

M I N U T E S

COMMISSION ON HEALTH CARE COSTS

August 30, 1977
Room 532, State Capitol

Members Present

Mr. Frank Lowman, Chairman
Senator Arnold Berman
Sister Caroline Juenemann
Representative Roy Ehrlich
Senator Wesley H. Sowers
Mr. Tom Lally
Representative Jamie Schwartz
Mr. John Erickson
Mr. Al Tickwart

Staff Present

Emalene Correll, Kansas Legislative Research Department
Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statutes Office

Others Present

Doug Johnson, Kansas Pharmaceutical Association, Topeka
Jerry Slaughter, Kansas Medical Society, Topeka
Marilyn Gates, Kansas Hospital Association, Topeka
Ray Hauke, Kansas Legislative Research Department, Topeka
Tom Griswold, Legislative Division of Post Audit, Topeka
Charles Smrha, Kansas Blue Cross-Blue Shield, Topeka
Vickie Hurt, Health Care Providers-Kansas Health Care Association, Horton
Dick Hummel, Kansas Health Care Association, Topeka
Marilyn Bradt, League of Women Voters of Kansas, Lawrence
Mary J. Wiersma, Kansas Farm Bureau, Manhattan
Carl C. Schmitthenner, Kansas State Dental Association, Topeka
Jack Milligan, Kansas Optometric Association, Topeka
Ruth C. Dickinson, State Planning and Research, Topeka
Harriet Nehring, Kansans for Improvement of Nursing Homes, Lawrence
Dr. Robert C. Harder, Social and Rehabilitation Services, Topeka
L. Kathryn Klassen, Director of Medical Services, Topeka
William Richards, Director of Social Services, Topeka

The meeting was called to order at 9:05 a.m. by the Chairman, Frank Lowman.

approved: Meeting Schedule. By consensus the following meeting schedule was
September 13-14
October 5-6
November 26

Meetings will begin at 10:00 a.m. on the first day and at 9:00 a.m. on the second day.

One member of the Commission suggested having some meetings on Saturday and at different locations so working people could have input. Whether Saturday meetings would significantly increase attendance was questioned. The consensus was to give further consideration to holding a Saturday meeting next year.

Concern was expressed that efforts of the Commission not duplicate what is being done by other groups or committees charged with studying health care costs. There is a need to know what these groups are doing and to use them as a resource for information.

Devoting some time to a staff review of action taken by other states to contain health care costs was suggested.

Title XIX. Dr. Robert Harder, Secretary, Department of Social and Rehabilitation Services, summarized a report, "The Problem of Rising Health Care Costs: A Statement", researched and written by Christopher Smith, a member of his staff.

In answer to questions, it was noted the Department of Health and Environment is responsible for granting and denying certificates of need for health facilities. Dr. Harder is a member of the Statewide Health Coordinating Council which is the review agency when an appeal of the Department's decision is made. A procedure for formal comments from Social and Rehabilitation Services on certificates for facilities licenses has not been established. It was noted that control of funds becomes an effective control mechanism for the development of new facilities.

Dr. Harder noted that in 1930-1940 medical care was a part of the county relief program controlled by county commissioners. Services provided were determined by how much money was left after other types of services were provided. In the 1960's the state was given authority to operate a medical assistance program with counties financing the counties share in the cost of the program. Because of problems with the counties making provider payments this responsibility was moved to the state level with county funds coming to the state. With the reorganization in 1973, the counties were no longer responsible for the financing of any part of the Medical Assistance Program.

On January 1, 1966 Title XIX of the Social Security Act was passed. This legislation provided for federal assistance to the states in operating a Medical Assistance Program as set out in Title XIX. In July, 1967, a comprehensive Medical Assistance Program (17 or 18 services rather than the basic six required by federal law), became a part of the welfare package in Kansas. The program included all those receiving cash assistance payments and provided that those one notch above welfare standards could become eligible for medical assistance. At that time no one was in a position to predict the inflation factor or the potential caseload. The program remained unchanged, except for the 50¢ copayment for drugs initiated last year, until this year.

Because in Kansas the medical assistance costs of the "General Assistance-Medical-Only" category has grown from a three to four million dollar program to 15 million dollars in about four years, the Department of Social and Rehabilitation Services recommended deletion of the category "General Assistance-Medical Only" from the program. Because of the negative response from clients, provider groups and legislators, the Governor asked that the category not be dropped but did recommend in his 1977 budget message that eligibility for the General Assistance-Medical Only be set at the General Assistance level. Further consideration was given to cutting services and changes were made in the program on July 8, 1977. For example, dental services for persons 21 and over does not cover dentures and partials. Social and Rehabilitation Services has notified hospitals that payment will not be made for admissions Thursday to Saturday midnight except in emergency cases. Most admissions during this time are persons waiting except in emergency cases. Most admissions during this time are persons waiting surgery. Lowering hospital stays by one day would save approximately five million dollars.

In answer to why Social and Rehabilitation Services recommended cutting eligibility standards instead of cutting payments to hospitals, Dr. Harder stated federal rules and regulations require Social and Rehabilitation Services to pay the reasonable audit cost or charges of the hospital whichever is less. The lack of flexibility to alter rates paid to hospitals is a key issue in cost containment.

Since 1971 Kansas has used hospital utilization review as a cost containment measure. Review is by a local committee of staff physicians which establishes medical necessity and length of stay. State rules and regulations have been changed to provide that payment will be made only for hospital care that is medically necessary. There is also a computer printout which provides for comparison of hospitals. If a hospital appears to be out of line with comparable hospitals, this can be discussed with the hospital and the claims can be disallowed by the Medical Assistance Program through Blue Cross-Blue Shield.

If a charge is denied, it can be appealed to the local review committee and then to the state review committee. Usually the state wins at the review committee level and the next step is litigation. A memorandum showing cost reductions resulting from charges and denials was distributed. (Attachment A) Dr. Harder, in answer to a question, stated he could not speak to whether duplicate claims were honest mistakes or something else.

Dr. Harder noted that if brand exchange were in effect, a 5 percent saving would be built into the budget the first year. Experience might indicate this percent could be raised. Doug Johnson, Kansas Pharmaceutical Association, noted savings would be dependent on provisions of the law and how extensively brand exchange, which is voluntary, was used. Making it mandatory for recipients of medical assistance was suggested. Dr. Harder stated this action might create constitutional problems.

Dr. Harder explained the procedure for determining the 50th percentile, which is the level of provider payments for physicians in Kansas. For office calls, the maximum is presently \$8.00. A doctor billing at \$8.00 gets full reimbursement; a doctor billing at \$15.00 receives only \$8.00. The maximum next year will be \$10.00. Almost every district Social and Rehabilitation Services office says there are times when it is difficult to get medical services and the staff relates this to the rate of reimbursement.

Answering a question, Dr. Harder stated the cost base approach used for determining reimbursement for adult care homes would also work for hospitals if it were permissible under federal rules and regulations.

There is probably some validity to the statement that legislation has increased hospital costs. Hindsight indicates some of the increased cost could have been prevented if control mechanisms had been established in the beginning. Dr. Harder referred to a graph showing public assistance medical care dollar expenditures from 1967 to 1970. (Attachment B)

Continuing to answer questions, Dr. Harder stated that where state dollars only are used as in General Assistance, Social and Rehabilitation Services does not have to follow federal guidelines. Directing all recipients in a given area to one hospital would affect hospital costs but would raise questions about denial of freedom of choice to a specified group. Setting up the mechanics to insure that all recipients get to the specified hospital would also be a problem.

At the request of the Legislature, the Department is meeting with the Kansas University Medical Center on ways to make greater use of this facility. This is not seen as a cost containment measure but as a way of funneling state and federal dollars to a state facility. This would decrease the amount of state money budgeted directly to the hospital. The feeling expressed in these meetings was that providing recipients a plus, such as free transportation to a specific facility, is better than legally restricting their choice.

Copayment for all medical services was suggested as a cost containment measure. Dr. Harder stated the required services (listed in Title XIX) are not subject to copayment. Optional services can be on a copayment basis within federal guidelines.

Cost containment in drugs is easier than in hospitals because the Department does not have to pay audited cost or charges whichever is less for drugs. Doug Johnson noted that in pharmacy there is a product and a highly competitive service. Because of Medical Assistance and the fact the profession saw varied increases coming in the service component, the pharmacy profession developed a variable cost system for payment under Title XIX. Another factor is that pharmacists do not generate their prescription business.

Answering questions relating to hospital bed occupancy, Dr. Harder stated some Kansas hospitals fall below an acceptable 70 to 75 percent occupancy rate. Unoccupied beds are not the only factor affecting cost but is a large factor.

The Kansas Medical Society has published a tabulation of where Kansas doctors are located but this has not been related to hospital construction. Therefore, it is difficult to determine the affect the number of doctors has on hospital use. Jerry Slaughter, Kansas Medical Society, stated Blue Cross did a study in Pennsylvania relating to this and he would furnish a copy of it to the Commission.

Dr. Harder distributed a "Summary of Medical Assistance Costs." (Attachment C) Aid to the Aged, Blind and Disabled, now under federal supplemental security income are shown for comparison purposes. For these the federal match is 54 percent but it will go down to 52 percent in October. The match is based on population, per capita income and the relation of poverty income to total income. Aid to Dependent Children (ADC) is federally matched. General Assistance (GA) is funded by state dollars only. "Medical-On.y" are people who can maintain themselves from day-to-day but cannot handle a medical crisis. "Buy-In" covers people eligible for Medicare for whom the state purchases the Medicare premium. Screening covers mandated programs for persons under 21 years of age. Social and Rehabilitation Services is obligated to follow up on health problems found through these programs.

Over time the percentage of total cost which is federal money varies. (Attachment D) It was noted that in 1971-1973 county money was also involved at the rate of about 25 percent county funding.

Dr. Harder stated projecting budgets and living within them is difficult because Kansas has an open enrollment in the Medical Assistance Program and provides a wide scope of services purchased in the open market which is subject to inflationary trends.

Dr. Harder distributed a sheet showing the caseload trend from July 1974-June 1977 (Attachment E) noting the increased caseload is a significant factor in costs. Factors affecting caseload are: number of people affected by major medical expense; the shift of some categories to the Supplemental Security Income Program (some eligible persons chose not to apply when it was "welfare"); and crisis programs (i.e. payback for high heating bills, food stamp program) making people eligible for a medical card also. He also noted the downward trend in the under 21 group. If medical costs are to be controlled, enrollment has to be controlled although this may cause some hardships.

Attachment F shows the potential for enrollment. Dr. Harder noted a significant number of persons would be eligible if they walked in and requested assistance and a significant number would be eligible for Medical-Only if they had a major medical problem.

It was noted some sources say Medical Assistance and other crisis programs offer an incentive for people to stay on public assistance since they would have to pay their own medical expenses if they went off the rolls. Dr. Harder stated that he had no hard evidence of this but that feedback from the field would indicate it is true. He gave the example of an Aid to Dependent Children mother in a marginal job. A \$25.00 per month raise would make her ineligible for assistance and she is concerned about how she would pay for a child's illness.

Dr. Harder, in answer to a question, stated Kansas offers the most comprehensive Medical Assistance services in this area. (Attachment G) Tapes are run against Missouri tapes once a year to check for duplication. Tapes are also run against state employee tapes and Supplemental Security Income tapes. The Federal Bureau of Investigation is going to run the Kansas tape against the federal payroll.

Considering buying Blue Cross-Blue Shield insurance for potential clients was suggested. Dr. Harder stated that in 1969-70 Social and Rehabilitation Services asked national insurance companies if they would insure the total medical program. Aetna, the only company interested in discussing the subject, submitted an estimate which would have cost one-third more to underwrite than the state expected to pay under the state system. People already carrying insurance are encouraged to continue to do so. The state will then move in to make sure that the first dollar is paid by the insurer.

