

Approved 6-7-89
Date

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS

The meeting was called to order by SENATOR AUGUST "GUS" BOGINA at
Chairperson

11:10 a.m. ~~XX~~m. on MARCH 27, 1989 in room 123-S of the Capitol.

All members were present except:

All members present

Committee staff present:

Research Department: Diane Duffy, Kathy Porter, Laura Howard, Russ Mills
Revisor: Norman Furse
Committee Staff: Judy Bromich, Pam Parker

Conferees appearing before the committee:

Richard Gannon, Executive Director of the Board of Healing Arts

After calling the meeting to order, the Chairman explained that this Committee meeting is the official hearing required by federal law with respect to the Department of Social and Rehabilitation Services Federal Block Grant Hearing and with respect to the Department of Health and Environment Federal Block Grant Hearing.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES FEDERAL BLOCK GRANT HEARING

The Chairman called to order the hearing on the Department of Social and Rehabilitation Services Federal Block Grant.

Winston Barton, Secretary, Department of Social and Rehabilitation Services (SRS), presented testimony. (Attachment 1) There were no questions of Secretary Barton.

DEPARTMENT OF HEALTH AND ENVIRONMENT FEDERAL BLOCK GRANT HEARING

The Chairman called to order the hearing on the Department of Health and Environment Federal Block Grant.

Dr. Gary Hulett, Under Secretary, Department of Health and Environment, presented testimony. (Attachment 2) There were no questions of Dr. Hulett.

The Chairman requested additional comments on any part of the federal block grants from those attending the Hearing. Since there were no further conferees, he declared the hearing closed.

INTRODUCTION OF BILLS

Senator Gaines moved, Senator Feleciano seconded, the introduction of bill draft 9 RS 1341, an act concerning certain employees of the state board of regents and institutions under its management; relating to retirement annuities and insured death and disability benefits. The motion carried.

MINUTES

Senator Hayden moved, Senator Gaines seconded, the approval of the minutes from the March 6, 14, 15, 16, and 17, 1989 meetings. The motion carried.

ANNOUNCEMENTS

The Chairman called attention to written testimony from the Kansas Medical

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS,
room 123-S, Statehouse, at 11:10 a.m./~~p.m.~~ on MARCH 27, 1989

Society regarding SB 351. (Attachment 3) The Chairman discussed the meeting schedule for the next several days.

HB 2037 - Sub. for H 2037 by Committee on Appropriations -- Appropriations for FY 1990, department of corrections and correctional institutions

Senator Parrish reviewed the Subcommittee Report for FY 1989 and FY 1990 regarding the Ellsworth Correctional Work Facility (ECWF). Senator Doyen reviewed the FY 1989 and FY 1990 Subcommittee Reports concerning Kansas Correctional Institution at Lansing (KCIL). Senator Kerr reviewed the FY 1989 and FY 1990 Subcommittee Reports for Kansas State Penitentiary (KSP). Senator Feleciano reviewed the Subcommittee Report for FY 1989 and FY 1990 regarding the Hutchinson Correctional Work Facility (HCWF).

HB 2030 - Appropriations for FY 1990, occupational and health professions licensing agencies and financial regulatory agencies

Senator Harder reviewed the FY 1989 and FY 1990 Subcommittee Report concerning the Board of Healing Arts. Concern was expressed regarding the hiring of a consultant by the Executive Director to assess its computer needs due to the fact that more agencies will feel the need of consultant studies on various issues. Senator Gaines moved, Senator Harder seconded, to amend the Subcommittee Report for FY 1990 regarding the Board of Healing Arts, item number six, page four, by striking the period at the end of the last sentence and adding the words, "if approved by the state Finance Council." The motion carried.

In answer to questions, Richard Gannon, Executive Director, Board of Healing Arts, stated they have a "computer emergency." He stated that to this point there is still not a state contract for minicomputers and he does not know when that issue might be resolved. The system he would consider will depend on the state contract for computer equipment. It was Mr. Gannon's opinion that there was a possibility that if they would deal directly with a vendor they might get a better price on the hardware. The consultant will prepare the software development stages because very customized software is required. Concern was expressed regarding the issue of going outside the bid system for the computer equipment. Senator Gaines moved, Senator Harder seconded, to amend the FY 1990 Subcommittee Report, item six, page four, to delete the reference to the purchase of the computer being exempt from the state's competitive bid requirement. The motion carried.

