Approved Feb. 13, 1990
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./~~p.m.~~ on JANUARY 31, 1990 in room 123-S of the Capitol.

All members were present except:

Committee staff present:
Research Department: Diane Duffy, Leah Robinson
Revisor: Norm Furse, Gordon Self
Committee Staff: Judy Bromich, Administrative Assistant
Ronda Miller, Committee Secretary

Conferees appearing before the committee:

Mr. Keith Ratzloff, Comptroller, Kansas State University
Mr. Richard Brock, Representing Commissioner Bell as Statutory Chairman of the Committee on Surety Bonds Insurance
Mr. Morgan Olsen, Associate Vice President for Fiscal Affairs, Emporia State University
Senator Dave Kerr
Dr. Azzi Young, Director, Bureau of Family Health, Department of Health and Environment
Tom Bell, Kansas Hospital Association
Chip Wheelen, Kansas Medical Society
Larry Rute, Chairperson for Children's Coalition

SB 462 - AN ACT concerning property insurance purchase by state agencies; amending K.S.A. 1989 Supp. 74-4702 and repealing the existing section.

Mr. Keith Ratzloff told the Committee that Kansas State University requested authorization to purchase insurance for two new communications vehicles whose combined value is $1.4 million. He noted that the vehicles were purchased through Federal funds, but the University felt the vehicles could not be taken on the road without coverage against loss. Mr. Ratzloff stated that the cost of the insurance would be approximately $12,000 per year, and it would be paid from resources generated by use of the equipment.

Mr. Richard Brock explained that because the Committee on Surety Bonds Insurance does not have the enabling authority to purchase insurance for this equipment, they advised Kansas State University to seek authorization through a line item appropriation or through a bill. (Attachment 1)

Senator Winter moved, Senator Feleciano seconded, to recommend SB 462 favorable for passage. The motion carried.

SB 463 - AN ACT authorizing sale of real estate at Emporia State University by the state board of regents; repealing K.S.A. 76-616g.

Mr. Morgan Olsen told the Committee that two tracts totaling 11.06 acres were donated to the University in 1967 and 1972. These tracts are zoned agriculture, and, as they are not being used, the University requests authorization to sell the property. In answer to a question, he stated that he anticipates an interest from the Emporia State Endowment Association, but no deal has been made. He noted that the total appraised value in May, 1988 of the land and house was $36,500. Mr. Olsen said that the judicial administrator would appoint 3 appraisers, and the University would be required to sell the property at the appraised value. The proceeds would be deposited in a specific restricted fee fund that will be established for the

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.

purpose of making capital improvements at the University. Mr. Olsen said that deeds to the property would be checked any restrictions.

Norm Furse, Revisor of Statues, suggested including "and improvements thereon" after the word estate in Section 1, Line 17 of SB 463. Senator Allen moved to so amend SB 463; Senator Salisbury seconded. The motion carried.

Senator Allen moved and Senator Salisbury seconded to recommend SB 463 as amended favorable for passage. The motion carried.

SB 460 - AN ACT concerning medical assistance; relating to medicaid coverage of pregnant women and infants; directing certain actions by the secretary of social and rehabilitation services.

Senator Dave Kerr reviewed Attachment 2 and called the Committee's attention to testimony prepared by the University of Kansas Medical Center, Attachment 3. He introduced Dr. Azzi Young who reviewed Attachment 4. Senator Rock inquired about the status of the $300,000 that was appropriated during the 1989 Legislature for the WIC program. Dr. Young noted that the money was not being used for WIC services, but was used to accommodate a growth in the program and an increase in the infant formula rebate program. She said that she had not made the decision regarding the use of the money. Dr. Young stated that a system of waiting lists exists for those the Department cannot afford to serve.

In answer to a question, Dr. Young stated that an annual salary of $10,060 is considered poverty level for a family of three. Senator Bogina noted that 185% of federal poverty level for a family of three would equate to an annual salary of $18,600, and under the provisions of SB 460, this family would receive Federal or state assistance. Senator Kerr asked if there was any way to target the bill to serve more people for the same amount of money. Dr. Young noted that the Department of Health & Environment would work with the Department of Social and Rehabilitation Services to come up with suggestions for the Committee.

Tom Bell submitted written testimony, Attachment 5, to the Committee.

Chip Wheelen appeared before the Committee in support of SB 460, and reviewed Attachment 6. He said that many family practitioners have given up obstetrical care because they cannot afford the liability. He cited inadequate reimbursement, abundant paperwork, late payment, and the myth that Medicaid patients are more litigious than other clients as reasons physicians do not want Medicaid patients.

Larry Rute reviewed Attachment 7. In answer to a question, he noted that he would encourage a move toward an ethical panel within the Legislature to determine the prioritization of health care needs.

The meeting was adjourned.

GUEST LIST

COMMITTEE: SENATE WAYS AND MEANS DATE: 1-31-90

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Charles Konigsberg	Topeka	KDHE
Chip Wheelen	Topeka	Ks Med. Soc.
Richard Morrissey	Topeka	KDHE
Azzie Young	Topeka	KDHE
Keith Ratzloff	Manhattan	KSU
Sue Petterson	Manhattan	KSU
Ted D. Ayres	Topeka	Board of Regents
Morgan R. Olsen	Emporia	ESU
Linda Kenney	Topeka	KDHE
Eunice L. Moyo	LSOB / Topeka	KDHE
Beth Powers	Topeka	Kansas Choice Alliance
Winston Barton	Topeka	
[illegible]	Topeka	SRS
Melissa Ness	Topeka	KCSL
Dick Brock	"	Ins Dept
Mike Wojcicki	Topeka	DOB
Walt Darling	Topeka	Division of Budget
Gloria Timmer	Topeka	DOB
Mark Sheeks	Lawrence	Intern - Parrish
W. E. Breeding	Rolla	Vis
Sheila B[illegible]	Rolla	Visitor
Jim Owens	Topeka	SRS
G. Hulett	Topeka	Gov. Office
Sherri Holliday	Topeka	Budget

Kansas Insurance Department

Testimony Before the

Senate Committee on Ways and Means

on Senate Bill No. 462

Presented by Dick Brock

With the exception of the group health insurance contact covering state officers and employees, most insurance purchased on state property or other exposures is purchased by the state Committee on Surety Bonds and Insurance. This committee was created by K.S.A. 75-4101 and is comprised of the Commissioner of Insurance, the Attorney General and the State Treasurer. The Commissioner of Insurance is the statutory chairman of the committee and the Director of Purchases is the ex officio secretary.

