

Approved _____ Date 3-16-92
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MINUTES OF THE _____ HOUSE COMMITTEE ON _____ PUBLIC HEALTH AND WELFARE _____

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

_____ 1:30 ~~am~~/p.m. on _____ March 2, _____, 1992 in room _____ 423-S of the Capitol.

All members were present except:

Rep. Carmody and Rep. Grant, both excused
Rep. Wagle, absent

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Rep. Barbara Allen
Dr. Camille Heeb, practicing Peditrician
Rep. Kent Glasscock
Gary Sherrer, Bank IV representing John E. Moore, Senior V-Pres. of
Cessna Aircraft, Wichita, Kansas
Rep. Joan Wagnon
Eileen Meyer, School Nurses Organization
Connie Craig, interested parent
Commissioner Robert Epps, Department of SRS
Chip Wheelen, representing Jerry Slaughter, Kansas Medical Society

Written testimony provided by:

Rebecca Rice, Legislative Counsel, Ks. State Ophthalmological Society
Carl Schmitthenner, Kansas Dental Association
Kay Coles, Kansas National Education Association
Dick Morrissey, Department of Health/Environment
Stu Frager, private citizen
Dorothy Frager, concerned private citizen

Chair called meeting to order drawing attention to Committee minutes for February 13th, 17th, requesting members to read them carefully.

Rep. Amos moved to approve minutes for February 13th, and 17th as presented, seconded by Rep. Bishop. No discussion. Motion carried.

Chair drew attention to a Concurrent Resolution that had been drafted by staff that accompanies the letter to the Congressional Delegation to amend the SSI **HB 2844** to allow the division of income of institutionalized spouses to be made before Medicaid eligibility determination. She asked wishes of Committee members in regard to the draft offered.

Rep. Wiard moved to introduce the Concurrent Resolution, per draft in (Attachment No. 1). Motion was seconded by Rep. Hackler. No discussion. Motion carried.

Chair drew attention to agenda a briefing on **HB 2913**.

BRIEFING ON HB 2913.

Ms. Correll gave a comprehensive explanation on **HB 2913** noting this language is based on Florida law. She detailed the bill noting problems that the State of Florida had run into, suggesting Kansas lawmakers might benefit from this and may wish to discuss allowing the insurance offered under this legislation to not be subject to certain other laws of the state (mandated coverages). This has proved to be a problem in Florida. She answered questions.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 /a.m./p.m. on March 2, 1992

HEARINGS BEGAN ON HB 2913.

Rep. Barbara Allen offered hand-out (Attachment No. 2), and noted HB 2913 would create a school enrollment-based health insurance program for uninsured children; would create a quasi-public corporation called the Kansas Healthy Kids Corporation, headed by a 15 member board of Directors which would develop a program to provide comprehensive health insurance benefits, including preventive/primary care and basic dental care, to all Kansas school age children who are not otherwise covered by public/private insurance programs. Pre-school age siblings of participating children would also be eligible for this health insurance. The Board would be directed to establish a list of benefits to be included in the program; establish eligibility criteria for participation; develop a plan to publicize the program; develop funding sources; enter into contracts as necessary to administer the program; report its activities to the Governor/Legislature on or before February 1st of each year. She stated numerous benefits for reducing costs of health care later in the lives of these children and noted this program dovetails with the goals/objectives of the state, SRS, and the 1991 Special Committee on Children's Initiatives. Rep. Allen then answered numerous questions.

Rep. Allen offered a video tape for member's viewing. It was Peter Jennings from ABC World News Tonight and the program was about two health care programs for children, i.e., one in Arkansas, the other in Florida.

Data from the video indicated 1/3 of the families of the children in Arkansas have no money to pay the doctor, and often there is no doctor to go to for chronic problems. The program in Arkansas has been well received. The program in Florida is called "Healthy Kids Corporation". The state of Florida contracts with a private insurance company to insure children directly, not through their parents. Since most serious illnesses are rare, the insurance company can cover these children at a lower rate. The government subsidizes the premiums.

Rep. Allen answered numerous questions.

Dr. Camille Heeb (no written testimony provided) gave statistical information, i.e., in Pediatric Management, it is indicated 30% of child-patients are self-pay. She noted the goals proposed in HB 2913 are good. Many preventative care methods are already being offered, i.e., screening programs for hearing; vision; immunization. There may be a need to exclude some major health problems in this proposed plan such as organ transplants because of economic feasibility. Eligibility criteria should be established for all uninsured. She suggested community leaders should be changed to a school professional as a Board member, and there should also be a family care practice professional on the Board. She noted a small number of doctors have signed up for this program, and the program won't go very far unless there are more doctors participating. She suggested a tax incentive could be offered, i.e., a 50% deduction of the physician's fee would work well. She suggested a drug rider should be included in the insurance program since many are unable to purchase the prescriptions the doctors prescribe after the office consultation. She answered numerous questions.

Rep. Glasscock spoke in support of HB 2913 (Attachment No.3). He noted this makes long-term fiscal good sense while at the same time offers sensitivity to children whose health is being neglected. A program of this type, designed to receive corporate/private funding, presupposes uninsured children are the responsibility of all, not just the government. He stressed HB 2913 does not create a health insurance program for children, it creates a Kansas Healthy Kids Corporation charged with designing a product and to procuring funding for that product.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 /a./p.m. on March 2, 1992

HEARSINGS CONTINUED ON HB 2913.

Gary Sherrer, Bank IV, representing Mr. John Moore of Cessna Corporation, offered hand-out (Attachment No. 4). He stated support for HB 2913, and noted he is currently the Chair of Sedgwick Children's Commission and gave background on his interest in children's issues. He addressed concerns raised earlier with respect to funding from private industry and the corporate community. He stated being fiscally conservative does not mean being socially irresponsible. In his view, there is private money available, and would guarantee if one of the projects is developed in Wichita, there would be interest from the private sector to help fund the project. It is also his view HB 2913 is not perfect, but it can be a systematic way to get a handle on what is critical for children. Children of welfare families do not have the health care that other families do, and this is wrong. He stated 11% of all products purchased today in supermarkets are for dogs at a cost of \$7 million. He hopes that if that amount of money is being spent on pets, at least \$100,000 can be directed to the health care of the children in Kansas. He urged support.

Rep. Wagnon, (no hand-out provided) noted the world is changing so fast, it is difficult to keep up with change. The Children's Initiatives Committee wants to focus on a way to improve health care for school-age and adolescent-age children. There is a lot of evidence to indicate early health care is vitally important. We can learn from the Florida project that when we write an insurance plan for children, we don't set up barriers that could cause the difficulties they have experienced. She stressed the need for this type of program in Kansas, and urged support of HB 2913.

Eileen Meyer, School Nurses Organization (Attachment No.5), highlighted her written testimony, noting when she was invited to speak before this Committee, she was very happy to do so. She noted that identification of health problems is being done, but beyond that comes the problem of care. Since many parents are uninsured and the numbers continue to grow, this program could be a good step. Often the price of eye glasses is not affordable to families. Children with acute ear infections cannot hear in school, but the price of the prescriptions to cure the ear infections aren't affordable. She hopes the items for vision/hearing will be addressed in the Healthy Kids Program. She stressed that the evaluation of the emotional health of many children is vital and also needs to be addressed. Many traditional insurance programs do not cover these kinds of things. She urged study of services in order to eliminate duplication or the omission of needed services in health care delivery.