In answer to a question, Dr. Harder stated the fiscal intermediary contract with Blue Cross-Blue Shield, which costs a little over two million dollars annually, includes all billing services up to writing the checks. Blue Cross-Blue Shield is also responsible for professional relations, supervising and monitoring of utilization reviews, assisting with reporting formats working closely with researchers and statisticians in the Social and Rehabilitation Services Medical Section, and cost checks for Medicare and Medical Assistance. Approximately 20 percent of the reimbursement claims are kicked out on the first pass through the computer system. Blue Cross-Blue Shield follows up on those relating to errors on forms.

The Commission recessed for lunch at 12:00 noon and reconvened at 1:30 p.m.

Staff distributed copies of the Legislative Division of Post Audit report on the Medical Assistance Program. Dr. Harder will furnish copies of the Department's first reply to the post audit report to the Commission.

Dr. Harder referred to supplemental funding requests for fiscal years 1971-1977 (Attachment H) noting these are the total departmental program, not just the Medical Program. He noted that requesting supplementals does not reflect on efforts being made to stay within the budget. He referred to Attachment I showing adjusted medical expenditure figures.

It was noted the Kansas Medical Assistance Plan must be filed with Health, Education, and Welfare each year and any amendments or changes have to be filed and approved by Health, Education, and Welfare. In answer to a question, Dr. Harder stated it would take two to three months to affect a change in the plan in mid-year and three months before the change would show a total change in program expenditures. Changes, in addition to federal approval, require the writing of new rules and regulations, and

months before the change would show a change in program expenditures. Changes, in addition to federal approval, require the writing of new rules and regulations, and notification to field offices, recipients and providers. Time must be given for appeals also.

Dr. Harder pointed out there is a great deal of general interest on the part of the public to cut the Social and Rehabilitation Services budget but when it comes to cutting specific services the support is not there.

In answer to a question, Dr. Harder stated that he meets with an advisory group of the Kansas Medical Society to discuss problems and is setting up a meeting to discuss computer printouts indicating physicians whose charges seem excessive. The Medical Society has indicated a willingness to work with the Department to get such charges in line. Meetings with the Kansas Pharmaceutical Association were started in 1971 and there was close cooperation in working out the professional fee system mentioned earlier. Meetings were started with the Kansas Dental Association this winter and their recommendation for procedure codes was adopted. Most of the meetings with adult care homes are in court because of the controversy over what payments should be. There is much less contact with the Kansas Hospital Association.

Social and Rehabilitation Services clients are occupying approximately one-half of the beds in adult care homes so the state is concerned about the charges of such homes. Maximum payments are \$24.00 per day with an average of \$21.00 per day for skilled adult care homes. Intermediate care facilities, where the majority of the clients are, run \$18.00 to \$16.00 per day. By controlling the mechanism for determining allowable rates and through utilization review, Social and Rehabilitation Services has been able to affect cost increases in this part of the program.

Adult care home rates are based on previous history plus a projected inflationary figure for the next 12 to 18 months. Rates may need to be adjusted but the fact that present state payments are considered low by some providers does not necessarily mean private patients' rates need to be increased. There is still a question about what a fair rate for care is.

Periodic utilization review helps insure that the medical assistance recipient is in the appropriate type home. Prior to the initiation of review procedures there were approximately 4,800 medical assistance recipients in skilled care homes. Through utilization review this number has been reduced to 700 with 10,000 to 11,000 recipients in intermediary care facilities.

Homemaker services (Title XX) have had a positive impact on the number of recipients going to adult care homes and on the length of hospitalization. Combined with home health services, the impact would be even more significant. Homemaker services under Title XX were provided to over 2,500 persons during the last fiscal year. Because of a lack of dollars, most areas have a waiting list for this service. However, home health services, which are available in approximately 45 counties, have not been heavily used. In an attempt to capitalize on the Governor's emphasis on this program, Social and Rehabilitation Services is encouraging local health departments to participate and has worked with the Department of Health and Environment to develop effective guidelines with as much flexibility as possible under the federal law. Homemaker services are provided by Social Rehabilitation Services and are available only to those meeting eligibility standards.

In answer to a question, Dr. Harder stated they could purchase home health services from a private organization under Medical Assistance. An adult care home could provide this service if it was clearly identified as a service provided away from the facility. Miss Klaussen, Director of Medical Services in Social and Rehabilitation Services stated Medicare will cover up to 100 home visits per year for extension of skilled nursing care.

In answer to questions relating to eligibility determination, Dr. Harder distributed forms used for computing eligibility for Aid to Dependent Children, General Assistance and Medical Assistance programs. Information is collected on an application form, verified to the extent possible and is then summarized on a form, "Determination of Need." Quality control is done by staff not attached to a local office. Seven years ago the error rate was 50 percent. It is now about 20 percent. He gave examples of why it is difficult to stay within the tolerances set by federal regulations. He then gave examples illustrating determination of eligibility for cash assistance and for Medical Assistance-Only, and how a cash grant is determined. He emphasized that in Medical Assistance-Only cases all members of the household are eligible for medical services until the family catches up financially. He noted incentives do exist for mothers on Aid to Dependent Children to work and approximately 22 percent are employed. This is a few points above the national average.

Referring to questions raised during the morning session. Dr. Harder distributed material showing characteristics of recipients of General Assistance and Aid to Dependent Children. (Attachment D) Similar information is not available for Medical-

(Attch. J.)?

Only recipients. In answer to a question, Dr. Harder stated he did not know how many General Assistance recipients have been on General Assistance for five years. An example of the type of person who might have been on General Assistance for five years would be a widow 55 years of age who had no other source of income and who had not been in the job market so could not find a job.

Reference was made to legislation passed two years ago authorizing Social and Rehabilitation Services to locate fathers and collect support payments from them. Dr. Harder stated last year, the first full fiscal year of the program, \$3.3 million was collected in child support payments at a cost of \$635,000. The goal, if additional staff is authorized, is to collect \$12 million per year in five years.

Dr. Harder distributed a document from Kansas Association of Commerce and Industry relating to a question raised earlier about comparative expenditures. (Attachment K)

A Commission member noted statistics in the August issue of the Kansas Medical Society Journal which indicate that a number of counties have no physician or only a few physicians, a significant number of these are in the upper age bracket, and a relatively small percentage of physicians trained in Kansas stay in Kansas. He then suggested more money should be spent to train more physicians and those trained in Kansas should be kept in Kansas.

It was pointed out by another member that programs to train physician extender personnel are growing but not enough to meet the need. Also, the place of schooling and residency is the greatest factor in determining where a physician practices. Yet the Kansas Legislature provides only 160 residencies in the state forcing 60 graduates to go out of state for residency training. Note was made that according to a Health, Education and Welfare report for the first time this year more students are electing to go into family practice than are electing a specialty. In Kansas family practice residencies rather than specialty residencies are funded. Also the federal medical education assistance (capitation grants) require 50 percent of entering students to be in primary care.

In answer to a question, Dr. Harder stated that under the new rules and regulations, Social and Rehabilitation Services can require a second opinion before surgical procedures are performed. However, based on the computer printout, a doctor who appears to be out of line can be contacted directly and told the Department will ask for a second opinion unless his practice changes.

Technical advances enabling monitoring of certain health conditions by phone were noted as an area that should be investigated by Social and Rehabilitation Services. Dr. Harder stated the Social and Rehabilitation Services budget, with a few exceptions, is geared to illness care and not prevention. The program as it is presently constituted encourages illness rather than health.

A Commission member noted private endowment of some hospital's capital improvements and asked if there was a program to discuss with those endowing such facilities the alternative of funding people programs. Dr. Harder stated this was an area that should be explored and Social and Rehabilitation Services could develop documentation for alternatives.

In answer to a question, it was noted Kansas has legislation which is favorable to HMOs. The problem seems to be lack of initial money and a market for this type service. At least four HMOs were funded for planning but they were unable to show they would have a financially viable service.

Answering a question, Dr. Harder stated he thought a client education program in the areas of health care and utilization of medical services should be expanded. They are working with the Kansas Medical Society, Kansas Pharmaceutical Association and Kansas State Dental Association to develop information pieces explaining how to tell when you really need services. These will be mailed with assistance checks. He stated he could not say whether people eligible for Medical Assistance used health care providers more than the general public.

Dr. Harder, in answer to a question, outlined the following steps he would recommend for cost containment:

1. An ongoing commission, similar to the Corporation Commission, responsible for reviewing total health care in Kansas with a great deal of authority in the area of program planning and financing.
2. Continuation of Social and Rehabilitation Services computer printouts to show patterns of practice for review and action where action is indicated. He noted this will take a degree of public understanding and support so when action is taken it is not viewed as punitive but as an attempt to get costs in line.

3. Continuation and extension of certificate-of-need and utilization review programs.

4. At the federal level raise the issue of requiring that payments to hospitals be audited cost or actual charge whichever is less.

5. Development of a professional review organization with input from Social and Rehabilitation Services as well as from Health, Education and Welfare, and the Kansas Medical Society.

It was noted in regard to cost control and planning that some medical economists think new medical techniques have come into use with very little evidence of their cost effectiveness. Since state medical assistance programs have a considerable influence on the health dollars being spent, could such programs establish that payment will not be made for a technique until its cost can be justified? Dr. Harder stated he did not recall this being discussed at any meeting of program directors. However, in all instances, if the attending physician can prove to a review committee a technique is necessary, payment is made. He noted this question points out the need to bring planning and reimbursement together.

Next Meeting. The next meeting, September 13-14, will be devoted to hearing from providers under Title XIX.

The meeting was adjourned at 4:30 p.m.

Prepared by Emalene Correll

Approved by Committee on:

10/6/77
Dave

MEMORANDUM

July 21, 1976

TO: Jim Potter
c - Adair, Smrha

FROM: Tom Lewis

SUBJECT: TANGIBLE SAVINGS IN TITLE XIX

Jim, I am sorry, but the only report I have for tangible savings from Title XIX covers the 12 months of Calendar 1975 plus one week of actual claims incurred in Title XIX. The one week addition is because of the payment schedules.

HOSPITAL CLAIMS

Reduction from Charges	\$3,305,986.47
Denials (total)	231,142.26
Total Hospital	<u>\$3,357,128.73</u>

PROFESSIONAL CLAIMS

Reductions from Charges	\$8,489,150.72
Denials	2,435,393.59
Total Professional	<u>\$10,024,544.31</u>

PHARMACY CLAIMS

Reductions from Charges	\$ 248,834.64
Denials	159,314.92
Total Pharmacy	<u>408,149.56</u>

GRAND TOTAL - Reductions and Denials - all claims	\$14,869,822.60
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Most Common Denial Reasons by Type

HOSPITAL - Not Eligible on Date of Service
Duplicate Claims Submission
Utilization Denials

PHYSICIAN - Not Eligible on Date of Service
Duplicate Claim
Service or Procedure not Covered
Paid by Other Insurance.

Atch. A

TANGIBLE SAVINGS IN TITLE XIX
July 21, 1976

PHARMACY - Not Eligible on Date of Service
Duplicate Claim

We can furnish, upon request, the detail of denials by specific denial code and dollar amount.