The committee has some latitude with respect to the insurance coverage which state agencies may purchase. With respect to property insurance, however, K.S.A. 75-4109 prescribes the property insurance state agencies shall purchase, permits the committee to purchase insurance on the property of others for which the state is responsible and permits the purchase of coverage that is incidental to that otherwise required or permitted. K.S.A. 75-4109 concludes with a provision which prohibits the purchase of any property insurance not required or permitted by such section or specifically required by other Kansas statutes or appropriations.

The equipment referenced in Section 1 of Senate Bill No. 462 is not referenced or described in any existing statutes or appropriations. Accordingly, we have advised the representatives of Kansas State University that legislative action is required if insurance on such equipment is to be purchased. That is the purpose and substance of Senate Bill No. 462.

The committee has no position with respect to the bill since the purchase of the insurance it permits is solely a legislative prerogative.

SWAM
Jan. 31, 1990
Attachment 1

TESTIMONY IN SUPPORT OF SENATE BILL 460

SENATE WAYS AND MEANS COMMITTEE

January 31, 1990

Senator Dave Kerr

Senate Bill 460 phases in, over a three year period, an extension of pre-natal care from those whose income is 150% of the Federal poverty level (our present level) to 185% of the Federal poverty level, the Federal maximum for obtaining medicaid match. When fully phased in after three years, we estimate the cost from the state general fund to be approximately $1,555,000 annually. We would receive $2,050,000 in Federal match.

As you probably know, we introduced this bill as a part of an education reform package. What does pre-natal care have to do with programs like; parents as teachers, outcomes accreditation and school/business partnerships? I believe there is a direct link between a lack of pre-natal care; low birth weight babies, and the need for intensive neo-natal care followed by a greater liklihood of special education demands and reduced educational expectations.

In short, with a very modest outlay for pre-natal care, we can avoid very substantial costs in the years immediately following birth for specialized health care and specialized education. Even if we unleash the whole arsenal of advanced medical care and educational delivery prowess, the effects of a lack of pre-natal care cannot be entirely reversed. We would be smart to place near the very top of all our priorities, that pre-natal care be available to all women in Knasas.

Although I hope the conferee from Health and Environment will elaborate on how Knasas is doing in this area, I do want to focus on a couple of statistics.

During 1988, we still had 14% of mothers that delivered who did not receive adequate pre-natal care. We still had nearly 2400 low birthweight infants and we still had an infant mortality rate of 7.9 per thousand. All of those represent improvements from prior years, but they do not approach the rates achieved in some countries such as Japan and Finland.

Mr. Chairman, the focus of this bill as written is to move the threshold of providing pre-natal care from 150% of poverty to 185% However, the goal is to dramatically reduce the number of women who do not receive pre-natal care. It is possible that the bill needs to refocus in order to achieve this goal. For example, only 44 countries now have the M & I program. Perhaps women are not entering the program

SWAM
Jan. 31, 1990
Attachment 2

because they are not aware it exists. Perhaps outreach is needed.

Whatever changes are required to target the bill better toward the goal of universal pre-natal care in Kansas would be supported because it is clearly one of the most cost effective steps this state can take toward good health and succesful educational outcomes.

THE UNIVERSITY OF KANSAS
College of Health Sciences
Bell Memorial Hospital
Kansas City, Kansas 66103

Department of Gynecology and Obstetrics

Division Maternal/Fetal Medicine
Brent E. Finley, M.D., Director
Timothy L. Bennett, M.D.
Tracy A. Cowles, M.D.

Kansas University Gynecological and Obstetrical Foundation

January 31, 1990

Senator Fred Kerr
Kansas Senate
State Capitol
Topeka, KS 66612

RE: Senate Bill No. 460

Dear Senator Kerr:

Poor prenatal care is a major reason for poor pregnancy outcome. Although technology has improved our ability to diagnose and treat illness, a key factor continues to be the stage in the disease process that the illness is recognized. Obviously when women do not seek prenatal care in a timely fashion, as is often the case when financial resources are limited, the ability to prevent or treat illness is greatly impaired. This may result in maternal and/or fetal morbidity or mortality which could have been potentially preventable.

Repercussions of poor prenatal health are wide spread. As a physician, I would argue we have a moral responsibility to provide prenatal care to all women. However, the socioeconomic implications are no less profound. Studies have demonstrated that the economic costs to society of providing prenatal care (i.e. improving access to prenatal health care) are considerably less than the cost of managing the subsequent morbidity. This is greatly exemplified by premature birth prevention programs. It has been well recognized that for every dollar spent in prematurity prevention more than $1000.00 can be saved in total medical expenditure.

Thus, a good economic argument for increasing financial support for prenatal care is that it will result in a healthier population, a reduction in the need for chronic long term health services, and ultimately a decrease in overall medical costs.

SWAM
Jan. 31, 1990
Attachment 3

(913) 588-6250

I highly endorse Senate Bill number 460, a proposal to improve medical assistance to low income families. Please contact me if I may be of further service.

Sincerely,

Timothy L. Bennett, M.D.
Assistant Professor
Division of Maternal/Fetal Medicine
Department of Gynecology and Obstetrics
University of Kansas Medical Center

TLB:kmj

Date: January 31, 1990
To: Jeff Wagaman
From: Maurine A. Fry and James L. Carroll
Subject: SB 460

Primary sources and additional data are readily available. Please call if we can assist.

