Approved 1-23-91
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Carol H. Sader at
Chairperson

1:30 ~~a.m.~~/p.m. on January 17, 1991 in room 423-S of the Capitol.

All members were present except:

Representative Theo Cribbs, excused absence

Committee staff present:

Emalene Correll, Research
Scott Rothe, Research
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Scott Rothe, Research
Emalene Correll, Research

Chairperson Carol Sader called meeting to order with a reminder the blue committee bill books will need to remain in committee room so the bills forthcoming can be placed in the books.

Approval of minutes for January 16, 1991 was requested. Noted change on page two inserting the word Sunshine, striking the word Sunset, first paragraph line 4. After this correction, minutes were approved as corrected by motion from Rep. Wiard, seconded by Rep. Scott.

Chair invited Elizabeth Taylor to introduce special guests present this date. Ms. Taylor introduced officers of Licensed Practical Nurses who were in attendance this date for LPN's day at the Capitol.

The Chair welcomed these special guests and all others present.

Chair introduced Mr. Scott Rothe, Fiscal Analyst from the Research Department who will present report on Proposal No. 32- Local Health Department Financing.

Mr. Rothe discussed Local Health Department's Interim Report at length, giving background information at first. He noted key challenges. Pointed out the role of local health departments, noting there are basic and expanded levels of service. While local health departments are primarily considered as sources for preventive health care, (immunizations, infectious disease control, well child care, family planning services) they are also being asked to provide primary care for the medically indigent. He noted organizational deficiencies, i.e., staffing shortages of nurses, social workers, nurse practitioners, and other professionals. He spoke to local/state financing; distribution of vaccines; family planning funding.
He noted some state reimbursement of local costs, outlined basic services and primary care.

Recommendations and conclusions of Interim were outlined. He noted legislation would be forthcoming in HB 2018 and HB 2019.

He stated a four year federal grant has provided funds to implement statewide computerization of public health data by local Health Departments. It was noted the Ks. Department of Health/Environment expects the grant to finance the entire system by the end of Fiscal Year 1992. It was also concluded 83.6 percent of Kansas counties provided family services within one hour driving time, and the Committee supports this concept. The committee further recommended that the state should finance 100 percent of state-mandated or contracted services such as school inspections, food service inspections,

adult care home inspections, and day care inspections. (See Attachment No. 1) for details of this report.

Mr. Rothe answered numerous questions from committe members. Mr. Steve McDowell, Director of Local and Rural Health Departments in Department of Health/Environment also answered questions.

Emalene Correll, Research Department, then offered remarks from the Interim Study in reference to Pre-Natal Care. Ms. Correll noted comments would be taken from text of Interim Report, Page 271. (Proposal #31.)

Ms. Correll noted the study on pre-natal care was requested at the end of 1990 Legislative Session.

She noted changes that have taken place over the years in Aid to Dependent Children, i.e., changes in laws, options of care being made available to those eligible. It was noted there is care available, but not used because of various reasons: no car, no child care available, recipients embarassed, medicaid card refused. Many southern states have taken steps to correct this problem so that people can take better advantage of care provided.

Ms. Correll gave comprehensive background information, i.e., Medicaid is the State Financed portion of the public assistance program operated by the Department of SRS which reimburses providers for covered health services for eligible persons. Anyone is automatically eligible for Medicaid who is eligible for Aid for Dependent Children, (AFDC), (SSI) Federal Supplemental Supplemental Security Income program. Ms. Correll then gave a comprehensive report detailing recommendations, i.e., additional emphasis be placed on prenatal and children's service in the Medicaid program even if such means reducing other optional Medicaid services. The committee further recommended that any additional funding for expansion of Medicaid services be directed to reaching more people than are currently covered; that additional funding be allocated for non-Medicaid programs such as Maternal and Infant projects operated by local Health Departments, WIC, and community coordination of serices. Ms. Correll answered numerous questions.

Note: Ms. Correll's remarks taken from Proposal #31 in Interim Report not indicated as an attachment.

Chairperson Sader urged members to review the total Interim Report since it will be referred to often during this Legislative Session as the bills coming from this Study are worked in Committee.

Chair then invited all members of committee to give their objectives for committee. Chair indicated from time to time there would be discussion and updates on these objectives as time would permit.