Connie Craig, an interested and concerned parent, offered hand-out (Attachment No. 6). She cited a personal story of out-of-work, mounting health care costs, loss of insurance coverage, her daughter developing a severe hearing disorder, minor injuries. She noted their income puts them just above the cut-off to receive help from programs like the Marian Care Clinic Insurance and Caring Programs, but not enough to handle insurance premiums. She spoke of the frustration in not being in a position to help with her daughter's hearing problem as they would like and not being in a position to afford proper insurance coverage. The program for Healthy Kids discussed today would be of enormous help to many children.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 a.m. on March 2, 1992

HEARINGS CONTINUED ON HB 2913.

Commissioner Robert Epps, Department of SRS, offered hand-out (Attachment No. 7). He noted that the Department recommends the program envisioned in HB 2913 be placed within an existing state agency rather than establishing a separate public corporation to administer a health insurance fund for children. He noted also the exclusion from coverage under the program proposed of services covered by Medicaid. The bill does not address those children under school age who have no school age sibilings. Health care coverage is most crucial to young children in this preschool age group. He noted support for the concept, however, urged consideration be given to the suggestions offered by SRS.

Chip Wheelen, Ks. Medical Society, (Attachment No. 8) commended the sponsors of HB 2913. This program would provide a positive first step toward overall reform of the health care system to improve access. The program could serve as an important model upon which larger reforms in health care could be built. The benefits of healthy children could improve their school performance. He noted for informational purposes, there is currently under development, a state grant application to the Robert Wood Johnson Foundation to do almost precisely what is called for under HB 2913. The Committee might want to consider ways in which the two programs could be established on a parallel or cooperative basis.

Chairperson Sader drew attention to written testimony of conferees that had been provided to members. Time constraints disallowed these conferees from making their comments verbally.

Written testimony from Dick Morrissey, Department of Health/Environment recorded as (Attachment No. 9).

Rebecca Rice, Ks. Ophthalmological Society, (Attachment No. 10).

Carl Schmitthenner, Kansas Dental Association, (Attachment No. 11).

Kay Coles, Kansas National Education Association, (Attachment No. 12).

Chair drew attention to fiscal note on HB 2913 (Attachment No. 13).

HEARINGS CLOSED ON HB 2913.

BRIEFING ON HB 2965.

Mr. Furse gave a comprehensive explanation of HB 2965.

HEARINGS BEGAN ON HB 2965.

Rep. Wagnon introduced Mr. and Mrs. Stu Frager, detailing the conversation that had taken place in regard to the need for HB 2965.

Stu Frager, (Attachment No. 14), contains testimony from both Mr. Frager and his wife Dorothy. He offered background information on why the investigation of abuse of a child of a parent who works for the Department of SRS cannot be investigated. This is a very personal matter since it is their own son who they suspected had been abused in a day care setting.

Mrs. Dorothy Frager gave an explanation of current law not allowing such investigations. She could not be specific because of complications that might develop if the case of abuse against their son were ever to be investigated and would come to trial. She talked sadly of their son, once a happy child, now sad and with emotional problems. They have a fear for other children attending the same day care facility. She noted the original intent of the statute was to avoid placing the Department of SRS in a potential conflict of interest situation in the investigation of suspected child abuse/neglect of its own employees. The change recommended would only change the statute to allow the investigation against "third parties" such as neighbors, child care centers and the like. By expanding the range of available protective services, the children of SRS employees would receive protection under the law equal to that afforded other children in Kansas. She urged support of HB 2965.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 a.m./p.m. on March 2, 1992

HEARINGS CONTINUED ON HB 2965.

Mr. and Mrs. Frager both answered numerous questions.

Chair again recognized Rep. Wagnon who drew attention to a proposed amendment in HB 2965. She recommended the deletion of the words "or of children of persons employed by" on page 1, line 38, and the italicized language on page 1, lines 39-41 and on page 2, lines 1-6. With this amendment, the problem will be addressed to authorize an investigation for those children with parents employed by the Department of SRS. Rep. Wagnon urged support of HB 2965.

Chair thanked all the conferees and members for their attention and patience.

Chair adjourned the meeting at 3:06 p.m.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-2-92

NAME	ORGANIZATION	ADDRESS
Roberta Sue McKenna	SRS	5764 DSOB
Dorothy Frager	Private citizen	1601 MacVicar
Stuart Frager	Private citizen	1601 MacVicar
Laverne	Bd. of Cosmetology	Hays
Ruth Bratten	Bd. of Cosmetology	Augusta
Maretha Reddy	Bd. of Cosmetology	Stowell
Ava FINE	Bd. of Cosmetology	Wichita
CAMILLE S. HEEB MD	Pediatrics	Topeka, Ks.
NORMAN REYNOLDS	KASB	TOPEKA
Martha Jenkins	AIA	Topeka
Jo Bestgen	KARF	Topeka
Connie Craig	self	Topeka, KS
Sharon Huffman	KCDC	Topeka
Arnie Kuehler	observer	Topeka
Joyce Maskendoff	KDHE	Topeka
Eula Koenig	KDHE	"
Chris Jones	The Kansas City Star	KC
Kenny Tomson	Kansas Hosp Assoc	Topeka
Rebecca Anderson	Bauman's Office	
Marty Kuehly	DOB	"
Dary Blitsch	Self	"
Roger Fawcett	Ks Govt Consulting	Topeka
Josie Torres	Families Together, Inc	Topeka

HOUSE CONCURRENT RESOLUTION NO. _____

A CONCURRENT RESOLUTION requesting Congress to amend the Social Security Act to allow the division of income of institutionalized spouses to be made before medicaid eligibility determinations.

WHEREAS, The Kansas Department of Social and Rehabilitation Services recently adopted an income cap as an eligibility standard for medicaid coverage of adult care home costs, and

WHEREAS, Under the new eligibility standard, individuals who receive 300% or more of the federal supplemental social security income benefit (currently an amount of \$1,266) are ineligible for medicaid coverage of their adult care home costs, and

WHEREAS, The purpose of Section 1924(d) of Title XIX of the Social Security Act is to protect persons who remain in the community from impoverishment when their spouses are placed in adult care homes by allowing a division of income between the spouses before such a placement, and

WHEREAS, Section 1924(d) of Title XIX of the Social Security Act does not allow an individual who enters an adult care facility to "deduct" a specified amount of the individual's income for the maintenance of a spouse who remains in the community before the individual's income is considered for medicaid eligibility, and

WHEREAS, The results of not allowing the division of income between spouses to occur before medicaid eligibility determinations are that the intent of Congress to prevent spousal impoverishment is frustrated and that fewer individuals are able to obtain medicaid assistance for their adult care home costs:
Now therefore,

Be it resolved by the House of Representatives of the State

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Attn #1.*

of Kansas, the Senate concurring therein: That the Legislature requests that section 1924(d) of Title XIX of the Social Security Act be amended to allow the division of income of institutionalized spouses to occur before medicaid eligibility determinations; and

Be it further resolved: That the Chief Clerk of the House of Representatives be directed to send enrolled copies of this resolution to the Speaker of the House of Representatives of the United States, to the President of the Senate of the United States, to each member of the Kansas congressional delegation, to the Secretary of the U.S. Department of Health and Human Services and to the Kansas Secretary of Social and Rehabilitation Services.