Extending Medicaid Coverage to Pregnant Women and Children with Family Income of not more than 160% of the Federal poverty Level (1991); 170% (1992); 185% (1993)

Among pregnant women, those least likely to receive prenatal care are in the gap between eligibility for Medicaid and affordability of private health insurance. Infants and young children whose families are above the federal poverty level but unable to afford private insurance are the least likely to see a physician for medical treatment or for preventive well child visits.[1]

Prenatal Care has been proved effective at reducing incidence of low birthweight (LBW). The following information indicates clearly why reducing LBW is essential.[2]

** LBW babies have a 40 times greater risk of death in the neonatal period.
** Very low birthweight babies are 200 times more likely to die in infancy than are infants of average weight.
** LBW is strongly associated with infant malformation and retardation, and for infants who survive year 1, LBW is associated with developmental disabilities, cerebral palsy, and other handicaps.
** Very low birthweight infants are at serious risk of disabilities -- 42% will have some neurological handicap or congenital anomaly, with 14% seriously affected, as compared with 19% and 2% of normal weight infants.
** Premature LBW infants are 10 times more likely to be mentally retarded than normal infants.
** "Good prenatal care reduces low birthweight, which, in turn, reduces requirements for expensive in-hospital and follow-up intensive care. The institute of Medicine of the National Academy of Sciences calculates that $3.50 is saved in medical costs during the first year of life for every dollar spent on reducing the low birth weight rate by two and a half percentage points (an achievement substantially exceeded by all three model prenatal care programs described in Within Our Reach.") (Schorr & Schorr, 1988, Doubleday).

Note that the Academy's calculation does not include any estimate of the longer term human and economic savings from reduced likelihood of need for medical treatment, special educational programs, and welfare.

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1 National Medical Care Utilization and Expenditure Survey. Series C, Analytical Report No. 1 DHHS Pub No. 85-20401.

2 Infants Can't Wait: The Numbers (1986) The National Center for Clinical Infant Programs. Washington, D.C.

** One state (South Dakota) has calculated that half the amount expended on the neonatal care of infants whose mothers did not receive prenatal care would pay for prenatal care for all of the women in the state who did not receive it.

Children need preventive health care as well as treatment for illness. The American Academy of Pediatrics indicates that, "preventive care enables children to achieve optimal physical, intellectual and emotional growth and development, and offers them a better chance to develop into healthy and productive adults.[3] Expanding Medicaid coverage to those included in Senate Bill 460 will:

** increase the percentage of children immunized against measles, DPT and polio,
** decrease the number of children whose diagnosable and treatable conditions currently go untreated.
** reduce the spread of infectious diseases and the progressive deterioration which may result if a disease is not identified and treated at an early stage. For example, early treatment of certain orthopedic conditions reduces the risk and severity of complications, and early detection of certain visual defects may reduce permanent vision problems.
** In his recent speech to the Kansas Governor's Conference on Education, former Governor of Tennessee, Lamar Alexander, indicated that his information on the increasing impact of health related educational difficulties suggested that 1 in 10 children born in 1989 was born with educationally significant and irreversible neurological damage. These children will be our public school students in another 4 years and will be of age for employment and/or postsecondary education in 18 years. The combined short and long term economic cost of failing to address the preventable portion of this damage must be calculated in 21st century dollars, in education and social service budgets for special services, and in impact on the Kansas and U.S. workforce from 2008 to at least 2055.

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[3] American Academy of Pediatrics. Committee on Standards of Health Care. Standards of Child Health Care. 3rd ed. Evanston, Ill, American Academy of Pediatrics, 1977. p.9.

State of Kansas

Mike Hayden, Governor

Department of Health and Environment

Division of Health

Stanley C. Grant, Ph.D., Secretary

Landon State Office Bldg., Topeka, KS 66612-1290

(913) 296-1343
FAX (913) 296-6231

Testimony Presented to

Senate Ways and Means Committee

by

The Kansas Department of Health and Environment

Senate Bill 460

The Kansas Department of Health and Environment (KDHE) has been asked to testify about its role in providing prenatal care to Kansas women.

The Kansas Department of Health and Environment is actively involved in improving access to health care for pregnant women and their children. The agency promotes participation in early and continuous prenatal care which is the key to preventing low birth weight and infant mortality. Progress is being made in decreasing the overall Kansas infant mortality rate (defined as the number of infants born alive but die before their first birthday, per 1,000 live births), dropping to 7.9 in 1988 from 9.2 in 1987. The Black infant mortality rate of 16.0, however is still more than twice the White rate of 6.9. The percent of live born infants with low birth weight remains at 6.1% (Black 13.1% and White 5.5%). According to a recent Children's Defense Fund report, Kansas ranked 20th in the nation relative to infant mortality and 19th for low birth weight based on 1978-1987 statistics.

During 1988, 5,288 Kansas women, or 14% of women who delivered live born infants, did not obtain adequate prenatal care. Adequate care is defined as care beginning in the first trimester with a total of a least nine prenatal visits for a full term pregnancy. The 1990 Kansas Objective that eighty-eight percent (88%) of Kansas mothers delivering live born infants will have obtained adequate prenatal care has yet to be achieved. Data show that 86% of pregnant women in Kansas received adequate prenatal care in 1988. It is estimated that approximately 1,341 of the women not receiving adequate prenatal care are below 200% of poverty.

The number of premature and low birth weight infants born to mothers enrolled in the Kansas Maternal and Infant Program has decreased and a subsequent reduction in admissions to local hospital neonatal intensive care units has been documented in Sedgwick, Wyandotte, and Bourbon counties. Thus, the provision of early care can save dollars that might otherwise have been spent

SWAM
Jan. 31, 1990
Attachment 4

Charles Konigsberg, Jr., M.D., M.P.H., Director of Health (913) 296-1343

James Power, P.E., Director of Environment (913) 296-1535

Lorne Phillips, Ph.D., Director of Information Systems (913) 296-1415

Roger Carlson, Ph.D., Director of the Kansas Health and Environmental Laboratory (913) 296-1619

on extended hospitalizations. The Institute of Medicine has estimated that for every one dollar spent on prenatal care, three to ten dollars have been saved on high risk infant care. These savings must be compared to the cost of "graduating" a sick infant from neonatal intensive care ranging from $20,000 to $100,000 per infant or a cost of $300,000 to $400,000 per child for overall lifetime health and custodial care.