A few of the objectives stated were, i.e., Health care that meets needs of those in need within the current budget if possible, best value of health care for the dollar; affordable health insurance, affordable quality health care; keeping Senior Kansans in their homes as long as possible; good pre-natal care, screening applicants to make sure only eligible are receiving services; concerns in regard to housing profoundly retarded in community based homes, vs. Institutional setting; funding for Local Youth Authority; better look at rural health care services.
Chair thanked all for their insight.

Chair announced a time change for next committee meeting. It is a Joint Committee Meeting to be held in the Old Supreme Court Room at 12:30 p.m. on Tuesday, January 22, 1991.

Chair adjourned meeting.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE January 17, 91

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JEFF DEGRAFFENREID	PHYS. ASSTS	TOPEKA
Pat Johnson	KSBN	Topeka
Bob Williams	Ks. Pharmacists Assn	Topeka
John Drake	KAHHA	"
BILL DEAN	NKF	O.P.
John Nugent	SRS	DSOB
HAROLD RIEHM	KAOM	TOPEKA
Ken Bahr	Kaiser Permanente	Topeka
Tom Bell	Ks. Hosp. Assn	Topeka
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	TOPEKA
ELIZABETH E. TAYLOR	KS ASSN OF LOCAL HEALTH DEPTS KS FED OF LPNs	TOPEKA
Steve McDowell	KDHE	Topeka
David Hawglish	KDA	Topeka

COMMITTEE REPORT

TO: Legislative Coordinating Council

FROM: Special Committee on Public Health and Welfare

RE: PROPOSAL NO. 32 -- LOCAL HEALTH DEPARTMENT FINANCING*

Proposal No. 32 directs the Special Committee on Public Health and Welfare to "review the current funding for local health departments, including state formula aid and local matching and maintenance of effort requirements; identify and review state and federal mandates affecting local health departments, including the impact of state mandated tax lids; and review of the financial needs of local health departments resulting from a changing role in health care delivery."

Background

State Formula Grant Statutes

In 1982 legislation was passed authorizing state financial assistance to local health departments. Pursuant to K.S.A. 65-241 through 65-246, state financial assistance is provided for the purpose of "insuring that adequate public health services are available to all inhabitants of the state of Kansas." Subject to state appropriation, each local health department which applies for state financial assistance shall receive an amount of money equal to the amount of money which the department receives from local tax revenues and from federal revenue sharing funds, except that state financial assistance to any one local health department shall not exceed $.75 per capita and shall not be less than $7,000 per county. In addition, K.S.A. 65-246 states that:

> "Moneys available under this act for financial assistance to local health departments shall not be substituted for or used to reduce or eliminate moneys available to local health departments from the federal government or substituted for or used to reduce or eliminate moneys available from local tax revenues. Nothing in this act shall be construed to authorize a reduction or elimination of moneys available to local health departments from the federal government or to authorize the reduction or elimination of moneys made available by the state to local health departments in addition to moneys available under this act."

maintenance of Effort

The Kansas Department of Health and Environment (KDHE) interprets K.S.A. 65-246 as a "maintenance of effort" requirement. KDHE sent three clarifying letters to each local health department in 1989 stating that "the local health tax revenues available for calendar year 1990 must be no less than in calendar year 1989. If local tax revenues are decreased in 1990, the amount of the state grant will be decreased a like amount." Despite the clarifying letters, 22 counties reduced their cumulative local health tax revenues from $1,195,447 in CY 1989 to $970,301 in CY 1990 (a reduction of $225,146). Correspondingly, KDHE announced that it would reduce the cumulative formula grant to the 22 counties from $193,054 to $86,712 (a reduction of $106,342) for FY 1990.

The 1990 Legislature addressed two forms of relief for the 22 counties. The first was consideration of H.B. 2979 which added language to K.S.A. 65-242(a) that "for FY 1990 only, each local health department which receives less money from local tax revenues during FY 1990 than such local health department received during FY 1989 shall be deemed to have received for the purpose of state financial assistance the same amount of local tax revenues during FY 1990 that such local health department received during FY 1989." Following hearings, the bill died in the House Committee on Appropriations.

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* ___ B. ___ and ___ B. ___ accompany this report.

