Approved	4-29-91
1.1	Date Sa

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC	HEALTH AND WELFARE	_
The meeting was called to order byCarol H. Sader	Chairperson	at
1:00 a/m/p.m. on <u>April 25</u> ,	, 19_91in room 423-S of the Capito	
All members were present except:		
Representative Susan Wagle, excused absence Committee staff present:		
Bill Wolff, Research		

Conferees appearing before the committee: Senator Doug Walker

Sue Hill, Committee Secretary

Norman Furse, Revisor

Chip Wheelen, Kansas Medical Society

Senator Wint Winter Harold Riehm, Kansas Association of Osteopathic Medicine Dr. Charles Konigsgerg, Director of Health/Dept. Health/Environment John Holmgren, Catholic Health Association of Kansas Marilyn Bradt, Kansans for Improvement of Nursing Homes Cheryl Dillard, Kaiser Permanente Thomas Wentz, President of Kidron Bethel Village, N. Newton, Ks. (Written testimony only) Tom Bell, Kansas Hospital Association Nancy Zogleman, Blue Cross/Blue Shield Insurance

Chairperson Sader called meeting to order at 1:00 p.m. drawing attention to several sets of minutes ready for approval.

Rep. Amos made a motion to approve minutes as presented for March 27, March 28, 1:30 p.m. meeting on April 1st, a 5:00 p.m. meeting on April 1st, April 2nd, and April 3rd. Motion seconded by Rep. Bishop. No discussion. Vote taken. Motion carried.

Chair requested a staff briefing on SB 403.

Mr. Furse gave a detailed explanation of SB 403, indicating the creation of a quasi-governmental corporation to be known as Kansas Commission on the Future of Health Care, Inc. The purpose of the Commission is to develop a long-range health care policy plan, to identify social values of Kansans, and to provide a forum for Kansans to participate in the development of health policy. He answered numerous questions. It was noted, legislation with two or more items of appropriation will be be doubly referred.

HEARINGS BEGAN ON SB 403.

Senator Doug Walker offered hand-out (Attachment No. 1). He stated SB 403 will provide a forum allowing Kansans to participate in the development of a new health care policy. He noted public forums could provide information to define services, emphasize areas of health care where spending would be most appropriate, and help policy makers to better understand what the public expects from a health care system. He noted <u>SB 403</u> is the result of hard work by a bipartisan group. He answered numerous questions, i.e., make up of the list of Commission members; explanation of matching funds; compensation for Board members; size of the Board. It was noted authority is granted for the Board to appoint Sub-committees and Task Force groups.

CONTINUATION SHEET

MINUTES OF THE	HOUSE	COMMITTEE ON	PUBLIC	HEALTH	AND	WELFARE	
room <u>423-S</u> Statehous	e, at <u>1:00</u>	/a/m/./p.m. on	April	25,			 1991

HEARINGS CONTINUED ON SB 403.

Chip Wheelen, Kansas Medical Society offered hand-out (Attachment No. 2). He noted an important difference in this Commission relative to many other Commissions, i.e., this is the first time discussion of health care priorities will be done in home communities with the public input being an important part of developing health care systems. He explained rationale for two physicians on the Board, i.e., one is to be a primary care physician, and the other a surgical specialist. He noted the size of Board, (11), is important. If the number is increased, it will make the manageability of the Board more difficult. He drew attention to a balloon amendment in his hand-out, page 5, line 35, and he requested the appropriation amounts listed be deleted and insert language, "no limit" in lieu thereof. He explained rationale, and noted he had spoken with both Senator Winter and Senator Walker in regard to this requested change. He noted it is not uncommon at all to authorize no limit expenditures from special revenue funds. He answered questions.

Senator Winter spoke in support of \underline{SB} 403. He noted the collaborative effort in the drafting of \underline{SB} 403. He explained this is the reason for the bill coming down so late in the Session. He answered questions, i.e., he would not be in favor of changing the make-up of or the number on the Commission Board; the \$20,000 figure isn't magic as it was determined in a non-scientific manner; it is important for the state to be involved, however total private funding might be a good idea.