The Kansas Department of Health and Environment administers four major programs that facilitate access to comprehensive prenatal care. These are the Kansas Maternal and Infant Program, the Special Supplemental Food Program for Women, Infants and Children (WIC), the Healthy Start Lay Home Visitor Program, and the Black and Hispanic Community Coalition on Infant Mortality.

Maternal and Infant Program (M&I)

The M&I program, designed primarily to prevent low birth weight, infant mortality, child abuse, and neglect, provides comprehensive prenatal care and follow-up for one year post delivery for high-risk mothers and their infants. A health professional team composed of physicians, nurses, social workers and dietitians provide health, psychosocial, and nutrition assessments, interventions, and health education during the pregnancy and one year post delivery. M&I services are currently available in 44 counties. Nearly 80% of all births in the state occur in these counties. In FY 89, 6,661 mothers (30% adolescents) and 4,834 infant were served by this program.

Special Supplemental Food Program for Women, Infants and Children (WIC)

The WIC program is designed to improve the nutritional health status of low-income women who are pregnant, breastfeeding, or postpartum; and, infants and children up to age five. Monthly food vouchers are issued that can be presented to an authorized grocery store for WIC foods that are selected on the basis of specific nutritional needs. Nutrition education is also provided.

This statewide program currently serves approximately 40,000 participants each month which represents about 61% of the potentially eligible participants. On April 1, 1989, the WIC program implemented an Infant Formula Rebate Initiative that allowed expansion of the WIC caseload from approximately 50% in 1988 to 61% for 1990.

Healthy Start Lay Home Visitor Program

The Healthy Start Lay Visitor Program is provided by local health departments in 49 Kansas counties. Trained lay persons make home and hospital visits to expectant mothers, families with newborns and infants (under one year of age) under nursing supervision. Lay visitors identify at risk women and families, refer them to needed resources, and generally provide ongoing support and follow-up. In FY 88, visitors made over 27,000 visits to 14,000 families.

Black and Hispanic Community Coalition on Infant Mortality

This demonstration project is located in Sedgwick and Wyandotte Counties. Primary goals of the project are to: decrease the number of Black and Hispanic babies who die each year; develop a Black and Hispanic Community Coalition for reducing infant mortality; sensitize institutions to existing access barriers; and increase the utilization of and access to existing health and social programs for Black and Hispanic pregnant and postpartum women. This bicultural home management model capitalizes on existing informal family and friendship networks in these communities as a link to the formal health care system. A community coalition, which is comprised of representatives from community-based organizations, negotiates with institutions to improve access to care. Another key component of the project is the bicultural community health educators who work directly with pregnant women and their families in order to link them with the formal health care system. This project is one example of the Department's efforts to address the disparities in infant mortality for Blacks and Hispanics compared to Whites.

The Kansas Departments of Health and Environment and Social and Rehabilitation Services (SRS) have cooperatively implemented two special initiatives that facilitate access to prenatal care for Medicaid eligible pregnant women. These are the Prenatal Express and the Prenatal Health Promotion/Risk Reduction Program.

Prenatal Express

Prenatal Express expedites the receipt of a Medicaid card for pregnant women within five days following eligibility determinations. Referrals are made between local health departments and SRS to encourage pregnant women to apply for medical assistance. In addition, local SRS offices refer pregnant women to local health departments for assistance in locating obstetrical care providers and other services based

on need. This initiative has improved the potential for early access into prenatal care if providers are available and/or are accepting Medicaid eligible clients.

Prenatal Health Promotion/Risk Reduction

The purpose of this program is to reduce the incidence of poor pregnancy outcomes for the Medicaid childbearing client and their newborn. The program is provided throughout the state by local health departments, through case management by registered nurses, with the objective of promoting early entry into and compliance with prenatal care and access to health promotion services based on individual clients needs.

All of these programs are currently available in Kansas to meet some of the needs of high risk and low-income childbearing women and their infants. The potential for serving all targeted populations by these programs is dependent on more than funding alone. Service locations and provider availability must also be addressed.

Extending the Medicaid coverage for pregnant women and infants during the next three fiscal years, could have a positive impact on increasing the number of women who obtain adequate prenatal care. It is important to consider why pregnant women, who are currently covered by Medicaid, do not obtain adequate prenatal care.

The inability to obtain a prenatal appointment during the first trimester, lack of transportation, and unavailability of obstetrical providers continue to be barriers for the Medicaid eligible and other low-income prenatal clients. In some instances, physicians restrict the number of Medicaid obstetrical clients they will serve because of inadequate reimbursement and perception of increased liability. KDHE recognizes that extension of Medicaid coverage for pregnant women and infants must not be deemed the total resolution to prenatal care access barriers for low-income women.

Presented by: Azzie Young, Ph.D.
Director, Bureau of Family Health
Kansas Department of Health and Environment
January 31, 1990

