestic program** in the federal budget, behind only Medicare and Social Security.

In fiscal year (FY) 2025, the **FMAP in Kansas is 61.87 percent**, meaning that for every $1 that Kansas spends on Medicaid, the federal government contributes $1.62.

The FY 2025 **FMAP for the Children's Health Insurance Program (CHIP) is 73.31 percent** in Kansas.

Medicaid is administered by the **Kansas Department of Health and Environment** and the **Kansas Department for Aging and Disability Services**. Kansas contracts with **managed care organizations (MCOs)** that provide health coverage.

Medicaid Populations



Impacts of the OBBBA on Medicaid and CHIP in Kansas

Key Findings

Limits on Medicaid Financing Tools

- New restrictions on provider taxes and state-directed payments

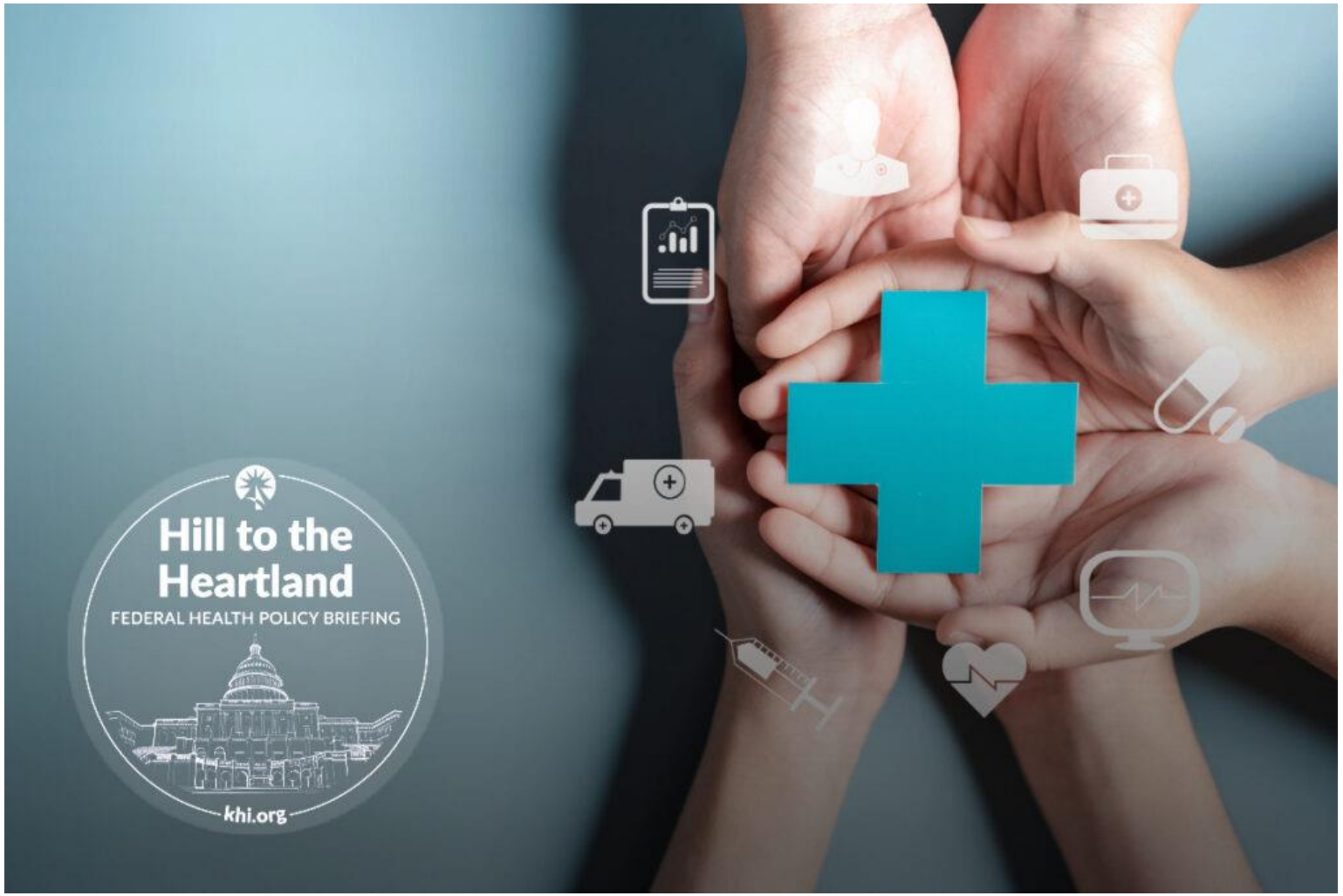
Enrollment and Administrative Changes

- Shortened retroactive coverage windows
- Stricter eligibility
- New verification requirements for agencies

Reduced Incentives for Medicaid Expansion

- Sunset of enhanced FMAP two-year incentive for states that decide to expand Medicaid.