PH for
3-2-92
attn #1
pg 2-2



TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

MEMBER: FEDERAL AND STATE AFFAIRS
JUDICIARY
PENSIONS, INVESTMENTS AND BENEFITS
RULES AND JOURNAL

BARBARA P. ALLEN
REPRESENTATIVE, TWENTY-FIRST DISTRICT
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PRAIRIE VILLAGE, KANSAS 66208
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STATE CAPITOL, ROOM 155-E
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March 2, 1992

Madame Chairman, members of the Committee:

Thanks for the opportunity to appear before you today. I'm here to talk about 1992 H.B. 2913, the "Kansas Healthy Kids Program Act", which deals with two issues of great concern to Kansas legislators and to Kansas citizens: children and health insurance.

The bill creates a school enrollment-based health insurance program for uninsured children. The concept behind a school enrollment-based health insurance program such as "Healthy Kids" is to provide free and reduced price health insurance to school children, based on family income. It is modeled after a "Healthy Kids" law passed by the state of Florida in 1990. Florida's program has been slow in implementation, but school children in that state started receiving health care services on March 1 of this year.

The bill would create a quasi-public corporation called the Kansas Healthy Kids Corporation, headed by a 15 member board of directors, which would develop a program to provide, based on ability to pay, comprehensive health insurance benefits, including preventive and primary care and basic dental care, to all Kansas school aged children who are not otherwise covered by public or private insurance programs. Non school-age siblings of participating children would also be eligible for the health insurance.

The board of directors is charged with implementation of the program in at least three pilot school districts by July 1, 1993, and with expansion of the program to other school districts as appropriate. Among other things, the board is directed to:

- * establish a list of benefits to be included in the program
- * establish eligibility criteria for participation in the program
- * develop a plan to publicize the program

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Attn #2
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- * develop funding sources for the program
- * enter into contracts as necessary to administer the program (ex. HMO)
- * report on its activities to the Governor and to the Legislature on or before February 1 each year

The Healthy Kids Trust Fund, created by the bill, would be eligible to receive state, federal, and private funding for the program.

It is my intention that uninsured school age children from families who do not qualify for Medicaid, but who do qualify for the National school lunch program, would be eligible for the health insurance plan. Premiums would be set on a sliding scale, with family income being that which is reported to the school for participation in the National school lunch program. In addition, that children from families who fall above the income cutoff level for eligibility in the school lunch program could participate in the plan by purchasing the coverage at a reduced premium. Finally, that children who have had coverage within the last six months would not be eligible to participate in the plan, to discourage families from switching from current coverage with another policy.

I believe this proposal is a logical extension of the work done by the 1991 Special Committee on Children's Initiatives, and of efforts currently in progress by the Kansas Department of Social and Rehabilitation Services to obtain a grant from the Robert Wood Johnson Foundation to implement Health Care Reform proposals for children.

Last Friday, SRS mailed an application to the Robert Wood Johnson Foundation for a grant to fund an initiative in this area. The Chairman of the Commission on Children, Youth and Families, Dr. Robert C. Harder, has already expressed to me that the Kansas Healthy Kids program would be a perfect use for this grant. He even believes that passage of this legislation will increase the state's chances of receiving the grant.

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Why should we pass H.B. 2913?

First, because early childhood preventive care will allow us to reduce the costs of health care later in life. Obviously, it is more cost effective to provide children's health care early, so that small health problems don't become larger and more costly later.

Second, because this proposal is good for the family. Healthier kids make better students who are more likely to stay in school, and to perform at their best.

Third, because it's the right thing to do! All children in Kansas deserve to have access to health care services so that they can grow up into productive, healthy Kansas citizens.

Finally, because it dovetails with the goals and objectives of the State, the Department of SRS, and the 1991 Special Committee on Children's Initiatives.

Madame Chairman, I will be happy to answer any questions.

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Att # 2
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Who is eligible?

Children must:

- o be actively attending school
- o be age 5-19
- o be uninsured for six months
- o be ineligible for public programs

What are the covered benefits?

The services were designed with children in mind and with an emphasis on preventive care. An abbreviated summary of health benefits is listed below:

- Well Child Care Visits & Immunizations
- Primary & Specialty Physician Office Visits
- In-Patient Hospital Care
- Surgical Procedures
- Emergency Services & Transportation
- Prescriptions
- Vision Screening & Glasses
- Hearing Screening & Hearing Aids
- Physical Therapy
- Mental Health Services

What about pre-existing conditions?

There are no limitations on coverage for pre-existing conditions. No health questions are asked of applicants and there is no waiting period.

What are out-of-pocket expenses?

There is no charge to the patient for doctor office visits or hospital stays. Some co-payments are required for emergency services, prescription medicines and mental health services.

For a complete schedule of Healthy Kids benefits and copayments, please contact the Corporation.

Which doctors will kids see?

In Volusia County, services will be delivered by Florida Health Care Plan, Inc., a local health maintenance organization. Families will select a primary care physician who will manage their child's care. An extensive network of primary and specialty physicians has been developed for this population.

How much is the premium?

In Volusia County, costs are determined by family income. In order to keep administrative costs in line, family income is determined to be that which is reported to the school for participation in the National School Lunch Program. By doing so, the Corporation is eliminating the need for a separate, time consuming and more costly system of determining income eligibility. Determination of income is only necessary for those families wishing to apply for help in paying their premiums.

Monthly per child costs in one pilot site:	
0-100% FPL	FREE
101-135% FPL	\$ 3.00
136-185% FPL	\$16.00
186% FPL and up	\$60.00

How do families sign up?

At least one open enrollment period will be held each school year. The initial enrollment of children in Volusia County began February 1, 1992. Coverage will be in effect through the summer with a renewal period and second open enrollment period scheduled for each Fall thereafter.

Applications are distributed and collected at the schools. Once eligibility has been confirmed, families receive membership handbooks and select their primary care provider.

How will this program be expanded?

Additional sites, when implemented, may require a different scale of payment depending on local factors such as medical costs and availability of local funds or other grants. The administrative structure is designed to accommodate different premium levels depending on local needs. This is a key element to implementation of a statewide program.

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MAR 02 1992
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KENT GLASSCOCK
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TOPEKA

HOUSE OF
REPRESENTATIVES

March 2, 1992

PUBLIC HEALTH & WELFARE COMMITTEE

HB 2913

Madame Chair and Members of the Committee:

I am delighted to stand as a cosponsor today in strong support of the Kansas Healthy Kids Act.

In my estimation, the health care crisis in this country and in this state should be met by the kind of targeted programming which this bill seeks to create. By targeting the most vulnerable segment of the Kansas population - our children - we are taking aggressive, positive, common sense action in the health care arena. At the same time, we are making a fiscally sound and socially sensitive investment in our state's future.

By asking the Kansas Healthy Kids Corporation to create a comprehensive health insurance product and supporting preventive care program for school children, we are recognizing that healthier Kansas kids ultimately will give us a financially and socially healthier state of Kansas.

By establishing a structure designed to receive corporate and private foundation funds as well as federal and state grants, this act presupposes that uninsured children are everyone's responsibility - not just government's - and that the burden of meeting that responsibility must be shared by the private sector as well as the public.