Senator Doyen moved, Senator Allen seconded, to adopt the FY 1989 and FY 1990 Subcommittee Reports, as amended, regarding the Board of Healing Arts. The motion carried.

Senator Doyen moved, Senator Harder seconded, to report HB 2030 favorably for passage as amended. The motion carried on a roll call vote.

The meeting was adjourned.

GUEST LIST

COMMITTEE: SENATE WAYS AND MEANS

DATE: 3-27-89

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Kathleen Warren	Topeka	DOB
ARTHUR E. SCHUMANN	TOPEKA	KDHE
Gary K. Hulet	TOPEKA	KDHE
Laura Epler	"	"
Mike Moran	Topeka	MHRS
Linda Zebley	Topeka	MHRS
John Bieberly	"	KRS
Norma Phillips	"	SRS Adult Svc.
Martina Finney	"	SRS Adult Services
Bill G. Lovell	Concordia	Prison Decision Task Force
Fred Dunsche	Concordia	Prison Decision Task Force
Larry Blank	TOPEKA	MH/RS
David Goodell	Topeka	SRS - MHRS
Ben Counts	TOPEKA	SRS
Tom Pender	"	"
TED D. AYRES	"	KS. BOARD OF REGENTS
Bill Henry	"	Pharm. Maint. Assn.
Michael FLYZIK	"	SRS/ADAS
Andrew O'Sullivan	Topeka	SRS/ADAS
Nancy Echels	"	SRS
David Scott	"	SRS/Youth Svc.
Chi Starfield	"	SRS
Melissa Stamford	"	visitor
Mary Butler	"	DOB
Janette Naylor	"	Psychological Assn.
Kathy L. Stegman	Mayetta	Div. of Budget
Patrick Hurley	Topeka	Ec Services
Gary A. Duggan	"	KS Dept. on Aging
George Barber	Topeka	Russell CFC
Steve Wasson	"	Office of Sec.-Comar
Janet Schalauskay	Topeka	SRS - AS

Summary
Kansas Social Service Block Grant
July 1, 1989 to June 30, 1990

Social and Rehabilitation Services views as its goal the formulating and carrying out of a program of social services designed to promote the welfare of targeted needy persons by enhancing the opportunity to develop their capacities to the greatest extent possible.

Historical Perspective

This is the ninth year of the social service block grant program. The Omnibus Reconciliation Act of 1981 replaced Title XX social services funding with the social service block grant. Along with the block grant system came a severe reduction in the amount of social service funds available. Consequently most social service programs funded under Title XX were carried forward under the social service block grant, but with reduced federal funding. The transfer of funds from the low-income energy assistance program helped to offset some of the loss of federal block grant funds.

Probably the biggest change in funding concepts in Adult Day and Community Living services has been the switch from purchase of services for handicapped persons to a grant program. This new system provides the same high caliber service to the recipients with a significant reduction in paperwork and bureaucratic red tape.

Eligibility and Requirements

Individual eligibility for social service block grant funding is based on two criteria: 1) There must be a need for the service; and 2) income levels must be met. A single individual may not have a gross income exceeding \$721 per month. This scale is graduated upward. For example, for a family of four the gross income may not exceed \$1,456 per month. The scale is set at 150% of the federally established poverty level.

All services must relate to one of the five national goals: 1) helping individuals to become economically self-supporting; 2) helping individuals to reduce dependency and become self-sufficient; 3) providing protective services for those in need (regardless of income); 4) providing services to help persons to remain in their own homes; 5) when no other alternatives exist, providing services to help persons receive the most appropriate institutional setting (i.e., adult care home, state institution, private institution, etc.)

