

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE.

The meeting was called to order by Chairperson Jim Morrison at 1:40 p.m. on February 10 , 2003, in Room 243-N of the Capitol, a joint meeting with the Senate Public Health and Welfare Committee.

All members were present except Representatives Landwehr and Goico.

Committee staff present:

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

Conferees appearing before the committee:

Barbara Langner, Associate Professor, School of Nursing, University of Kansas

Others attending: See Guest List.

A motion was made, seconded and passed to approve the minutes for February 5 and February 6.

The Chair welcomed Barbara Langner, Associate Professor, School of Nursing, University of Kansas, who presented the results of a federally funded study through the Kansas State Planning Grant: "Finding and Filling the Gaps: Developing a Strategic Plan to Cover all Kansans," a study of those in Kansas who have no health insurance coverage, a study which recommended options to provide wider coverage. (Attachments 1 and 2)

Ms. Langner said the grant was initiated by Kathleen Sebelius, then Insurance Commissioner, now Kansas governor. She said the study has three components, the primary study being a survey of Kansas health insurance coverage, a secondary survey interviewing the uninsured, and a third component interviewing small business owners, insurers, and health insurance brokers. The study included 8000 households, involving interviews with 22,000 persons. She summarized the findings by saying that 10.5% of Kansans are uninsured; most of them are adults, and 95% of those uninsured live in a household in which at least one person has a job. She noted that overall the adults and children with a direct link to employment have only a 50-50 chance of being offered health insurance; most of these are working as employees of small businesses, in service-industry jobs, or as retail workers.

Ms. Langner listed options for expanding health coverage:

1. Make wider use of the current tax credit for small businesses (target population, 49,000 adult workers);
2. Expand the tax credit for small businesses that enroll 80% or more of their workers who are at or below the 200% federal poverty level standard (target population, 36,700 adult workers);
3. Make use of existing legislation for the Kansas Business Health Partnership, which offers two health plans to all Kansas small businesses (target population, 59,800 adults), perhaps expanding it

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through reinsurance;

4. Utilize existing Medicaid policy that allows state Medicaid agencies to pay premiums for employer health insurance for Medicaid-eligible individuals (target population, 69,600 uninsured adults);
5. Enroll more uninsured children in HealthWave (target population 40,000 children);
6. By changing regulations, enroll workers in selected industries into the Kansas state employees health plan (target population, about 22,000 workers);

Answering questions, Ms. Langner said adding high-risk individuals to the state plan could raise rates, but she noted that the state insurance pool had shown no evidence to substantiate that idea. She said that small steps could be taken by folding some populations into federal programs, freeing up state dollars.

The Senate Public Health and Welfare Committee was dismissed from the meeting.

Staff Bill Wolff briefed the Committee on **HB 2116**, which last year expired in a Senate committee as **HB 2905**. He said the bill creates a Kansas Health Commission, whose purpose is to examine and make recommendations regarding all aspects of health in Kansas, including appropriate levels of delivery of health services throughout the state. (The term "health" includes both physical and mental health.) He noted the legislation also includes telemedicine as a way of providing health care to rural areas. He said that the Commission membership should be 22, not 19, with the Governor appointing 18 and a quorum 12, saying members would be drawn from a broad spectrum of health-care representatives, businesses, and education. He said no state general fund dollars were at risk, since funding would come from grants and contributions from foundations and non-profit organizations, noting that the bill makes provision for an executive secretary, who would act as staff to the Commission and work as a liaison with all state agencies and the Governor's office. An annual report on the Commission's activities would be made the first Tuesday of each year both in paper and electronic form. The Commission would sunset on June 30, 2008.

Answering questions, Dr. Wolff said the bill was patterned after a Florida statute. He noted that in past years Kansas had a health commission that functioned through agency staff. He said the proposed Commission would have no implementing authority; it could only assess and recommend.

The Chair announced that **HB 2155** would be considered at the Committee's next meeting, Tuesday, February 11, at 1:30 p.m., in Room 243-N. The meeting was adjourned at 2:45 p.m.