

Approved: 3-10-94
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 11:00 a.m. on March 1, 1994 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statutes
William Wolff, Legislative Research Department
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Walter H. Crockett, Kansas AARP
Wendell Lewis, Kansas Planning Council on Developmental Disabilities

Others attending: See attached list

Continued Discussion and Hearing on SB 816 - Creating the health care reform legislative oversight committee

Walter H. Crockett, AARP, appeared in support of **SB 816** but recommended that consumer representatives be included on all subcommittees that deal with health care policies. (Attachment 1)

Wendell Lewis, Kansas Planning Council on Developmental Disabilities, addressed the Committee in general support of the bill but requested the oversight committee contain consumer representatives that have disabilities or represent those individuals with disability concerns. (Attachment 2)

Action on SB 816

After Committee discussion and input from staff, changes were recommended in Sec. 5 that would designate health and environment as the contact agency with reference to federal health care reform measures, and that no decisions would be made without legislative authorization. Senator Langworthy made a motion to amend **SB 816** on page 4, in line 5, by striking all after "The" and inserting in lieu thereof appropriate language designating the department of health and environment as the contact agency and language be inserted that would read, "The department of health and environment shall not make any decision with reference to federal health care reform measures not otherwise authorized by the legislature or which would be inconsistent with existing law," seconded by Senator Hardenburger. The motion carried.

Senator Langworthy made a motion to insert on page 3, line 7, "the director of the budget" under the administrative subcommittee, seconded by Senator Papay. The motion carried.

Senator Walker submitted a comparison of the duties of the Joint Committee on Health Care Decisions for the 1990s and the proposed legislative Health Care Reform Oversight Committee. (Attachment 3)

Senator Lee made a motion that four subcommittees have a composition of at least 50% consumers with deletion of the one consumer subcommittee, seconded by Senator Walker. The motion failed.

In regard to the fiscal note on the bill, it was pointed out by staff that expenditures would be from the legislature's operating budget with LCC approval.

Senator Jones made a motion that a minimum of two consumers be represented on each of the four subcommittees with deletion of the one consumer subcommittee, seconded by Senator Hardenburger. The motion carried.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on March 1, 1994.

Senator Langworthy made a motion the Committee recommend **SB 816 as amended** favorably for passage, seconded by Senator Ramirez. The motion carried.

Action on SB 759

After Committee discussion, Senator Langworthy made a motion to amend **SB 759** on page 1, in line 39, by striking "both" and inserting in lieu thereof: "with health maintenance organizations or insurance companies with the capabilities of providing managed care products, or any of the above", seconded by Senator Hardenburger. The motion carried.

Senator Walker made a motion to amend **SB 759** by inserting the following where appropriate: "No member of the task force may benefit in any manner or receive compensation from contracts awarded by the Kansas State Employees Health Care Commission pursuant to this act," seconded by Senator Lee. After Committee discussion the motion failed.

Senator Walker made a motion to amend **SB 759** which would change the composition of the task force and specifically state that those members would be on the advisory committee as established in the bill (see Attachment 4), seconded by Senator Jones. After Committee discussion, the motion failed.

Senator Ramirez made a motion to amend **SB 759** on page 2, line 17, by striking "14" and inserting in lieu thereof "13" in regard to members of the task force, and striking "one member appointed by Blue Cross - Blue Shield of Kansas," as referenced in the bill.

Senator Walker made a substitute motion that the Committee recommend **SB 759** favorably for passage, seconded by Senator Jones. After Committee discussion, the substitute motion failed.

Back on the original motion to amend by removing Blue Cross - Blue Shield and changing the number of the task force from 14 to 13, seconded by Senator Langworthy. The motion carried.

Senator Langworthy made a motion the Committee recommend **SB 759 as amended** favorably for passage, seconded by Senator Papay. The motion carried.

Senator Walker requested his "No" vote be recorded.

The meeting was adjourned at 12:20 p.m.

The next meeting is scheduled for March 3, 1994.