By targeting the children of moderately low income families - in fact, the working poor - we are recognizing that the chances of being uninsured in America is nearly 40% higher for a child than for an adult. It is not the child's fault that his family can't provide for his health needs, yet it is the child who will suffer - some for the rest of their lives.

Finally, by focusing on prevention and early treatment this act makes long term fiscal good sense. Preventive care for children saves significant dollars in emergency rooms never used, in serious illnesses having been averted, and in a child coming to school healthy and ready to learn.

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Testimony on HB 2913
House Public Health & Welfare
Page 2

The time is right, with the new emphasis on children led by Speaker Barkis, to translate talk into action. I feel comfortable in supporting Representative Allen as a cosponsor of this bill, because I believe in being socially responsible and in having a common sense vision of the future with a common sense plan to get there.

This bill makes long term fiscal good sense while at the same time being socially sensitive to children whose health is being neglected. It's the right vision and it's the right plan and I urge your favorable consideration.

PH&W
MAR 02 1992
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TESTIMONY OF JOHN E. MOORE
BEFORE
THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
REGARDING
HOUSE BILL NO. 2913

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3-2-92
attm. #4

MARCH 2, 1992

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CHAIRPERSON SADER AND OTHER MEMBERS OF THE COMMITTEE, I AM JOHN E. MOORE, SENIOR VICE PRESIDENT OF THE CESSNA AIRCRAFT COMPANY. BY WAY OF FURTHER INTRODUCTION, I HAD THE PLEASURE OF SERVING AS ONE OF FIVE BUSINESS ADVISORS TO THE 1991 SPECIAL COMMITTEE ON CHILDREN'S INITIATIVES. I AM ALSO FINANCIAL VICE PRESIDENT OF THE KANSAS CHAMBER OF COMMERCE AND INDUSTRY AND CO-CHAIRMAN OF ITS CHILDREN'S COMMITTEE.

I SUPPORT THIS PROPOSED LEGISLATION FOR THREE MAIN REASONS. THE FIRST IS THAT THE OBJECTIVE OF THE BILL -- TO PROVIDE COMPREHENSIVE HEALTH COVERAGE TO SCHOOL AGE CHILDREN NOT OTHERWISE COVERED BY PUBLIC OR PRIVATE INSURANCE -- IS SO SOUND IT CANNOT BE QUESTIONED. THE INABILITY OF CHILDREN TO HAVE ACCESS TO THIS MOST BASIC NECESSITY HAS CONSISTENTLY BEEN SHOWN TO SO DISADVANTAGE THEM, OFTEN AT A VERY EARLY AGE, THAT THEIR CHANCES OF EVENTUALLY PARTICIPATING IN THE ECONOMIC MAINSTREAM ARE SIGNIFICANTLY DIMINISHED. THE APPROACH OF EARLY INTERVENTION AND PREVENTION CONTAINED IN THIS BILL IS ALSO RECOGNIZED TO BE THE MOST EFFECTIVE AND COST EFFECTIVE METHOD. INDEED, THIS APPROACH IS AS SOUND AND APPROPRIATE AS THE BILL'S OBJECTIVE.

SECONDLY, I BELIEVE THE BODY POLITIC CALLED FOR IN THE BILL IS A PROPER VEHICLE TO ASSURE THAT FOCUS REMAINS ON THIS ISSUE. THE PUBLIC/PRIVATE PARTNERSHIP CALLED FOR BY VIRTUE OF THE COMMITTEE'S COMPOSITION APPEARS TO ME TO BE AN EXCELLENT WAY TO APPROACH THIS IMPORTANT CHILDREN'S ISSUE. I STRONGLY SUSPECT BUSINESSES WILL SUPPORT THIS EFFORT BECAUSE THERE IS AN AWARENESS IN THE KANSAS BUSINESS COMMUNITY TODAY THAT

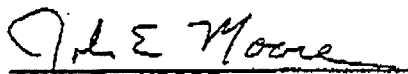
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3-2-92
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THE WELL BEING OF THE STATE'S CHILDREN IS A BUSINESS ISSUE. IN FACT, I AM CONFIDENT THAT IF IT IS ASKED TO PARTICIPATE IN THE MANNER DISCUSSED HERE, THE BUSINESS COMMUNITY WILL RESPOND AS IT HAS BEEN DOING TO CHILDREN'S ISSUES FOR SOME TIME NOW.

FINALLY, HOUSE BILL NO. 2913 SHOULD BE SUPPORTED BECAUSE OF ITS PRUDENT USE OF PILOT PROJECTS TO BEGIN IMPLEMENTATION. THERE ARE A NUMBER OF PILOT PROJECTS THAT HAVE ALREADY BEEN CREATED TO ADDRESS CHILDREN'S ISSUES AND THOSE WITH WHICH I AM FAMILIAR ARE PROCEEDING AS PLANNED. WHILE THIS APPROACH APPEARS TO DELAY FULL AND AGGRESSIVE ATTENTION TO THESE ISSUES, BUT IT WILL INEVITABLY INCREASE THE EFFECTIVENESS OF EFFORTS WHICH OCCUR AT LATER DATES ON A STATE-WIDE BASIS. BY PROVING A PARTICULAR APPROACH CAN BE SUCCESSFUL AND THEN EXPANDING IT, YOU WILL BE ABLE TO UTILIZE LIMITED RESOURCES IN WAY WHICH MAXIMIZE THEIR EFFECTIVENESS.

FOR THESE REASONS, I WOULD ASK YOUR SUPPORT OF HOUSE BILL NO. 2913.

THANK YOU FOR RECEIVING THIS TESTIMONY.


JOHN E. MOORE
SENIOR VICE PRESIDENT
HUMAN RESOURCES
CESSNA AIRCRAFT COMPANY

PNK
3-2-92
Attm #4
By 3.83



Kansas School Nurses Organization K-NEA

Testimony presented to
House Public Health and Welfare Committee
by
Kansas School Nurse Organization
House Bill 2913

The membership of the Kansas School Nurses Organization appreciates and applauds the Legislature's Special Committee on Children's Initiatives and their efforts to bring new legislation that will strengthen Kansas families and the present and future school children of this state.

As school nurses, our goal is to help children succeed academically by assisting each student attain their potential. This is only possible when we are able to look at each child's holistic health profile and help the child and their family when health concerns become apparent through our screening and assessment.

As health problems and concerns appear, too often, finances present a barrier to the availability of professional resources such as medical and dental health care and mental health counseling. We see students with acute infections, but no money to see the physician who could prescribe medication. Without proper medical help for an acute infection, the child may miss a week or more of education. When this occurs several times during the course of the school year, the child becomes frustrated and loses interest due to lack of success and therefore, falls behind academically. With proper medical care obtained at the onset of an illness, including money to purchase the prescribed medication or treatment, the child can be back in the classroom within 24 hours, thus missing one day instead of five to seven days of school.

Other unmet needs to secure financial help as seen by school nurses are as follows:

1. Optical care and glasses

PAW
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Attm 5
1-7

2. Hearing screening follow-up and appropriate remedial treatment
3. Medication and other prescribed medical care for chronic illness such as epilepsy, or diabetes
4. Preventative and emergency dental health care
5. Evaluation and appropriate follow-up care for emotional problems, i.e. attempted suicide and drug and alcohol abuse
6. Financial aid to help families purchase equipment necessary for their handicapped child such as wheelchair repairs and maintenance

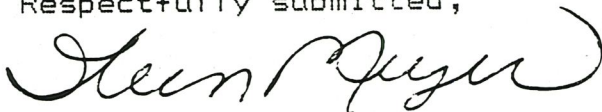
As school nurses, we support the concept of the Kansas healthy kids program act. We would ask that you consult with school nurses as you set up the criteria and regulation for services that would be provided to families by means of this insurance plan.