Social service block grant funds will continue to be used on a statewide basis to purchase services where appropriate, to give direct grants where appropriate, and to provide direct services by Social and Rehabilitation Services employees where appropriate.

The attached chart shows an estimate of funds to be spent by social service category for FY 1989 and actual expenditures for FY 1987 and FY 1988.

ATTACHMENT 1
SWAM 3-27-89

Kansas Social Service Block Grant Summary
July 1, 1989 to June 30, 1990
Page 2

The Kansas Social Services Block Grant Plan will be presented at the Department of Social and Rehabilitation Services public open meeting later this spring and a thirty-day public comment period will be allowed.

Department of Social and
Rehabilitation Services
Office of the Secretary
Date: March 27, 1989

FY 1990 LOW INCOME HOME ENERGY ASSISTANCE BLOCK GRANT SUMMARY

BACKGROUND

The Low Income Home Energy Assistance Program (LIEAP) block grant is authorized by Title XXVI of Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, amended by the Human Services Reauthorization Acts of 1984 and 1986. The current authorization expires September 30, 1990.

Federal block grant appropriations have been steadily reduced as demonstrated below:

FFY 1985	18.2 m
FFY 1986	17.2 m
FFY 1987	15.5 m
FFY 1988	13.0 m
FFY 1989	11.8 m
FFY 1990	9.4 m (President's recommended budget level)

The significant cuts experienced have primarily been due to the attitude that states may use their oil overcharge funds to supplement federal losses.

SRS has traditionally transferred 10% of the LIEAP block grant to the Social Service Block Grant and another 15% for Weatherization, the maximum transfer levels allowed. The remaining 75% has been available for LIEAP.

LIEAP PROGRAM DESCRIPTION

LIEAP provides assistance in the purchase of home heating fuel or energy. Current income eligibility maximums are 150% of the federal poverty levels although the majority of recipients have incomes far below this maximum level. Eligible households must demonstrate that energy payments have been made in two of the previous three months, a requirement added by this state in 1983. Three types of assistance are available through LIEAP:

1. Winter Heating - Applications for the winter program are taken during the period December through March. The amount of the lump benefit is determined by a sliding scale which considers four factors:

- * Income of all household members
- * Type of dwelling structure
- * Type of heating fuel
- * Utility rates charged by applicant's fuel vendor

Benefits were provided to 51,483 households last winter, a caseload increase of 2.5% over the prior year. Approximately 42% of winter recipient households contained a member 65 years or older. The average benefit of \$219 represents 14% of the average annual Kansas utility costs.

2. Summer Cooling - Limited one-time summer benefits are provided for low income a) elderly over 65, and b) disabled. The 1989 program assisted 23,033 households, a 1% caseload increase despite an \$88 per month reduction in allowable income. Half of summer recipients were over 75. The average benefit of \$100 is determined by a sliding scale which considers three factors:

- * Income
- * Type of dwelling structure
- * Electricity rates charged by the applicant's utility

3. Medical Emergency Cooling - This limited program alleviates energy related medical emergencies by providing utility assistance if there is an actual or potential disconnect. A physician's statement of medical need for cooling is required for eligibility. A household may receive only one type of summer assistance (#2 and #3).

LIEAP assistance is issued in the form of a two-party check payable to the household and the utility, ensuring use for purchase of energy. All three types of assistance emphasizes the household's responsibility for its energy obligations by requiring the two self-payments in advance of eligibility. This requirement provides incentive for continued self-payment and encourages regular contact with the utility or other fuel provider.

COST CONTAINMENTS

If the FY 1990 federal funding remains at FY 1989 levels, approximately \$1.1 million of cost containment measures would be needed at the GBR FY 1990 budget level. In order to meet this budget level, summer expenditures would be cut in half by raising the age eligibility requirement to persons over 75. Recent recommendation by the House Committee on SRS Appropriations would add the \$1.1 million and avoid eliminating eligibility for households 65 - 74.

After the FY 1990 summer program ends (August 1989), the federal FY 1990 funding will be determined. If federal funding decreases, cost containments to the Winter Program would be necessary and would include lowering income eligibility to serve fewer households. At the President's recommended budget level (which would cut funds by 20%) an additional \$1.8 million would be needed to avoid the cost containments.