Impacts of the OBBBA on Medicaid and CHIP in Kansas



bit.ly/478eSFF

Marketplace Insurance

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Impacts of Federal Policy Changes the Marketplace in Kansas

Key Updates

Sunsetting of Enhanced Tax Credits

- An estimated 49,000 would become uninsured due to changes in the ACA marketplace from OBBBA, including sunsetting of enhanced tax credits.

2025 Final Rule and OBBBA

- Shortening the open enrollment period from 75 days to 45 days.
- Eliminating the low-income special enrollment period.
- Updating the definition of lawfully present.

Other Provisions in OBBBA

- Eliminating repayment caps for excess tax credits.
- Verifying eligibility before enrollment.

Supplemental Nutrition Assistance Program (SNAP)

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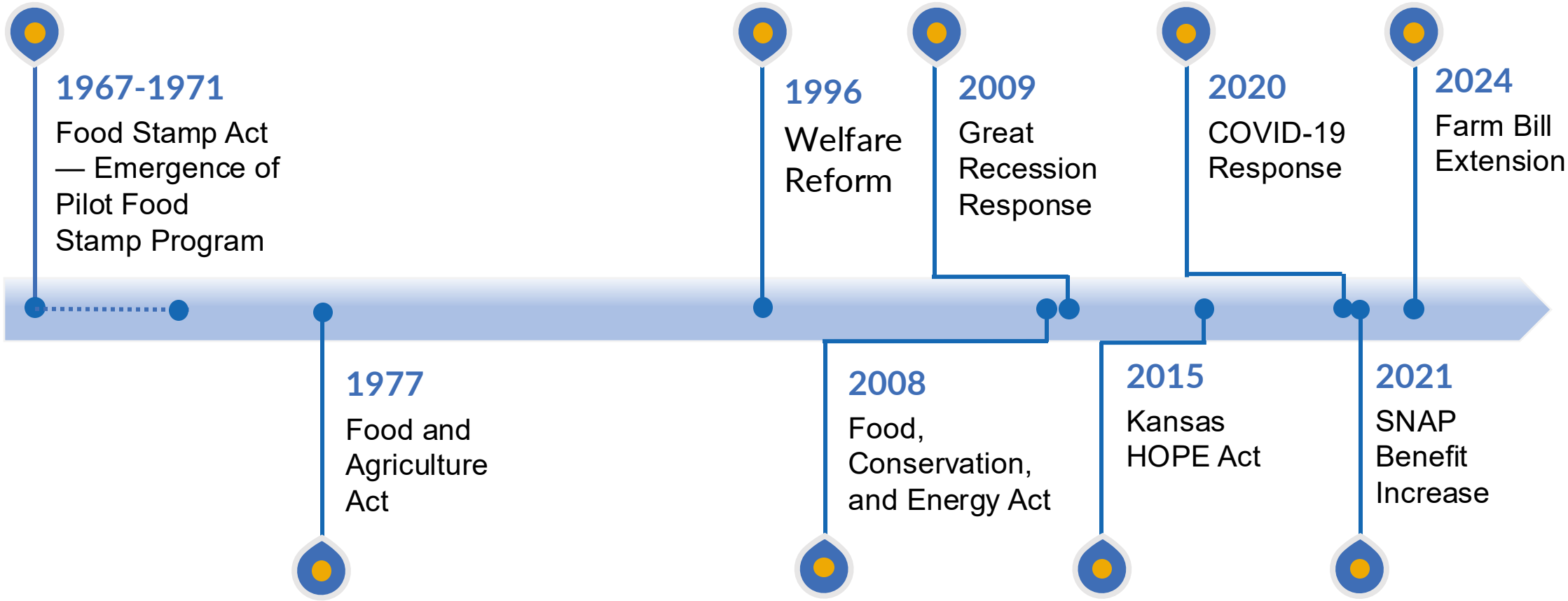
SNAP: A Brief History in Kansas



One Big Beautiful Bill Act and SNAP

Some Key Updates

Eligibility

- Expands ABAWD work requirements to ages 18-64.
- Further narrows eligibility (E.g., excluding refugees, asylees and trafficking and domestic violence survivors)

Cost Sharing

- Reduces federal match for state administrative costs from 50% to 25%.
- Introduces cost sharing of benefit allotments based on SNAP payment error rates.

Thrifty Food Plan Restrictions

- Restricts benefit growth to inflation adjustments only until at least Oct. 1, 2027.

SNAP-Ed

- Ends SNAP-Ed program Dec. 1, 2025.

Recent Updates

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Federal Government Shutdown

Key Updates

Federal Health Agencies

- Contingency plans were triggered across federal agencies on Oct. 1.
- Continuing essential food, safety and health services, but pausing most inspections, grant reviews and funding opportunities that were set to begin Oct. 1.