PERCENT OF LOW BIRTH WEIGHT INFANTS* FOR KANSAS COUNTIES FIVE-YEAR AVERAGES, **1979-1983 AND 1984-1988

County	1979-1983	1984-1988
CHEYENNE	4.8	2.6
RAWLINS	2.9	3.3
DECATUR	3.1	3.6
NORTON	5.5	5.6
PHILLIPS	3.0	4.4
SMITH	2.8	7.0
JEWELL	4.0	7.0
REPUBLIC	2.2	2.3
WASHINGTON	3.1	5.3
MARSHALL	5.9	3.2
NEMAHA	3.4	4.2
BROWN	4.8	5.0
DONIPHAN	5.9	5.0
SHERMAN	6.4	5.4
THOMAS	5.4	4.9
SHERIDAN	4.6	4.0
GRAHAM	4.4	7.6
ROOKS	3.8	4.9
OSBORNE	3.0	2.8
MITCHELL	3.8	5.3
CLOUD	5.8	5.5
CLAY	5.0	5.5
RILEY	5.9	5.3
POTTAWATOMIE	5.8	6.0
JACKSON	4.7	5.0
ATCHISON	5.3	5.0
JEFFERSON	4.6	5.2
LEAVENWORTH	6.3	6.3
WYANDOTTE	8.1	8.8
WALLACE	7.0	4.8
LOGAN	2.9	3.1
GOVE	6.5	4.0
TREGO	5.8	6.4
ELLIS	4.6	5.6
RUSSELL	4.7	6.3
LINCOLN	5.3	5.8
OTTAWA	6.8	5.8
DICKINSON	5.5	6.3
GEARY	7.9	7.4
WABAUNSEE	5.1	5.1
SHAWNEE	6.1	6.7
DOUGLAS	4.7	5.9
JOHNSON	5.0	4.8
GREELEY	4.0	2.0
WICHITA	6.0	6.1
SCOTT	3.6	3.7
LANE	2.9	3.0
NESS	7.2	1.8
RUSH	5.8	9.1
BARTON	6.2	6.0
ELLSWORTH	3.5	5.6
SALINE	6.2	5.7
MORRIS	6.4	4.3
LYON	6.1	5.0
OSAGE	4.7	5.9
FRANKLIN	5.8	6.2
MIAMI	5.8	6.2
HAMILTON	6.5	9.8
KEARNY	6.6	6.5
FINNEY	7.2	7.2
HODGEMAN	5.3	4.2
PAWNEE	5.2	4.2
STAFFORD	6.6	7.2
RICE	7.6	6.3
McPHERSON	5.3	5.1
MARION	5.9	3.8
CHASE	2.6	3.9
COFFEY	5.3	5.5
ANDERSON	5.0	4.3
LINN	7.1	8.1
GRAY	5.5	3.1
FORD	6.5	6.6
EDWARDS	3.6	4.0
RENO	5.8	5.4
HARVEY	6.2	6.1
BUTLER	5.5	6.1
GREENWOOD	5.5	3.0
WOODSON	5.9	5.5
ALLEN	5.0	4.6
BOURBON	5.4	5.6
STANTON	3.5	5.8
GRANT	5.5	4.9
HASKELL	5.7	5.8
KIOWA	4.5	5.8
PRATT	6.0	6.3
KINGMAN	7.7	4.4
SEDGWICK	7.0	7.1
ELK	6.1	5.3
WILSON	5.2	6.1
NEOSHO	5.8	4.3
CRAWFORD	5.4	5.2
MORTON	7.4	8.8
STEVENS	5.8	7.2
SEWARD	8.5	7.0
MEADE	4.6	5.6
CLARK	8.0	6.7
COMANCHE	7.7	5.0
BARBER	5.9	4.9
HARPER	4.4	4.3
SUMNER	5.7	5.0
COWLEY	6.0	6.0
CHAUTAUQUA	5.6	4.6
MONTGOMERY	6.2	6.8
LABETTE	6.3	6.1
CHEROKEE	5.4	6.0

*Under 2,501 grams
**Top number is 1979-1983 average.
Bottom number is 1984-1988 average.
Residence data
SOURCE: Kansas Department of Health and Environment

	1984-1988	1979-1983
State	6.2	6.1

9/89

INFANT DEATH RATE*
FOR KANSAS COUNTIES
FIVE-YEAR AVERAGES, **1979-1983 AND 1984-1988

County	1979-1983	1984-1988
CHEYENNE	12.1	13.1
RAWLINS	8.6	4.1
DECATUR	2.8	-
NORTON	6.9	8.0
PHILLIPS	9.5	2.2
SMITH	2.8	3.5
JEWELL	2.7	10.1
REPUBLIC	2.2	9.3
WASHINGTON	18.0	12.0
MARSHALL	12.8	3.4
NEMAHA	7.4	1.2
BROWN	15.5	9.5
DONIPHAN	5.4	-
SHERMAN	13.7	5.3
THOMAS	7.8	2.9
SHERIDAN	3.3	4.4
GRAHAM	8.8	-
ROOKS	16.6	4.0
OSBORNE	5.0	21.5
MITCHELL	8.0	2.1
CLOUD	6.8	10.7
CLAY	5.7	8.5
RILEY	7.0	7.0
POTTAWATOMIE	12.4	8.5
JACKSON	9.7	7.1
ATCHISON	10.9	10.4
LEAVENWORTH	10.6	8.4
JEFFERSON	10.9	6.8
WYANDOTTE	14.3	12.4
WALLACE	-	-
LOGAN	6.5	4.4
GOVE	9.7	4.0
TREGO	17.4	4.0
ELLIS	7.5	8.9
RUSSELL	8.3	5.5
LINCOLN	7.6	-
OTTAWA	9.8	7.9
DICKINSON	6.6	6.4
GEARY	14.0	11.2
WABAUNSEE	8.5	15.4
SHAWNEE	10.8	11.1
DOUGLAS	9.0	8.8
JOHNSON	9.2	6.4
ELLSWORTH	4.2	7.3
SALINE	10.2	10.7
MORRIS	11.0	4.8
LYON	10.4	7.9
OSAGE	11.4	9.9
FRANKLIN	8.3	6.1
MIAMI	13.6	6.7
GREELEY	5.0	-
WICHITA	13.4	-
SCOTT	6.0	9.3
LANE	-	6.0
NESS	2.4	3.0
RUSH	13.0	9.1
BARTON	8.5	9.9
RICE	8.6	7.9
McPHERSON	8.1	5.6
MARION	13.2	2.5
CHASE	-	4.9
COFFEY	5.2	1.7
ANDERSON	10.3	7.8
LINN	6.7	13.5
HAMILTON	10.8	32.6
KEARNY	14.6	12.6
FINNEY	10.7	10.4
HODGEMAN	15.8	15.9
PAWNEE	10.6	12.5
STAFFORD	17.0	9.9
RENO	10.2	11.0
HARVEY	5.7	7.5
BUTLER	8.6	9.2
GREENWOOD	12.5	4.0
WOODSON	3.0	7.3
ALLEN	12.7	11.0
BOURBON	7.8	8.0
GRAY	9.8	7.9
FORD	11.3	13.4
EDWARDS	9.8	-
PRATT	12.4	4.1
KINGMAN	7.1	4.7
SEDGWICK	11.9	9.6
ELK	-	-
WILSON	5.9	10.7
NEOSHO	7.4	6.2
CRAWFORD	7.7	7.6
STANTON	-	10.5
GRANT	7.4	10.2
HASKELL	7.1	5.5
KIOWA	18.2	10.8
MORTON	2.9	6.8
STEVENS	2.2	5.0
SEWARD	6.5	5.0
MEADE	12.1	10.6
CLARK	18.5	6.1
COMANCHE	11.0	6.2
BARBER	15.1	5.9
HARPER	7.6	14.4
SUMNER	12.5	8.6
COWLEY	12.8	11.1
CHAUTAUQUA	5.8	7.0
MONTGOMERY	14.7	10.3
LABETTE	10.0	9.0
CHEROKEE	5.9	11.1

