## MINUTES OF THE HOUSE INSURANCE COMMITTEE

The meeting was called to order by Chairperson Patricia Barbieri-Lightner at 3:30 p.m. on January 22, 2004 in Room 527-S of the Capitol.

All members were present except:

Representative H. Jan Scoggins-Waite- excused Representative Joe Humerickhouse- excused Representative Nancy Kirk- excused Representative Ray Cox- excused

### Committee staff present:

Bill Wolff Legislative Research Department Ken Wilke, Revisor of Statutes Renae Hansen, Secretary

Conferees appearing before the committee:

Dr. Robert J. St. Peters, M.D.
President and CEO
Kansas Health Institute
Pam Scott, Executive Director
Kansas Funeral Directors and Embalmers Association

## Others attending:

See Attached List.

Pam Scott, Executive Director, Kansas Funeral Directors and Embalmers Association, requested introduction of legislation that would eliminate the requirement for insurance agents to maintain errors and omissions insurance coverage as a condition of licensure in the state of Kansas. (Attachment #1) The bill was introduced by consensus.

Dr. Bob St. Peters, M.D., President & CEO of Kansas Health Institute, (Attachment #2), presented a review of a survey that was objectively done by a group at Harvard using an independent research company. The survey polled Kansans on their views of the current Health Care system.

Comments and Questions were posed by: Representatives Nile Dillmore, Mary Kauffman, Patricia Barbieri-Lightner, and Eber Phelps.

Meeting Adjourned.

## HOUSE INSURANCE COMMITTEE GUEST LIST

DATE: \_\_\_\_\_ January 22, 2003

NAME	REPRESENTING
Mor Loves	KID
Jeff Bothenber	State Farm  Ks Funeral Directors Asin  Acd. Consulting
Pam Scott	Ks Funeral Directors Asin
Sarah Novascone	Fed. Consulting





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EXECUTIVE DIRECTOR

PAM SCOTT Topeka January 22, 2004

To: House Insurance Committee

From: Pam Scott, Executive Director

Re: Bill Introduction

Amendment to K.S.A. 40-241

Chairman Barbieri-Lightner and members of the Committee, on behalf of the Kansas Funeral Directors and Embalmers Association (KFDA), I would like to request the introduction of legislation which would amend K.S.A. 40-241 to eliminate the requirement that Kansas insurance agents maintain errors and omissions insurance coverage as a condition of licensure in the state of Kansas.

In 2001, the KFDA introduced legislation to eliminate the errors and omissions insurance coverage requirements for insurance agents holding a license for the sole purpose of selling life insurance and annuities to fund prearranged funeral agreements. We did this because the errors and omissions insurance coverage was difficult to obtain at reasonable rates especially in light of the limited risk involved with agents holding a license for this limited purpose. The legislation passed the Senate but did not receive a hearing in the House. Objections were raised that insurance agents holding this limited license should not be treated differently from other insurance agents.

The problem continues so we are asking for introduction of legislation that would exempt all insurance agents from this requirement. It is our understanding that there are only two other states that require insurance agents to maintain errors and omissions coverage. This creates an uneven playing field. Non-resident insurance agents selling insurance in Kansas are not required to have errors and omissions coverage. This puts Kansas agents at a disadvantage.

Thank you for your consideration of this request. I would be happy to respond to any questions you may have.

House Insurance
Date: 1 2 2 64

Attachment #



## House Insurance Committee January 22, 2004

Robert F. St. Peter, M.D.
President & CEO
Kansas Health Institute

## Kansas Residents' Views of the Health System

Harvard School of Public Health
Kansas Health Institute
ICR/International Communications Research
October 2003

Date: 12264
Attachment # 2

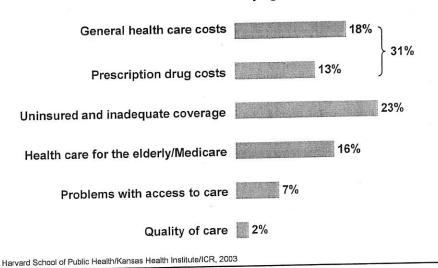
## Methods

- Telephone survey of 1,006 randomly selected Kansas state residents, age 18 and older
- The interviewing period was between September 22-29, 2003
- The data was weighted to accurately reflect the demographics of the state population, as described by the US Census
- The margin of error is ± 3 percentage points

Harvard School of Public Health/Kansas Health Institute/ICR, 2003

Most important health care issues for Kansas state government to address

Percent saying



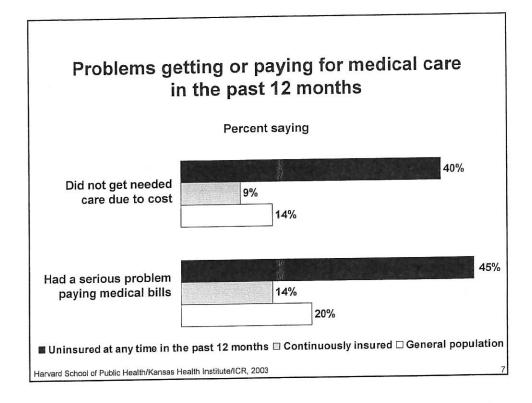
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# Which one do you see as the most important health care issue at the present time? Percent saying The cost of health care People who are not covered by insurance The quality of health care 9% "Some other issue" and "Don't know" responses not shown