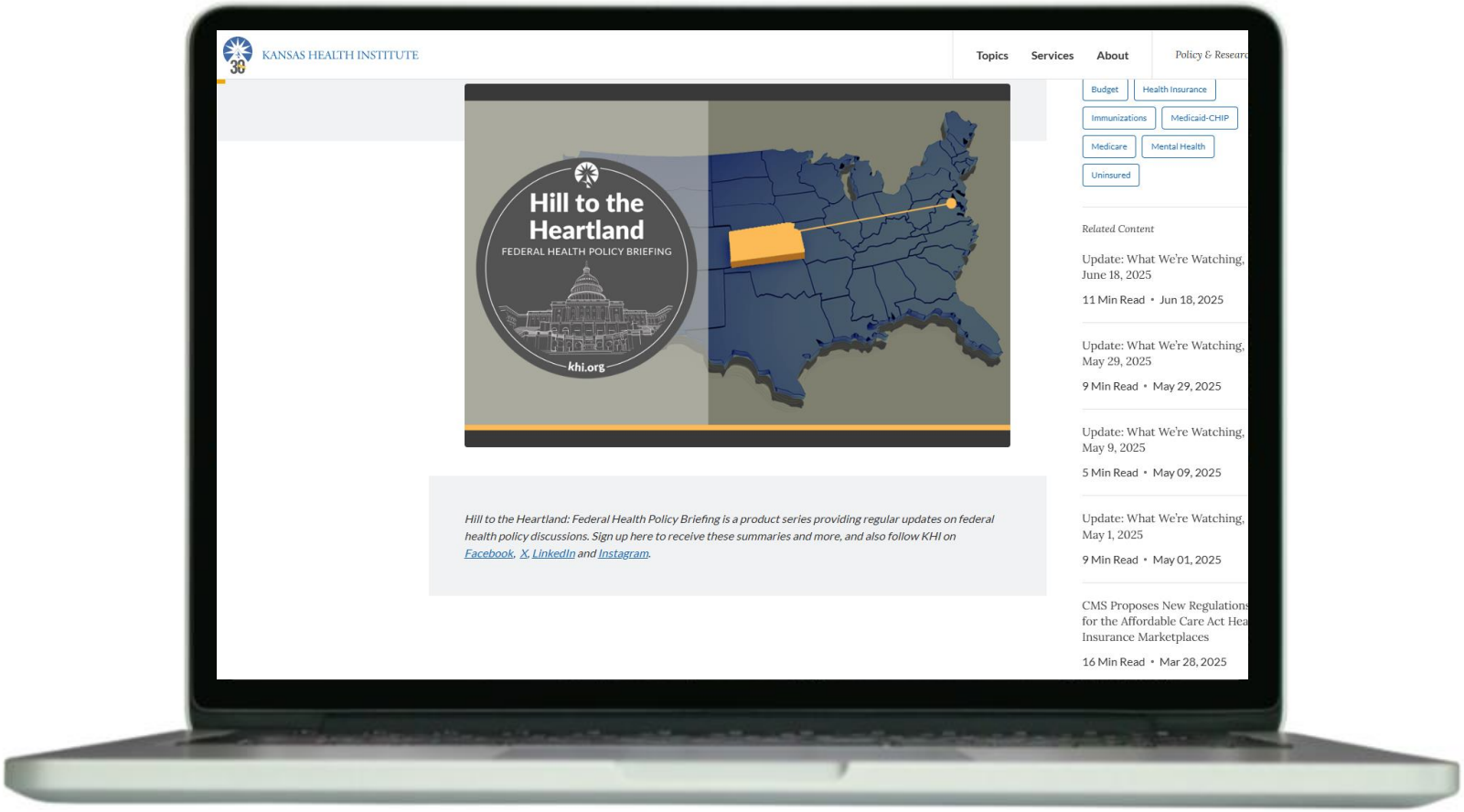
Nutrition Assistance

- WIC is operating on short-term contingency funds (but does not cover administrative costs).
- Some counties have approved additional funding to cover salaries until the end of October, while others are looking at closing offices.
- Program currently being funded with tariff revenue but may be short-term source of funding.

Community Health Centers

- Mandatory federal funding expired on Sept. 30.
- More than 20 CHCs in Kansas are preparing for potential service disruptions and are monitoring cash flow carefully.

Stay Informed with Hill to the Heartland



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Connect With Us

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212 SW 8th Avenue | Topeka, KS | 785.233.5443

Kourtney Bettinger

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Federal Cuts to Child, Maternal, and Infant Health Programs and Impact on Kansas

Kourtney Bettinger

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Sheena Schmidt

Kari Harris

Jennifer Miller

Kansas Maternal & Child Health
Title V Director
Kansas Dept of Health & Environment