In the area of reductions, I would estimate the main reduction in hospital was for interim percentage (80+%) and for various individual services not covered. For professional claims, the main reduction was one to the prevailing 50th percentile. For pharmacy the reductions were primarily product pricing differentials.

mcw



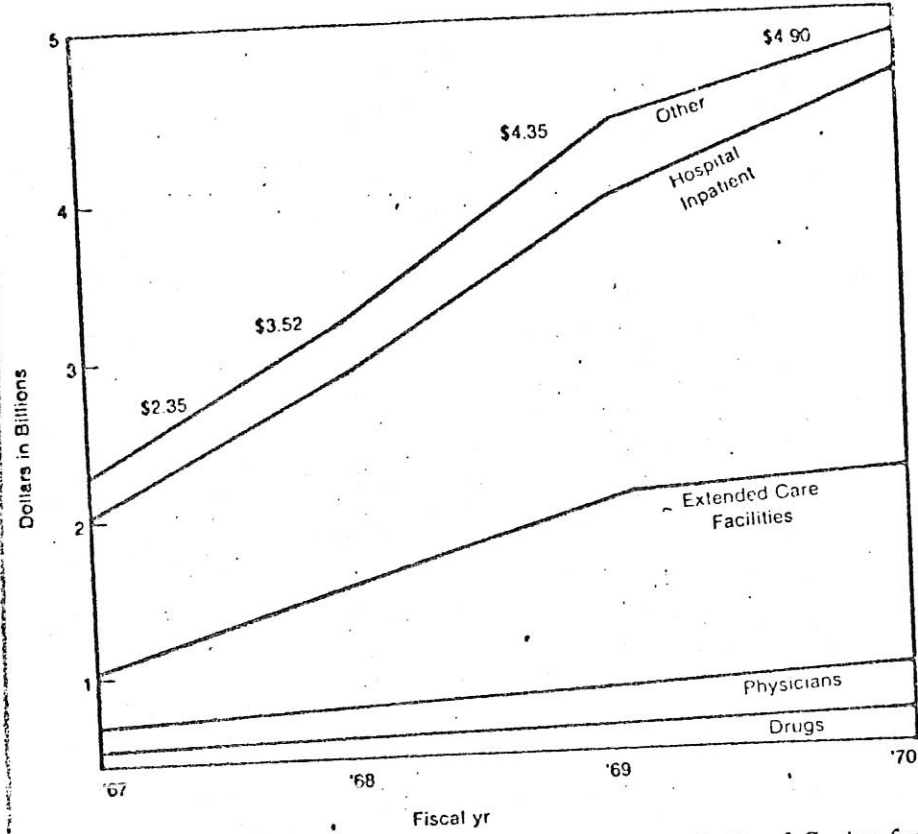
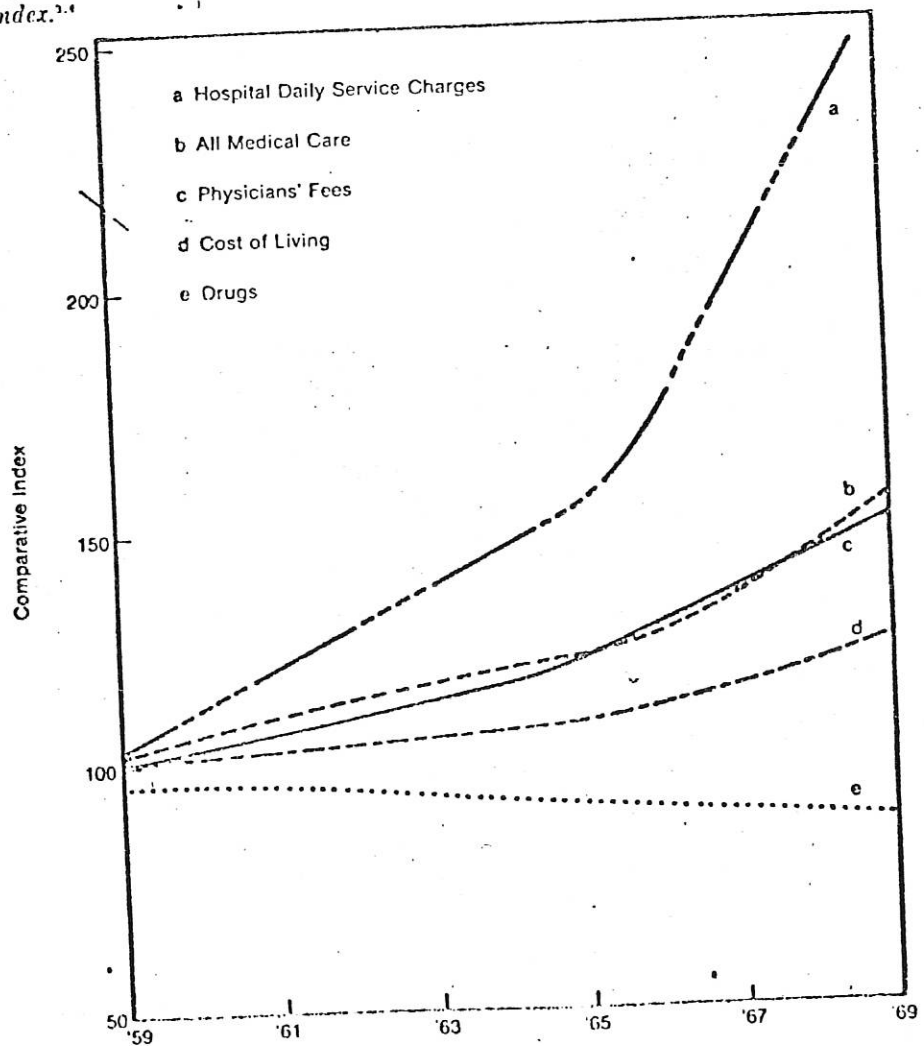


Fig 1.—Public assistance medical care dollar. Data from National Center for Social Statistics report B-2.

Fig 2.—Medical care price index, with changes in components comprising index.^{2,4}



SUMMARY OF MEDICAL ASSISTANCE COSTS

Comparison of Costs - Category - Provider

June 1976 - June 1977 without \$6.4 million held over to FY 77

CATEGORIES OF RECIPIENTS

COST

MEDICAL PROVIDER

PAYMENTS COST

PUBLIC ASSISTANCE

	<u>FY 76</u>	<u>FY 77</u>	<u>%</u> <u>Change</u>	<u>PROVIDER</u>	<u>FY 76</u>	<u>FY 77</u>	<u>%</u> <u>Change</u>
OAA	\$ 3,109,624	\$ 3,905,261	+ 25.6	Drugs	\$ 10,073,655	\$ 11,144,205	+ 10.6
AB	214,882	215,503	+ .3	Optom.	1,379,338	1,762,283	+ 27.8
AD	7,645,132	10,033,235	+ 31.2	Phys.	13,318,826	17,185,624	+ 29.0
ADC	28,170,444	36,109,136	+ 28.2	Podiatr.	35,531	37,425	+ 5.3
GA (ME6)	2,426,722	2,434,804	+ .3	Lab. & Rad.	2,566,193	3,495,606	+ 36.2
GA (ME8)	8,187,706	9,977,179	+ 21.9	Com. Mntl.	1,429,704	2,149,754	+ 50.4
Total P.A.	49,754,510	62,675,118	+ 26.0	Hosp.-In	32,082,779	41,248,993	+ 28.6
<u>MEDICAL ONLY</u>				Hosp.-Out	3,904,589	5,270,088	+ 35.0
AABD-Related	7,709,098	9,836,415	+ 27.6	E. Care	52,728	95,349	+ 80.8
ADC Related	3,564,236	5,391,864	+ 51.3	Dental	4,639,394	6,164,688	+ 32.9
GA Related (ME6)	3,002,142	3,159,985	+ 5.3	H. Health	63,658	125,843	+ 97.7
GA Related (ME8)	6,629,239	8,909,525	+ 34.4	Chiro.	316,823	424,181	+ 33.9
State Wards	180,117	293,028	+ 62.7	Fam. Plan	976,124	1,161,896	+ 19.0
Total M.O.	21,084,832	27,590,817	+ 30.9	Total	70,839,342	90,265,935	+ 27.4
Total P.A. & M.O.	70,839,342	90,265,935**	+ 27.4	Buy-In	1,817,946	2,177,492	+ 19.8
Buy-In	1,817,946	2,177,492	+ 19.8	S.N.H.	3,386,224	3,017,164	- 10.9
S.N.H.	3,386,224	3,017,164	- 10.9	I.C.F.	35,318,102	41,515,648	+ 17.5
I.C.F.	35,318,102	41,515,648	+ 17.5	Screening	360,313	370,446	+ 2.8
Screening	360,313	370,446	+ 2.8	Co. Paid Med.	1,387,962	1,534,895	+ 10.6
aid Other W/ONH	1,387,962	1,534,895**	+ 10.6	Grand Total	113,109,889	138,881,580**	+ 22.8
Grand Total	113,109,889	138,881,580**	+ 22.8				

**Excludes Programs 39, 41, 42, and 52

Attachment C

Atch. C

Federal and State Changes Effecting Increases
in Total and State Fund Expenditures for Medical Assistance

<u>Fiscal Year</u>	<u>Total Medical Expenditure</u>	<u>State Share of Expenditure</u>	<u>Percentage of State to Total</u>	<u>Increased State Cost Due to Change</u>
1971	\$ 35,621,999	\$ 9,433,230	26.5	
1972	64,404,102	18,531,650	28.8	
	1. ICF care transferred to medical in January increased total medical cost by \$10,000,000.			\$ <u>3,000,000</u>
	2. Medical bills carried over from 1971 increased total cost by \$7,800,000.			<u>2,245,000</u>
1973	70,595,957	17,499,209	24.8	
	1. First full fiscal year of ICF transfer increased total medical costs by another \$11,000,000.			<u>3,300,000</u>
1974	74,990,830	29,510,340	39.4	
	1. Changed to state financing in January.			<u>10,000,000</u>
	2. Decreased federal match rate by 3.69%.			<u>2,400,000</u>
1975	91,320,421	47,190,209	51.7	
	1. First full fiscal year for state financing.			<u>10,000,000</u>
1976	113,500,000	56,384,564	49.7	
	1. Decreased federal match rate by 1.35%.			<u>1,417,000</u>
1977	145,600,000	77,316,691	53.1	
	1. Medical bills carried over from 1976 increased total by \$6,400,000.			<u>3,200,000</u>