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The second form of relief came during consideration of the FY 1990 supplemental appropriation bill for KDHE (H.B. 2729). Following hearings in the House Committee on Appropriations and the Senate Committee on Ways and Means, the Legislature agreed to amend the proviso on the Aid to Local Units -- General Public Health Program account of the State General Fund to exempt local governments from the "maintenance of effort" requirement for FY 1990. The proviso was further amended to state that of the local funds reimbursed to the state by the 22 counties, no more than 75 percent ($79,757 of $106,342) would be returned to those local governments.

Local Health Department Financing

KDHE distributes a number of state and federal grants to local health departments. State statutes mandate the provision of a formula health grant (K.S.A. 65-241) and an environmental protection grant (K.S.A. 75-5657). A portion of the fees collected by municipalities for food service inspections provided by a local agency under contract with KDHE is returned to the local agency (K.S.A. 1989 Supp. 36-512). K.S.A 65-3008 provides for the reimbursement of fees remitted to the state for air pollution monitoring services performed by local air quality control authorities under the direction of KDHE. The remainder of the state and federal grants to local health departments are provided by appropriation rather than by statute. Table 1 summarizes the grants by total expenditures for FY 1991. In order to serve the greatest number of individuals, the limited grant funds are generally awarded to local health departments based upon the area of greatest need or the availability of local personnel to administer the grant programs. Grants totaled $10,088,022 in FY 1989, and are estimated to be $12,437,278 in FY 1990, and $15,365,199 in FY 1991. A staff memorandum was presented to the Committee containing an explanation of each grant.

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TABLE 1

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
AID TO LOCAL UNITS – EXPENDITURES/PROGRAMS

KDHE Program	Approved FY 1991	
	SGF	All Funds
Formula Funding	$1,988,708	$1,988,708
Healthy Start/Home Visitor	428,866	648,709
Mothers and Infants Program	1,611,300	2,200,364
Immunization and Vaccines	1,398,453	1,581,272
Adolescent Health Promotion	329,137	329,137
Maternal and Child Health	--	875,170
Sexually Transmitted Diseases	--	160,000
LIVELY	--	150,800
AIDS Testing and Counseling	266,258	491,258
Infant Mortality Project	39,300	39,300
Healthy Families/Young Children	--	62,000
Adult Care Home Visitation	63,862	63,862
Refugee Health Program	--	52,072
Family Planning	--	761,866
WIC Administration	--	3,403,838
Commodity Supplemental Food Program	--	71,917
Child Care Licensing	236,414	236,414
Food Service and Lodging	--	195,000
Public Health Computerization	--	55,000
Air Pollution Control	--	50,000
General Environmental Health	--	1,798,512
Hazardous Waste Collection Program	--	150,000
	$6,362,298	$15,365,199

Local Maintenance of Effort

The cumulative local tax levy generated by the 104 counties with health departments totaled $14,109,212 in CY 1989 and is estimated at $14,441,347 in CY 1990. During the 1988 Legislature, a maximum levy of 2 mills was imposed on health fund revenue generated by each county, subject to a petition generated referendum to exceed 2 mills (K.S.A. 1989 Supp. 65-204). Although 1990 H.B. 2700 suspended existing statutory fund mill levy rates, no county in CY 1990 has levied a health fund mill levy exceeding 1.752. In fact, only 17 counties have a CY 1990 health fund mill levy exceeding 1.00.

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Committee Activity

Kansas Department of Health and Environment

The KDHE Director of Health testified at the August hearing that the goal of the public health system in Kansas is to insure that adequate public health services are available to all inhabitants of Kansas. The role of KDHE in achieving this goal is to establish policy, define problems, and initiate programs that require statewide focus, planning, and implementation. The programs are complemented by laboratory and information services.

The majority of public health services in Kansas are provided by local public health departments where most citizens of Kansas encounter public health. The larger urban health departments offer all basic services and many expanded services. Smaller departments offer some basic services based on resource availability and community need. In addition to the health programs mentioned in Table 1, local public health activities include health education, risk reduction screening clinics and community programs.