Harold Riehm, Executive Director, Kansas Association of Osteopathic Medicine, offered hand-out (Attachment No. 3). He stated his Association particularly applauds the provision in Section 1 (b) requiring the process of involving interested citizens through a network of town hall meetings throughout the State. He noted an amendment proposed, i.e., a list of nominees for potential appointment by the Governor to be submitted by the Kansas Medical Society should also be submitted by the Kansas Osteopathic Association. Appointments are still at the discretion of the Governor, but the lists provided will be equitable. He pointed out this would not increase the size of the Board. He answered questions, i.e., he has talked with Senator Walker about this amendment and Senator Walker has no problem with it.

Charles Konigsberg, Director of Health, Department of Health/Environment offered hand-out (Attachment No. 4). He noted there clearly is a need for statewide planning separated at least programmatically from regulatory activities. The time for serious assessment of health care and financing of the same is in order. He noted the United States Public Health System has developed an extensive set of preventive health objectives for the nation, called Healthy People 2000. The three broad health goals for the nation are; to increase the span of healthy life; to reduce health disparities among Americans; to achieve access to preventive services for all Americans. The Department believes \underline{SB} 403 should be favorably considered. He noted that trying to steer the health care system toward a health prevention focus should be an overriding principle.

John Holmgren, Catholic Health Association, urged favorable support for $\underline{SB\ 403}$. He noted concern for no central way to pull together the public and providers, to pull together health data, to improve coordination.

(Note- Mr. Holmgren provided written testimony later. It is indicated for the record as Attachment No. 7). (Please note this is out of sequence).

CONTINUATION SHEET

MINUTES OF THE	HOUSE	COMMITTE	E ON _	PUBLIC HEALTH	AND WELFARE	
room 423-S Statehou	ise, at <u>1:0</u>	0	on	April 25,		, 19 <u>-9</u> -

HEARINGS CONTINUED ON HB 403.

Marilyn Bradt, Kansans for Improvement of Nursing Homes spoke in support of <u>SB 403</u>. She noted the state must take responsibility for taking steps in providing health care for Kansans. She feels strongly that long term care will be a major component of this project and she is hopeful expertise will be sought while planning is determined, whether it be by sub-committee or study groups. Long term care cannot be overlooked.

Cheryl Dillard, Kaiser Permanente, stated support for <u>SB 403</u>. She noted the implementation of this legislation will create a mechanism to allow the citizens of Kansas to tell the state what they think, and what they need in regard to health care. She noted concern about the composition of the Board members not having representation from the payors of care whose expertise would be very beneficial to this commission.

At this point the Chair read a letter from Mr. Thomas Wentz, President of Kidron/Bethel Village in North Newton, Kansas, expressing his views on $\underline{SB\ 403}$. Mr. Wentz was unable to attend the hearings personally and had written to Chairperson Sader. (Attachment No. 5).

Tom Bell, Kansas Hospital Association, offered hand-out (Attachment No. 6). He noted the Hospital Association has no problem with prohibiting contributions from either for profit, or not-for-profit providers. He noted his printed testimony states basically what has already been voiced this date. He answered questions, i.e., an individual with a background in health care finance and hospital administration could be easily found and contacted.

George Gabel, State Legislative Committee of A.A.R.P.. He stated support for <u>SB 403</u>. He noted six forums have just been completed throughout the state, so feels they have been in on the cutting edge of the project planned in HB 403.

Nancy Zogleman, Blue Cross/Blue Shield Insurance Companies agreed with testimony given by Ms. Dillard suggesting that a health care finance group representative should be appointed to the Commission. It is this expertise that will be needed to answer questions at town-meetings as they are conducted throughout the state. Premiums and rate increases of insurance will be a topic that will be discussed every time, so having the right groups represented to answer these questions is very important. She stated support for <u>SB 403.</u>

HEARINGS CLOSED ON SB 403.

