

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at 1:30 p.m. on January 22, 2004 in Room 231-N of the Capitol.

All members were present except:

Senator Pete Brungardt- excused

Committee staff present:

Ms. Emalene Correll, Legislative Research

Mr. Norm Furse, Revisor of Statutes

Mrs. Diana Lee, Revisor of Statutes

Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee:

Ms. Chris Clarke, Principal Auditor

Ms. Linda Kenney, Director, Bureau for Children,
Youth, and Families

Others attending:

Please See Attached List.

Handout

Upon calling the meeting to order, Chairperson Wagle asked the Committee to look at the first handout for their reading regarding "State Level Estimates of Annual Medical Expenditures Attributable to Obesity" from the Department of Health and Human Services and signed by Dr. Dietz. She stated that this handout is the information requested during the joint committee meeting of the Senate Public Health and Welfare Committee and the House Health and Human Services Committee held on January 20, 2004. A copy of Dr. Dietz's letter and four enclosures are (Attachment 1) attached hereto and incorporated into the Minutes by reference.

Introduction of Bills

Chairperson Wagle then announced that Ms. Linda Kenney, Director of the Bureau for Children, Youth, and Families who asked that the Committee introduce legislation regarding an act amending two Kansas statutes concerning reporting of cancer cases to the cancer registry for the state of Kansas by health care providers. A motion was made by Senator Barnett to introduce the legislation, Senator Brownlee seconded and the motion carried.

Post Audit Overview - Low-Birthweight and Premature Babies Reviewing Programs Aimed at Reducing Their Incidence and Associated Costs

As there were no more bill requests, the Chair announced that Ms. Chris Clarke, Principal Auditor would presenting be a post audit overview regarding low-birthweight and premature babies, particularly, reviewing programs aimed at reducing their incidence and associated costs. Highlights of her overview is as follows:

1) The audit answers four questions:

a) Does it appear that a lack of prenatal care is the major factor contributing to the high Medicaid costs associated with low-birthweight or premature babies in Kansas?

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b) What programs are available to provide prenatal care for mothers who cannot otherwise afford it, and what is the cost of those programs?

c) Why are some low-income women not getting prenatal care services?

d) Is the Department of Health and Environment collecting and reviewing the types of information necessary to know whether prenatal care programs in Kansas are effective in bringing down the incidence and cost of premature and low-birthweight babies?

2) Explained the process of their audit (ex. Assembling an inventory, reviewing data in the SRS MISS program, using birth and vital statistics compiled and maintained by KDHE.)

3) Provided an overview of the incidence and cost of low-birthweight and premature babies in Kansas, which accounted for more than one-third of the first-year payment for all Medicaid babies. The audit also provided numerous charts. (Ex. average hospital costs and # of hospital days for 1st year of life, total and hospital only Medicaid payments for Medicaid babies born in 2002, and at-a-glance charts of the Department of Health and Environment - Bureau for Children, Youth, and Families and the Kansas Medicaid Program, and programs that provide prenatal care services to low-income women, 2002.)

4) Conclusions included low-birthweight and premature babies cost the State's Medicaid program more than 5 times as much as normal-birthweight babies during their first year of life, and many of these children will have long-term health problems that will place continuing demands on the medical and education systems. Most of the spending in Kansas for prenatal care comes from Medicaid and the Women, Infants, and Children (WIC) nutrition program with relatively little spent on wraparound-type services.

5) And lastly, Ms. Clarke provided a list of recommendations. (Ex. To ensure that as many women as possible know about available prenatal care programs, KDHE should increase its educational marketing campaigns and should encourage local health departments to increase their efforts as well.

A copy of this post audit has been filed in Senator Susan Wagle's office.

The Chair then asked the Committee for questions and comments. Senators Salmans, Haley, Brownlee, and Ms. Correll asked a range of questions from comparing money spent for low-birthweight and premature babies as opposed to drug and alcoholic-dependent babies, are breakdowns available on money spent on babies who survived and those who did not, looking at the genetics of other family members as opposed to just the mother and have they been charted, percentage of those served by WIC and Medicaid, vital statistics act, is the data simply all low-birthweight babies, are you linking data, to why no testing on smoking cessation (Senator Brownlee in regards to the smoking asked if any of the tobacco funding could be used .)

Adjournment

As there was no further discussion and with no further business, the meeting was adjourned. The time was 2:30 p.m.

The next meeting is scheduled for January 27, 2004.