Heidi Hartner

Denise Cyzman

Title V State Action Plan & Federal Site Review Results

Title V MCH Block Grant Kansas Updates

FFY2026 Application/FFY2024 Annual Report

October 8, 2025

KANSAS MATERNAL & CHILD HEALTH

Updates Since Submission

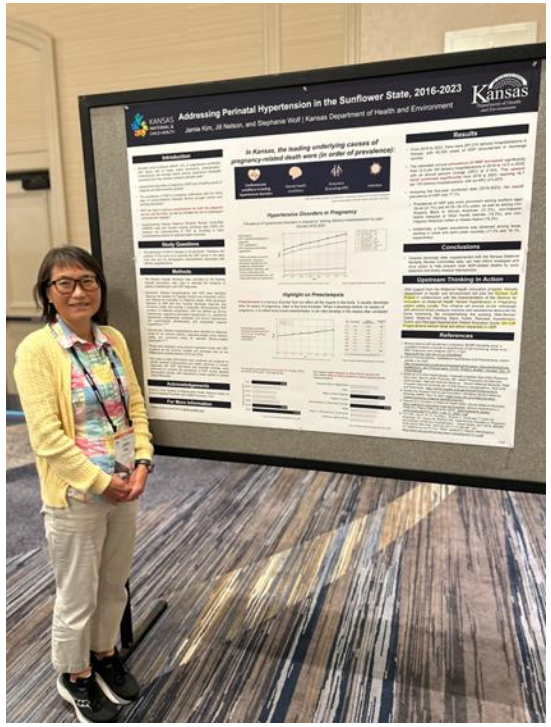
Program Activities and Staffing

Kansa


remembering mothers that should be here with us....
Day TWO
A Million Moments
for Maternal Mortality Prevention
"The GREATEST STORY you will tell is the STORY of WHO YOU ARE."
ALL of the HARM that HAPPENED TO ME IS A REFLECTION OF MY COMMUNITY
Christina Love
When my baby was born, I was born a... Mom
I Became the MOM I needed
House on the water
ESTABLISH TRUST
The PEOPLE WHO NEED SUPPORT THE MOST ARE THE LEAST LIKELY TO ACCESS IT & The FURTHEST FROM POWER & RESOURCES
COMPASSION IS THE ANTIDOTE TO SHAME
SHAME prevents us from HEALING
PERMISSION TO DREAM
HEALING-CENTERED ENGAGEMENT
LIBERATION
HOPE
Empowerment Encouragement Validation
EVERY SINGLE ENCOUNTER WE HAVE THE OPPORTUNITY TO HELP OTHERS HEAL
IDENTITY CULTURE
You are so much more than the harm that has happened to you
How are you COPING?
"You can join me, up here on this bench anytime."
CULTURALLY RELEVANT SUPPORT SAVES LIVES
"Your Mental Health & Feeding BABY are CONNECTED"
PRACTICES VALUES
EVERY DROP COUNTS
"FEEDING is SACRED, ANCESTRAL"
"You CAN come see me AS LITTLE OR AS MUCH AS you WANT/NEED."
Find YOUR PERSON
NORMALIZE COMBO-FEEDING
THINK SUSTAINABILITY
APPROACH MATTERS
TRIPLE FEEDING IS NOT SUSTAINABLE
MESSAGES & LANGUAGE & ATTITUDE MAKE ALL THE DIFFERENCE
BLACK LACTATING FAMILIES are 9 Times MORE LIKELY TO BE OFFERED FORMULA ASSUMPTIONS
"UNKNOWNS" BABY GETTING ENOUGH BREAST MILK
UNFORGETTABLE moments OF CARE & DIGNITY
"everyone has something they don't trust to share."
LACTATION IS POLITICAL
"You can RECOVER" -Paul Finch
YOU CARRY the POSSIBILITY TO BE SOMEONE'S PERSON & HOLD HOPE
HOPE
PAUL FINCH HELD HOPE FOR ME, BEFORE I HAD HOPE FOR MYSELF
PEER SUPPORT is LIVING REPRESENTATION of what is POSSIBLE!! HIRE THEM!
TRUST BUILDING IS THE BED-ROCK OF THIS WORK
"You're NOT a BAD PERSON"
"NOTHING COULD MAKE me STOP LOVING you" -Betty McCalister
17 yrs Clean
My son is 16 yrs
"My baby SAVED my life"
COERCED INTO USING DRUGS
PASSED OUT FOR 3 DAYS
WAS TRAFFICKED
WOKE UP IN A DITCH
FOUND OUT I WAS PREGNANT
DETOXING, THREW UP
TREATED LIKE TRASH
by a nurse & law enforcement
IPV!
SO MUCH SHAME
KU THE UNIVERSITY OF KANSAS | Center for Public Partnerships and Research
Visual drawn live by Sara O'Keeffe

Bright Spots

- Women's Health Partnership with SENT, Inc.
- CityMatCH Award for Best Research Poster.
- Becoming a Mom® Prenatal Education Program, Implemented through the Kansas Perinatal Community Collaborative Model, accepted to the MCH Innovations Database as a Promising Practice.



Stakeholder Engagement

- Completed Key Informant Interviews of Father-Serving Organizations.
  - Working on IRB Documents for Fatherhood Focus Groups.
- Launched a Fatherhood Group as part of the FAC.
- Spoke with Governor's Youth Subcommittee about Title V.
- Local Workgroups Engaged in BaM Curriculum Adaptation for Low-Literacy and English Language Learner Populations.
- BaM Participant Review and Feedback of Adapted Curriculum Drafts.