Harvard School of Public Health/Kansas Health Institute/ICR, 2003

# Satisfaction with the Kansas health care system Percent saying Very satisfied 18% Fairly satisfied 49% Not very satisfied 16% Not satisfied at all 12% \*Don't know" responses not shown Harvard School of Public Health/Kansas Health Institute/ICR, 2003

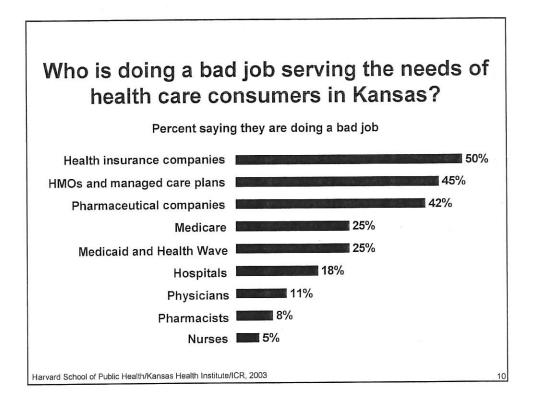


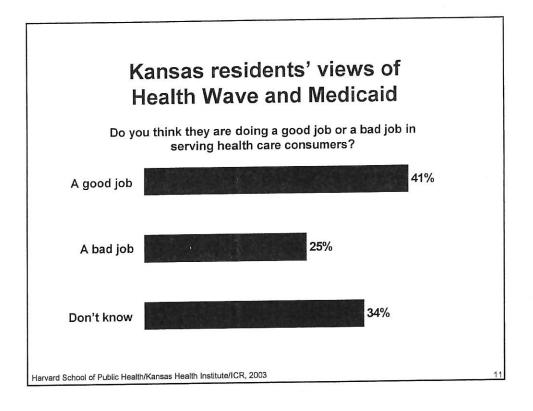
## Worries about getting and paying for care in the future (1) Percent saying they are worried that in the next six months... They might not be able to afford health insurance (among those currently insured) 55% 26% 29% They might not be able to afford the prescription drugs they need 20% 44% 24% They will lose their health coverage (among those currently insured) 16% 30% 14% □ Very worried □ Somewhat worried Harvard School of Public Health/Kansas Health Institute/ICR, 2003

## Worries about getting and paying for care in the future (2)

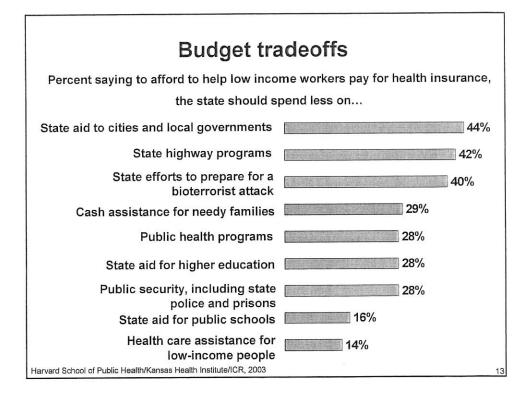
Percent saying they are worried that in the next six months they might not be able to get the health care services because they can't afford it

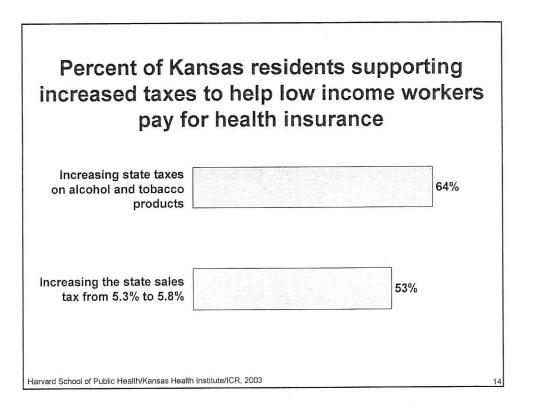
# Kansas 20% 19% 39% United States\* 26% 20% 46% Very worried Somewhat worried Harvard School of Public Health/Kansas Health Institute/ICR, 2003 \*Kaiser Family Foundation/ Harvard School of Public Health News Index, June 2003