STATE OF KANSAS
REPORT ON THE PROPOSED USE OF ALCOHOL, DRUG ABUSE
AND MENTAL HEALTH BLOCK GRANT FUNDS

The Department of Social and Rehabilitation Services will soon begin the development of a tenth year Federal application for funding under the Alcohol, Drug Abuse, and Mental Health Block Grant authorized by the omnibus budget Reconciliation Act of 1981, P.L. 97-35.

Federal regulations governing the application process require the State Legislature to conduct public hearings on the proposed use and distribution of those funds for the period beginning October 1, 1989 and ending September 30, 1990.

ALCOHOL AND DRUG ABUSE SERVICES

The FY 1990 federal block grant award to Kansas is expected to total \$5,543,000. Of that amount 63.9%, or \$3,541,798 must be utilized for alcohol and drug abuse activities. The balance of the total award must be utilized for mental health activities. The FY 1990 award available for alcohol and drug abuse activities is projected to be the same amount as available in the Federal FY 1989 award.

The proposed distribution of those funds would be as follows:

1.) Treatment grants to community based programs:	\$1,433,143
2.) Prevention grants to community based programs:	\$1,277,355
3.) Grants to provide services to women (treatment and prevention):	\$554,300
4.) Mandated loan set-aside for recovering persons:	\$100,000
5.) State Agency (ADAS) administration:	\$177,000

The Block Grant funds will be used in conjunction with State funds to insure that effective treatment services are provided to individuals and families experiencing alcohol and/or other drug abuse problems, and to insure that effective prevention services are provided to reduce alcohol and other drug abuse problems.

The State's criteria for distribution of funds will be prioritized based on demonstrated need for financial assistance and directed to areas of the State that are underserved.

Further information on this program is available if required. Contact SRS/Alcohol and Drug Abuse Services, Topeka, Kansas.

Department of Social and
Rehabilitation Services
Office of the Secretary
March 27, 1989

Report on Proposed use of
Mental Health Block Grant Funds
State Fiscal Year 1990

For the Federal fiscal year beginning October 1, 1988, and ending September 30, 1989, the State of Kansas will receive approximately \$2 million for mental health services. This is a reduction of approximately \$265,000 from the previous fiscal year.

The Department of SRS/Mental Health and Retardation Services proposes to continue the use of Mental Health Block Grant Funds to provide comprehensive mental health services to specially targeted populations with the intent of prevent unnecessary institutionalization. The majority of funding is targeted to community services for long-term mentally ill adults. Approximately 18% of Block grant funding is directed to services for severely emotionally disturbed children and adolescents. The remaining program funds are directed to services for the mentally ill elderly and other underserved populations. In accordance with new federal guidelines, the administrative portion of the Block Grant has been reduced from 10% to 5%.

Mental Health Block Grant funds are distributed to licensed community mental health centers and their affiliates for the provision of services in the least restrictive environment. Services must be offered regardless of the client's ability to pay. They must be readily accessible and must assure continuity of care in a manner which preserves human dignity.

Grant funds are allocated based on the merit of individual grant proposals. Programs must demonstrate successful client outcomes for continuation funding.

For the current year grant funds have been distributed for the following service areas:

- Psychosocial programs - 62%
(includes outreach, case management, pre-vocational/
vocational, social rehabilitation and children's
programs)
- Partial Hospital programs - 23%
- Residential programs - 9%
- 24-Hour emergency services - 6%

We anticipate a similar distribution of funding in the future with emphasis on maintaining programming that has demonstrated success in promoting independence and reducing necessity for institutional care. Due to the reduction in the 1989 federal Block Grant allocation, no expansion of programs will be possible this year, and in fact, reductions in programming are required. This is the second consecutive year of funding reductions.

New Federal legislation requires that beginning FY 91 the State must set aside 55% of its Block Grant allocation for "new" community mental health programs and may fund programs for a limited time only.