The Director of Health listed four strengths of the state public health system. First, the state and local units of government have combined efforts to assure the presence of public health by the formation of health departments in 104 counties. Second, there is a consensus on the basic services that should be available to all Kansans. Third, a data management system linking KDHE and local departments is being implemented to improve communication, collect health statistics, and improve the capacity to plan. Fourth, the public health system works cooperatively with federal and local systems, *i.e.*, the Centers for Disease Control, the Department of Health and Human Services, and the Association of Local Health Departments.

4 key challenges

The public health system in Kansas is attempting to meet four key challenges. The first challenge is to provide basic public health services to all inhabitants of the state, including those living in less-populated or rural areas. Another challenge is to develop service delivery systems to address adequately the current unmet needs in Kansas, including AIDS, injury control at home and at work, and primary care for the approximately 400,000 medically indigent persons in Kansas. Currently, three local health departments in Kansas provide primary care services. A third challenge is to develop strategies to deal with the unmet organizational needs of the public health system. This challenge includes recruitment and retention of personnel, alleviation of shortages of management and technical expertise, continuing education, and integrated health systems to assure access in rural Kansas. The Committee was informed that no Master of Public Health Administration degree is available at Kansas colleges or universities. A fourth challenge is to develop sufficient funding to assure access to basic public health services for all Kansas citizens. There is a need for increased funding for local health departments to continue progress toward the goal of assuring access to basic public health services for all inhabitants of the state. The formula grant program established in 1982 has had a significant impact on improving service availability, particularly in urban areas. However, the volume of services available in urban areas is still not adequate, and the majority of the smallest rural counties have made only minimal progress toward assuring access to basic services. Sixty counties are still receiving the minimum grant of $7,000 under the formula and are not able to develop the necessary capacity to deliver all the basic services.

The Director of Health made four recommendations to the Committee:

1. The state-local partnership in funding the public health system is appropriate and there should be continued efforts toward funding the system to achieve the goal of access for all inhabitants of the state.

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2. The current state funding method of providing general support to local health departments through formula grants and targeting specific problems through categorical grants is appropriate and should be maintained.

3. The specific formula in K.S.A. 65-242 should be reassessed to assure that the minimum support for rural health departments is adequate to enable the development of needed services in those areas. The per capita method of distributing additional general support funding to those counties above the minimum should be maintained.

4. The concept of providing incentive funding for rural health departments to develop more cost effective organizational and service delivery models should be considered. One approach to this would be to increase the minimum grant for counties that develop the capacity to deliver adequate basic services.

Kansas Association of Local Health Departments

The Committee heard testimony from a number of members of the Kansas Association of Local Health Departments, including the Executive Director and local health department representatives from the Kansas City-Wyandotte County Health Department, the Manhattan-Riley County Health Department, the Sherman County and Harvey County departments, the Southeast Kansas Multicounty Health Department, the Butler-Greenwood County Health Department, and the Wichita-Sedgwick County Health Department.

Role of local health departments

The goal of public health services, which has been a part of Kansas government since 1905, is to protect and promote the health of Kansans by assuring adequate community and personal health services and a safe environment. The role of the local health department is to determine the health status and health needs of the people within its jurisdiction, to determine to what extent these needs are being met by effective measures currently available, and to take steps to see that the unmet needs are satisfied.

Levels of service

Two levels of service are provided by local health departments. Basic health services are defined as services that every local health department should provide or ensure availability of in its community. Expanded services are those services which should be provided if local conditions warrant them. A KDHE publication, *Guidelines for Local Health Department Services*, identifies 69 basic and 73 expanded health care services. A 1989 Association survey of local health departments revealed that only four basic services were provided 100 percent of the time by all of those surveyed, while 32 basic services were provided less than 80 percent of the time.

Primary Care

While local health departments are primarily considered as sources for preventive health care (immunizations, infectious disease control, well child care, family planning services), they are increasingly being asked to provide primary care for the medically indigent. If local health departments become providers of primary care, the Association believes it would be short-sighted and ineffective to shift funding and resources from prevention services to primary care. Significant new revenues, separate from the funding sources provided for preventive services, should be appropriated, along with a commitment by the Legislature not to merge the two services.