At this time, Chair determined there was not enough time for debate and deliberation on $\underline{SB\ 403}$. She announced Committee would meet again this date on adjournment of the House.

Chair made announcements, i.e., the suggestions for Interim Study that have been forwarded to Chair have been put into a draft that has been shared with Ms. Correll who is preparing a suggested Interim Study recommendation. When this recommendation is available, Chair noted she would share it with each member of the Committee. If this is not available before the end of Session, a copy of recommendations will be mailed to each member and an opportunity given for comments.

CONTINUATION SHEET

MINUTES OF THE _	HOUSE COMMITTEE ON	PUBLIC HEALTH	AND WELFARE
room 423-S, Stateho	use, at 1:00 / a.m./p.m. on _	April 25,	, 19 <u>_9</u>

Chair expressed her sincere thanks to Staff members, Bill Wolff, and Norman Furse, and asked they also express those thanks to Ms. Correll who is absent today. Chair stated the appreciation of members of this Committee for all the effort contributed by staff.

Chair Sader then offered on behalf of all members of Committee a card and lovely gift of Kansas products on a crystal platter beautifully wrapped for the Committee Secretary. She expressed their thanks and appreciation.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 4-25-91 ADDRESS NAME ana Zogleman

STATE OF KANSAS

DOUG WALKER
SENATOR, 12TH DISTRICT
MIAMI, BOURBON, LINN,
ANDERSON, ALLEN AND
NEOSHO COUNTIES
212 FIRST
OSAWATOMIE, KANSAS 66064
(913) 755-4192 (HOME)



TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNME

MEMBER: CONFIRMATIONS
EDUCATION
ENERGY AND NATURAL RESOURCES
FEDERAL AND STATE AFFAIRS
PUBLIC HEALTH AND WELFARE

TESTIMONY FAVORING PASSAGE OF SB 403

Senate Bill 403 is an important step in our efforts to reform our health care system. As you are all aware, we have studied the problem in depth through interims, task forces, and commissions for several years — yet we are little closer than we were in the beginning to actually implementing the comprehensive reform measures needed to control costs and provide adequate access to health care for the citizens of Kansas. In fact, only one proposal has even been introduced to reform the entire system, Senate Bill 205.

The more we examine the current health care system, the more it becomes explicitly evident that a patchwork of short range solutions to the problem will never address the greater need of a complete overhaul of the system.

For any major overhaul of our system to be implemented in the first place -- and to be successful once implemented -- requires in-depth understanding and support from the people of Kansas. SB 403 provides the forum that will allow Kansans to participate in the development of a new health care policy.

Taken in the context of a bill like SB 205, these public forums

PHEL) attmat 1 4-25-9/ would provide information to clearly define services to be covered under a universal health plan, would emphasize the areas of health care where spending would be most appropriate and, overall, help policy makers better understand what Kansans want and expect from a health care system. Once these priorities are defined, these public forums could further be used to inform the public on the specifics of any reform plan, gather public feedback and generate public support for its implementation.

Senate Bill 403 is the result of work by a bipartisan group who believe that the time has come to change our current system.

It will use both state and private money and limit participation and manipulation by special interest groups which might have an interest in the out come of the commission report.

This is another step in the on-going process of reforming our health care system and I encourage this committee to pass it out favorably.

PHrel 4-25-91 attlm#1-2 1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383 Kansas WATS 800-332-0156 FAX 913-235-5114

April 24, 1991

TO:

House Public Health and Welfare Committee

FROM:

Kansas Medical Society Chip Wellen

SUBJECT:

SB 403; Concerning the Kansas Commission on the

Future of Health Care

The Kansas Medical Society appreciates the opportunity to express support for SB 403, which creates the Kansas Commission on the Future of Health Care.

While there have been numerous study commissions and committees in the past, the one created under SB 403 is unique and important because it, for the first time, will take the discussion of health care priorities to Kansans in their home communities. This is appropriate because if the state truly wants to consider significant structural changes in our health care system, the public must have a chance to participate in the dialogue and gain a greater understanding of what's at stake for themselves and their communities in any proposed change.