Additional information regarding the Mental Health Block Grant is available through SRS/Mental Health and Retardation Services, Docking State Office Building, Topeka, Kansas, 66612.

Department of Social and
Rehabilitation Services
Office of the Secretary
March 21, 1989

Community Service Block Grant

The Community Service Block Grant (CSBG) program is intended to provide grants to states to reduce the causes of poverty in communities within the state.

The legislation contains provisions which "grandfathered in" community action agencies, requiring at least 90 percent of the available funds be used by states to fund existing community action agencies and migrant and seasonal farmworker organizations. Five percent of the funds are allowed for state administration. The remaining five percent is used to make discretionary grants.

CSBG funds are available for the following activities:

- 1 to secure and retain employment
- 2 to attain an adequate education
- 3 to make better use of available income
- 4 to obtain and maintain adequate housing
- 5 to obtain emergency assistance
- 6 to remove obstacles to self-sufficiency
- 7 to achieve greater participation in community
- 8 to make use of other poverty programs

These activities are achieved by supporting and enhancing other community action programs (such as weatherization, home repair, Head Start, nutrition), by providing direct assistance as needed (including emergency financial assistance, food, clothing), and by establishing and using networks of human service organizations to assure efficient use of programs.

The Kansas Community Service Block Grant Program allocation was \$2,702,752 for FY 1989. The proposed federal budget indicates the 1990 state allocation will be the same.

For FY 1990, SRS proposes to maintain the same funding plan as established in FY 1988. This includes:

City of Wichita	20.83%
Economic Opportunity Foundation, Inc.	18.16%
Southeast Kansas Community Action Program	18.00%
Northeast Kansas Community Action Program	9.40%
East Central Kansas Economic Opportunity Corp.	12.39%
Shawnee County Community Assistance & Action	6.83%
Mid-Kansas Community Action Agency	7.04%
Harvest America Corporation	7.35%

Of the five percent available for discretionary programs:

Hunter Health Clinic, Wichita	24.90%
Senior Services, Wichita	21.20%

Community Service Block Grant
Page 2

The following geographical areas will be served in FY 1989: The City of Wichita, and the counties of:

Allen	Douglas	Kearney	Neosho
Anderson	Finney	Labette	Osage
Atchison	Geary	Leavenworth	Seward
Bourbon	Grant	Linn	Shawnee
Brown	Greeley	Logan	Sherman
Butler	Greenwood	Lyon	Thomas
Cherokee	Harvey	Meade	Wallace
Coffey	Haskell	Miami	Wichita
Crawford	Jackson	Montgomery	Wilson
Doniphan	Johnson	Nemaha	Wyandotte

Approximately 100,000 low-income Kansans are served annually through this program.

The CSBG program was reauthorized in October 1986 for four years, which means it would continue through 1990.

Department of Social and
Rehabilitation Services
Office of Secretary
Date: March 27, 1989

SA:lf
revised: 3/06/89

SENATE WAYS AND MEANS COMMITTEE
LEGISLATIVE HEARING

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT

March 27, 1989

The Federal block grant concept was implemented to enable states to provide more administrative authority over federal funding received with only broad general control exercised from the Federal level. The Department of Health and Environment has been awarded two Federal Block Grants - Preventive Health and Health Services Block Grant (PH) and Maternal and Child Health Services Block Grant (MCH).

By Federal Regulation, a legislative hearing is required for the Preventive Health and Health Services Block Grant to insure that the funding will be utilized to meet the State's priorities. Since programs that may be funded by either of the two block grants overlap to some extent, the Maternal and Child Health Services Block Grant is also included for this hearing even though not Federally mandated.

The Preventive Health and Health Services Block Grant provides funding for preventive health services for individuals and families, especially those of limited means, and for a variety of public health services designed to reduce preventable morbidity and mortality and improve quality of life. These funds may be used to support public health programs such as:

Supporting comprehensive public health services.

Providing for community-based programs to assist in reducing health risks.

Supporting programs to deter smoking and use of alcoholic beverages among children and adolescents.

Establishing and maintaining preventive health programs to detect and prevent hypertension (high blood pressure).