Organizational deficiencies

One of the organizational deficiencies listed by the Association includes a staffing shortage of nurses, social workers, nurse practitioners, and other professionals, due to salaries which lag behind the market rate. A technical expertise deficiency has been caused by quickly expanding service expectations, a lack of increasingly necessary data processing capabilities, and the lack of a graduate public health degree which impedes the upgrading of administrative expertise and decreases the availability of professionally-trained administrators. A third deficiency listed is that Kansas is one of only seven states that have 100 or more local health departments,

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which may impact the effective and efficient delivery of services. Nationally, 42 percent of the local health departments serve a population under 25,000. In Kansas, almost 80 percent serve populations under 25,000.

local/state finance

Local health department financing is supplemented by 43 of the 50 states. States have provided leadership, expertise, laboratories, and administration while local health departments provide the bulk of direct service. State and federal funds allocated to local health departments are generally targeted at specific health problems within communities rather than addressing broader health care needs. Unpredictable funding allocations from federal and state sources make it difficult for local governments to prepare health department budgets. Kansas contributes $1.60 per capita for the support of local health services compared to an average of $4.12 per capita in other states. The Association believes that state-mandated or contracted services such as school inspections, food service inspections, adult care home inspections, and day care inspections should be funded entirely by the state while other basic and expanded services should be a shared responsibility. Funding sources for Kansas local health departments are 70 percent from local sources, 20 percent from federal sources, and 10 percent from state sources.

The Association supports the "maintenance of effort" requirement in K.S.A. 65-246. Over 80 percent of the counties have maintained or increased its local financial support of local health departments. Because per capita state support of local health departments is only 40 percent of the national average, the Association supports the removal or substantial increase in the current $.75 per capita formula lid in K.S.A. 65-242.

Vaccine

The Association presented an issue paper which noted that Kansas had a major mumps outbreak in 1989 and a measles outbreak in 1990. Of the reported cases, 16 percent were unvaccinated, and the greatest incidence occurred in the 15-19 year old age group. Currently, children receive an MMR (Measles, Mumps, and Rubella) shot at approximately 15 months of age. In response to a Centers for Disease Control recommendation, the Kansas Legislature appropriated $400,000 for FY 1991 to provide a second MMR shot for children at first school entry. Some states are also providing the second MMR shot to students upon entry to junior high, senior high, and college. The Association recommended the introduction of legislation requiring proof of adequate immunizations, including a second dose of MMR, at college entrance for persons born in or after 1957. In addition to requiring a second MMR shot at school entry, all students in grades K-12 should receive a second dose. Adequate funding should be maintained to provide these immunizations through local health departments.

Family Planning

The Association presented an issue paper on family planning services which noted that declining federal funds and the deletion of state funds since FY 1982 have resulted in reduced services and more women without access to family planning health care. Although 83.6 percent of Kansas counties provided the basic services of education, counseling and referral within one hour driving time, all Kansas women should have access to a complete health assessment and examination, education, and fertility and contraceptive services. The Assocation recommends that the state should begin financially to match the effort of local health departments in the delivery of family planning services.

State Reimbursement of local costs

An issue paper on the child care licensing program was presented which noted that K.S.A. 1989 Supp. 65-512 delegates the duty of inspecting child care facilities to the Kansas Department of Health and Environment. KDHE, which contracts with local health departments to perform the annual inspections, provided a reimbursement of $192,500 from the State General Fund in FY 1990 and will reimburse $236,414 in FY 1991. The state does not reimburse local expenditures made for the review of applications to operate registered family day care homes or for the investigation of complaints. The Association of Local Health Departments recommends an FY 1992 state reimbursement of $353,000, an increase of $116,586 above the FY 1991 appropriation.

Basic services and Primary Care

The Association presented an issue paper on primary care for the medically indigent and noted that approximately 13 to 16 percent of Kansans (375,000 persons, most of whom are women and children) are unable to afford private insurance and are unable to obtain access to needed medical services. Local health departments primarily have been viewed and primarily have considered themselves as sources of preventive health care in the community. The document "Basic Services for Local Health Departments in Kansas" describes the basic service

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pertaining to primary care as "participating in community efforts to assure adequate medical, mental, and dental health services for all persons." Actual delivery of primary care is considered an expanded service. In fact, there has been a concern that any addition of funds for primary health care would be at the expense of existing preventive health care services. The Commission on Access to Services for the Medically Indigent and Homeless recommended that the services of local health departments be expanded and that where feasible the local public health agency's role be expanded to include the provision of primary health services.