This is an important piece of legislation for the future of health care in this state, and we pledge our participation and support of the process as it develops. We urge you to report SB 403 favorably.

JS:ns

PHEN 2.00 2m.

ments thereto for members of the board of directors of the Kansas commission on the future of health care, inc., the provisions of article 32 of chapter 75 of the Kansas Statutes Annotated, any acts amendatory thereof or supplemental thereto, and any rules and regulations adopted thereunder, shall not apply to officers or employees of Kansas commission on the future of health care, inc. Subject to policies established by the board of directors, the chairperson of the board or the chairperson's designee shall approve all travel and travel expenses of such officers and employees.

- (c) Nothing in this act shall be construed as placing any officer or employee of the Kansas commission on the future of health care. inc., in the classified service or in the unclassified service under the Kansas civil service act.
- Sec. 7. (a) All state appropriations to or grants of state appropriations to the Kansas commission on the future of health care, inc., shall remain in the state treasury until expended or transferred to other state agencies as provided by law.
- (b) Any matching funds or other moneys received by the commission from any source outside the state treasury shall be remitted to the state treasurer and deposited in the state treasury to the credit of the future of health care fund.
- Sec. 8. The provisions of sections 1 to 8, inclusive, and amendments thereto shall expire on July 1, 1994, unless reauthorized by the legislature.

Sec. 9.

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KANSAS COMMISSION ON THE FUTURE OF HEALTH CARE, INC.

- (a) There is appropriated for the above agency from the state general fund for the fiscal year ending June 30, 1992, the following: Operating expenditures
- (b) There is appropriated for the above agency from the following special revenue fund for the fiscal year ending June 30, 1992, all moneys now or hereafter lawfully credited to and available in such fund, except that expenditures other than refunds authorized by law shall not exceed the following:

\$300,000

no limit

Future of health care fund \$500,000 Provided, That money may be expended from this fund only if matched on a dollar-for-dollar basis by contributions from not-forprofit organizations not affiliated with any health care provider groups, from for profit organizations in an amount not to exceed \$20,000 from any such organization or from the federal government.

(c) On July 1, 1991, the director of accounts and reports shall transfer \$500,000 \$300,000 from the state general fund to the future of health care fund of the Kansas commission on the future of health



KANSAS MEDICAL SOCIETY

1300 Topeka Avenue · Topeka, Kansas 66612 · (913) 235-2383

Chip Wheelen Director of Public Affairs

38

Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

April 25, 1991

1260 S.W. Topeka Topeka, Kansas 66612 (913) 234-5563

To:

Chairperson Sader and Members, House Public Health Committee

rom: Harold E. Riehm, Executive Director, KAOM

Subject:

Support of S.B. 403 - Suggested Amendment

Thank you for this opportunity to express our support of S.B. 403, and the establishment of the Kansas Commission on the Future of Health Care.

Kansas will be faced with many critical health care decisions in the next few years. In the past we have too often addressed individual problems by ad hoc committeess which, while often informative, conducted their studies outside of the context of an overall approach. We think the Commission called for in S.B. 403 is a major step forward in remedying this, and that it complements the work and activities of the Joint Committee on Health Care Decisions for the Nineties.

We particularly applaud the provisions in Section 1(b) that require a process of involving interested citizens through establishment of a network of town hall meetings throughout the State. Open discussion about health policy matters is critical, we think, to development of public support for subsequent policy changes.

KAOM DOES REQUEST ONE MINOR AMENDMENT. WE ARE SENSITIVE TO THE LEGISLATURE NOT WANTING A PARADE OF PROVIDER GROUPS SEEKING MEMBERSHIP ON THE COMMISSION. IN THIS CASE WE SUGGEST AN AMENDMENT AS A MATTER OF FAIRNESS.

Included in membership provisions is that there will be two persons "licensed to practice medicine and surgery" appointed by the Governor. However, the list of nominees for potential appointment by the Governor is to be submitted only by The Kansas Medical Society.