Supporting community and school based fluoridation programs.

Providing for services to rape victims and for rape prevention programs.

The Maternal and Child Health Services Block Grant was affected by the 1981 Title V amendments of the Reconciliation Act. The act represented a major effort to restructure the federal-state responsibility for maternal and child health programs, with states assuming a larger role in establishing their own priorities and programs. According to the federal act funding is to enable states to:

Assure mothers and children, and particularly those with low income or with limited availability of health services, access to quality maternal and child health services.

ATTACHMENT 2
SWAM 3-27-89

Reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, with emphasis on providing preventive services such as immunizations and primary care services, for low income children and prenatal, delivery, and postpartum care for low income mothers.

Provide rehabilitation services for blind and disabled children under the age of 16 who are currently receiving benefits under the Title XVI provisions of the Social Security Act (Supplemental Security Income Program).

Provide services for locating, and for medical surgical, corrective, and other services, and care for, and facilities for diagnosis, hospitalization, and aftercare for children who are crippled or who have conditions leading to crippling.

The law further provides that states must submit annually a plan for intended expenditures, certain statements of assurances and an annual performance report to the federal government in order to receive funding.

Included in this material are three tables exhibiting actual expenditures for State FY 1988 and projected expenditures for State FY's 1989 and 1990.

The first page of tables exhibits expenditures for the two block grants on a combined basis. This includes payment for services purchased from local medical providers in the Services for Children with Special Health Care Needs Program (formerly Crippled and Chronically Ill Children's Program). Since either source of funding may be used for the Home Visitor/Healthy Start Program and the mix is determined by funding availability, a combined analysis is the most meaningful. The table of combined expenditures shows the following:

Between 54 and 56 percent of expenditures are for State Operations.

Between 36 and 38 percent of expenditures are for Aid To County (Local Health Department) grants.

Between 2 and 3 percent of expenditures are for grants to Local Units other than Local Health Departments.

Between 5 and 6 percent of expenditures are for grants to another State agency.

State Operations expenditures includes the following:

MCH - Data processing costs for recording and producing reports from Children with Special Health Care Needs Program data.

MCH - Operating expenditures for Child Care Facilities Licensure Program.

PH - Minor part of Operating expenditures for Food, Drug, and Lodging Program.

MCH - Minor part of Operating expenditures, for Epidemiology.

MCH - Partial funding for vaccine to be distributed to Local Health Departments.

MCH and PH - A part of the Operating expenditures for Health and Environmental Education within the Division of Information Services.

MCH - Minor part of Operating expenditures for Vital Statistics Program for health statistics.

MCH - Major part of Operating expenditures for Services for Children with Special Health Care Needs.

MCH - Minor part of Operating expenditures for Nutrition and WIC Services for developing nutrition resources and services that contribute to the prevention and correction of health problems related to nutrition for women, infants and children.

MCH - A part of Operating expenditures for Mother's, Infant's and Children's Health (MIC).

MCH - PH - A part of operating expenditures of Local Health Services for consultation, education and support services for community health programs with an emphasis on preventive and risk reducing health promotion.

MCH - Minor part of Operating Expenditure for the Office of Comptroller for financial and administrative process to distribute and monitor funds to county health agencies and other nonprofit providers.

PH - Minor part of Operating expenditures for Laboratory Services to help fund its cost of preventive health tests.

PH - A part of the Operating expenditures for Health and Environmental Education Services within the Division of Information Services.

The third table, or last page of the hand out, exhibits PH and MCH funding for Aid To County (Local Health Department) Programs and for Other Aid and Assistance Programs.

MCH - The Mother & Infants Program provides funding to approximately 37 counties to conduct Maternal and Infant Care Projects. Each county provides services for pregnant women of all ages and their infants, specifically those uninsured or with other access barriers. Such services include physician and nursing prenatal and post-natal supervision; nutrition assessment; consultation and intervention; social work services; health maintenance; perinatal and parenting education; family planning referrals; and follow-up of the mother and infant for the first year post delivery.