*Rates expressed per 1,000 live births
**Top number is 1979-1983 average.
Bottom number is 1984-1988 average
Residence Date

	1984-1988	1979-1983
State	8.9	10.5

SOURCE: Kansas Department of Health and Environment

9/89

Children's Defense Fund 1990 State Fact Sheet

How Kansas Treats Its Children

Number of children in state (1987) 650,000
Children as a percent of total state population (1987) 26.3

Total State Score 15% (ADEQUATE* ON 3 OF 20 MEASURES)

Trends in Children's Status	State Rank in Most Recent Year	Trend in KS	State Compared with U.S. Average	Is State Making Adequate Progress?	Number of States Making Adequate Progress
1. Early Prenatal Care (1978-1987)	14	Better	Better	No	0
2. Infant Mortality (1978-1987)	20	Better	Better	Yes	30
3. Low-Birthweight Births (1978-1987)	19	Worse	Better	No	5
4. Teen Birth Rate (1980-1986)	31	Better	Worse	Yes	34
5. Births to Unmarried Women (1980-1987)	10	Worse	Better	No	22
6. Paternities Established (1981-1987)	36	Worse	Worse	No	23
7. Children in Poverty (1979-1985)	7	Worse	Better	No	2
8. Affordability of Housing (1979-1989)	29	Worse	NA	No	1
9. High School Graduation (1982-1987)	9	Better	Better	No	29
10. Youth Unemployment (1982-1988)	19	Worse	Better	No	25

State Program Investments	State Compared with U.S. Average	Is State Making Adequate Program Investments?	Number of States Making Adequate Investments
11. Medicaid Coverage of Babies and Pregnant Women	NA	No	15
12. Medicaid Coverage of Poor Children	NA	No	17
13. Nutritional Assistance for Mothers and Children	NA	No	10
14. Support for Early Childhood Education	NA	No	29
15. Child Care Quality: Staff Ratio	Better	Yes	30
16. Child Support Collection Efforts	Worse	No	19
17. AFDC Benefits Compared to Inflation	Worse	No	2
18. Rents vs. AFDC Benefits	NA	No	0
19. Students per Teacher Ratio	Better	No	8
20. State Youth Employment Initiatives	NA	No	28

* Definitions of adequate progress and adequate program investment are on the back of this sheet. Additional information is included in the Children's Defense Fund publication, Children 1990, available from CDF, 122 C Street, N.W., Washington, D.C. 20001, (202) 628-8787.

NA = Not Applicable

'initions of Adequate State Pr ss in Children's Status

-. **Early Prenatal Care:** Based on recent rates of change, will the state achieve the U.S. Surgeon General's 1990 goal of ensuring 90 percent of all infants are born to women who begin prenatal care in the first three months of pregnancy?

2. **Infant Mortality:** Based on recent rates of change, will the state achieve the U.S. Surgeon General's 1990 goal of reducing the infant mortality rate to nine or fewer deaths for every 1,000 births?

3. **Low Birthweight Births:** Based on recent rates of change, will the state achieve the U.S. Surgeon General's 1990 goal of reducing the proportion of infants born at low birthweight to no more than 5 percent of all births?

4. **Teen Birth Rate:** Has the state achieved a reduction in the number of teens giving birth (per 1,000 females ages 15-19) by more than the national rate of reduction?

5. **Births to Unmarried Women:** Has the state had a smaller increase in the percent of births that were born to unmarried women than has the nation as a whole?

6. **Paternities Established:** Has the state increased the number of paternities established per 1,000 births to unmarried women at a rate greater than the national average?

7. **Children in Poverty:** Has the state achieved any reduction in the percentage of children living in poverty?

8. **Affordability of Housing for the Poor:** In 1989, was the fair market rental price for a two-bedroom apartment in the state's metropolitan region with the lowest such rent, 30 percent or less of the 1989 federal poverty level income for a family of four?

9. **High School Gradation Rate:** Has the state increased its graduate rate (the percent of ninth ninth graders finishing high school four years later) by an amount greater than the national average?

10. **Youth Unemployment Rate:** Has the state reduced the percent of unemployed youths (those looking for work but unable to find a job) by more than the national rate of reduction?

Definitions of Adquate State Program Investments

11. **Medicaid Coverage of Babies and Pregnant Women:** Is the state one of the 15 that by the end of 1989, provided as much Medicaid coverage to babies under age one and pregnant women as federal law allowed?

12. **Medicaid Coverage of Children:** Is the state one of the 17 that by the end of 1989, provided as much Medicaid coverage to children under age 6 and living in poor families as federal law allowed?

13. **Nutritional Assistance for Mothers and Children:** Is the state one of the 10 providing additional women and children with food benefits by supplementing federal funds for WIC (the Special Supplemental Food Program for Women, Infants, and Children)?

14. **Support for Early Childhood Education:** Is the state one of the 29 that supplement federal Head Start funds, or allocate state revenues to fund its own preschool education program?

15. **Child Care Quality: Staff Ratio:** Is the state one of the 30 that require state-licensed child care centers to limit the number of nine-month old babies for every caregiver to no more than four-to-one?