Legislators are presently being bombarded with a variety of proposals to address the mounting health insurance problems of the nation. Careful assessment of needs and existing delivery systems must be considered to attain the most cost effective means to address the health care problems we face today. Collaboration and incorporation of the proposed board members is extremely important to prevent duplication or omission of specific health services.

School nurse concerns are: Additional clerical demands for school health service personnel in filing claims for the students, as well as possible additional use of existing facilities. Will participating school districts receive some financial assistance for the increased clerical demands?

To summarize, as school nurses are fully in support of this effort. We do see many unmet health needs that affect the children of Kansas. This deficit puts many families and their children "at risk" of failing to meet their potential and in many cases may make a difference in determining whether a child completes his or her education. We would ask that you carefully consider the minor change we have proposed in board composition and look at our questions and concerns before action is taken on this bill.

Respectfully submitted,



Ileen Meyer, B.S., R.N.
President - Kansas School Nurse Organization
Health Services Coordinator
Emporia Unified Schools - USD #253

PHW
MAR 02 1992

Att #5
2-7

HOUSE BILL No. 2913

By Representatives Allen, Barkis, Glasscock and Wagnon

2-10

8 AN ACT enacting the Kansas healthy kids program act; creating the
9 Kansas healthy kids corporation; providing for the powers, duties
10 and functions thereof; establishing the healthy kids trust fund.
11

12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. This act shall be known and may be cited as the
14 Kansas healthy kids program act.

15 Sec. 2. The legislature finds that increased access to health care
16 services could improve children's health and reduce the incidence
17 and costs of childhood illness and disabilities among children in this
18 state. Many children do not have access to primary and preventive
19 health care services. It is the intent of the legislature that a nonprofit
20 corporation be organized to facilitate a program to bring preventive
21 and primary care health care services to children, if necessary
22 through the use of school facilities in this state when more appro-
23 priate sites are unavailable, and to provide comprehensive health
24 insurance coverage to such children. A goal for the corporation is
25 to cooperate with any existing preventive service programs funded
26 by the public or the private sector.

27 Sec. 3. (a) There is hereby created a body politic and corporate
28 to be known as the Kansas healthy kids corporation. The Kansas
29 healthy kids corporation is hereby constituted a public instrumen-
30 tality and the exercise of the authority and powers conferred by this
31 act shall be deemed and held to be the performance of an essential
32 governmental function. The corporation shall be governed by a board
33 of directors who shall be residents of this state.

34 (b) The Kansas healthy kids corporation board of directors shall:

35 (1) Develop a program which will provide, based on ability to
36 pay, comprehensive health insurance benefits, including preventive
37 and primary care services and basic dental care to all Kansas school
38 aged children who are not otherwise covered by public or private
39 insurance programs, grades kindergarten through 12, and their non-
40 school siblings and implement such program in at least three pilot
41 school districts by July 1, 1993, and subsequent to the establishment
42 of such pilot programs provide for the expansion of the program to
43 other school districts as appropriate;

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1 (2) establish, with consultation from experts, appropriate profes-
2 sional organizations and others, a list of benefits appropriate to chil-
3 dren which will be included in the insurance program;

4 (3) establish eligibility criteria which children and their families
5 must meet in order to participate in the program;

6 (4) develop and implement a plan to publicize the Kansas healthy
7 kids program, the eligibility requirements of the program and the
8 procedures for enrollment in the program;

9 (5) accept and receive grants, loans, gifts or donations from any
10 public or private entity in support of the Kansas healthy kids
11 program;

12 (6) develop funding sources for the Kansas healthy kids program;

13 (7) employ staff necessary to administer the Kansas healthy kids
14 program;

15 (8) establish the administrative and accounting procedures for the
16 operation of the corporation;

17 (9) enter into contracts as may be necessary under the Kansas
18 healthy kids program act including contracts, as the board deems
19 appropriate, with corporations or other entities for administrative
20 and other services for the corporation; and

21 (10) report on its activities to the governor and to the legislature
22 on or before February 1 each year.

23 (c) In establishing the program under subsection (a), the cor-
24 poration shall construct the program so that coverage is secondary
25 to any other available coverage, and the corporation may establish
26 procedures for coordinating benefits under this program with benefits
27 under other public and private coverage.

28 Sec. 4. (a) The board of directors of the Kansas healthy kids
29 corporation shall consist of the following members:

30 (1) One board certified pediatrician appointed by the governor;

31 (2) one person who is a representative of the insurance industry
32 appointed by the governor;

33 (3) four representatives of the business community, one ap-
34 pointed from each congressional district by the governor;

35 (4) ~~one licensed nurse~~ appointed by the governor;

36 (5) two community leaders or persons representing the population
37 to be served appointed by the president of the senate;

38 (6) two community leaders or persons representing the population
39 to be served appointed by the speaker of the house of
40 representatives;

41 (7) one member of the house of representatives appointed by the
42 speaker of the house of representatives;

43 (8) one member of the house of representatives appointed by the

Delete and Add: two registered professional nurses, both employed by boards of education within the state to provide health services to children, at least one must hold current school nurse certification issued by the State of Kansas Department of Education...

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MAR 02 1992
29-#5

1 minority leader of the house of representatives;
2 (9) one member of the senate appointed by the president of the
3 senate;
4 (10) one member of the senate appointed by the minority leader
5 of the senate; and
6 (11) the secretary of social and rehabilitation services or the des-
7 ignee of the secretary, the secretary of health and environment or
8 the designee of the secretary, the commissioner of education or the
9 designee of the commissioner and the commissioner of insurance or
10 the designee of the commissioner who shall be nonvoting members
11 of the board.
12 (b) (1) Members of the board of directors appointed under (a)(1),
13 (a)(2), (a)(3), and (a)(4) shall serve for a term of four years, except
14 that, of the members first appointed, two shall be appointed for a
15 term of two years, two shall be appointed for a term of three years
16 and three shall be appointed for a term of four years as specified
17 by the governor.
18 (2) Members of the board of directors appointed under (a)(5) and
19 (a)(6) shall serve for a term of four years except that of the members
20 first appointed, one appointed by the president of the senate shall
21 be appointed for a term of two years and one appointed by the
22 president of the senate shall be appointed for a term of four years
23 as designated by the president of the senate, one appointed by the
24 speaker of the house of representatives shall be appointed for a term
25 of two years and one appointed by the speaker of the house of
26 representatives shall be appointed for a term of four years as des-
27 ignated by the speaker of the house of representatives.
28 (3) Members of the board of directors appointed under (a)(7),
29 (a)(8), (a)(9) and (a)(10) shall be appointed for a term ending on the
30 first day of the regular legislative session in odd-numbered years.
31 (c) The chairperson of Kansas healthy kids corporation shall be
32 elected by the board of directors from among the members of the
33 board of directors. The board of directors shall meet at least once
34 each calendar quarter and at such other times designated upon the
35 call of the chairperson.
36 (d) Members of the board of directors of the Kansas healthy kids
37 corporation attending meetings of the board of directors, or attending
38 a subcommittee meeting thereof authorized by the board of directors,
39 shall be paid amounts provided in subsection (e) of K.S.A. 75-3223
40 and amendments thereto.
41 Sec. 5. (a) All employees of Kansas healthy kids corporation shall
42 be considered to be state employees and Kansas healthy kids cor-
43 poration shall be considered to be a state agency for purposes of the