Primary Care

The Association lists five reasons why local health departments should become involved with primary care issues. First, the fundamental mission of public health is to protect and promote the health of its citizens. Second, local health departments are already present in the community. Third, preventive health services should be integrated into the delivery of primary care services. Fourth, numerous other states have adopted the model of utilizing local health departments in delivering primary care services. Fifth, the image and influence of the local health department can be strengthened in the community if it is seen as a center of total health care, both preventive and curative.

Primary Care

The Association made three recommendations concerning primary health care. First, provide legislation with new, separate, and adequate funding to finance at least three pilot projects in which local health departments provide outpatient nonemergency primary care services. These three projects should serve areas with populations of 25,000 to 50,000, 50,000 to 150,000, and 150,000 and greater. Second, physicians working in or for local health departments either with or without compensation should be considered as charitable medical providers and considered as state employees as far as medical malpractice is concerned. Third, working in any local health department in Kansas should be considered to be acceptable payback of time owed to the state in its medical and nursing scholarship program.

Other Testimony

The Director of the Lawrence-Douglas County Health Department briefed the Committee on the status of the Kansas Public Health System Study, jointly sponsored by KDHE, the Association of Local Health Departments, and the Kansas Public Health Association. The joint study is reviewing recommendations made by the Institute of Medicine, comparing them to the Kansas health system, and formulating recommendations to strengthen the Kansas system. A written report is due by April 1, 1991.

Douglas County Clinic

The Douglas County Administrator expressed his concern about the perception that local governments should and can bear an even greater responsibility for funding health department operations at a time when the pressure on the primary source of revenue -- the property tax -- has never been greater. It is essential that the state expand upon its financial commitment to the local public health programs to help with the growing demand for immunization, testing, and other services. Due to the interest in meeting the health care needs of indigent Kansans in Douglas County, a group of local health care professionals from Douglas County has established the Health Care Access Clinic in which individuals without resources can receive medical and dental services from health care professionals who volunteer their time and services. If this primary health care responsibility became a charge of the local health department, an additional $300,000 in local taxes would be necessary.

Testimony was received from the Topeka-Shawnee County Health Department in support of the "maintenance of effort" requirement. It was suggested that all local revenues, including fees, be counted towards the effort rather than just mill levy revenues.

Individuals from the Kansas Department on Aging, Kansans for Improvement of Nursing Homes, and American Association of Retired Persons testified in support of nursing home and home health care issues. Finally, an individual from Shawnee, Kansas, testified in favor of increased state support for medically indigent

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services provided by local health departments. He also discussed the primary care services provided by volunteer health professionals at the Duchesne Clinic in Kansas City, Kansas.

Conclusions and Recommendations

The Special Committee on Public Health and Welfare concludes that the state and local partnership in funding the public health system is appropriate and there should be continued efforts toward funding the system to achieve the goal of access for all inhabitants of the state. The Committee compliments the cooperative efforts made by KDHE and the Kansas Association of Local Health Departments in the improvement of the public health system and encourages them to continue to bring forth recommendations in future sessions of the Legislature. The Committee further concludes that such cooperation should not be limited to these two entities, but should include the Department of Social and Rehabilitation Services, local colleges, the Job Services Center, and any other entity which can provide a comprehensive health service.

State Formula Grant

The Committee expressed its concern over the state and local financing of rural and urban health departments, and asked KDHE to submit a number of proposals to the 1991 Legislature which could alleviate those concerns. One such proposal should reassess the state formula grant (K.S.A. 65-242) to ensure that the minimum support for rural health departments is adequate to enable the development of needed services in those areas and to ensure that the per capita method of distributing additional general support funding to those counties above the minimum is maintained. A second proposal should be developed which provides an increased per capita grant to multi-county health departments as an incentive to bring more access and efficiency to public health. A third proposal should be developed which increases the minimum grant for counties that generate the capacity to deliver adequate basic services. A fourth proposal should encourage local health departments to develop financing alternatives through the imposition of new or increased user fees. Finally, the Committee recommends the introduction of legislation to remove the statutory cap of $.75 per capita (K.S.A. 65-242) to provide the Legislature with the opportunity to increase the state grant to local health departments within existing fiscal constraints rather than within statutory constraints. The legislation should include a provision excluding user fees and one-time special project grants from the "maintenance of effort" requirement during the process of apportioning the state formula grant (__ B __).