Title V Staffing Updates

- **Child/Adolescent Consultant**
- **SHCN Care Coordinator**
- **Lead SHCN Care Coordinator**
- **MCH Program Manager**
- **BaM Program Manager**

Bureau Staffing Updates

- **Family Planning Program Manager**
- **Family Planning Consultant**

KANSAS MATERNAL & CHILD HEALTH

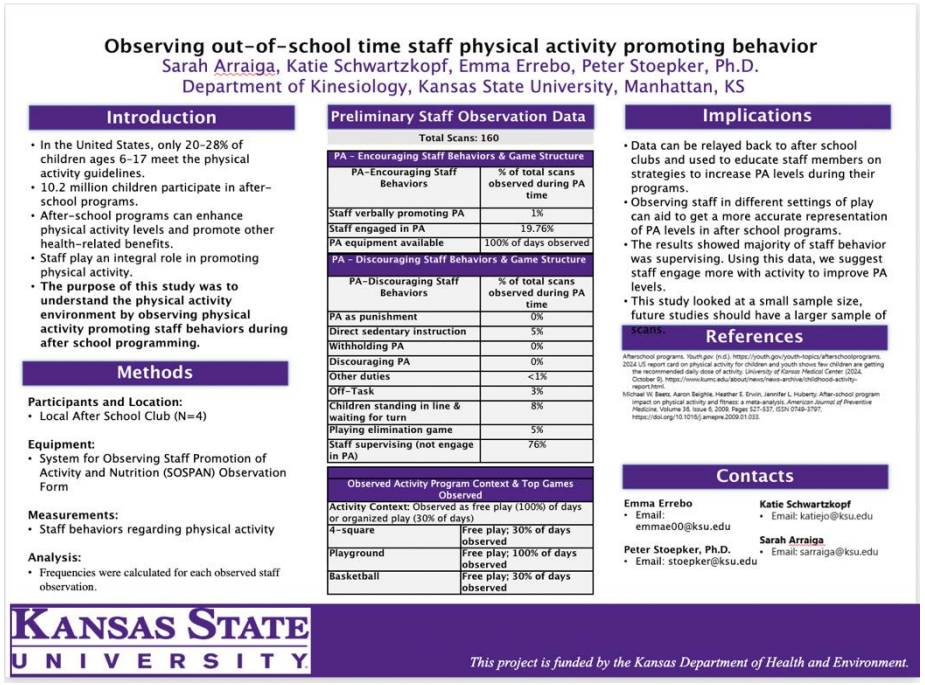
MCHB Topics of Interest

Medicaid Technical Assistance

- **Interagency Agreement Revisions**
- **Center for Maternal and Child Health Medicaid Partnerships**
  - Webinars
- **Successes**
  - TMaH Partnership
  - KMCHC
  - Working Group(s)
  - Data Linkages
- **Challenges**
  - Capacity

Alignment with Administrative Priorities: Chronic Disease Epidemic

- **Partnership with K-State on out-of-school activity time**
- **Tobacco Cessation Program**
  - Discussions are starting on the development of motivational interviewing workshops for providers who work with adolescents.



Observing out-of-school time staff physical activity promoting behavior

Sarah Arraiga, Katie Schwartzkopf, Emma Errebo, Peter Stoepker, Ph.D.
Department of Kinesiology, Kansas State University, Manhattan, KS

Introduction

- In the United States, only 20-28% of children ages 6-17 meet the physical activity guidelines.
- 10.2 million children participate in after-school programs.
- After-school programs can enhance physical activity levels and promote other health-related benefits.
- Staff play an integral role in promoting physical activity.
- **The purpose of this study was to understand the physical activity environment by observing physical activity promoting staff behaviors during after school programming.**

Methods

Participants and Location:
- Local After School Club (N=4)

Equipment:
- System for Observing Staff Promotion of Activity and Nutrition (SOSPAN) Observation Form

Measurements:
- Staff behaviors regarding physical activity

Analysis:
- Frequencies were calculated for each observed staff observation.

Preliminary Staff Observation Data

Total Scans: 160

PA - Encouraging Staff Behaviors & Game Structure	
PA-Encouraging Staff Behaviors	% of total scans observed during PA time
Staff verbally promoting PA	1%
Staff engaged in PA	19.76%
PA equipment available	100% of days observed
PA - Discouraging Staff Behaviors & Game Structure	
PA-Discouraging Staff Behaviors	% of total scans observed during PA time
PA as punishment	0%
Direct sedentary instruction	5%
Withholding PA	0%
Discouraging PA	0%
Other duties	<1%
Off-Task	3%
Children standing in line & waiting for turn	8%
Playing elimination game	5%
Staff supervising (not engage in PA)	76%

Observed Activity Program Context & Top Games Observed	
Activity Context: Observed as free play (100%) of days or organized play (30% of days)	
4-square	Free play; 30% of days observed
Playground	Free play; 100% of days observed
Basketball	Free play; 30% of days observed

Implications

- Data can be relayed back to after school clubs and used to educate staff members on strategies to increase PA levels during their programs.
- Observing staff in different settings of play can aid to get a more accurate representation of PA levels in after school programs.
- The results showed majority of staff behavior was supervising. Using this data, we suggest staff engage more with activity to improve PA levels.
- This study looked at a small sample size, future studies should have a larger sample of scans.

