Approved: 3-8-99
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on March 3, 1999 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:
Norman Furse, Revisor of Statutes
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Lisa Long, American Heart Association
William Murphy, M.D., KUMC, Wichita
John Jakicic, Ph.D., University of Kansas, Health Studies
Linda Lubensky, Executive Director, Kansas Home Care Association

Others attending: See attached list

Hearing on: SCR 1612 - Department of Health and Environment to study effects of obesity and to make recommendations for improvement

Lisa Long, American Heart Association, testified before the Committee in support of **SCR 1612** which, if adopted, would urge the Secretary of the Kansas Department of Health and Environment to review the effects of obesity in both adults and children on costly health complications such as diabetes, hypertension, heart disease and stroke. Ms. Long noted that obesity is a major public health problem with both genetic and environmental causes as outlined in her written testimony. (Attachment 1)

Dr. William Murphy, cardiovascular surgeon from Wichita, expressed support for the Resolution and noted that obesity, as well as diabetes, was added in 1998 to the list of contributing risk factors for cardiovascular disease. Dr. Murphy pointed out that clinical observations have long suggested a connection of obesity with a variety of illnesses, and enormous psychological burdens are created in obese people. (Attachment 2) Committee discussion related to the increasing number of overweight children and adolescents, attitudes toward obese people, serving of fatty or high calorie foods in school cafeterias, and displaying of fatty foods in grocery stores.

John M. Jakicic, Ph.D., University of Kansas, pointed out to the Committee that data from the third National Health and Nutrition Examination Survey has shown that approximately 33 percent of adults in the United States are overweight, an increase from the 25 percent prevalence rates that were reported a decade earlier. Other statistics were outlined for the Committee in his written testimony. (Attachment 3) Issues raised during Committee discussion on obesity related to the need for people to change their life styles, eating habits and to exercise more frequently.

There were no opponents to the Resolution.

Hearing and Action on: HCR 5015 - Medicare, interim payment system

Linda Lubensky, Kansas Home Care Association, appeared before the Committee in support of **HCR 5015** which would request Congress to rescind the provisions of the 1997 Balanced Budget Act that requires an interim payment system for the reimbursement of services provided by home health agencies to Medicare beneficiaries until the Health Care Financing Administration develops and adopts a prospective reimbursement system. Ms. Lubensky noted that Medicare home care is truly in crisis, there needs to be closer monitoring of home health care services, and urged the Committee to adopt the Resolution. (Attachment 4)

Written testimony in support of **HCR 5015** was also provided by the Kansas State Nurses Association. (Attachment 5)

Senator Jones made a motion that the Committee recommend **HCR 5015** favorably for adoption, seconded by Senator Becker. The motion carried.

Approval of Minutes

Senator Becker made a motion to approve the Committee minutes of February 22 and 23, 1999, seconded by Senator Hardenburger. The motion carried.

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for March 4, 1999.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-3-99

NAME	REPRESENTING
LINDA Lukensky	KS Home Care Assoc
JOHN M. JAKICIC, PH.D.	UNIVERSITY OF KANSAS
William RC Murphy MS	U of K School of Med Wichita
Cindee C Stratton	American Heart Association
Lisa Long	American Heart Association
Jennie C. Jaskett	Kansas Dept Health + Envir.
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS

American Heart Association®
Fighting Heart Disease and Stroke

5375 S.W. 7th St.
Topeka, KS 66606-2395
Tel 785 272-7056
Fax 785 272-2425
http://www.americanheart.org

March 3, 1999

TESTIMONY IN SUPPORT OF
SENATE CONCURRENT RESOLUTION NO.1612
SENATE PUBLIC HEALTH AND WELFARE
WEDNESDAY, MARCH 3, 1999

Madam Chair and Members of the Committee, my name is ~~Brenda Pfizenmaier, MS, RD,~~ LD and I am the Director of Wellness and a registered dietician with Ransom Memorial Hospital in Ottawa, Kansas. I am also certified through the American Counsel on Exercise. My work compliments my volunteer work with the American Heart Association. I am sorry that I can not join you today as you discuss this very important issue. I teach wellness classes in the morning and I am not able to come to Topeka. In my role as a dietician I constantly counsel individuals on the consequences of their dietary lifestyle. For the individual who does not educate themselves on healthy eating patterns the ultimate consequence is obesity. As the second leading cause of preventable death in the United States today, overweight and obesity pose a major public health challenge.

A person is considered obese when he or she is more than 20 percent overweight (based on height, bone structure, and age). Obesity is strongly associated with a number of health problems. According to the National Institutes of Health, *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*, June 1998 an estimated 97 million adults in the United States are overweight or obese, a condition that substantially raises their risk of morbidity from hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and endometrial, breast, prostate and colon cancer.