H.B. 2018

Primary Care Pilot Projects

The Committee recommends the introduction of legislation to provide for new, separate, and adequate funding to finance at least three pilot projects in which local health departments provide outpatient nonemergency primary care services. Medically indigent and Medical Assistance-eligible clients could (but would not be required to) seek primary care at the pilot projects. Each of the three projects should be established in a county or group of counties which serve areas with populations of 0 to 50,000, 50,000 to 150,000, and 150,000 and greater. A similar recommendation was made by the Commission on Access to Services for the Medically Indigent and Homeless in its 1989 "Report and Recommendations on Access to Services for the Medically Indigent and Homeless." To facilitate the creation of three pilot projects, as well as the development of additional voluntary private primary care clinics, the Committee recommends provisions permitting physicians working in or for local health departments, either with or without compensation, to be considered as charitable medical providers and as state employees as far as medical malpractice liability is concerned. The Committee notes that the 1990 Legislature approved S.B. 736 which extends coverage of the Kansas Tort Claims Act to health care providers providing charitable professional care services to medically indigent persons (__ B __).

H.B. 2019

Vaccine

The 1990 Legislature appropriated $400,000 to provide a second dose of measles, mumps, and rubella (MMR) vaccine to children upon first entering school in response to a recommendation by the federal Centers for Disease Control. The Committee notes that 16 percent of the individuals affected by a recent measles outbreak in Kansas were unvaccinated and that the greatest incidence occurred in the 15-19 year old age group. The Committee concludes that adults should also begin receiving a second dose of MMR vaccine, especially college students and other groups of adults living in close proximity.

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Local Health Department Computerization

The Committee learned that a four-year federal grant has provided funds to implement the statewide computerization of public health data by local health departments. The funds have provided software and training to enable health departments to integrate into the client-centered statewide data network for public health and to avert the duplication of services by state and local health departments. Local governments are expected to finance computer hardware purchases. The grant totaled $78,251 in FY 1989 and $40,475 in FY 1990, and is estimated at $55,000 in FY 1991 and $88,000 in FY 1992 for a four-year total of $261,726. KDHE expects the grant to finance the entire system by the end of FY 1992 (40 counties were incorporated into the system as of October, 1990). The Committee encourages KDHE and the local health departments to move forward on the statewide data processing system, and upon depletion of federal funds, recommends the appropriation of state funds to complete the system and to provide continued maintenance and updating of the existing system.

Family Planning

The Committee discovered that 83.6 percent of Kansas counties provided family planning services within one hour driving time. The Committee supports the concept that all Kansas women should have family planning services with complete health assessments and examination, education, fertility, and contraceptive services as requested within one hour driving time.

State reimbursement to Local Health Departments

Testimony received by the Committee indicated that local governments either are not fully reimbursed or are not reimbursed at all for a number of state-mandated regulatory programs. For instance, K.S.A. 1989 Supp. 65-512 delegates the duty of inspecting child care facilities to KDHE which in turn contracts with local health departments to perform the annual inspections. The estimated state reimbursement of $236,414 in FY 1991 does not include local expenditures made for the review of applications to operate registered family day care homes or for the investigation of complaints. The Committee concludes that a review of state-mandated programs should be made. The Committee recommends that the state should finance 100 percent of state-mandated or contracted services such as school inspections, food service inspections, adult care home inspections, and day care inspections.

Respectfully submitted,

November 19, 1990

Sen. Roy Ehrlich, Chairperson
Special Committee on Public Health and Welfare

Rep. Frank Buehler, Vice-Chairperson
Rep. Gene Amos
Rep. Theo Cribbs*
Rep. Arthur Douville
Rep. Kenneth Green
Rep. Sherman Jones
Rep. Eloise Lynch
Rep. Ellen Samuelson
Rep. Alex Scott
Rep. Tim Shallenburger

Sen. Jim Allen
Sen. Eugene Anderson
Sen. Sheila Frahm
Sen. Bernard Kanan
Sen. Ben Vidricksen
Sen. Doug Walker

* Ranking minority member.

Attm. #1-5
Spec
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