8/23/77

Atch. D

**Persons Eligible for SRS Medical Assistance By Month for All Programs
FY 1975 & FY 1976, FY 1977**

Attachment E

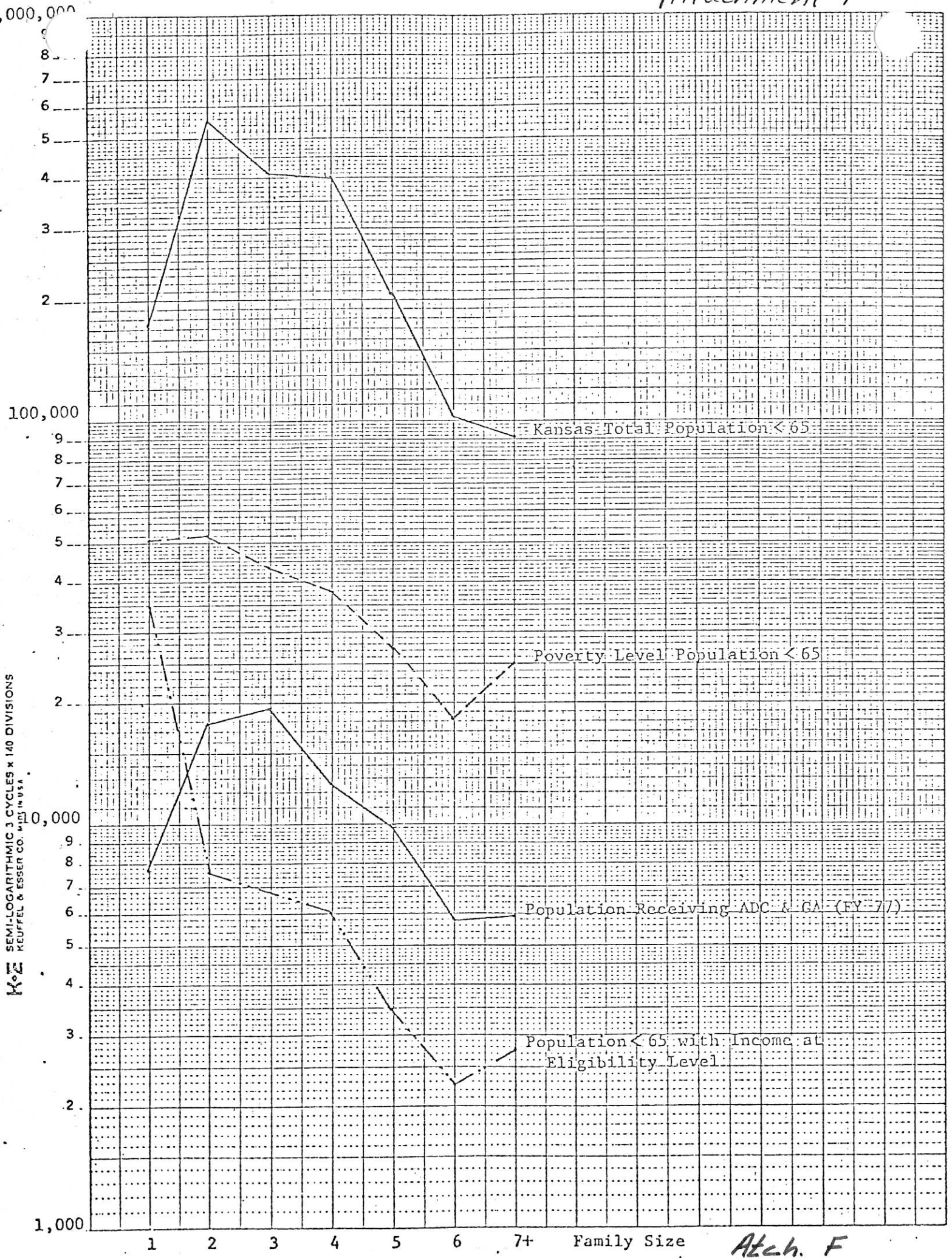
	Total Includes Ineligibles	Ineligible MEO	Total 1-9 Excludes Refugees & TB	Over 65 ME1	Adults ME2	FY 1975			Under 21 ME6	Essential Spouses ME7	State Only 21-64 ME8	State Only 21-64 ME9	Cuban and Vietnamese Refugees	Special T.B.
						Blind ME3	Disabled ME4	ADC ME5						
FY 1975														
July 1974	115,707	3,587	112,120	17,421	71	493	9,795	70,513	6,080	663	6,575	509		
August	116,093	3,671	112,422	17,369	69	496	9,870	70,426	6,322	654	6,698	518		
September	119,323	3,643	115,680	17,526	76	492	10,653	72,352	6,842	643	7,166	530		
October	118,984	3,680	115,304	17,511	69	493	10,135	72,081	6,830	639	7,033	513		
November	118,448	3,701	114,747	17,527	64	495	10,235	71,413	6,810	638	7,051	514		
December 1974	119,541	3,812	115,729	17,613	62	494	10,357	71,604	7,124	627	7,327	521		
January 1975	120,701	3,963	116,738	17,609	59	487	10,406	71,843	7,532	622	7,646	534		
February	127,269	4,255	123,014	17,675	61	486	10,524	74,829	9,170	621	9,076	572		
March	126,443	4,635	121,808	17,575	58	484	10,510	74,199	8,958	617	8,824	563		
April	133,602	5,246	128,356	17,961	73	500	10,738	77,584	10,328	621	9,930	621		
May	131,735	4,383	127,352	18,241	71	493	10,832	77,107	9,757	619	9,567	665		
June 1975	134,298	4,219	130,079	18,786	67	492	11,015	77,905	10,364	619	10,107	724		
FY 1976														
July 1975	136,988	6,344	130,644	18,916	65	482	11,185	78,057	10,379	603	10,235	722		
August	138,086	6,871	131,215	18,998	65	484	11,335	78,596	10,114	587	10,311	724		
September	142,397	7,967	134,430	19,299	68	485	11,563	80,371	10,477	570	10,836	761		
October	144,195	8,618	135,577	19,610	64	492	11,755	80,952	10,390	552	10,981	781		
November	145,908	9,188	136,720	19,801	56	498	11,897	81,454	10,528	534	11,166	786		
December 1975	148,017	9,747	138,270	19,861	49	496	11,947	82,187	10,804	518	11,606	802		
January 1976	149,957	10,360	139,597	20,039	49	494	12,089	82,623	11,010	501	11,967	825		
February	151,683	11,348	140,335	20,171	65	493	12,181	83,057	10,777	473	12,302	816		
March	157,067	12,314	144,753	20,531	43	485	12,466	85,081	11,399	458	13,274	823	193	
April	158,329	12,613	144,848	20,742	38	482	12,610	85,229	11,158	444	13,293	856	868	
May	159,083	13,389	144,814	21,026	29	462	12,767	85,259	10,709	435	13,269	857	880	1
June 1976	154,919	13,281	140,797	20,995	21	442	12,734	83,200	9,764	421	12,393	827	837	4
FY 1977														
July 1976	158,991	15,487	142,632	21,215	19	439	12,840	84,596	9,485	417	12,732	889	870	2
August	158,717	15,312	142,529	21,342	15	430	12,961	84,435	9,257	418	12,761	910	868	8
September	163,796	15,947	146,934	21,459	15	430	13,034	87,557	9,793	413	13,295	938	906	9
October	166,576	17,417	148,291	21,752	13	433	13,401	88,527	9,513	406	13,248	998	864	4
November	168,299	18,277	149,192	21,815	11	434	13,511	89,141	9,459	402	13,407	1,012	828	2
December 1976	173,359	18,542	153,959	22,059	11	432	13,870	91,844	9,993	407	14,340	1,003	854	4
January 1977	174,779	18,360	155,569	22,209	11	433	14,189	93,171	9,884	397	14,278	997	841	9
February	177,948	19,078	157,993	22,389	11	432	14,409	94,903	9,970	395	14,465	1,019	869	8
March	181,224	20,048	160,272	22,671	11	433	14,661	96,374	10,076	397	14,602	1,047	892	12
April	182,508	20,479	161,151	22,902	11	431	14,790	97,028	9,986	391	14,521	1,091	869	9
May	184,106	21,630	161,590	23,103	11	431	14,937	97,247	9,935	384	14,453	1,089	877	9
June	184,877	22,312	161,719	23,464	11	428	15,156	98,749	9,051	382	13,480	1,178	837	9

Atch. E

Prepared by Chuck Walker
Research and Statistics
Source: TXDS-3422

RISK POPULATION CHARACTERISTICS

Attachment F



Atch. F

COVERED SERVICES by TITLE XIX in the CENTRAL STATES AREA

- A Covered services available to cash assistance cases only
- B Covered services available for cash assistance cases and also for medically needy cases
- C Non-covered service except for EPSDT
- D Non-covered service

* Federally Mandated Services for all ages
 ** Mandated Services for Family Planning (Child Bearing Age)
 *** EPSDT - Mandated for Persons Under Age 21

Services	REGION VII (KC - HEW)				Nearby States					
	KANS	NEBR	IOWA	MO	COLO	OKLA	ARK			
Inpatient Hospital	*	**	***	B	B	A	A	A	B	B
Outpatient Hospital	*	**	***	B	B	A	A	A	B	B
Other Laboratory and X-Ray Services	*	**	***	B	B	A	A	A	B	B
Skilled Nursing Home	*			B	B	A	A	A	B	B
Physician's Service	*	**	***	B	B	A	A	A	B	B
Home Health Care Service	*			B	B	A	A	A	B	B
Transportation when necessary for medical care	*	**	***	B	B	A	A	A	B	B
Clinic		**	***	B	B	C	C	C	C	B
Prescribed Drugs		**	***	B	B	A	A	A	A	B
Dental			***	B	B	A	A	C	B	B
Prosthetic Device				B	B	A	C	A	D	C
Eye Glasses			***	B	B	A	C	C	C	C
Private Duty Nursing				B	B	D	D	D	D	D
Physical Therapy and Related Services				B	B	A	D	A	D	D

COVERED SERVICES by TITLE XIX in the CENTRAL STATES AREA-Continued

	REGION VII (KC - HEW)				Nearby States		
	<u>KANS</u>	<u>NEBR</u>	<u>IOWA</u>	<u>MO</u>	<u>COLO</u>	<u>OKLA</u>	<u>ARK</u>
<u>Services - Continued</u>							
Other Diagnostic, Screening and Rehabilitative Services	B	D	D	D	D	D	D
Emergency Hospital Services ***	B	B	A	A	A	B	B
Skilled Nursing Facility Services for Patients Under 21	B	B	A	D	A	D	A
Optometrists' Services ***	B	B	A	A	C	C	C
Podiatrists' Services	B	B	A	C	A	B	D
Chiropractic Services	B	B	A	D	D	C	B
Care for Patients 65 or Older in Institutions for Mental Diseases	B	B	C	A	A	B	B
Care for Patients 65 or Older in Institutions for Tuberculosis	B	B	C	A	D	D	B
Care for Patients under 21 in Psychiatric Hospitals	B	D	D	D	A	B	B
Institutional Services in Intermediate Care Facilities	B	B	A	A	A	B	A

433 1
8-33

Table VI

SOCIAL AND REHABILITATION SERVICES
SUPPLEMENTAL REQUESTS
BY FISCAL YEAR

<u>Fiscal Year</u>	<u>Request</u>
1971	\$2.2 million
1972	\$10.7 million (restoration of welfare cuts)
1973	\$2.6 million returned to General Revenue Fund
1974	\$3.6 million returned to General Revenue Fund
1975	\$1.2 million
1976	No supplemental
1977	\$14 million

8-2-77 *JK*

MEDICAL EXPENDITURE - FY-76 & FY-77
(Not Including Nursing Homes)

Attachment I

	FY-76 Expendi- tures (From Budget)	Plus: 6.4 Million Carry Over	Adjusted FY-76 Expendi- tures	FY-77 Expendi- tures (SL-03)	Less: 6.4 Million Carry Over	Adjusted FY-77 Expendi- tures
310 Medical Aid Aged Federal	\$ 3,972,019	\$ 275,293	\$ 4,247,312	\$ 5,118,234	\$(275,293)	\$ 4,842,94
311 Medical Aid Aged	20,836	1,419	22,255	24,760	(1,419)	23,34
312 Medical Aid Blind-Federal Match	233,820	15,162	248,982	248,604	(15,162)	233,44
313 Medical Aid Blind	3,048	1,126	4,174	2,282	(1,126)	1,15
314 Medical Aid Disabled-Federal Match	8,046,021	649,499	8,695,520	11,144,024	(649,499)	10,494,52
315 Medical Aid Disabled	23,849	859	24,708	20,749	(859)	19,89
316 Medical Aid to ADC-Federal Match	28,553,524	2,481,753	31,035,277	38,861,350	(2,481,753)	36,379,59
317 Medical Aid to ADC	62,590	3,916	66,506	73,481	(3,916)	69,56
318 Medical Aid to AABD-Rel. Fed. Match.	7,309,068	661,718	7,970,786	9,848,786	(661,718)	9,187,06
319 Medical Aid-AABD Related Under 21 Fed. Match.	33,660	1,251	34,911	59,875	(1,251)	58,62
320 Medical Aid-AABD Related	1,696,898	65,523	1,762,421	2,187,355	(65,523)	2,121,83
321 Medical Aid ADC Related Fed. Match	3,604,126	332,705	3,936,831	5,748,627	(332,705)	5,415,92
322 Medical Aid ADC Related State Only	12,248	237	12,485	27,877	(237)	27,64
323 Medical Aid G.A. Related Fed. Match	3,146,522	358,348	3,504,870	3,694,598	(358,348)	3,336,25
324 Medical Aid G.A. Related State Only	6,630,464	657,473	7,287,937	9,525,601	(657,473)	8,868,12
325 Medical Aid Child WDC Fed. Match	189,046	14,752	203,798	307,228	(14,752)	292,47
326 Medical Aid Child WDC State Only	3,998	158	4,156	13,393	(158)	13,23
327 Early & Periodic Screening Fed. Match	360,313	- 0 -	360,313	370,331	- 0 -	370,33
302 General Assistance Medical Fed. Match	2,615,628	201,157	2,816,785	2,801,617	(201,157)	2,600,46
303 General Assistance Medical State Only	8,213,033	688,466	8,901,499	10,650,384	(688,466)	9,961,91
TOTALS	\$74,730,711	\$6,410,815	\$81,141,526	\$100,729,156	6,410,815	\$94,318,34
Nursing Home Exp.	38,758,718		38,758,718	45,683,294		45,683,29
TOTAL MEDICAL EXPENDITURES	\$113,489,429		\$119,900,244	\$146,412,450		\$140,001,63

BUDGETED

\$145,569,473

Atch. I

Characteristics of General Assistance Cases

How many persons are in the General Assistance cases?