A portion of the MCH Block grant allotted to all states is earmarked for primary health services, community-based service networks and case management services for children with special health care needs. The earmarked funds available for Kansas for FFY 89 was \$169,563. Based on the appropriation for the MCH Block grant in FFY 90, the amount earmarked for the above services should be at least the amount allocated in FFY 89.

In general, the Kansas plan for expenditure of these funds in FY 90 consists of maintaining current adolescent-focused initiatives which address primary care for children and case management for Children with Special Health Care Needs.

MCH and PH - Home Visitor/Healthy Start services include home visits by trained lay persons to prenatal clients and to families with a newborn infant to provide family support, to promote the use of preventive health resources and to prevent family stress leading to abuse and neglect of children.

MCH - Maternal and Child Health funding provides three basic services. 1) A dental health project for the Wichita-Sedgwick County Health Department to assist parents in obtaining dental support for their children. 2) Outpatient medical services to provide a comprehensive program in Shawnee and Wyandotte counties to assist children on an outpatient hospital basis to receive screening, diagnosis and limited treatment or referral to the University of Kansas Medical Center if warranted. 3) Maternal and child health services are provided through demonstration projects in 37 counties which provide accident prevention and immunization education programs, immunization program, well-child clinics, womens health care services and EPSDT screening.

PH - Hypertension-LIVELY (Life, Interest and Vigor Entering Later Years) grants are awarded annually for health promotion programming for older adults and coordination of local health services for the elderly.

MCH and PH - Health Prevention Projects target funding to specific identified needs. FY 1989 funding is projected to provide \$50,000 to the Kansas Children's Service League to focus on family preservation and to implement a teenage pregnancy prevention/intervention service delivery and evaluation model in Wyandotte County. Funds will be used to assist Governor's Council on Fitness, a Black Hypertension project, the Heartland Health Conference, and the Coalition on Aging Conference.

Transfers of MCH and PH funding to other State agencies:

MCH - Level III Centers (centers providing care for normal patients, but especially for all serious maternal, fetal, and neonatal illnesses and abnormalities) are partially funded at KUMC, Kansas City, and UKSM-Wichita/Wesley Medical Center, to provide consultation to physicians and hospitals statewide for care of high-risk mothers and newborns, outreach education activities, and leadership in planning and coordination for statewide perinatal care services.

MCH - PKU and hypothyroidism diagnostic and control clinic is funded at the University of Kansas School of Medicine. State statutes require KDHE to provide PKU and Hypothyroidism diagnostic control services.

PH - A part of the PH funding to Kansas is designated for rape prevention programs. The rape prevention funding is granted to the Crime Victims Reparations Board to conduct the rape prevention programs.

Maternal and Child Health and Preventive Health Block Grants

FY & %	St. Opr.	Aid Co	* O Asst.	** Non Rept	Total
Actual					
1988-MCH	2,222,119	1,364,125	86,047	194,107	3,866,398
PH	445,116	408,971	34,816	75,083	963,986
	2,667,235	1,773,096	120,863	269,190	4,830,384
	55.2	36.7	2.5	5.6	100.0
Projected					
1989-MCH	2,347,795	1,560,504	85,916	204,000	4,198,215
MCH-VAC	100,000	0	0	0	100,000
PH	472,881	329,715	48,114	35,953	886,663
	2,920,676	1,890,219	134,030	239,953	5,184,878
	56.3	36.5	2.6	4.6	100.0
Projected					
1990-MCH	2,229,993	1,560,504	85,916	204,000	4,080,413
MCH-VAC	34,000	0	0	0	34,000
PH	448,082	331,715	42,113	35,953	857,863
	2,712,075	1,892,219	128,029	239,953	4,972,276
	54.5	38.1	2.6	4.8	100.0