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1 laws and procedures governing the payroll accounting system for
 2 state agencies under K.S.A. 75-5501 *et seq.*, the deferred compen-
 3 sation plan developed and approved for state employees under
 4 K.S.A. 75-5521 through 75-5529 and amendments thereto, the Kan-
 5 sas public employees retirement system, the employment security
 6 law, the workmen's compensation act, including the state workmen's
 7 compensation self-insurance fund as provided in K.S.A. 44-575
 8 through 44-580 and amendments thereto, the state health care ben-
 9 efits program and remittances pursuant to the federal social security
 10 act, federal insurance compensation act and the federal internal rev-
 11 enue code. All employees of Kansas healthy kids corporation shall
 12 be considered to be state employees and Kansas healthy kids cor-
 13 poration shall be considered to be a state agency only for the pur-
 14 poses specified in this subsection.

15 (b) The provisions of article 32 of chapter 75 of the Kansas Stat-
 16 utes Annotated, any acts amendatory thereof or supplemental
 17 thereto, and any rules and regulations adopted thereunder, shall not
 18 apply to officers or employees of Kansas healthy kids corporation.
 19 Subject to policies established by Kansas healthy kids corporation,
 20 the chairperson of the board or the chairperson's designee shall
 21 approve all travel and travel expenses of such officers and employees.

22 (c) Nothing in this act or the act of which it is amendatory shall
 23 be construed as placing any officer or employee of Kansas healthy
 24 kids corporation in the classified service or unclassified service under
 25 the Kansas civil service act.

26 Sec. 6. (a) There is hereby established in the state treasury the
 27 healthy kids trust fund. There shall be deposited in such fund all
 28 appropriations, gifts, grants, contributions, matching funds and par-
 29 ticipant payments. All expenditures from the healthy kids trust fund
 30 shall be made in accordance with appropriation acts upon warrants
 31 of the director of accounts and reports issued pursuant to vouchers
 32 approved by the chairperson of the board of directors or a person
 33 designated by the chairperson.

34 (b) On the 10th of each month, the director of accounts and
 35 reports shall transfer from the state general fund to the healthy kids
 36 trust fund, the amount of money certified by the pooled money
 37 investment board in accordance with this subsection. Prior to the
 38 10th of each month, the pooled money investment board shall certify
 39 to the director of accounts and reports the amount of money equal
 40 to the proportionate amount of all the interest credited to the state
 41 general fund for the preceding period of time specified under this
 42 subsection, pursuant to K.S.A. 75-4210a and amendments thereto
 43 that is attributable to money in the healthy kids trust fund. Such

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1 amount of money shall be determined by the pooled money in-
2 vestment board based on:

3 (1) The average daily balance of moneys in the healthy kids trust
4 fund during the period of time specified under this subsection as
5 certified to the board by the director of accounts and reports; and

6 (2) the average interest rate on repurchase agreements of less
7 than 30 days duration entered into by the pooled money investment
8 board for that period of time. On or before the fifth day of the
9 month for the preceding month, the director of accounts and reports
10 shall certify to the pooled money investment board the average daily
11 balance of moneys in the healthy kids trust fund for the period of
12 time specified under this subsection.

13 Sec. 7. Notwithstanding any other laws to the contrary, the Kan-
14 sas healthy kids corporation shall have access to the medical records
15 of a student upon receipt of permission from a parent or guardian
16 of the student. Any confidential information obtained by the cor-
17 poration pursuant to this subsection shall remain confidential and
18 shall not be subject to the provisions of the open records act. Neither
19 the corporation nor the staff or agents of the corporation may release
20 to any state or federal agency, to any private business or person or
21 to any other entity, any confidential information received pursuant
22 to this subsection.

23 Sec. 8. This act shall take effect and be in force from and after
24 its publication in the statute book.

PHW
MAR 02 1992
ATT #5
7-7

Madame Chair and honorable Committee members, thank you for letting me come to speak to you in favor of HB 2913.

This is a very important issue to me as my two youngest daughters, my husband and I have no health insurance coverage.

In November, 1984, my husband was laid off from his job as a master plumber with a local plumbing company, and was told to look for another job, which is common in his field of work. Not only did he lose a good paying job, but we also lost health insurance with Blue Cross Blue Shield.

Prior to this, my youngest daughter Ariel was diagnosed as having one ear canal that was abnormally small, which caused a hearing impairment. The Doctor had advised waiting until Ariel was older before doing surgery, as growth might help this problem.

It didn't take long and my husband was able to find another job, but because the company was smaller, there would be no health insurance. In 1987, we purchased Blue Cross Blue Shield's Afforda Care health insurance for the family at a cost \$86.31 a month. Before we purchased this health insurance, I ran my hand through a plate glass window and had to have stitches across the palm. Thank goodness I worked here and it didn't interfere with my work. The total bill came to around \$1,200, hospital and doctor included. The doctor who stitched my hand initially charged me \$700 for his handiwork, but decreased the bill to \$500 upon learning that we had no health insurance. This was part of the motivation for purchasing it.

The Afforda Care program was your basic insurance with an 8 month waiting period on different items, such as tonsils, and a pre-existing rider excluding Ariel's ear.

As luck would have it, Ariel became very ill and needed her tonsils out and tubes in her ears, as soon as possible. Gretchen also needed this procedure, but our doctor said that she could wait for awhile. By this time, our health insurance premiums increased to \$99.72 a month, plus were still trying to pay for my hand. Ariel's tonsils and tubes in her ears cost us approximately \$2,000 all totalled. Of course, it was before our 8 month waiting period was over, so we picked up this bill ourselves. After the 8 month waiting period, we had Gretchen's tonsils removed, the bill was approximately the same, but Stormont-Vail gave Blue Cross Blue Shield a \$700 provider write-off.

We still continued to buy our health insurance, then my husband was laid off again. We eventually had to drop our health insurance. He has since started his own business, but we still have not bought health insurance. We make do by using the Shawnee County Health Doctors for minor things such as vaccinations, colds, sinus infections, coughs, etc. There is also Med-Assist for minor injuries, like when Gretchen stepped on a nail: a tetnus shot cost \$10.

We are once again looking for health insurance, and should have something before the week is over. At this time, we only owe Stormont-Vail \$700 for one day surgery to remove a tooth from Ariel's mouth. But even when we do purchase health insurance, we have been told by several companies that Ariel's ear will never be covered. We have found a company that will insure most pre-existing conditions, but not Ariel's ear. No help is available to us because, for instance, last year our total income was 26,327; the cut off income amount for most help programs like the Marion Clinic Insurance, and the Caring Program is usually around \$19,500. So you see, we make to much to get help and not quite enough to handle insurance and medical problems that insurance will not cover.

The bottom line is that I still have not come up with a good answer for Ariel as to why we cannot fix her hearing. What do you tell a child that wants to know why the kids make fun of the way she talks.