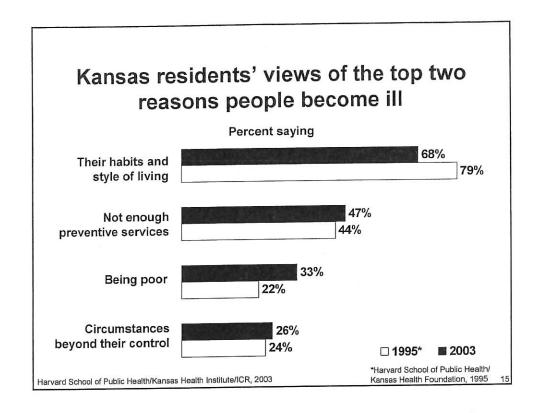


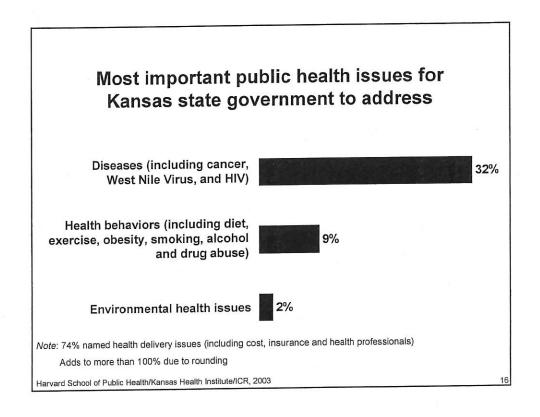


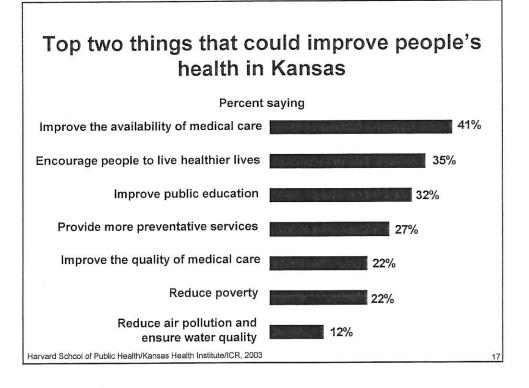
Priorities for the care ag	genda
Providing prescription drug coverage for low income seniors	49% 35% 84%
Funding programs that help small businesses find affordable health insurance	34% 44% 78%
Funding programs that help workers [with low-incomes pay their insurance	29% 42% 71%
Requiring insurance companies and hospitals to report quality of care	20% 39% 59%
Passing a Patients Care Bill of Rights	23% 34% 57%
Increasing state regulation of construction of new health facilities based on need	21% 31% 52% □ Extremely □ Very











## Most important aspect of encouraging people to live healthier lives BASE: Those who chose "encouraging people to live healthier lives" as one of the two most important things we could do to improve people's health Percent saying encouraging people... Who smoke to quit To exercise more 30% Who are overweight 18% to lose weight Who drink alcohol to drink in moderation or not at all To wear seatbelts 10% Harvard School of Public Health/Kansas Health Institute/ICR, 2003

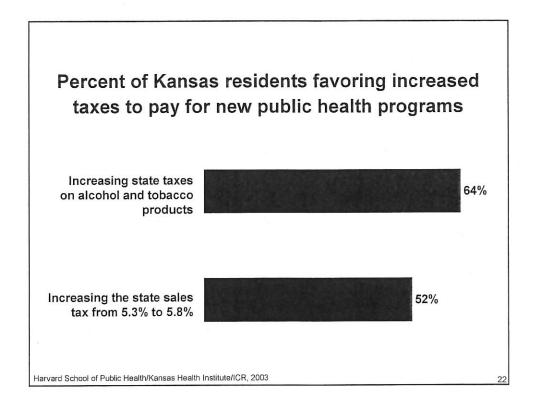
# Satisfaction with the Kansas public health system

Percent saying they are satisfied with the state system designed to protect the community's health and stop the spread of disease

Very satisfied	19%		
Fairly satisfied		55	%
Not very satisfied	11%		
Not satisfied at all	5%		
"Don't know" responses not included			
Harvard School of Public Health/Kansas He	ealth Institute/ICR, 2003		19

### Priorities for the state's public health agenda Percent saying it should be an extremely or very important priority Increasing funding for programs that 39% 42% 81% provide immunizations to children Requiring healthy alternatives to be 19% 36% 55% made available in public school vending machines Increasing funding for state efforts to 17% 32% 49% prepare for a bioterrorist attack Funding programs that encourage people who are overweight to 12% 33% 45% lose weight Increasing funding for anti-smoking 24% 34% campaigns □ Extremely □ Very Harvard School of Public Health/Kansas Health Institute/ICR, 2003

Биаде	et tradeoffs
	ublic health programs, the state should nd less on
State aid to cities and local governments	44
State highway programs	39%
Public security, including state police and prisons	32%
Cash assistance for needy families	27%
State aid for higher education	25%
Health care assistance for low-income people	17%
State aid for public schools	17%





## Kansas Health Institute

Healthier Kansans through informed decisions

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