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 3-1-94

NAME	ADDRESS	COMPANY/ORGANIZATION
Anne Kimmel	Topeka	AARP - AAWW
Wes Crockett	Lawrence	AARP
David Till	Dallas, Texas	Zeneca
Bice Tamee	Wichita	Boeing
Mike Oxford	Topeka	RACIL
Bruce Harvey	Topeka	US. Com. Ft. Det.
Mary Spink	Topeka	Health Benefits
Robert Harder	LSOB	KDHE
Kathy Miller	Wichita	SFRMC
Livora Lubensky	Lawrence	KS Home Care Assn.
Jane Rhys	Topeka	KPCDD
Wendell Lewis	Topeka	KPCDD
Christy Walker	Topeka	KCOC
Mary Kopp	Topeka	KSNA
Bert Langner	Topeka	Ks Com on Fmt HS
Andy Drope	Lam	Sen. Bulbee
Lucille Parli	Topeka	Assoc. for Blind & Vis Imp.
Brad Suroot	"	BCBS
Bob Williams	Topeka	Ks. Pharmacists Assn.
Roger Franke	"	Ks Gov. Consulting
Gary Robbins	Topeka	Ks Optometric Assn.
John Hair	Topeka	Adm. Ebert & Ward
John Peterson	Topeka	Ks. Penalty

TESTIMONY ON S.B. 816, TO ESTABLISH A KANSAS HEALTH REFORM

LEGISLATIVE OVERSIGHT COMMITTEE

Walter H. Crockett, Kansas AARP, March 1, 1994

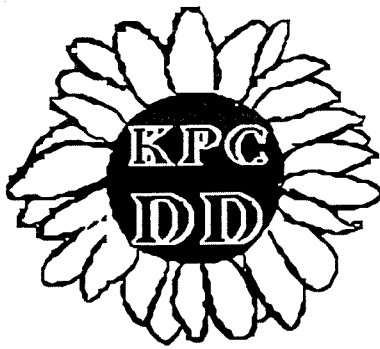
Kansas AARP supports this legislation even though it will only set up a legislative committee to monitor federal actions regarding health care reform. We had expected much more.

For more than four years, Kansas AARP has followed the activities of the legislature as it struggled with the issue of health care reform. We have attended every public meeting of the Senate Committee on Public Health and Welfare, of the House Committee on Public Health and Welfare, of the Joint Committee on Health Care Decisions for the 90's, of the Kansas Commission on Health Care, Inc., and of various non-governmental organizations, including our own, which examined in detail the crisis in health care in our state and nation. We have studied dozens of proposals for dealing with that crisis. By now, we had expected to see a bill before this body to establish a program for health care reform in Kansas, as has been done in other states similar to our own. You may have noticed, for example, in an article in yesterday's Kansas City Star, that Missouri will probably enact this year a health care reform measure that will be implemented whatever action the Federal government takes; it will blend with the federal program if one passes or initiate reform in Missouri if one does not. We are deeply disappointed that no such proposal has been made in this session of the Kansas legislature.

The present bill will merely establish a committee to monitor federal actions on health care and recommend measures to implement federal programs in Kansas. We applaud including in this committee a subcommittee of representatives of consumers of health care; however, we urge that the proposal be modified to include consumer representatives on all subcommittees that deal with health-care policies.

With this modification, we support enactment of this bill as the best we can get at this time. Once more, however, we deeply regret the fact that this legislation will not place Kansas in the forefront of states that are concerned about, and dealing forthrightly with, our nation's crisis in health care.

*Senate PHW
attachment #1
3-1-94*



Kansas Planning Council on Developmental Disabilities

JOAN FINNEY, Governor
WENDELL LEWIS, Chairperson
JANE RHYS, Executive Director

Docking State Off. Bldg., Room 141, 915 Harrison
Topeka, KS 66612-1570
Phone (913) 296-2608, FAX (913) 296-2861

*"To ensure the opportunity to make choices regarding participation in
society and quality of life for individuals with developmental disabilities"*

PUBLIC HEALTH AND WELFARE MARCH 1, 1994

Testimony in Regard to S.B. 816

AN ACT RELATING TO THE HEALTH CARE REFORM LEGISLATIVE OVERSIGHT
COMMITTEE.

*To ensure the opportunity to make choices regarding participation in society and
quality of life for individuals with developmental disabilities.*

Mr. Chairman, Members of the Committee, I am appearing today on behalf of the Kansas Planning Council on Developmental Disabilities in support of S.B. 816, relating to The Health Care Reform Legislative Oversight Committee.

The purpose of the bill is to establish the Health Care Reform Legislative Oversight Committee whose purpose is to oversee the necessary changes in state laws and regulations made necessary by federal law and, to the fullest extent possible, implement health care reform specific Kansas needs.