We respectfully remind the framers of the Bill, and this Committee, that the category of "persons licensed to practice medicine and surgery" includes two groups of Kansas physicians--M.D.s and D.O.s. Each group is respectively represented by their own professional association--each desirous of submitting a list of potential nominees to the Governor.

In the balloon attached to this cover sheet, we suggest language changes. AGAIN, THIS DOES NOT INCREASE THE SIZE OF THE COMMISSION NOR DOES IT REQUIRE A D.O. MEMBER--IT SIMPLY REQUIRES THAT THE OSTEOPATHIC PROFESSION MAY SUBMIT A LIST OF NOMINEES IN ADDITION TO THE LIST SUBMITTED BY THE MEDICAL SOCIETY.

We enthusiastically support the creation of this Commission and pledge our support and input into its deliberations.

AMENDMENT TO S.B. 403 SUGGESTED BY THE KANSAS ASSOCIATION OF OSTEOPATHIC MEDICINE

S.B. 403 Page 2

SB 403-Fur. Am. by S

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one director appointed from a list of three nominees submitted by the Kansas AFL-CIO, who is not a provider of health care services; one director who is a representative of Kansas hospitals, appointed from a list of three nominees who are hospital administrators submitted by the Kansas hospital association; one director who is a licensed nurse appointed from a list of three nominees who are licensed nurses submitted by the Kansas state nurses' association; one director who is trained in medical and health care ethics; and two directors who are licensed to practice medicine and surgery appointed from a list of six nominees who are licensed to practice medicine and surgery submitted by the Kansas medical society. The additional five four directors of the board shall be appointed as follows: One director who is not a provider of health care services appointed by the president of the senate; one director who is not a provider of health care services appointed by the minority leader of the senate; one director who is not a provider of health care services appointed by the speaker of the house of representatives; one director who is not a provider of health care services appointed by the minority leader of the house of representatives; and one director appointed by the state board of regents who is recognized as an expert on health care and is involved in the delivery of health care services. Except for unclassified employees of institutions under the control and jurisdiction of the state board of regents and any employee of the university of Kansas medical center, no director shall be an employee of the state of Kansas. No director shall be a member of the legislature of the state of Kansas.

(b) Directors appointed under this section shall serve for terms which shall expire upon the date of expiration of the provisions of this act under section 8 and amendments thereto. In case of a vacancy in a position of director appointed under this section, a successor shall be appointed in like manner and subject to the same qualifications and conditions as the original appointment of the director creating the vacancy.

(c) The director appointed by the president of the senate shall call the first meeting of the Kansas commission on the future of health care, inc. The board of directors shall select a chairperson and vice-chairperson of the board from among the members of the board. The board of directors shall meet at least once during each calendar quarter and at such other times as may be provided in the rules of the corporation, or upon call of the chairperson or upon written request of a majority of the directors. The board of directors shall hold all board meetings within the state of Kansas. A majority

lists of nominees

and the Kansas association of osteopathic medicine.

With our suggested amendments, lines 6 through 9 would read as follows:

. . . and two directors who are licensed to practice medicine and surgery appointed from lists of nominees who are licensed to practice medicine and surgery submitted by the Kansas medical society and the Kansas association of osteopathic medicine.

Reasons why KAOM Requests the amendment.

- (1) The Bill provides for two persons licensed to practice medicine and surgery, yet also provides that a list of such potential appointees be submitted only by the Kansas Medical Society. In Kansas, two groups represent persons licensed to practice medicine and surgery—the Medical Society and the Osteopathic Association.
- Society and the Osteopathic Association.

 (2) This would <u>not</u> increase the size of the Commission nor would it require the appointment of an osteopathic physician.

 PHYCO 14-25-9/

attm3-21:00 pm.



Stanley C. Grant, Ph.D., Acting Secretary

State of Kansas

Joan Finney, Governor

Department of Health and Environment Division of Health

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

FAX (913) 296-6231

Testimony presented to

House Public Health and Welfare Committee

bу

The Kansas Department of Health and Environment

Senate Bill 403

Mr. Chairman, members of the committee, I appreciate the opportunity to testify on SB 403 that would create a Commission on the future of Health Care. This bill would create an independent commission; to develop health care plans and polices; identify social values of Kansans related to health care; and to involve citizens in deliberations regarding health care policy.