- 85% Are single person cases
- 7% Have two persons
- 8% Have more than 2 persons

Age of the head of the General Assistance household.

- 16% Under 20 years of age
- 28% 21-29 years of age
- 29% 30-49 years of age
- 27% 50 and over

Length of time the case has been receiving General Assistance.

- 52% Less than 7 months
- 27% Between 8 months and 18 months
- 21% Over 18 months

What is the racial make-up of the General Assistance caseloads?

- 70% White
- 27% Black
- 1% Indian
- 2% Spanish surname

Employment history of head of General Assistance case.

- 9% Currently employed--excluding GA work project
- 91% Unemployed

- 8% Never employed
- 14% Employment history unknown
- 27% Unemployed 6 months or less
- 11% Unemployed 7-12 months
- 31% More than 12 months

Reason head of General Assistance case is not employed.

- 45% Incapacitated
- 50% Attempting to find work
- 3% Homemaker
- 2% In school

Is the head of the General Assistance household registered in a local GA work project?

- 40% Registered
- 33% Work project not established in the local area
- 21% Ill, injured or incapacitated
- 6% Other reasons

Sources of Income other than General Assistance.

84% No other source of income
9% Employment
5% OASDI, Railroad Benefit, or Veteran's Benefit
2% Other--including contributions

Food stamp participation.

45% Participation
55% Do not participate

Source: Sample study of General Assistance cases open in August 1976.

3/17/77

AID TO DEPENDENT CHILDREN

Characteristics of Recipients
May 1975

Sketch of Findings

Characteristics

Number of Adults	One out of four cases had no recipient adult with federal matching; 69 percent had only one such adult.
Number of Children	The ADC cases average 2.3 recipient children per case. In addition, there was an average of 0.4 children in the household who were not included in the ADC case.
Age of Children	Sixty-eight percent of the children were of school age (ages 5-17).
Shelter	Eighty-two percent of the cases lived in rental houses (71 percent, private and 11 percent, public housing).
Race	The payee was white in 64 percent of the cases; black, in 33 percent.
Reason for Eligibility	Most of the children (88 percent) were eligible because of lack of support due to absence of the father.
Child Support	For 57 percent of the children with the father absent there was neither a court order nor a voluntary agreement for child support.
Length of Time on Assistance	Two-thirds of the cases had been continuously open less than four years; 32 percent, less than a year. However, the total time on ADC (including previous openings) was less than four years for only 61 percent of the cases.
Head of Household	The mother was the head of the household in 63 percent of the cases; the stepfather in 13 percent.
Number of Fathers	In 73 percent of the cases, all children had the same father and the same mother.
Fathers in Home	The natural father (of the youngest child) was in the home in 8 percent of the cases.
Mothers in Home	The natural or adoptive mother (of the youngest child) was in the home in 91 percent of the cases.

Cont'd

Payment

The average grant per case was \$197.99, and per person, \$62.66.

on-assistance Income

Thirty-five percent of the cases had income other than public assistance; nineteen percent of these had earned income.

services

About one in ten children in the ADC group was having day care purchased by SRS.

Attachment K



"The Voice of Kansas Business"

Tax Letter

cc: Lewerenz
Schoonmaker
Stevenson
orig: Harder

Kansas Association of Commerce and Industry

500 First National Tower, One Townsite Plaza, Topeka, Ks. 66603, Phone (913) 357-6321

A consolidation of the Kansas State Chamber of Commerce, Associated Industries of Kansas, Kansas Retail Council

September 10, 1976

COMPARATIVE TAXES AND SPENDING

How do total taxes paid by residents of one state compare with others? Some highlights from the most recent national data, U. S. Bureau of Census Report entitled "Governmental Finances 1973-1974"* are reported herein. Despite the time lag, comparative figures for all states are useful measures for study of taxes and spending by governments.

Overall--Kansas vs. All-States Average. Kansas, when compared on a per capita basis with the all-states (national) average ranks favorably. Kansas' per capita income is higher. State and local taxes are lower. Government spending is also lower. But property taxes are higher. Kansas' per capita debt of \$706.67 is 73% of the all-states average of \$977.42. Kansas ranks 45th in federal revenue receiving only \$156.95 per capita compared with the all-states average of \$197.88.

PER CAPITA COMPARISON

Per Capita	Kansas	All-States	Kansas Rank
Income	\$5,304.00	\$5,041.00	13
Total Taxes -- state and local	572.71	618.39	25
Direct General Spending	830.45	939.58	28
Property Taxes	258.32	225.90	15
Federal Revenue	156.95	197.88	45
Debt	706.67	977.42	31

Kansas and Surrounding States. Kansas, when compared with the surrounding states on a per capita basis (see table below), still ranks first in personal income but below Missouri, Oklahoma and Colorado in population. Colorado has a higher per capita total state and local tax bill, and Nebraska has a higher per capita property tax amount than Kansas. (See page 4 for data on expenditures, both national and surrounding-state comparisons.)

PER CAPITA INCOME AND TAXES OF KANSAS AND SURROUNDING STATES

State	Population		Personal Income		Property Taxes		Total State-Local Taxes	
	Rank	Amount	Rank	Amount	Rank	Amount	Rank	
KANSAS	30	\$5,304	13	\$258.32	15	\$572.71	25	
Colorado	28	5,029	20	207.53	26	586.85	22	
Nebraska	35	5,271	15	258.85	14	542.89	28	
Missouri	15	4,841	25	172.56	29	501.32	33	
Oklahoma	27	4,340	37	107.78	41	428.38	45	

*On pages 2 and 3 you will find statistics for all states. Source: U.S. Bureau of Census Report entitled "Governmental Finances 1973-1974."

Atch. K

STATE & LOCAL GOVERNMENT PER CAPITA REVENUE (1973-1974)

	Population		Personal Income		Total Taxes			Property Tax		Federal Revenue		Debt		
	(000)	Rank	Per Capita	Rank	Total Taxes	Rank	% of Income	Property Tax	Rank	% of Income	Revenue	Rank	Debt	Rank
All States	211,390		\$ 5,041		\$ 618.39		12.3%	\$ 225.90		4.5%	\$ 197.88		\$ 977.42	
Alabama	3,577	21	3,871	49	383.09	50	9.9	48.79	50	1.3	199.49	30	794.36	24
Alaska	337	50	5,933	2	611.03	17	10.3	188.37	28	3.2	652.69	1	3,104.32	1
Arizona	2,153	32	4,692	32	582.25	24	12.4	213.58	23	4.6	166.71	38	778.53	26
Arkansas	2,062	33	3,952	45	383.83	49	9.7	83.04	48	2.1	187.57	31	490.80	44
California	20,907	1	5,521	11	762.25	4	13.8	341.89	4	6.2	238.66	11	923.37	19
Colorado	2,490	28	5,029	20	586.85	22	11.7	207.53	26	4.1	212.86	19	701.83	33
Connecticut	3,088	24	5,938	1	688.55	9	11.6	331.28	5	5.6	178.01	34	1,436.49	6
Delaware	573	46	5,778	4	678.54	12	11.7	120.77	39	2.1	211.83	20	1,565.27	4
Florida	8,090	8	4,923	23	520.00	29	10.6	154.00	32	3.1	132.19	49	747.45	29
Georgia	4,882	14	4,395	36	476.60	39	10.8	136.67	37	3.1	204.11	26	734.89	30
Hawaii	847	40	5,541	10	765.31	3	13.8	143.88	35	2.6	299.67	4	1,603.34	3
Idaho	799	42	4,413	35	478.61	38	10.8	153.92	34	3.5	230.40	13	279.07	49
Illinois	11,131	5	5,770	5	699.03	6	12.1	285.68	7	5.0	215.30	18	787.88	25
Indiana	5,330	11	4,987	22	546.92	27	11.0	235.85	21	4.7	121.79	50	498.32	43
Iowa	2,855	25	5,273	14	589.52	21	11.2	237.77	19	4.5	151.75	47	426.83	46
Kansas	2,270	30	5,304	13	572.71	25	10.8	258.32	15	4.9	156.95	45	706.67	31
Kentucky	3,357	23	4,033	43	441.03	44	10.9	86.76	47	2.2	206.92	23	1,091.10	13
Louisiana	3,764	20	3,931	46	495.54	35	12.6	78.79	49	2.0	209.53	22	1,024.02	14
Maine	1,047	38	4,082	40	597.42	19	14.6	280.88	8	6.9	228.02	15	644.85	37
Maryland	4,094	18	5,489	12	674.46	13	12.3	208.81	25	3.8	184.68	32	1,141.24	11
Massachusetts	5,800	10	5,253	16	766.68	2	14.6	383.50	1	7.3	206.88	24	1,149.01	10
Michigan	9,098	7	5,551	9	679.15	11	12.2	263.31	13	4.7	202.81	28	886.62	22
Minnesota	3,917	19	5,137	18	695.84	8	13.5	216.90	22	4.2	209.57	21	982.27	17
Mississippi	2,324	29	3,556	50	425.41	48	12.0	96.01	44	2.7	225.02	16	644.13	38
Missouri	4,777	15	4,841	25	501.32	33	10.4	172.56	29	3.6	152.36	46	576.54	40
Montana	735	43	4,682	33	586.54	23	12.5	305.82	6	6.5	242.68	9	567.95	41
Nebraska	1,543	35	5,271	15	542.89	28	10.3	258.85	14	4.9	161.77	42	1,405.27	7
Nevada	573	47	5,745	6	738.22	5	12.8	236.79	20	4.1	202.98	27	999.14	16
New Hampshire	808	41	4,694	31	482.67	37	10.3	278.01	9	5.9	160.72	43	636.18	39
New Jersey	7,330	9	5,845	3	683.19	10	11.7	379.23	2	6.5	163.98	40	1,137.17	12
New Mexico	1,122	37	3,853	48	483.99	36	12.6	96.78	43	2.5	283.31	5	499.96	42
New York	18,111	2	5,705	7	952.29	1	16.7	343.09	3	6.0	245.72	8	2,069.96	2
North Carolina	5,363	12	4,282	38	461.35	42	10.8	108.76	40	2.5	162.81	41	391.70	48
North Dakota	637	45	5,695	8	516.62	31	9.1	167.71	31	2.9	231.41	12	424.40	47
Ohio	10,737	6	5,076	19	496.70	34	9.8	191.72	27	3.8	146.16	48	702.71	32
Oklahoma	2,709	27	4,340	37	428.38	45	9.8	107.78	41	2.5	206.39	25	771.56	27
Oregon	2,266	31	4,833	27	570.35	26	11.8	250.45	18	5.2	241.80	10	1,001.43	15
Pennsylvania	11,835	4	4,993	21	614.95	16	12.3	153.93	33	3.1	184.03	33	1,198.18	9
Rhode Island	937	39	4,841	26	606.20	18	12.5	252.23	16	5.2	223.50	17	905.20	21
S. Carolina	2,784	26	3,882	47	421.50	47	10.9	92.44	45	2.4	174.77	36	646.14	36
S. Dakota	682	44	4,713	29	518.91	30	11.0	251.69	17	5.3	262.06	7	201.07	50
Tennessee	4,129	17	4,095	39	423.67	46	10.3	104.18	42	2.5	176.94	35	884.47	23
Texas	12,050	3	4,571	34	467.36	41	10.2	171.38	30	3.7	157.68	44	910.81	20
Utah	1,173	36	4,072	41	471.60	40	11.6	142.86	36	3.5	228.45	14	437.91	45
Vermont	470	48	4,054	42	661.07	14	16.3	276.16	10	6.8	301.86	3	1,241.12	8
Virginia	4,908	13	4,886	24	509.93	32	10.4	139.52	38	2.9	164.58	39	682.98	34
Washington	3,476	22	5,154	17	622.24	15	12.1	213.03	24	4.1	202.08	29	1,549.99	5
West Virginia	1,791	34	3,961	44	450.34	43	11.4	91.99	46	2.3	270.16	6	769.00	28
Wisconsin	4,566	16	4,750	28	696.08	7	14.7	267.36	11	5.6	173.24	37	672.94	35
Wyoming	359	49	4,695	30	590.25	20	12.6	263.44	12	5.6	306.08	2	948.79	18