The Kansas Planning Council on Developmental Disabilities supports this bill but asks that the oversight committee contain consumer representatives, and, specifically, individuals who have a disability. Health care is in need of reform, but not for the legislator or the bureaucrat. Health care reform is needed for those individuals who either do not have access to health care or who do not have access to affordable, comprehensive health care. Too often these individuals are persons who have a disability. According to a Census Bureau report, *Americans With Disabilities: 1991/1992*, nationally only half of persons aged 15 to 64 with a severe disability have private health insurance, as compared to 80 percent for persons with no disability. In 1991-1992 there were 49 million Americans with a severe disability and 24.1 million of

*Senate PH&W
Attachment #2
3-1-94*

those individuals were considered to have a severe disability. *Of those with severe disabilities approximately 15 percent lacked any type of health coverage.*

A significant number of Americans, including Kansans, have a disability. The estimated number of these individuals who have disabilities in Kansas with no health insurance is high (11,809). To leave these key players out of the discussion, particularly at the level in which decisions will be made, is unconscionable.

As an individual who has a disability, I can tell you that you have to either experience it yourself or vicariously through a close family member. Otherwise you do not know the specific needs we have. You do not know that I must have daily occupational therapy to maintain my strength if I am in the hospital. You do not know that I require a motorized wheel chair, which costs approximately \$7,000, and which, like a car, wears out and needs replacement every five years.

We urge you to study this proposal carefully and to act to provide both consumer *input* and consumer *decision-making* on this issue which is of vital importance to all Kansans.

Wendell Lewis, Chairperson
Kansas Planning Council on Developmental Disabilities
Docking State Office Building, Room 141
915 SW Harrison
Topeka, KS 66612-1570
913 296-2608

KANSAS PREVALENCE ESTIMATES
Individuals with Disabilities
1991-1992

	NATIONAL	KANSAS
Americans with disabilities	49,000,000	480,200*
Americans with severe disabilities	24,100,000**	23,618*

*Kansas has approximately .98% of the national population. This number was multiplied by the number of individuals nationally with disabilities and with severe disabilities to obtain the Kansas figures.

** This figure is the number of Americans with disabilities who have severe disabilities (these individuals are included in the 49,000,000).

A disability is defined by the Census Bureau as difficulty in performing one or more functional or daily living activities, or one or more socially defined roles or tasks. Persons who are completely unable to perform an activity or task, or who must have personal assistance were considered to have a severe disability.

Joint Committee on health care decisions for the "90's"

(c) The joint committee shall study, investigate and analyze the following matters;

(1) Policy priorities appropriate for health care in Kansas.

(2) problems of access to health care services;

(3) rural health care issues;

(4) coordination of the delivery of health care services;

(5) financing of health care by the private and public sectors;

(6) initiatives in health care policy, delivery and financing developed by the private or public sectors in other states and by the federal government; and

(7) other matters relating to health care in Kansas as directed by the joint committee.

Legislative H.C. Reform oversight committee

Sec. 3 Powers and Duties

(a) (1) Duties of the committee shall be to examine changes in federal laws affecting Kansas and propose such changes in Kansas laws and regulations as are necessary to meet federal requirements.

same as (4) Joint committee

(2) Cooperate and interact with agencies of the federal government responsible for health care reform. (#6 *Joint committee*)

(3) Consider all health care financing and delivery options now in effect taking into account the actions of other states and the federal government. (#5 *Joint committee*)

(4) Work cooperatively with all relevant state and federal agencies, health care providers, payors and consumer groups in the development of an integrated health plan for all Kansans. (#6 *Joint committee*)

(5) Receive, analyze and make recommendations related to the state health care data base developed by the health care data governing board. (#7 *-Joint committee did monitor*)

(6) Develop plan for health care cost containment. (5 *Joint Committee*)

(7) Study and make recommendations for legislative action to integrate health care financing and coverage with other states. (#5 & 6 *Joint committee*)

(8) Recommend legislative actions necessary to assure accessibility of services to residents of underserved areas. (#2 *Joint committee*)

(9) Provide recommendations if federal or state law require inclusion of the medical care component of workers compensation and automobile insurance into all inclusive health care coverage. (#7 *Joint committee*)

(10) Make recommendations on tort reform for medical liability and for state antitrust reform and federal antitrust modifications.

(#7 *Joint committee- did study*)

*Senate PHW
Attachment #3
3-1-94*

AMENDMENT TO SB 759

Delete: page 2 lines 18-32

Add: 3 members appointed by Senate President
2 members appointed by Senate Minority Leader
3 members appointed by Speaker of House
2 members appointed by House Minority Leader
Secretary of Health & Environment
Secretary of SRS
Insurance Commissioner
1 consumer appointed by Governor

14 task force members (same as in bill)

Add; on page 2, line 38 after the words health care add "and Insurance"

Add; on page 2 line 42 after "." "Each advisory committee shall include at least 1 member who is not a provider of health care or insurance."

Senate PHW
Attachment #4
3-1-94