References

Afterschool programs. Youth.gov (n.d.). https://youth.gov/youth-topics/afterschoolprograms.
2024 US report card on physical activity for children and youth shows few children are getting the recommended daily dose of activity. University of Kansas Medical Center (2024, October 9). https://www.kumc.edu/about/news/news-archive/childhood-activity-report.html.
Michael W. Beets, Aaron Beighle, Heather E. Erwin, Jennifer L. Huberty. After-school program impact on physical activity and fitness: a meta-analysis. *American Journal of Preventive Medicine*, Volume 36, Issue 6, 2009. Pages 527-537, ISSN 0749-3797. https://doi.org/10.1016/j.amepre.2009.01.033.

Contacts

Emma Errebo
- Email: emmae00@ksu.edu

Katie Schwartzkopf
- Email: katiejo@ksu.edu

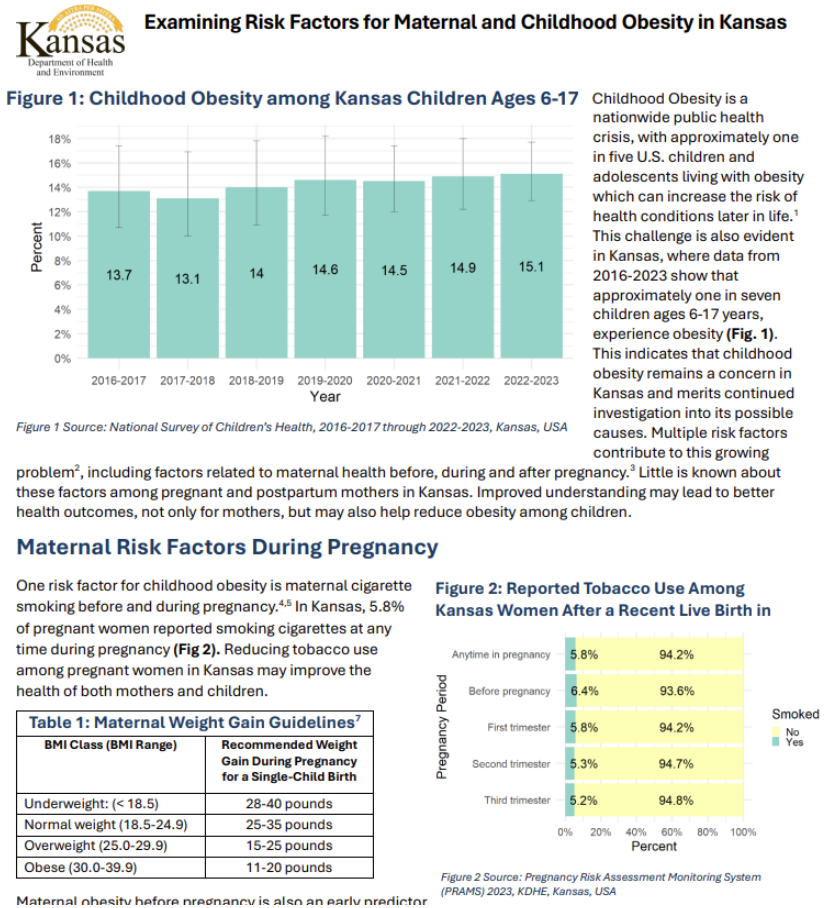
Peter Stoepker, Ph.D.
- Email: stoepker@ksu.edu

Sarah Arraiga
- Email: sarraiga@ksu.edu

KANSAS STATE UNIVERSITY

This project is funded by the Kansas Department of Health and Environment.

Alignment with Administrative Priorities: Chronic Disease Epidemic



Kansas Department of Health and Environment

Examining Risk Factors for Maternal and Childhood Obesity in Kansas

Figure 1: Childhood Obesity among Kansas Children Ages 6-17

Figure 1 Source: National Survey of Children's Health, 2016-2017 through 2022-2023, Kansas, USA

Childhood Obesity is a nationwide public health crisis, with approximately one in five U.S. children and adolescents living with obesity which can increase the risk of health conditions later in life.[1] This challenge is also evident in Kansas, where data from 2016-2023 show that approximately one in seven children ages 6-17 years, experience obesity **(Fig. 1)**. This indicates that childhood obesity remains a concern in Kansas and merits continued investigation into its possible causes. Multiple risk factors contribute to this growing problem[2], including factors related to maternal health before, during and after pregnancy.[3] Little is known about these factors among pregnant and postpartum mothers in Kansas. Improved understanding may lead to better health outcomes, not only for mothers, but may also help reduce obesity among children.