Source: U.S. Census of Government, Governmental Finances: 1973-1974

STATE & LOCAL GOVERNMENT PER CAPITA EXPENDITURES
(1973 - 1974)

	Direct General Expenditures	Rank	Education Total	Rank	Local Schools	% of Total	Higher Education	% of Total	Highways	Rank	% of Total	Public Welfare	Rank	% of Total
All States	939.58		358.74		251.00	26.7%	89.33	9.5%	94.36		10.0%	117.06		12.5%
Alabama	712.37	48	272.46	48	153.69	21.5	91.24	12.8	92.35	34	13.0	70.55	35	9.9
Alaska	2,501.17	1	827.44	1	605.16	24.2	164.04	6.6	344.89	1	13.8	120.23	13	4.8
Arizona	892.20	22	398.41	14	258.33	29.0	125.85	14.1	95.68	32	10.7	39.51	50	4.4
Arkansas	609.17	50	239.05	50	156.32	25.7	63.29	10.4	85.56	39	14.1	79.00	27	13.0
California	1,118.87	5	400.20	12	283.94	25.4	106.49	9.5	73.58	47	6.6	188.61	3	16.9
Colorado	953.84	18	438.51	5	287.41	24.2	137.92	14.5	89.14	37	9.4	103.38	18	10.8
Connecticut	954.53	17	356.52	24	281.73	29.5	52.35	5.5	91.27	35	9.6	98.29	19	10.3
Delaware	1,055.71	9	509.55	2	329.45	31.2	145.47	13.8	110.10	24	10.4	83.13	26	7.9
Florida	783.33	37	295.79	40	212.51	27.1	70.96	9.1	88.01	38	11.2	50.47	48	6.4
Georgia	794.03	36	290.85	44	201.73	25.4	74.03	9.3	84.04	40	10.6	89.26	21	11.2
Hawaii	1,348.61	3	391.51	17	240.80	17.9	137.70	10.2	123.69	15	9.2	134.51	7	10.0
Idaho	818.67	34	301.53	36	203.05	24.8	87.06	10.6	143.42	8	17.5	72.53	33	8.9
Illinois	946.33	19	386.15	18	268.90	28.4	100.90	10.7	90.14	36	9.5	138.65	6	14.7
Indiana	715.44	47	336.07	31	223.34	31.2	93.06	13.0	75.59	45	10.6	61.10	44	8.5
Iowa	850.63	26	391.67	16	271.68	31.9	105.09	12.4	142.99	9	16.8	62.58	43	7.4
Kansas	830.45	28	345.26	27	229.45	27.6	106.11	12.8	112.50	22	13.6	76.29	29	9.2
Kentucky	712.96	46	282.66	46	177.71	24.9	86.21	12.1	111.79	23	15.7	75.56	30	10.6
Louisiana	822.41	32	296.89	37	217.86	26.5	67.15	8.2	116.71	19	14.2	85.28	24	10.4
Maine	823.61	31	295.81	41	220.42	26.7	52.67	6.4	120.94	17	14.7	120.87	12	14.7
Maryland	1,055.00	10	396.31	15	287.62	27.3	86.21	8.2	109.23	25	10.4	104.77	17	9.9
Massachusetts	1,058.10	8	373.39	22	269.76	25.5	85.76	8.1	69.00	49	6.5	197.56	2	18.7
Michigan	1,030.47	13	422.56	7	286.53	27.8	114.91	11.2	79.82	44	7.8	157.75	5	15.3
Minnesota	1,041.69	12	418.25	8	299.20	28.7	110.09	10.6	132.62	11	12.8	133.54	8	12.8
Mississippi	734.05	43	276.16	47	166.82	22.7	89.49	12.2	112.61	21	15.3	84.43	25	11.5
Missouri	721.61	44	296.02	39	222.19	30.8	69.79	9.7	97.78	30	13.6	70.55	37	9.8
Montana	898.84	21	379.33	20	261.53	29.1	97.77	10.9	145.55	7	16.2	73.53	31	8.2
Nebraska	825.72	30	333.37	32	229.41	27.8	89.64	10.9	134.79	10	16.3	71.26	34	8.6
Nevada	1,144.98	4	367.80	23	268.56	23.5	85.89	7.5	131.02	12	11.4	70.48	38	6.2
New Hampshire	774.85	38	296.02	38	206.21	26.6	75.00	9.7	129.49	13	16.7	89.65	20	11.6
New Jersey	978.48	16	378.12	21	283.00	28.9	69.23	7.1	98.22	29	10.0	120.08	14	12.3
New Mexico	839.30	29	383.81	19	229.55	27.4	136.39	16.3	113.31	20	13.5	78.52	28	9.4
New York	1,448.20	2	447.36	4	331.74	22.9	81.83	5.7	79.91	43	5.5	213.18	1	14.7
North Carolina	685.10	49	310.43	35	205.15	29.9	92.01	13.4	73.34	48	10.7	59.70	45	8.7
North Dakota	889.18	23	350.59	25	208.21	23.4	118.61	13.3	152.30	6	17.1	56.50	46	6.4
Ohio	753.51	40	295.48	42	214.27	28.4	73.45	9.8	81.37	42	10.8	89.10	22	11.8
Oklahoma	772.86	39	287.34	45	184.18	23.8	89.33	11.6	101.80	27	13.2	105.67	16	13.7
Oregon	989.75	14	403.06	11	270.52	27.3	112.68	11.4	99.44	28	10.1	87.10	23	8.8
Pennsylvania	885.03	24	341.69	29	254.37	28.7	48.00	5.4	93.24	33	10.5	130.14	9	14.7
Rhode Island	903.12	20	344.34	28	224.23	24.8	81.48	9.0	58.40	50	6.5	161.62	4	17.9
South Carolina	739.39	41	312.66	34	196.91	26.6	80.22	10.9	75.21	46	10.2	50.60	47	6.8
South Dakota	867.42	25	350.28	26	233.35	26.9	105.63	12.2	179.14	4	20.7	71.00	36	8.2
Tennessee	734.83	42	265.03	49	175.55	23.9	73.11	10.0	96.25	31	13.1	65.56	41	8.9
Texas	719.97	45	313.57	33	217.14	30.2	87.04	12.1	82.67	41	11.5	67.43	39	9.4
Utah	840.37	27	423.77	6	265.36	31.6	146.86	17.5	102.99	26	12.3	66.00	40	7.9
Vermont	1,063.63	7	400.16	13	247.62	23.3	120.74	11.4	167.87	5	15.8	128.53	10	12.1
Virginia	821.14	33	341.20	30	235.44	28.7	83.86	10.2	126.07	14	15.4	73.00	32	8.9
Washington	1,041.94	11	416.57	9	275.49	26.4	124.52	12.0	118.04	18	11.3	108.88	15	10.5
West Virginia	815.30	35	293.47	43	216.84	26.6	61.08	7.5	219.43	2	26.9	63.40	42	7.8
Wisconsin	978.56	15	409.92	10	254.79	26.0	141.04	14.4	121.86	16	12.5	125.14	11	12.8
Wyoming	1,107.00	6	478.33	3	318.36	28.8	144.59	13.1	203.41	3	18.4	49.50	49	4.5

Source: U. S. Census of Government, Governmental Finances: 1973-1974

Expenditures and Taxes. Per capita tax spending in Kansas for governmental expenditures was \$109.13 below the national average -- roughly 88% of the all-states amount of \$939.58--\$686.86. Thus Kansas ranks only 28th among the 50 states in direct general expenditures.

Kansas and the All-States Average -- Expenditures. Kansas' spending for Highways and Higher Education out-pace the all-states per capita average. Kansas per capita expenditures for Total Education and Local Schools falls only \$13.48 and \$21.55 below the all-states per capita average. Public Welfare spending in Kansas is below the all-states average. Amounts spent for services are shown below with rank of Kansas among the states and Kansas percentage vs. all-states percentage for certain services. (See page 3.)

PER CAPITA EXPENDITURES -- 1971-1972

<u>Service</u>	<u>Kansas</u>			<u>All States</u>	
	<u>Amount</u>	<u>Rank</u>	<u>%</u>	<u>Average</u>	<u>%</u>
Direct General Expenditures	\$830.45	28	100.0	\$939.58	100.0
Total Education	345.26	27	41.6	358.74	38.2
Local Schools	229.45	-	27.6	251.00	26.7
Higher Education	106.11	-	12.8	89.33	9.5
Highways	112.50	22	13.6	94.36	10.0
Public Welfare	76.29	29	9.2	117.06	12.5

Kansas and Surrounding States. Kansas' per capita ranking on expenditures is favorable. It ranks neither high nor low in any category. Colorado spends more per capita on both Direct General Expenditures and Education. Oklahoma spends the most on Public Welfare. Nebraska leads for Highway expenditures.

EXPENDITURES -- AMOUNTS AND RANKING OF KANSAS AND SURROUNDING STATES
(Per Capita)

<u>State</u>	<u>Direct Exp.</u>		<u>Education</u>		<u>Highways</u>		<u>Public Welfare</u>	
	<u>Amount</u>	<u>Rank</u>	<u>Amount</u>	<u>Rank</u>	<u>Amount</u>	<u>Rank</u>	<u>Amount</u>	<u>Rank</u>
KANSAS	\$830.45	28	\$345.26	27	\$112.50	22	\$ 76.29	29
Colorado	953.84	18	438.51	5	89.14	37	103.38	18
Nebraska	825.72	30	333.37	32	134.79	10	71.26	34
Missouri	721.61	44	296.02	39	97.78	30	70.55	37
Oklahoma	772.86	39	287.34	45	101.80	27	105.67	16

Statistics reflect combined effect of population and personal income. The foregoing summaries and the data on the inside pages reflect not only the demands for public services from governmental units, but also the fact that Kansas has a higher income and a smaller population than all of the surrounding states except Nebraska where the population is smaller. However, on balance, this per capita measure of taxes and expenditures provides interesting information for Kansans, especially when compiled on an all-states basis for a national overview.