* Grants to Local Units other than Local Health Departments

** Transfers to Another State Agency for Expenditure

Maternal and Child Health Block Grant

FY & %	St. Opr.	Aid Co	* O Asst.	** Non Rept	Total
Actual 1988	2,222,119 57.5	1,364,125 35.3	86,047 2.2	194,107 5.0	3,866,398 100.0
Projected 1989	2,347,795	1,560,504	85,916	204,000	4,198,215
Vaccine	100,000	0	0	0	100,000
	2,447,795 56.9	1,560,504 36.3	85,916 2.0	204,000 4.7	4,298,215 100.0
Projected 1990	2,229,993	1,560,504	85,916	204,000	4,080,413
Vaccine	34,000	0	0	0	34,000
	2,263,993 55.0	1,560,504 37.9	85,916 2.1	204,000 5.0	4,114,413 100.0

Preventive Health Block Grant

FY & %	St. Opr.	Aid Co	* O Asst.	** Non Rept	Total
Actual 1988	445,116 46.2	408,971 42.4	34,816 3.6	75,083 7.8	963,986 100.0
Projected 1989	472,881 53.3	329,715 37.2	48,114 5.4	35,953 4.1	886,663 100.0
Projected 1990	448,082 52.2	331,715 38.7	42,113 4.9	35,953 4.2	857,863 100.0

* Grants to Local Units other than Local Health Departments

** Transfers to Another State Agency for Expenditure

3000 AID TO COUNTIES	FY 88				FY 89				FY 90			
	ACTUAL	SGF	MCH	PH	PROJECTED	SGF	MCH	PH	PROJECTED	SGF	MCH	PH
3013 MOTHERS & INFANTS	1,029,967	400,000	629,967		1,137,056	500,000	637,056		1,337,056	700,000	637,056	
3016 GENERAL HEALTH SERVICES	1,488,045	1,354,506		133,539	1,635,096	1,614,737		80,359	1,834,514	1,754,155		80,359
3017 HOME VISITOR/HEALTHY START	282,063	104,926	29,630	147,507	324,769	104,926	119,287	100,556	349,769	129,926	119,287	100,556
3018 MATERNAL AND CHILD HEALTH	704,528		704,528		704,161		704,161		704,161		704,161	
3026 HYPERTENSION - LIVELY	127,925			127,925	148,800			148,800	150,800			150,800
3015 ADOLESCENT HEALTH PROGRAMS	0				100,000		100,000		100,000		100,000	
TOTAL	3,632,528	1,859,432	1,364,125	408,971	4,109,882	2,219,663	1,560,504	329,715	4,476,300	2,584,081	1,560,504	331,715
=====												
3100 OTHER AID AND ASSISTANCE	FY 88				FY 89				FY 90			
	ACTUAL	SGF	MCH	PH	PROJECTED	SGF	MCH	PH	PROJECTED	SGF	MCH	PH
3112 HEALTH & PREVENTION PROJECTS	109,081		69,840	39,241	92,114		50,000	42,114	92,113		50,000	42,113
3115 HOME VISITOR/HEALTHY START	16,207		16,207		15,916		15,916		15,916		15,916	
3116 LIVELY	29,816			29,816	6,000			6,000	0			
3117 MOTHERS & INFANTS	0				20,000		20,000		20,000		20,000	
TOTAL	155,104	0	86,047	69,057	134,030	0	85,916	48,114	128,029	0	85,916	42,113
=====												
GRAND TOTAL	3,787,632	1,859,432	1,450,172	478,028	4,243,912	2,219,663	1,646,420	377,829	4,604,329	2,584,081	1,646,420	373,828
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KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383
Kansas WATS 800-332-0156 FAX 913-235-5114

March 24, 1989

TO: Senate Ways and Means Committee
FROM: Kansas Medical Society *Chris Steeler*
SUBJECT: Senate Bill 351; Medical Scholarships

The Kansas Medical Society wishes to express its endorsement of the provisions of SB 351, as introduced. While the amendatory language would appear to liberalize the obligations associated with medical scholarships, there are not likely to be many instances when the exceptional circumstances would apply. In the final analysis, passage of this bill could assist in retaining physicians who have received their medical education at the University of Kansas.

Thank you for considering our comments. We respectfully request that you recommend SB 351 for passage.

CW:lg

ATTACHMENT 3
SWAM 3-27-89