Maternal Risk Factors During Pregnancy

One risk factor for childhood obesity is maternal cigarette smoking before and during pregnancy.[4,5] In Kansas, 5.8% of pregnant women reported smoking cigarettes at any time during pregnancy **(Fig 2).** Reducing tobacco use among pregnant women in Kansas may improve the health of both mothers and children.

Figure 2: Reported Tobacco Use Among Kansas Women After a Recent Live Birth in

Figure 2 Source: Pregnancy Risk Assessment Monitoring System (PRAMS) 2023, KDHE, Kansas, USA

Table 1: Maternal Weight Gain Guidelines[7]

BMI Class (BMI Range)	Recommended Weight Gain During Pregnancy for a Single-Child Birth
Underweight: (< 18.5)	28-40 pounds
Normal weight (18.5-24.9)	25-35 pounds
Overweight (25.0-29.9)	15-25 pounds
Obese (30.0-39.9)	11-20 pounds

Maternal obesity before pregnancy is also an early predictor

- The Title V Epidemiology Team routinely provides data updates to increase awareness of ongoing and emerging issues in MCH.
- The pictured document was developed by an MCH epidemiologist to provide up-to-date information on risk factors for childhood and maternal obesity in Kansas. This was shared on the KDHE website and with Title V partners.

Alignment with Administrative Priorities: Autism

- Partnership with KU Medical Center's Kansas Leadership Education in Neurodevelopmental and related Disabilities (LEND) Training Program
  - Provides Kansas childcare providers with monthly training on developmental disability topics such as autism red flags and screening to speech language development to positive behavioral supports and many others.
- Statewide Autism Coalition
  - KDHE in partnership with the Kansas Department for Aging and Disability Services (KDADS) is convening this coalition. Meetings are monthly and include a range of professionals and key stakeholders. The coalition members have agreed upon a shared mission and vision. The group has split into three subgroups of Access, Policy and Workforce where they have been going over the 2021 Autism Task Team Report to identify work that has been done, what needs to still be done and what may be missing from that report.
    - ***Mission***
      The Kansas Statewide Autism Coalition works to strengthen service coordination, expand access to resources and shape informed policy through collaborative partnerships with individuals with autism, their families, service providers and agencies across the state.
    - ***Vision***
      A Kansas where individuals with autism and their families are empowered, embraced by all communities and have equitable access to high-quality supports and services.

Alignment with Administrative Priorities: Mental Health

Alignment with Administrative Priorities: Strengthening Work with Tribes

- **KMMRC:** The KMMRC Coordinator has worked to increase tribal representation on the review committee. There are currently three members of the review team with a tribal heritage.

- **Southern Plains Tribal Health Board:** The KMMRC Coordinator and Epidemiologist have been participating in a collaborative assessing the feasibility of a tribally led MMRC, either at the regional or on the national level. The KMMRC Executive Team approved to asking the Tribal Health Board Epidemiologist to join the committee.

KANSAS MATERNAL & CHILD HEALTH

Find Us Online!

https://www.kdhe.ks.gov/162/Personal-Family-Health

https://kansasmch.org/default.asp

KANSAS MATERNAL & CHILD HEALTH

Discussion and Questions

Kourtney Bettinger

Amy Dean-Campmire

Sheena Schmidt

Kari Harris

Jennifer Miller

Heidi Hartner

Kansas Dept of Health & Environment
Division of Finance

Denise Cyzman

Kansas Transforming Maternal Health (TMaH) Grant Update

Kourtney Bettinger

Amy Dean-Campmire

Sheena Schmidt

Kari Harris

Jennifer Miller

Heidi Hartner

Denise Cyzman

Executive Director
Kansas Chapter, American Academy of Pediatrics

Domain Workgroups

KANSAS MATERNAL & CHILD HEALTH

Domain Workgroups

Expectations for Domain Work Groups

- Stay present and participate actively.
- Invite everyone into the conversation. Take turns talking.
- ALL feedback is valid. There are no right or wrong answers.
- Value and respect different perspectives (providers, families, agencies, etc.).
- Be relevant. Stay on topic.
- Allow facilitator to move through discussion questions.
- Avoid repeating previous remarks.
- Disagree with ideas, not people. Build on each other's ideas.
- Capture "side" topics and concerns; set aside for discussion and resolution at a later time.
- Reach closure and summarize conclusions or action steps for small group reports.

Expectations for Domain Work Groups

Actively listen.

Be Part of the Conversation. Speak your mind.

Share the Workload. Volunteer for Action Steps.

Set action steps and team roles in the remaining 5 minutes of the discussion.

Work Group Questions

1. What were the most critical takeaways from today's presentations?

2. Summarize your workgroup's progress on your Special Project since the last meeting.

3. Update your action plan with action steps and identify work group members responsible for tasks.

Work Group Projects

Women/Maternal: Develop a universal, consistent prenatal risk assessment form that includes clinical and social determinants of health data.