In the absence of a clear federal overall policy regarding health care, a number of states are developing their own health care plans and policies. The best known effort, and perhaps the most controversial, is occurring in Oregon where a special commission has been in the process of developing a priority list of medical procedures to guide the allocation of Medicaid resources. To further underscore the importance that the states are placing on the health care issue, the current chair of the National Governors Association, Governor Booth Gardner of the State of Washington, has chosen health care as the NGA's main issue for the year. Several of us attended a special national conference on health care sponsored by the NGA in September, 1990, and I was privileged to be able to participate one of the panels.

Kansas has not had a statewide health planning capacity since the health planning division of KDHE was eliminated several years ago following the loss of federal funding and the abolishment of the Certificate of Need Program. I have stated in other settings my personal regret that formal health planning was eliminated in this state. There is clearly a need for statewide planning separated at least programmatically from regulatory activities. Here in Kansas, as in most states, health care costs continue to increase, new technology continues to be introduced, yet about 17% of our citizens do not have regular and continuous access to health care. Clearly, the time for a serious assessment of the health care situation and financing is in order. Some serious decisions must also follow.

4-25-9/ 1:00pm. Recognizing that prevention is a key aspect of a well ordered health care system and to a healthy population, the United States Public Health System has developed an extensive set of preventive health objectives for the nation, called Healthy People 2000. The three broad public health goals for the nation are:

to increase the span of healthy life for Americans;
 to reduce health disparities among Americans; and

3. to achieve access to preventive services for all Americans.

The Kansas Department of Health and Environment has a plan to implement a process for developing Year 2000 health objectives specific to Kansas and compatible with the national health objectives. The objectives adopted for Healthy Kansans 2000, as the project is called, will reflect the consensus of public health agencies, voluntary health organizations, private health foundations, health provider trade and professional organizations, private industry and others.

We believe that any successful health planning effort should have an overriding concern for a healthy population. Consequently, we think that prevention oriented plans and decisions are critical to the goal of a healthier population. We recommend that our efforts in prevention and with the Healthy Kansans 2000 be closely coordinated and integrated with the health planning process outlined by S.B. 403 should it be favorably considered.

Testimony presented by: Charles Konigsberg, Jr., M.D., M.P.H.

Director of Health

Kansas Department of Health and Environment

April 25, 1991

Px/40 4-35-91 attm# 4-2 1:00 pm.



part of a vital, active community

April 10, 1991

Sara Ullmann Register of Deeds Courthouse Olathe, Kansas 66061

Dear Sara:

It was nice to visit a few minutes about Senate Bill 403, concerning future healthcare in Kansas. I understand this bill is not passed and is in the hearing process. I am interested in testifying at the hearing as well as perhaps being appointed to this commission.

First, as the bill is designed, it appoints the healthcare providers defined from the treatment segment of healthcare, and not representative of all disciplines. Health-care has the whole area of preventive health discipline as well as the multi-discipline relating to concepts of Wholistic Health.

In addition, a great proportion of services are directed to caring for the elderly, and this population is now absorbing over 50% of the costs and services.

When we look at a long range healthcare policy, and strategies to identify critical needs, there needs to be representatives who provide the long term care and know the aging process. Present ethic is towards the Hypocratic Oath, the preservation of life, but a part of aging is dealing with dying. The cost of dying is the highest cost of healthcare. My observation, with the technology available, is that we are approaching the age when we can have transplanted immortality if preservation of life is the ethic. Why is healthcare only represented with acute medical care discipline?

Do we need to begin to integrate multi-disciplines which deal with prevention and education to highlight life-style choices? Not just Medical care which emphasizes health practices when one is diseased or frail. Is not the prevention of suffering a good healthcare ethic?