Table 22. Per Capita Amounts of Selected Items of State and Local Government Finances:
1974-75

State	General revenue						Direct general expenditure			
	Total	From Federal Government	All general revenue from own sources	Taxes			Charges and miscellaneous general revenue	Total	Capital outlay	Other than capital outlay
				Total	Property	Other				
NATIONAL AVERAGE.	1 070.73	220.79	849.94	663.77	241.60	422.17	186.17	1 076.73	167.52	889.21
MEDIAN STATE.	1 011.35	229.26	794.81	612.20	213.98	374.82	185.98	1 007.77	191.82	802.57
ALABAMA.	827.10	223.58	603.53	414.86	252.95	361.91	188.67	827.11	170.33	656.78
ALASKA.	2 291.24	734.76	1 556.48	842.02	515.44	626.58	714.46	2 781.78	833.44	1 948.34
ARIZONA.	1 023.50	189.36	834.14	658.05	233.32	424.73	176.08	1 029.09	209.79	819.30
ARKANSAS.	759.61	220.53	539.08	425.26	89.60	315.66	133.82	727.55	165.66	561.91
CALIFORNIA.	1 315.53	244.63	1 070.90	658.62	373.33	495.29	202.29	1 260.51	158.96	1 101.55
COLORADO.	1 110.41	236.15	874.27	630.61	213.99	416.62	243.66	1 119.81	225.36	894.45
CONNECTICUT.	1 011.36	190.33	821.03	675.85	351.63	345.22	124.17	1 058.69	182.26	876.64
DELAWARE.	1 200.71	225.13	975.57	727.49	127.75	599.74	249.09	1 187.02	171.75	1 015.27
DISTRICT OF COLUMBIA.	1 952.37	1 000.56	951.82	759.22	196.79	562.44	192.60	1 898.15	261.28	1 636.87
FLORIDA.	679.25	159.32	719.93	521.39	162.59	358.80	192.54	943.55	205.16	738.39
GEORGIA.	937.23	231.76	705.47	507.92	162.35	345.57	197.55	924.68	176.56	748.12
HAWAII.	1 435.29	336.96	1 098.33	652.49	150.44	702.05	245.84	1 560.14	405.24	1 154.90
IDAHO.	936.41	231.10	705.31	528.06	160.20	367.86	177.25	983.84	223.87	759.97
ILLINOIS.	1 076.88	195.67	881.21	730.27	280.97	449.30	150.94	1 065.52	174.41	891.11
INDIANA.	909.67	138.69	770.98	550.05	231.49	348.56	190.93	827.32	142.80	684.52
IOWA.	1 024.61	201.18	823.43	637.45	262.86	374.59	185.98	997.81	203.81	794.00
KANSAS.	970.76	187.97	782.78	577.01	253.00	344.90	184.88	949.93	163.12	766.83
KENTUCKY.	894.08	229.26	664.81	477.04	94.88	402.16	167.77	837.60	174.82	662.79
LOUISIANA.	993.05	224.18	768.87	545.31	85.15	461.16	202.56	945.95	196.47	749.49
MAINE.	948.30	256.20	692.10	571.36	230.97	340.39	120.74	937.79	136.01	801.78
MARYLAND.	1 145.36	218.81	926.55	727.83	212.65	515.18	198.73	1 243.33	286.41	957.42
MASSACHUSETTS.	1 171.23	222.64	948.59	813.59	430.49	383.09	135.01	1 182.52	156.09	1 026.43
MICHIGAN.	1 129.12	232.00	897.12	631.77	291.68	390.08	215.35	1 190.90	181.26	1 009.74
MINNESOTA.	1 240.55	244.96	995.59	754.31	231.18	523.13	241.28	1 199.03	231.25	967.78
MISSISSIPPI.	856.51	245.43	611.08	445.96	97.22	348.74	165.11	832.68	181.10	651.58
MISSOURI.	839.01	175.39	663.61	522.89	183.87	339.02	140.73	828.74	130.97	697.76
MONTANA.	1 126.22	297.39	828.82	612.20	303.76	308.45	216.62	1 078.86	212.31	866.55
NEBRASKA.	984.77	189.95	794.82	577.17	280.78	296.39	217.65	1 031.60	263.20	767.80
NEVADA.	1 289.38	229.75	1 059.64	770.28	253.30	516.97	289.36	1 296.04	256.61	1 039.43
NEW HAMPSHIRE.	863.13	199.66	663.46	525.22	315.04	210.18	138.24	923.67	191.83	731.84
NEW JERSEY.	1 081.76	191.27	890.48	725.48	412.59	312.89	165.00	1 106.78	148.06	958.72
NEW MEXICO.	1 102.25	298.60	803.65	548.01	95.48	452.53	255.64	997.79	195.22	802.57
NEW YORK.	1 539.28	276.27	1 263.01	1 025.09	368.72	656.37	237.92	1 611.14	251.23	1 359.91
NORTH CAROLINA.	843.87	223.10	620.77	455.46	117.71	367.75	135.31	825.63	152.27	673.36
NORTH DAKOTA.	1 183.20	253.70	929.50	613.45	191.70	421.75	316.05	1 044.01	195.25	848.76
OHIO.	870.08	163.94	706.15	533.82	202.21	331.61	172.33	894.40	156.61	737.79
OKLAHOMA.	905.91	230.66	675.25	481.82	116.98	364.84	193.43	873.00	171.94	701.06
OREGON.	1 189.50	315.89	873.61	634.90	277.02	357.88	238.71	1 212.48	226.84	985.65
PENNSYLVANIA.	974.75	200.91	773.84	636.43	163.28	473.15	137.41	1 007.78	164.08	843.69
RHODE ISLAND.	1 037.08	249.04	788.03	644.79	269.96	374.83	143.25	1 043.87	107.05	936.82
SOUTH CAROLINA.	823.72	198.12	625.60	445.67	100.62	345.05	179.92	872.68	174.17	698.51
SOUTH DAKOTA.	1 008.57	280.00	728.57	542.86	266.69	276.17	185.71	1 001.61	243.94	757.83
TENNESSEE.	813.92	199.95	613.97	450.64	116.79	333.85	163.33	858.56	199.32	659.24
TEXAS.	867.03	179.50	687.53	515.18	191.48	323.70	172.35	838.04	176.13	661.91
UTAH.	949.22	254.91	694.31	505.96	151.80	354.16	188.35	961.61	204.77	756.84
VERMONT.	1 214.23	335.72	878.51	699.38	299.29	400.08	179.13	1 152.01	156.46	995.55
VIRGINIA.	929.16	200.36	728.80	562.95	157.46	405.50	165.85	974.19	215.59	758.60
WASHINGTON.	1 167.74	250.12	917.62	675.71	229.88	445.83	241.91	1 169.97	211.70	958.27
WEST VIRGINIA.	937.92	280.26	657.66	532.70	100.82	431.88	124.96	891.51	244.19	647.32
WISCONSIN.	1 100.82	199.50	901.32	719.16	271.09	448.07	182.16	1 091.17	143.52	947.64
WYOMING.	1 388.38	379.97	1 008.41	696.62	283.06	413.75	311.60	1 371.17	403.23	967.94

See footnotes at end of table.

* By U. S. Bureau of the Census, Sept. 1976

DATA BY STATES

Table 22. Per Capita Amounts of Selected Items of State and Local Government Finances: 1974-75—Continued

State	Direct general expenditure--Continued										
	Education								Highways		
	Total	Capital outlay	Other than capital outlay	Local schools			Institutions of higher education	Other education	Total	Capital outlay	Other than capital outlay
				Total	Capital outlay	Other than capital outlay					
NATIONAL AVERAGE	412.24	46.27	365.97	288.50	30.65	257.85	101.83	21.91	105.70	64.03	41.67
MEDIAN STATE	400.72	44.55	353.59	273.75	30.33	245.53	107.32	20.44	114.23	69.98	43.44
ALABAMA	327.48	36.03	291.46	184.77	14.95	169.83	111.35	31.36	97.29	61.37	35.92
ALASKA	854.89	150.93	703.97	624.95	118.70	506.25	157.90	72.05	415.47	326.32	89.15
ARIZONA	447.05	55.64	391.40	284.79	35.38	249.41	147.68	14.58	110.45	73.31	37.14
ARKANSAS	289.01	45.67	243.34	187.00	26.46	160.54	76.00	26.01	116.47	77.67	38.80
CALIFORNIA	456.49	35.83	420.66	321.68	26.20	295.49	124.19	10.62	79.89	47.19	32.70
COLORADO	515.79	80.82	434.97	339.53	58.42	281.11	161.01	15.25	110.93	66.76	44.16
CONNECTICUT	383.38	33.60	349.78	290.84	19.27	271.57	65.36	27.18	99.31	55.86	43.45
DELAWARE	549.41	64.83	484.59	338.37	29.94	308.43	170.64	40.41	103.77	51.09	52.67
DISTRICT OF COLUMBIA	464.41	87.89	376.53	394.97	76.97	317.99	69.45	-	75.11	43.82	31.29
FLORIDA	365.59	43.79	321.79	268.60	34.28	234.32	84.34	12.64	98.81	70.81	28.00
GEORGIA	332.43	42.34	290.09	234.96	31.23	203.73	81.75	15.73	104.56	69.99	34.57
HAWAII	442.54	69.00	373.53	266.29	36.70	229.59	163.25	13.00	139.17	99.06	40.11
IDAHO	440.73	81.34	359.38	267.12	59.08	208.04	106.42	27.18	158.51	90.50	68.01
ILLINOIS	400.30	53.29	347.01	311.64	33.72	277.92	107.33	21.33	107.43	65.43	42.00
INDIANA	391.73	43.04	348.69	259.72	31.73	227.99	109.07	22.94	91.15	56.85	34.31
IOWA	433.80	43.58	390.22	287.34	24.69	262.65	127.95	18.51	164.74	93.63	71.11
KANSAS	390.35	26.46	363.89	281.92	16.24	265.68	117.47	10.96	142.01	85.86	56.15
KENTUCKY	333.69	34.05	299.64	203.42	13.98	189.44	101.47	28.79	120.87	82.50	38.37
LOUISIANA	337.87	32.25	305.63	246.18	21.47	224.71	76.49	15.21	155.82	107.10	48.73
MAINE	339.66	23.88	315.78	240.86	19.93	220.93	76.08	22.72	125.15	55.04	70.11
MARYLAND	489.90	84.31	405.59	348.76	60.24	288.52	113.40	27.75	111.89	81.73	30.17
MASSACHUSETTS	405.34	52.80	352.54	317.60	35.46	282.14	62.57	25.17	77.46	34.11	43.35
MICHIGAN	484.55	53.20	431.36	334.68	39.30	295.38	124.34	25.54	91.53	59.88	32.05
MINNESOTA	494.17	64.14	430.03	347.32	45.18	302.14	129.98	16.87	136.64	75.19	61.45
MISSISSIPPI	309.77	29.65	280.13	187.82	12.96	174.85	100.21	21.75	135.59	79.88	55.72
MISSOURI	337.33	26.91	310.43	248.77	21.64	227.13	77.26	11.31	114.24	59.25	54.98
MONTANA	473.00	44.03	428.97	336.70	34.45	302.25	115.30	21.01	162.42	100.20	62.22
NEBRASKA	405.84	58.34	347.50	281.55	41.18	240.37	109.05	15.24	152.78	93.90	58.88
NEVADA	395.55	56.39	339.16	287.57	42.03	245.54	93.84	14.14	153.86	88.23	65.63
NEW HAMPSHIRE	358.96	43.62	315.34	247.53	32.51	215.01	92.98	18.45	155.21	90.98	64.23
NEW JERSEY	432.29	40.30	391.99	329.86	26.20	303.66	74.23	28.20	87.03	47.45	39.58
NEW MEXICO	453.07	58.78	394.29	308.32	38.77	269.55	126.36	18.39	131.55	74.79	56.76
NEW YORK	494.63	52.29	442.34	366.60	27.07	339.51	91.12	36.91	84.91	43.52	41.39
NORTH CAROLINA	380.20	44.56	335.64	252.63	30.32	222.31	112.63	14.93	87.33	51.48	35.86
NORTH DAKOTA	426.37	44.58	381.79	272.22	29.41	242.82	133.71	20.44	172.42	103.01	69.40
OHIO	351.10	39.73	311.37	250.23	25.68	224.55	91.01	9.86	85.63	48.32	37.31
OKLAHOMA	331.78	44.44	287.34	221.74	29.02	192.72	92.39	17.65	108.52	56.38	52.14
OREGON	475.08	55.40	419.68	319.45	37.59	281.87	136.18	19.45	128.29	69.85	58.44
PENNSYLVANIA	379.55	44.14	335.41	282.07	33.90	248.17	52.65	44.83	108.29	67.04	41.25
RHODE ISLAND	397.17	34.67	362.50	256.94	19.19	237.75	99.95	40.27	58.31	26.44	31.87
SOUTH CAROLINA	362.57	47.05	315.52	225.30	29.75	195.55	89.43	47.84	81.42	53.31	28.10
SOUTH DAKOTA	392.68	39.08	353.59	265.23	26.30	238.93	113.31	14.14	189.69	121.47	68.42
TENNESSEE	325.12	46.06	279.06	205.13	25.32	179.82	90.98	29.01	111.39	68.32	43.07
TEXAS	362.86	48.64	314.22	249.20	30.41	218.78	102.73	10.94	99.97	68.49	31.48
UTAH	490.40	71.46	418.94	303.76	50.37	253.40	170.87	15.76	101.87	66.79	35.08
VERMONT	452.06	32.00	420.07	273.76	13.20	260.56	141.91	36.39	168.62	89.77	78.84
VIRGINIA	388.42	44.35	344.06	265.87	31.81	234.06	96.99	25.56	137.65	98.73	38.92
WASHINGTON	482.23	47.78	434.45	305.22	28.04	277.16	155.43	21.58	132.65	78.27	54.38
WEST VIRGINIA	322.41	37.90	284.51	234.34	30.33	204.01	67.93	20.14	217.55	159.25	58.30
WISCONSIN	460.63	36.74	423.89	294.87	23.08	271.79	150.51	15.25	124.15	50.84	73.31
WYOMING	589.26	132.98	456.29	421.03	115.11	305.92	144.53	23.70	252.71	179.91	72.80

See footnotes at end of table.