Perinatal/Infant: Welcome postcard for all Kansas babies.

Children: Help parents and caregivers access resources to address their child's behavioral health needs.

Adolescents: Improve civic engagement for adolescents.

YOUR FACILITATORS

WOMEN/MATERNAL

Kayla Stangis| Maternal Health Innovation Coordinator

KDHE Bureau of Family Health

PERINATAL & INFANT

Stephanie Wolf| Clinical Perinatal/Infant Health Consultant
Kansas Perinatal Community Collaboratives Program Coordinator

KDHE Bureau of Family Health

CHILDREN

Cora Ungerer | Title V CSHCN Director

KDHE Bureau of Family Health

ADOLESCENT

Jennifer Miller | State Maternal Child & Health Director

KDHE Bureau of Family Health

WORK GROUP ASSIGNMENTS

Women/Maternal

Anton Room

Facilitator: Kayla Stangis

Recorder: Britney Nasseri

Antje	Anji
Megan	Askins
Deena	Carmona
Mariah	Chrans
Carol	Cramer
Amy	Dean-Campmire
Patricia	Fox
Lisa	Frey Blume
Sapphire	Garcia
Shalae	Harris
Jamie	Kim
Karly	Lauer
Patricia	McNamar
Pempho	Moyo
Jill	Nelson
Oluwakemi	Onyenagubo
Lisa	Shoop
Christi	Smith
Juliet	Swedlund
Kristi	Weaver
Tara	Wells
Kendra	Wyatt

Perinatal/Infant

Hughes Room

Facilitator: Stephanie Wolf

Recorder:

Carrie	Akin
Deborah	Alliston
Brenda	Bandy
Kourtney	Bettinger
Heather	Braum
Stacy	Clarke
Drew	Duncan
Stephen	Fawcett
Sara	Hortenstine
Stephanie	Jerguson
Brandi	Markert
Susan	Pence
Caroline	Rodriguez
Cari	Schmidt
Katie	Schoenhoff
Christy	Schunn
Kali	Steelsmith
Maria	Torres
Stephanie	Wolf

Children

Perkins Room

Facilitator: Cora Ungerer

Recorder: Ali Braun

Linda	Buchheister
Cristi	Cain
Stacy	Clarke
Stephanie	Coleman
Vanessa	Eberle
Derik	Flerlage
Cory	Gibson
Dione	Guyton
Kaitlin	Johnson
Emily	Kessler-Serafin
Monique	Koerner
Julie	Laverack
Karen	Perez
Zachary	Ray
Cherie	Sage
Heather	Schrotberger
Peter	Stoepker
Maddie	Wegner
Elizabeth	Whitson

Adolescent

Marvin A

Facilitator: Jennifer Miller

Recorder: Jennifer Miller

Jennifer	Brunning
Linda	Buchheister
Lisa	Chaney
Geno	Fernandez
Holly	Frye
Jason	Geslois
Kirstianna	Guerrero
Afsheen	Hasan
Kari	Harris
Sarah	Hinton
Elaine	Johannes
Shannon	Kennedy
Steve	Lauer
Sookyung	Shin
Melissa	Valenza
Natalie	Watkins
Liz	Whitson
Donna	Yadrich
Daina	Zolck

Float: Denise Cyzman, Michelle Horst

KANSAS MATERNAL & CHILD HEALTH

Enjoy Your Lunch

SEE YOU BACK IN 10 MINUTES

KANSAS MATERNAL & CHILD HEALTH

Welcome Back

TIME FOR REPORT OUTS

DOMAIN WORKGROUP REPORT OUT

WOMEN/MATERNAL

Develop a Universal and Consistent Prenatal Risk Assessment Form that Includes Clinical and Social Determinants of Health Data

PERINATAL/INFANT

Welcome Postcard for all Kansas Babies

CHILDREN

Help Parents and Caregivers Access Resources to Address their Child's Behavioral Health Needs.

ADOLESCENT

Improve Civic Engagement for Adolescents

Member Announcements

THE FLOOR IS YOURS!

KANSAS MATERNAL & CHILD HEALTH

Kansas Department of Health and Environment

Kourtney Bettinger

Amy Dean-Campmire

Sheena Schmidt

Kari Harris

KMCHC Chair

Heidi Hartner

Denise Cyzman

Jennifer Miller

Closing

We Want Your Feedback!

Scan the QR Code for Evaluation

KANSAS
MATERNAL &
CHILD HEALTH

Next Meeting Dates

January 14, 2026
9:00am - noon
Virtual

May 2026
10:00am – 2:00pm
Topeka Shawnee Public Library

Contact information

Jennifer Miller
State MCH/Title V Director
Jennifer.miller@ks.gov

Denise Cyzman
KAAP Executive Director
denise.cyzman@kansasaap.org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Kansas
Department of Health
and Environment

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