16. **Child Support Collection Efforts:** Is the state one of 19 doing better than the national average on collecting amounts due from absent parents who owe child support?

17. **AFDC Benefits Compared to Inflation:** Is the state one of the two that raised maximum Aid to Families with Dependent Children (AFDC) benefit levels enough to keep pace with inflation between 1970 and 1989?

18. **Rents vs. AFDC Benefits:** Does the state's maximum AFDC benefit level allow families to rent housing for no more than 30 percent of their monthly income, as recommended by the federal government?

19. **Students-per-Teacher Ratio:** Is the state one of the eight that has reduced the student-to-teacher ratio in public school classrooms to 15-to-one or less, as recommended by the National Education Association?

20. **State Youth Employment Initiatives:** Is the state one of the 28 that allocate funds to find or create jobs for young people not going on to college?

S[illegible]TED STATISTICS FOR KANSAS AND THE UNITED [illegible]TES
1965, 1975, 1980, and 1984-1988

Year	KANSAS				U.S.
	Total Births	Perinatal Period III Deaths			
		Fetal Deaths	Hebdomadal Deaths (Under 1 Week)	Rate a/	Rate a/
1965.....	39,644	466	550	25.6	n.a.
1975.....	34,048	341	304	18.9	n.a.
1980.....	41,026	340	226	13.8	n.a.
1984.....	40,232	278	200	11.9	n.a.
1985.....	39,692	274	184	11.5	n.a.
1986.....	39,419	242	153	10.0	n.a.
1987.....	38,688	253	179	11.2	n.a.
1988.....	38,718	236	161	10.3	n.a.

	Live Births	Neonatal Deaths	Kansas Rate b/	U.S. Rate b/
1965.....	39,178	600	15.3	17.7
1975.....	33,707	341	10.1	11.6
1980.....	40,686	269	6.6	8.5
1984.....	39,954	251	6.3	7.0
1985.....	39,418	227	5.8	7.0
1986.....	39,177	190	4.8	6.7
1987.....	38,435	208	5.4	6.5c/
1988.....	38,718	186	4.8	6.4c/

	Live Births	Infant Deaths	Kansas Rate b/	U.S. Rate b/
1965.....	39,178	814	20.8	24.7
1975.....	33,707	468	13.9	16.1
1980.....	40,686	412	10.1	12.6
1984.....	39,954	392	9.8	10.8
1985.....	39,418	357	9.1	10.6
1986.....	39,177	337	8.6	10.4
1987.....	38,435	353	9.2	10.0c/
1988.....	38,718	304	7.9	9.9c/

	Live Births	Maternal Deaths	Kansas Rate d/	U.S. Rate d/
1965.....	39,178	12	3.1	3.2
1975.....	33,707	6	1.8	1.3
1980.....	40,686	4	1.0	0.9
1984.....	39,954	4	1.0	0.8
1985.....	39,418	3	0.8	0.8
1986.....	39,177	1	0.3	0.7
1987.....	38,435	1	0.3	0.8c/
1988.....	38,718	4	1.0	0.8c/

Perinatal Period III Death: The death of a fetus which weighs more than 350 grams or a liveborn infant during the hebdomadal period (less than seven days after birth).
Neonatal Death: The death of a liveborn infant which occurs prior to the twenty-eighth day of life.
Infant Death: The death of a liveborn infant which occurs within the first year of life.

a/Perinatal Period III Death Rates are expressed per 1,000 total births (live births plus fetal deaths).
b/Neonatal and Infant Death Rates are expressed per 1,000 live births.
c/Estimates.
d/Maternal Death Rates are expressed per 10,000 live births.

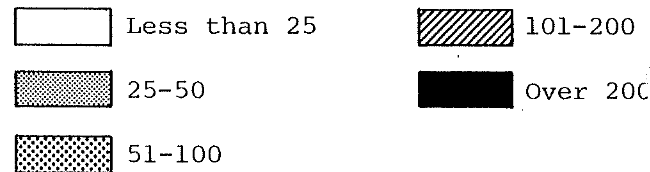
Residence data.
Source: Kansas Department of Health and Environment

PRENATAL CARE
NUMBER OF WOMEN WHO DID NOT RECEIVE ADEQUATE PRENATAL CARE
BY COUNTY OF RESIDENCE, KANSAS 1988

CHEYENNE 3
RAWLINS 7
DECATUR 3
NORTON 5
PHILLIPS 11
SMITH 12
JEWELL 8
REPUBLIC 12
WASHINGTON 7
MARSHALL 18
NEMAHA 20
BROWN 28
DONIPHAN 18
SHERMAN 20
THOMAS 31
SHERIDAN 9
GRAHAM 14
ROOKS 20
OSBORNE 16
MITCHELL 8
CLOUD 20
CLAY 19
RILEY 120
POTTAWATOMIE 34
JACKSON 18
ATCHISON 35
JEFFER-SON 21
LEAVEN-WORTH 122
WYAN-DOTTE 653
WALLACE 8
LOGAN 1
GOVE 8
TREGO 2
ELLIS 61
RUSSELL 11
LINCOLN 5
OTTAWA 7
DICKINSON 15
GEARY 257
WABAUNSEE 11
SHAWNEE 245
DOUGLAS 123
JOHNSON 353
ELLSWORTH 8
SALINE 90
MORRIS 14
LYON 66
OSAGE 23
FRANKLIN 62
MIAMI 53
GREELEY 9
WICHITA 10
SCOTT 15
LANE 4
NESS 4
RUSH 7
BARTON 47
RICE 24
McPHERSON 37
MARION 22
CHASE 6
COFFEY 17
ANDERSON 9
LINN 21
HAMILTON 12
KEARNY 24
FINNEY 316
HODGEMAN 7
PAWNEE 9
STAFFORD 6
RENO 118
HARVEY 35
BUTLER 49
GREENWOOD 17
WOODSON 6
ALLEN 29
BOURBON 30
GRAY 18
FORD 123
EDWARDS 15
SEDGWICK 716
STANTON 8
GRANT 44
HASKELL 29
KIOWA 8
PRATT 9
KINGMAN 14
ELK 10
WILSON 21
NEOSHO 36
CRAWFORD 64
MORTON 24
STEVENS 25
SEWARD 122
MEADE 10
CLARK 6
COMANCHE 4
BARBER 18
HARPER 13
SUMNER 43
COWLEY 79
CHAUTAUQUA 14
MONT-GOMERY 83
LABETTE 41
CHEROKEE 66