Connie S. Craig
1534 N.E. Jefferson
Topeka, KS 66608

PACW
MAR 02 1992
Att # 6

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
On Behalf of Donna L. Whiteman, Secretary

Committee on House Public Health and Welfare
Testimony on House Bill 2913
March 2, 1992

Madam Chairwoman, Members of the Committee, thank you for this opportunity to comment on House Bill 2913. This bill would create a quasi-governmental corporation to plan and implement a school-centered health care plan for most children (including pre-schoolers) living in three pilot school districts. It is intended to fill the gaps in both major medical and preventive health care coverage for children whose families presently can't afford health insurance. It would be a secondary payer to government programs, such as Medicaid. The Department of Social and Rehabilitation Services (SRS) endorses the concept of providing access to primary and preventive health services to children and supports HB 2913. The agency would like to offer a number of observations and suggestions.

SRS recommends that the program envisioned in this bill be placed within an existing state agency rather than establishing a separate public corporation to administer a health insurance fund for children. The duplication of staff and financial resources can be minimized by attaching the program to an existing state agency.

The second area of SRS concern is with the exclusion from coverage under Kansas healthy kids program, services covered by Medicaid. By federal law [42 U.S.C. Sec. 1396b (o)] SRS would lose federal funding for any Medicaid-eligible child that also qualifies for coverage under Kansas healthy kids program, if Medicaid is the primary payer. Congressional intent is clear that Medicaid be the payer of last resort and, as such, be secondary to all other forms of insurance coverage.

Determining the actual health coverage to be provided and the population to be covered is one of the main tasks of the Board created by this bill. Also, the method of financing the benefits is to be developed by the Board. Consequently, it is not possible to assess the fiscal impact of the services ultimately provided.

Finally, this bill does not address those children under school age who have no school age siblings. Health care coverage is most crucial to young children in this preschool age group. It is this population for which preventive health care has the greatest impact - in terms of both better health and future cost avoidance.

Thank you for the opportunity to comment on this bill.

Robert L. Epps
Commissioner
Income Support/Medical Services
(913) 296-6750

PHW
MAR 02 1992
Att # 7



KANSAS MEDICAL SOCIETY

623 W. 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

March 2, 1992

TO: House Public Health and Welfare Committee

FROM: Jerry Slaughter *J Slaughter*
Executive Director

SUBJECT: HB 2913; Concerning the Kansas Healthy Kids Program Act

The Kansas Medical Society appreciates the opportunity to appear in support of HB 2913, the Kansas Healthy Kids Program Act. This bill would establish a program under which all school aged children in Kansas would have access to comprehensive health insurance benefits, based on their ability to pay.

As the larger question of overall reform of the health care system in order to improve access continues, this program provides a positive first step forward. Not only is there a great need to assure that all school aged children have access to health care, but this program could serve as an important model upon which larger reforms in the health care system could be built. Additionally, making sure that Kansas children have access to health care will produce healthier citizens and improve their performance in school.

We would only note for the committee's information, that there is currently under development a state grant application to the Robert Wood Johnson Foundation to do almost what is precisely what is called for under HB 2913. The committee might want to consider ways in which the two programs could be established on a parallel or cooperative basis.

In any event, we commend the sponsors of the bill and are pleased to offer our support.

JS:ns

JS
3-2-92
Attn #8

Written only



Department of Health and Environment

Azzie Young, Ph.D., Secretary

Reply to:

Testimony presented to

House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

House Bill 2913

H.B. 2913 establishes the nonprofit Kansas Healthy Kid Corporation and trust fund. Its intent is to facilitate a program to bring preventive and primary health care, including dental, to children and to provide comprehensive health insurance to such children. The program would be based on ability to pay and would be available to children grades K through 12 and their nonschool siblings, who are not otherwise covered by public or private health insurance programs.

This bill represents an innovative approach to reaching a large population of medically uninsured in the state of Kansas. According to the 1991 edition of the Kids Count Data Book, published by the Annie E. Casey Foundation, 13.7% of the children in Kansas are not covered by public or private health insurance. Figures from the Kansas Statistical Abstract indicate that in 1980, 31% of Kansas' population was children 18 and under. Applying those two statistics to Kansas' 1990 total population, approximately 105,222 children could be eligible for this program.

The language of the bill states that a goal of the program is to cooperate with any existing preventive service programs funded by the public or private sector. Making maximal use of existing programs is consistent with KDHE policy objectives. Several KDHE programs that operate through local health departments could stand to see increased activity if this program actively and aggressively functions to identify and refer kids with preventive health needs, like immunizations.

Besides the state supported immunization program, other programs likely to see increased activity include the EPSDT Program, the Infant-Toddler Program, the Healthy Start Program, STD programs, Family Planning programs and WIC.

PHW
3-2-92
Attn # 9

Testimony - HB 2913
Page Two

Recommendation

The Kansas Department of Health and Environment supports this bill. Although several questions remain unanswered, such as how premiums will be subsidized, this school-enrollment based model represents an innovative approach to reaching a population in need of health care.

Testimony presented by: Richard J. Morrissey
Deputy Director
Division of Health
March 2, 1992

attm #9

PHW

pg 2 - 2

3-2-92

Written - J

TESTIMONY PRESENTED TO THE
HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
re: HB 2913

March 2, 1992

by Rebecca Rice, Legislative Counsel
to the Kansas State Ophthalmological Society

Thank you, Madam Chairman and members of the committee. I appear before you today on behalf of the Kansas State Ophthalmological Society. We appear in general support of the concept of promoting good health for children and certainly screening and maintenance of eyesight.

KSOS appreciates the work performed this interim promoting improvement in Kansas children's lives including comprehensive health care and prevention. We appreciate this opportunity to present written testimony in general support of the concepts presented by this legislation.

*JHW
attm # 10
Written only
RHR
3-2-92*



Written only

Statement by Carl C. Schmitthenner, Jr.
March 2, 1992
HB 2913

Madam Chairman and members of the Committee, I'm pleased to have the opportunity to support HB 2913 on behalf of the nearly 1200 members of the Kansas Dental Association.

The program established by the legislation addresses an area of tremendous need in Kansas. The Kansas Health Kids Program is an important step in addressing the needs of those children whose families do not qualify for public programs and yet cannot afford private health insurance or health care. The Kansas Health Kids Program creates a public-private partnership that builds on and cooperates with existing programs to deliver necessary care.

The Kansas Dental Association strongly supports efforts to increase access to care for Kansans. The Kansas Health Kids Program is clearly an important step toward increasing access to care for a group of children in our state.

Given the importance of dental care in a health program for children, the Committee may want to consider including a dentist as a member of the board of directors.

Again, I appreciate having the opportunity to support this important legislation.

5200 Huntoon
Topeka, Kansas 66604
913-272-7360

Written only
PHW
MAR 02 1992
attn #11



KANSAS NATIONAL EDUCATION ASSOCIATION / 715 W. 10TH STREET / TOPEKA, KANSAS 66612-1686

Testimony before the House Public Health and Welfare Committee
Kay Coles, Kansas NEA
HB 2913
March 2, 1992

Thank you, Madame Chair. Members of the Committee, I am Kay Coles here today representing the 24,000 members of Kansas NEA. I appreciate the opportunity to speak to you in support of HB 2913.

Kansas NEA members know that healthy children are better prepared to learn. Creation of the Healthy Kids corporation provides an opportunity to enable more children to have access to health care. The public-private partnership is, in our opinion, a viable means of providing health care to those who currently must do without.