Table 22. Per Capita Amounts of Selected Items of State and Local Government Finances:
1974-75—Continued

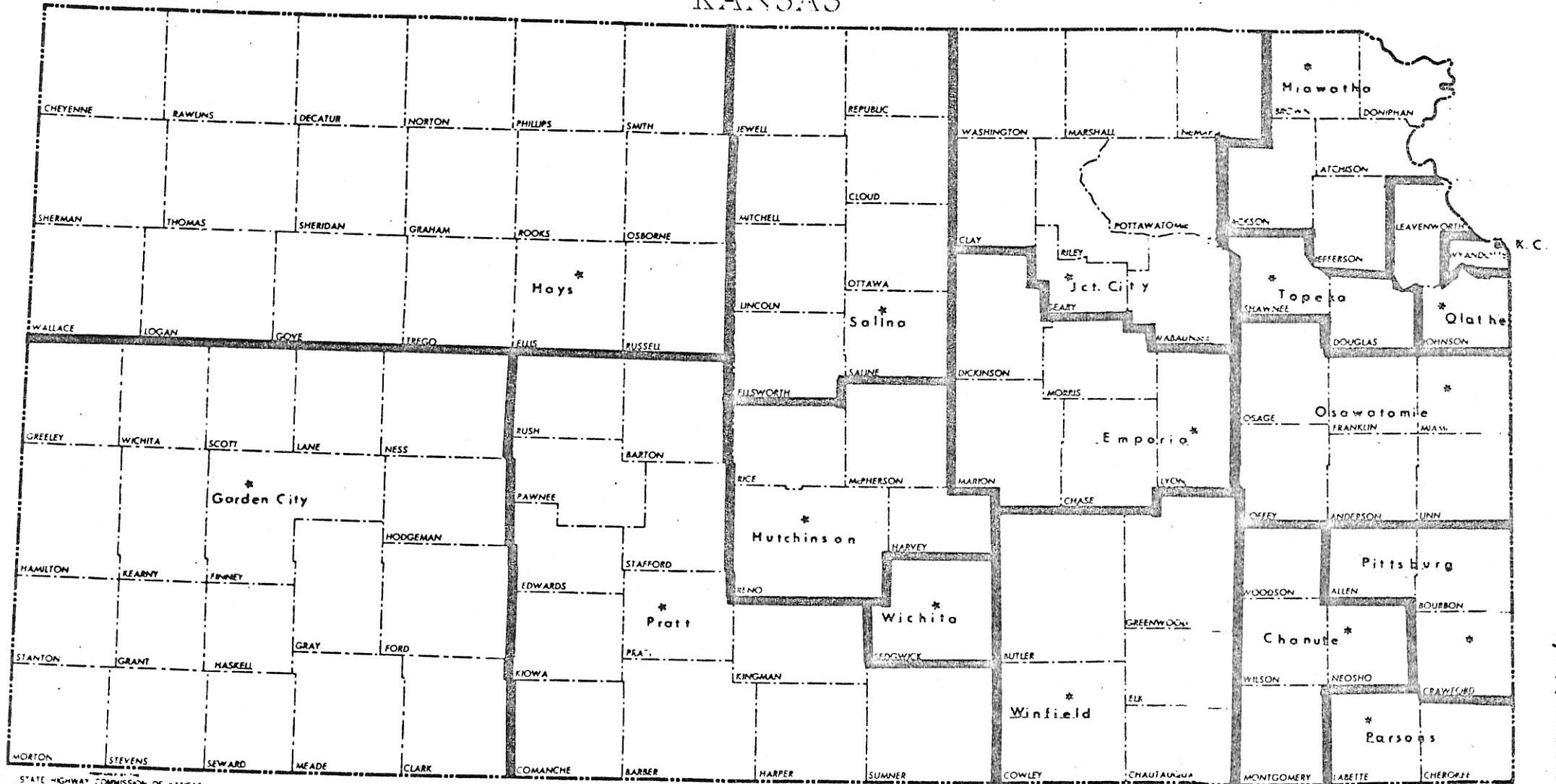
State	Direct general expenditure--Continued									
	Public welfare	Health and hospitals			Police protection	Fire protection	Sewerage			Sanitation other than sewerage
		Total	Capital outlay	Other than capital outlay			Total	Capital outlay	Other than capital outlay	
NATIONAL AVERAGE.	127.58	88.43	8.36	80.07	39.35	16.21	24.69	16.74	7.95	9.97
MEDIAN STATE.	97.67	72.49	7.65	64.19	30.88	12.64	21.41	13.87	6.40	8.38
ALABAMA	82.83	89.89	8.63	81.26	23.05	9.90	8.97	5.81	3.16	8.04
ALASKA	127.91	82.12	4.23	77.89	65.24	32.70	66.01	55.27	10.75	12.14
ARIZONA	41.84	68.51	6.76	61.75	54.35	14.95	21.05	15.63	5.42	16.43
ARKANSAS	78.97	63.39	3.58	59.81	18.21	6.92	9.04	5.12	3.92	5.33
CALIFORNIA	188.72	98.56	9.40	89.16	56.14	25.16	21.88	13.88	8.00	8.39
COLORADO	107.15	74.23	5.46	68.76	39.07	15.33	27.90	16.04	11.86	5.75
CONNECTICUT	116.08	64.97	9.19	55.79	39.71	23.68	33.98	24.95	9.02	8.99
DELAWARE	102.54	67.67	3.48	64.19	34.35	7.19	24.50	14.24	10.26	7.54
DISTRICT OF COLUMBIA	330.08	180.28	5.21	175.07	138.72	41.33	60.64	41.40	19.24	34.70
FLORIDA	55.25	94.44	10.04	84.40	43.05	13.22	24.45	16.09	8.36	13.04
GEORGIA	102.04	136.10	11.92	124.18	29.75	12.01	19.50	13.43	6.08	12.64
HAWAII	150.62	109.96	24.08	85.89	46.92	22.92	39.23	32.35	6.88	9.58
IDAHO	76.08	75.59	7.32	68.28	23.95	9.81	15.58	11.48	4.10	6.32
ILLINOIS	143.25	67.02	4.22	62.80	46.32	16.68	24.86	12.23	12.64	9.80
INDIANA	68.21	74.46	4.58	69.88	24.29	11.89	25.37	15.08	10.30	4.77
IOWA	89.08	72.50	7.43	65.06	25.91	8.55	28.69	21.49	7.20	7.44
KANSAS	86.85	69.93	5.97	63.95	24.42	11.37	16.18	10.04	6.13	6.10
KENTUCKY	97.68	51.55	5.37	46.18	27.86	10.01	17.82	12.75	5.07	6.58
KYUSHU	85.41	91.24	7.65	83.58	30.88	12.18	10.48	4.62	5.86	10.03
LOUISIANA	139.63	42.72	9.28	33.44	23.31	15.54	21.18	16.59	4.59	3.32
MARYLAND	111.10	83.29	7.09	76.20	46.41	20.98	52.19	42.82	9.37	17.45
MASSACHUSETTS	213.38	88.11	8.20	79.91	47.72	33.49	22.61	17.80	4.81	10.25
MICHIGAN	179.06	89.64	6.07	83.57	43.52	16.93	33.62	20.77	12.85	9.44
MINNESOTA	155.45	82.34	6.43	75.91	28.29	10.73	31.78	22.25	9.54	5.26
MISSISSIPPI	77.28	86.58	10.56	76.02	22.80	8.03	13.71	10.82	2.89	6.15
MISSOURI	76.93	77.54	8.79	68.75	33.82	11.92	16.63	10.28	6.36	4.80
MONTANA	81.31	52.55	3.94	48.61	26.91	9.29	20.90	16.75	4.15	8.08
NEBRASKA	88.76	84.69	14.54	70.15	26.75	10.65	43.62	37.15	6.47	8.00
NEVADA	76.36	124.77	16.48	108.29	74.27	31.76	21.05	12.40	8.64	3.25
NEW HAMPSHIRE	107.22	42.05	2.34	39.72	27.27	17.00	17.17	12.70	4.46	4.53
NEW JERSEY	138.74	60.59	3.33	57.26	50.45	19.04	23.38	13.33	10.05	10.60
NEW MEXICO	78.02	67.81	9.10	58.72	34.82	11.95	21.42	18.16	3.25	10.46
NEW YORK	231.62	191.47	16.75	174.72	58.90	21.10	41.29	33.98	7.32	19.67
NORTH CAROLINA	69.31	68.00	8.18	59.83	27.42	10.07	15.52	10.16	5.36	11.06
NORTH DAKOTA	76.90	38.66	3.10	35.56	20.42	6.82	10.38	6.79	3.59	6.12
OHIO	98.30	68.59	8.80	59.79	34.31	16.88	21.80	10.60	11.20	8.44
OKLAHOMA	110.22	77.46	17.10	60.36	23.47	12.65	8.39	5.18	3.20	7.93
OREGON	106.59	60.81	2.06	58.75	36.78	19.07	43.78	31.45	12.34	3.38
PENNSYLVANIA	144.33	66.96	2.81	64.16	35.13	9.62	15.08	6.91	8.17	8.86
RHODE ISLAND	181.36	81.19	3.75	77.45	36.51	27.34	25.60	12.47	13.13	7.51
SOUTH CAROLINA	60.73	101.03	8.27	92.76	25.77	6.06	11.78	7.42	4.36	9.78
SOUTH DAKOTA	86.38	51.79	10.83	40.96	21.64	6.09	8.57	5.33	3.24	3.11
TENNESSEE	72.64	92.05	11.42	80.63	27.46	15.54	27.69	23.13	4.56	11.59
TEXAS	72.59	68.66	7.95	60.71	28.12	12.88	19.29	14.28	5.01	8.90
UTAH	70.60	66.17	15.68	50.49	23.34	9.63	10.65	5.47	5.18	5.39
VERMONT	148.77	63.08	2.28	60.80	24.17	11.38	8.71	2.31	6.40	4.35
VIRGINIA	89.37	62.75	6.31	56.44	33.24	13.74	34.33	25.88	8.45	10.56
WASHINGTON	111.77	63.12	5.33	57.79	38.36	17.70	29.28	20.57	8.70	8.92
WEST VIRGINIA	69.35	65.35	12.33	53.03	17.32	6.76	11.83	5.89	5.95	4.27
WISCONSIN	151.35	70.65	9.21	61.44	34.27	16.68	30.52	19.62	10.90	9.55
WYOMING	50.73	119.01	16.73	102.28	30.76	8.74	13.51	9.56	3.95	8.83

See footnotes at end of table.

SRS

MANAGEMENT AREAS

KANSAS



Attachment 2

STATE HIGHWAY COMMISSION OF KANSAS
DEPARTMENT OF PLANNING AND DEVELOPMENT

* DENOTES AREA OFFICE