Residence data.
SOURCE: Kansas Department of Health and Environment

STATE: 5,288



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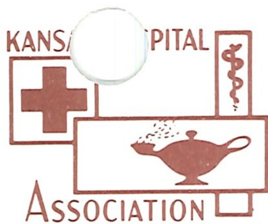


Memorandum

Donald A. Wilson
President

January 31, 1990

TO: Senate Ways and Means Committee

FROM: Kansas Hospital Association

SUBJECT: SENATE BILL 460

The Kansas Hospital Association appreciates the opportunity to comment on the provisions of S.B. 460. We support this bill, which would increase Medicaid eligibility for low-income pregnant women and infants.

The State of Kansas made significant strides last year when it provided expanded Medicaid eligibility for low-income pregnant women and infants. S.B. 460 would allow the State to continue that progress, while also providing increased prenatal care for more of the uninsured population.

A number of studies have demonstrated that increased prenatal care is important in preventing low birthweight babies, and also infant mortality. Low birthweight babies (those weighing 5½ pounds or less) are almost 40 times more likely to die during their first four weeks of life than normal birthweight infants. Kansas figures from 1985 show that the low birthweight rate for clients who received inadequate prenatal care was over three times the rate for those who received adequate care.

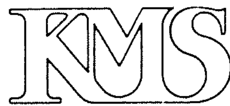
In addition to the impact that increased prenatal care has on saving lives, it also has a positive financial impact. The Office of Technology Assessment estimates that for every low birthweight birth averted by earlier or more frequent prenatal care, the U.S. health care system saves between $14,000 and $30,000 in newborn hospitalization, re-hospitalizations in the first year, and long-term health care costs associated with low birthweight. The Institute of Medicine concluded that for every $1 spent for prenatal care for high-risk women, $3.38 would be saved in the total cost of caring for low birthweight infants requiring expensive care.

Virtually all who have examined the issue agree that while Medicaid expansion programs are expensive in the beginning, they save money in the long run. S.B. 460 allows Kansas to build on recent progress in this area.

TLB:mkc

SWAM
Jan. 31, 1990
Attachment 5

1263 Topeka Avenue • P.O. Box 2308 • Topeka, Kansas 66601 • (913) 233-7436 • FAX (913) 233-6955



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

January 31, 1990

TO: Senate Ways and Means Committee

FROM: Kansas Medical Society *Chip Wheelen*

SUBJECT: Senate Bill 460; Medicaid Coverage for Pregnant Women and Infant Children

Thank you for this opportunity to express our support of SB460. Over the years, the Kansas Medical Society has consistently supported adequate budget authority to improve or maintain eligibility criteria for pregnant women and infant children under Medicaid.

The 150% of poverty level threshold established as your policy objective for the current fiscal year is consistent with the recommendation of our Subcommittee on the Indigent which is chaired by Representative Alex Scott, M.D. You can imagine our dismay upon reading the announcement in the "Kansas Register" that the Department of SRS was planning to administratively reduce that eligibility criterion to 100% of poverty level. Our December 1, 1989 letter to the Secretary of SRS read in part, "The number of pregnant women and infant children who would lose the needed medical care must be significant. The long-term impact that results from inadequate medical care for pregnant women and infant children is unacceptable because of the suffering of individuals, particularly infants, and the eventual cost of remedial health care to correct the numerous problems that can arise as a result of inadequate care for pregnant women in their third trimester and for infants in their early years." Fortunately, the amended regulation was never adopted, but only because of a change in federal law prohibiting such reductions in eligibility.

We applaud the numerous sponsors of SB460. It makes a clear statement establishing priority for publicly funded provision of medical and hospital care; a priority which we endorse. We urge you to recommend passage of SB460.

CW:lg

SWAM
January 31, 1990
Attachment 6

CHILDREN'S COALITION

ADVOCATES FOR KANSAS CHILDREN

TESTIMONY BEFORE SENATE WAYS AND MEANS

RE: SB 460 EXPANDING MEDICAID COVERAGE TO PREGNANT WOMEN AND CHILDREN

BY LARRY RUTE, CHAIR OF THE CHILDREN'S COALITION

The Children's Coalition recognizes that every child has certain basic needs which must be met by their families and or their communities. As such quality health care for children and families rises as a major priority for our Coalition members. We are here today to offer our support for SB 460.

It is a well known fact that dollar for dollar, an investment in prenatal care and quality health care for children results in long term payoffs. We applaud past efforts of this legislature for increasing coverage for pregnant women and children up to 150% of the poverty level. Increasing that ceiling would lead to additional savings in lives as well as dollars.

Extending coverage could have a significant impact on indigent health costs. There would be less uncompensated care for providers. A comprehensive prenatal care package for one woman, according to a 1988 memo from Legislative Research, not including labor and delivery services, costs an estimated $250 to $350, compared to an estimated cost of $20,000 to $100,000 per infant for neonatal intensive care which may be required for low-birth weight infants. For purposes of illustration the Kansas Regional Perinatal Care Program reported that in 1986 the number of infants admitted to neonatal intensive care units was 1027. The number of live discharges was 938 and the number of deaths during hospitalization was 89. We are convinced that adequate prenatal care would reduce those numbers in the long term.

It is also important to note that part of the cost of this additional coverage would be covered by federal matching dollars.

We understand the importance of this expanded coverage, just as we understand that this is only one piece of a critical package of comprehensive services such as Head Start, Nutrition Services, Maternal and Infant Health programs and quality child care that will keep Kansas families together.

We encourage support and consideration by your committee on this important matter.

SWAM
January 31 1990
Attachment 7

P.O. BOX 5314, TOPEKA, KANSAS 66605 • 913-232-0543