We also believe that using school sites as a point of access, if no other facilities are available, is an appropriate use of schools.

For these reasons, we encourage your support of HB 2913.

PHW
MAR 02 1992
Att # 12

STATE OF KANSAS



DIVISION OF THE BUDGET

Room 152-E
State Capitol Building
Topeka, Kansas 66612-1578

(913) 296-2436
FAX (913) 296-0231

JOAN FINNEY, GOVERNOR
GLORIA M. TIMMER, Director

March 2, 1992

The Honorable Carol Sader, Chairperson
Committee on Public Health and Welfare
House of Representatives
Third Floor, Statehouse

Dear Representative Sader:

SUBJECT: Fiscal Note for HB 2913 by Representatives Allen,
et al.

In accordance with KSA 75-3715a, the following fiscal note
concerning HB 2913 is respectfully submitted to your committee.

HB 2913 creates the Kansas Healthy Kids Program and Kansas
Healthy Kids Corporation for the purpose of providing
comprehensive health insurance coverage to children who are not
otherwise covered. Services would be provided through public
and private funds as they may be accessed by the Corporation.

The bill directs the board of directors of the Corporation
to provide, according to the ability to pay, comprehensive
health insurance benefits, including preventive and primary
care services and basic dental care to all Kansas school aged
children who are not otherwise covered by public or private
insurance programs as well as siblings of such children. The
bill's provisions would apply to grades kindergarten through 12
and would be implemented on a pilot program basis in three
school districts by July 1, 1993. Implementation of the program
in additional counties would follow.

The board of directors would be required to establish a
list of benefits that would be provided under the insurance
program and eligibility criteria for children and families
participating in the program. Also, the board would publicize
the program, its eligibility criteria and benefits. The board
would administer the program, develop funding sources and
provide a report to the Legislature and the Governor on or
before February first each year. Four members of the board of
directors would be appointed by the Governor and eight would be

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MAR 02 1992 13
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ne Honorable Carol Sader
March 2, 1992
Page Two

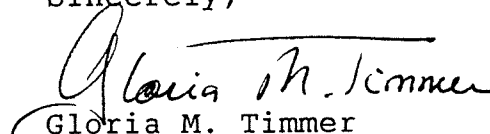
named by legislative leadership. Non-voting members of the board would include the secretaries or designees of secretaries of the Department of Social and Rehabilitation Services and the Department of Health and Environment as well as the commissioners or the designees of the commissioners of the Department of Education and the Insurance Department.

The Department of Social and Rehabilitation Services estimates that the passage of HB 2913 would require additional expenditures for administration of the Healthy Kids Program and Corporation. From its preparation of expenditure estimates for a grant proposed for funding by the Robert Wood Johnson Foundation, the agency has estimated that administrative expenditures totaling \$197,571 would be required to implement the proposal contained in the bill. The amount would include \$151,881 for salaries and wages and \$45,690 for other operating expenditures. The agency estimates that federal medicaid funds would provide approximately 25 percent, or \$49,393 of the total cost. If the above mentioned grant is received, it would pay all of the state share of the administrative costs of this bill.

The list of the services provided to children under the bill's provisions would be determined by the board of directors of the Kansas Healthy Kids Corporation. Also, the scope of service delivery would depend upon which school districts were chosen as pilot program sites. Therefore, the cost of increased services under the bill's provisions cannot be reliably estimated.

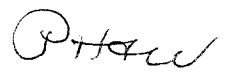
Any additional expenditures resulting from passage of HB 2913 would be in addition to amounts contained in the *FY 1993 Governor's Budget Report*.

Sincerely,


Gloria M. Timmer
Director of the Budget

cc: Karen DeViney, SRS
Ron Nitcher, Insurance Dept.

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m/m Frage

TESTIMONY - HOUSE PUBLIC HEALTH & WELFARE COMMITTEE
March 2, 1992

Request for Modification of KSA 38-1523(c)
Regarding Investigation of Certain Cases of Suspected Child
Abuse by the Department of S.R.S. (HB 2965)

The impetus for this request began when I learned that under the provision of KSA 38-1523(c) an allegation of suspected child abuse involving one of my children could not be investigated by SRS Child Protective Services. (I am employed by the Department of SRS.) The statute reads as follows:

KSA 38-1523(c) Investigation of certain cases.
Suspected child abuse or neglect which occurs in an institution operated by the secretary shall be investigated by an agent under the direction of the attorney general. Any other suspected child abuse or neglect by persons employed by or of children employed by the state department of social and rehabilitation services shall be investigated by the appropriate law enforcement agency under the direction of the appropriate county or district attorney, and not by the state department of social and rehabilitation services.

The allegation of abuse or neglect is not against myself or my spouse but involves allegations of events suspected to have occurred while my child was entrusted to the care of a licensed daycare facility. By current statute such investigations are referred to the local law enforcement agency. In our case the allegation involved a child care facility.

In the KANSAS MANUAL OF YOUTH SERVICES, Volume I Children in Need of Care, Section 2000, subsection 2255 it is stated that "A joint investigation of suspected abuse in a child care facility shall be made if possible" (by SRS and law enforcement agencies) indicating a perceived need for SRS to be involved in such investigations. Subsection 2222(A) dealing with interviewing the child states "Of equal importance are the worker's observations during the interview. The child's behaviors and interactions as well as the physical surroundings shall be documented." This would imply that someone who is skilled in the investigation of child abuse and that child's reaction to being interviewed should be performing the investigative interview which is, to my mind, a trained protective services worker. Perhaps the most pertinent point is seen in subsection 2300 dealing with Case Decision:

*PH&W
3-2-92
Attn # 14*

"The case decision occurs when the investigation is completed and the determination is made as to the existence of child abuse/neglect and, if it exists, the degree of risk it represents to the child. This decision is a combination of factual information, professional judgment, and the application of appropriate child protection practice principles."

The implication is that to understand the nature of child abuse/neglect and to be competent in making such a decision specialized training and supervision is required.

When a law enforcement agency is required to be the sole investigator (under KSA 38-1523(c)) without this specialized training and supervision a situation may arise which is contrary to the principle of equal protection. Our law enforcement personnel are trained and supervised in the investigation of criminal activity, including misdemeanor and felony crimes, and therefore will be using a different "yardstick" in their investigation of child abuse/neglect. These personnel are well trained in looking for clues of serious criminal activity. Clues of child abuse/neglect may be more subtle; the type of information that child protective services personnel are skilled in obtaining. If one were to look at this from the other side the inequity becomes readily apparent i.e. if a felony crime was allegedly committed against a law enforcement officer or one of his/her children it is doubtful that using a child protective service worker to investigate the crime would be considered reasonable. (Again due to differences in training, experience, supervision and "yardstick".)

The assumption I would make is that the original intent of the statute was to avoid placing the Dept. of S.R.S. in a potential conflict of interest situation in the investigation of suspected child abuse/neglect of its own employees. The change which I would like to recommend, however, would only change the statute to allow the Department of S.R.S. to investigate complaints against "third parties" such as neighbors, child care centers and the like. By thus expanding the range of available protective services, the children of SRS employees would receive protection under the law equal to that afforded other children of Kansas in similar situations.

Please pass the statute amendments in HB 2965.



Dorothy C. Frager



Stuart M. Frager

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Attn # 14