Today 12 cents of every dollar is in MEDICAL care and

PHYW.
altm# 5
4-25-91

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there is no entitlement to medical care for millions of our citizens. The expensive "pound of cure" needs to address the inexpensive "ounce of prevention".

Well, it sounds like I'm preaching, but I'm licensed both ways in Healthcare and Preaching. At the bottom is simply some voice to look at alternatives since the present system of healthcare is not working satisfactorily, no one is pleased with the present system.

If you can track the bill, if you can give advise on who to contact for my interests, I would appreciate it. I have contacts with Representatives and SRS and Health and Human Resources persons, also with Association contacts and others. However, I am not well connected with the process or know persons who can consider my credentials.

Again, thanks for the time to share.

As Always,

Thomas C. Wentz
President

PHOEN 4-25-91 1:00 gm



Memorandum



Donald A. Wilson President

April 25, 1991

TO: House Public Health and Welfare Committee

FROM: Kansas Hospital Association

RE: SENATE BILL 403

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of Senate Bill 403. This bill would establish the "Commission on the Future of Health Care in Kansas." We enthusiastically support this bill and think it is a major step toward health care reform in our state.

Many important health care issues have come before the Kansas Legislature this session. On virtually every one of those issues, the Kansas Hospital Association and a number of other interested groups have pointed out that in order to achieve systemic reforms, there must be a comprehensive plan. It is almost axiomatic that such reform cannot be achieved on a piecemeal basis. Senate Bill 403 has as a major goal the development of a comprehensive plan.

Another important aspect of achieving health care reform is the need to develop a consensus on the broad outlines of what should be done. Our system is such that meaningful and workable changes cannot be put in place without broad agreement among all those affected--patients, providers, employers, insurers and others. Senate Bill 403 encourages the development of such a consensus by bringing to the table the different groups necessary to begin discussions.

In developing any kind of comprehensive plan, it's absolutely essential to obtain public input in a direct and credible manner. Senate Bill 403 establishes a mechanism to obtain this input. think this is a very important part of the entire process.

We hope that the mechanism established by Senate Bill 403 can be put in place as soon as possible. The Kansas Hospital Association pledges its support and cooperation. PHOW 4-25-9/ attm 6

Thank you for your consideration of our comments.

/cdc



Catholic Health Association of Kansas

John H. Holmgren • Executive Director Jayhawk Tower, 700 Jackson, Suite 801 / Topeka, KS 66603 / (913) 232-6597

Catholic Health Association of Kansas

TESTIMONY

House Public Health and Welfare Committee - April 25, 1991

Carol H. Sader, Chairperson

Thank you for this opportunity to appear before you and testify in support of SB 403, a bill to provide funds for long range planning of health care policies in the state of Kansas. My name is John Holmgren, and I am Executive Director of the Catholic Health Association in Kansas, which has as its membership hospitals, nursing homes, and clinics for the medically underserved.

We previously supported this bill when introduced before the Senate Public Health and Welfare Committee and believe Senators Walker and Winter have accomplished a primary objective of proposing a bill which will:

- 1. Coordinate public involvement and advocacy in the process of short and long range health care planning through town meetings locally and regionally in Kansas.
- 2. Coordinate the assembly and use of all existing resource data in health care in the state, statistics and measurements now scattered throughout several public and private agencies and providers.
- 3. Consider the ethics and bioethics of health care, particularly individual patient care, in Kansas, as part of the long range planning effort needed to focus on the health care needs of all citizens in a manner that assured quality of life and the dignity of the person.

PHrel)
4-25-9/
Attm=7
1:00 pm.

4. Most of the Commission and Committee efforts of the past in health planning have been specialized and fragmented in terms of the patient population. We believe that this proposal will provide an opportunity to pull together resourced, manpower, and provider and public coordination in a positive, progressive, ethical manner.

We support the efforts of you and your Committee in this proposal and urge you to consider a favorable passage.

913-232-6597

John H. Holmgren Executive Director

9 / 25-9/ 4-25-9/ 1: pm Attm#7-2