Approved: <u>2-10-03</u>

Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE.

The meeting was called to order by Chairperson Jim Morrison at 1:34 p.m. on February 5, 2003, in Room 243-N of the Capitol.

All members were present except Representatives Landwehr and Hill.

Committee staff present:

Bill Wolff, Legislative Research Department Renae Jefferies, Revisor of Statutes' Office Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Joyce Volmut, Executive Director, Kansas Association for the Medically Underserved Robert St. Peter, M.D., President, Kansas Health Institute Lou Saadi, Director, Office of Health Care Information, Kansas Department of Health and Environment

Others attending: See attached Guest List

By a motion, second, and unanimous assent the minutes for February 3 were approved.

Joyce Volmut, Executive Director, Kansas Association for the Medically Underserved (KAMU), reviewed the Association's services of providing community-based health care to the indigent and the uninsured. (<u>Attachment 1</u>) Begun in 1991 with ten clinics through funding initiated by the Kansas Legislature, KAMU now administers 33 clinics with a budget of \$1.5 million and an increase of 1200% in patients served.

Ms. Volmut noted three types of clinics which provide health care for the under and uninsured:

- · Community-based primary care clinics;
- · Federally qualified health centers; and
- Nonprofit primary care clinics.

She stated that most patients make the community clinic their medical home; 50% stay enrolled in the service. She said studies show that those who make use of clinics are less likely to need emergency or hospital care, reducing the overall cost of health care, stating that 70% of clinic patients have no insurance and that 62% have earnings below the federal poverty level.

Ms. Volmut concluded by saying that with health costs rising, more Kansas citizens will resort to clinics; she recommended the legislature increase funding to meet this increased need. Representative Reitz echoed the importance of meeting this need.

Robert St. Peter, M.D., President of the Kansas Health Institute, outlined the health-care research and analysis provided by the Institute to equip Kansans to optimize their health. (<u>Attachment 2</u>) He said the

CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at on February 5, 2003, in Room 243-N of the Capitol.

Institute is independent, nonpartisan, nonprofit, and Kansas-specific, providing high-quality health-care information to policy-makers and citizens alike. With an annual budget of \$2.4 million and core funding from foundations, the Institute provides:

- · research, such as the Kansas gulf War Veteran Syndrome project;
- policy analysis, for example, assessing the KDHE reorganization;
- · data generation and analysis, such as Minority Health Disparities study;
- evaluation and monitoring of programs such as HealthWave; and
- · workshops/forums, such as the HIPPA readiness conference.

He noted that presently the Institute has 16 active projects for the year.

Lou Saadi, Director, Office of Health Care Information, Center for Health and Environmental Statistics, Kansas Department of Health and Environment, briefed the Committee on the Center's capacity to provide significant data to enable the legislature to make informed health policy decisions. (<u>Attachment</u> <u>3</u>) She said a paradigm shift authorized by the legislature began 9 years ago, resulting in the Center's present ability to acquire broad ranges of data, standardize it for meaningful analysis, and provide an extensive variety of information for policy makers.

Ms. Saadi listed several initiatives created by the Center:

- The Health Care Data Governing Board, which advises the KDHE secretary;
- · The Kansas Health Insurance Information System,
- Workers Compensation Medical Fee Schedule Data Support, whose tracking has resulted in fairer reimbursement fees;
- Vital Statistics Data Analysis, one use of which has been to terminate services fraudulently filed after the death of a person;
- · Improved Public Health Surveillance Systems; and a
- · National Electronic Disease Data System.

The Chair invited further bill introductions. Representative Kirk requested the Committee sponsor a bill to encourage the education and dissemination of information on emergency contraceptives. (Attachment <u>4</u>) A motion was made, seconded, and passed to sponsor such legislation.

Staff Bill Wolff briefed the Committee on <u>HB 2155</u>, the granting of a temporary permit for out-of-state dentists and dental hygienists to practice for 14 days at clinics for the indigent, provided that the individual holds a valid license in another state and had not previously failed a Kansas competency test. Dr. Wolff noted that the language of the bill is inconsistent with K.S.A. 75-6202, where the word *license* rather than *permit* is used. He said changes should also be made in the language that applies to dental hygienists. He commented that K.S.A. 65-1466, which limits dental practice in a corporate setting, allows an exemption for indigent care, a section of law which might require further language adjustments in the

CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at on February 5, 2003, in Room 243-N of the Capitol.

bill. He also observed that dentists practice under the Kansas Tort Claims Act; having out-of-state dentists practicing on Kansas citizens and then leaving the state might be at variance with the Act.

The Chair announced that Representatives Patterson and Hill will be leading the hearing tomorrow. The meeting was adjourned at 2:45 p.m.