The obese individual has functional impairment in the activities of daily living. This dysfunction is related to sleep, recreation, work and social interactions. Obese patients also have physical incapacity due to back and joint problems and shortness of breath.

In the severely obese there is an increased incidence of absenteeism and unemployment. Discrimination against obese persons is common in both academic and work settings. Impairment in body image is the major form of psychological disturbance specific to obese persons. However, psychological disturbances do not appear more commonly in overweight persons than in those with. Emotional disturbances are often likely to be a consequence of obesity rather than the cause.

Senate Public Health & Welfare
Date: 3-3-99
Attachment No. 1

Obesity is a major public health problem with both genetic and environmental causes. In the United States at least one child in five is overweight and the number of overweight children continues to grow. Over the last two decades, this number has increased by more than 50 percent and the number of "extremely" overweight children has nearly doubled (Arch Pediatric Adolescence Medicine 1995: 149: 1085-91). According to the American Heart Association's Medical/Scientific Statement, *Understanding Obesity in Children*, Longitudinal studies of children followed into young adulthood suggest that overweight children may become overweight adults, particularly if obesity is present in adolescence. This epidemic must be stopped before it is too late. Thank you for your consideration.

American Heart Association of Kansas
5375 S.W. 7th Street
Topeka, KS 66606-2395
Tel 785 272-7056
Fax 785 272-2425
http://www.americanheart.org

American Heart Association®
Fighting Heart Disease and Stroke

Heartland Affiliate
Arkansas
Iowa
Kansas
Missouri
Nebraska
Oklahoma

TESTIMONY IN SUPPORT OF
SENATE CONCURRENT RESOLUTION NO. 1612
SENATE PUBLIC HEALTH AND WELFARE
WEDNESDAY, MARCH 3, 1999

Madam Chair and Members of the Committee, my name is Dr. William Murphy. I am a cardiovascular surgeon in Wichita and I am also chairman of the American Heart Association Public Advocacy Committee.

Extensive clinical and statistical studies have identified several risk factors that increase the risk of heart attack and stroke. These risk factors are grouped in to two classifications: 1)major risk factors and 2) contributing risk factors.

Major risk factors are those medical research has shown to be definitely associated with a significant increase in the risk of heart and blood vessel (cardiovascular) disease.

Contributing risks factors are those associated with increased risk of cardiovascular disease but their significance and prevalence haven't yet been precisely determined.

As of June 1, 1998 Obesity as well as Diabetes was added to the list of contributing risk factors for cardiovascular disease. Some of the reasons for this higher risk are known but others are not. For example, Obesity raises blood cholesterol and triglyceride levels, lowers HDL (good cholesterol linked with lower risk), raises blood pressure, can induce diabetes. In some people, diabetes has a strongly adverse effect on these risk factors. In them the resulting danger of heart attack is especially high. Research has shown that modest weight reduction – 5-10 percent of body weight – can reduce high blood pressure and total cholesterol. Modest achievable weight loss can also help control diabetes.

Clinical observations have long suggested a connection of obesity (particularly in its extreme forms) with a variety of illnesses. Obesity creates an enormous psychological burden. In fact, in terms of suffering, this burden may be the greatest adverse effect of obesity. At the present time, the strongest evidence that obesity has an adverse effect on physical health comes from population-based prevalence (cross-sectional) and cohort (follow-up) studies.

But even when there are no adverse effects on the known risk factors, obesity alone imparts an increase in risk. Obesity has many other harmful effects beyond those of the heart and blood vessel system.

Senate Public Health & Welfare
Date: 3-3-99
Attachment No. 2

In a National Institutes of Health study there is evidence that an increasing number of children and adolescents are overweight. Attached is an article from the Journal of American Medical Association that shows the findings of a study relating to aorta and coronary artery disease in 15-year-old children. Even though all overweight children will not necessarily become overweight adults, the increasing prevalence of obesity in childhood is likely to be reflected in increasing obesity in adult years. The high prevalence of obesity in our adult population and likelihood that the nation of the future will be even more obese demand a reassessment of the health implications of this condition. There is further information on obesity in children outlined in the testimony of AHA volunteer and dietitian Brenda Pfizenmaier (enclosed in the packet).

Devastating statistics shows us that one in four people will suffer from cardiovascular disease. Unfortunately you and your family are not excluded from these statistics. This is a serious concern and needs to be addressed sooner than later as the later may costs Kansans their lives.

Resolution No. 1612

John M. Jakicic, Ph.D.

University of Kansas

Data from the third National Health and Nutrition Examination Survey has shown that approximately 33 percent of adults in the United States are overweight, a significant increase from the 25 percent prevalence rates that were reported a decade earlier. Based on these trends, it is unlikely that the goal of Healthy People 2000 to reduce obesity to 20% will be achieved. Moreover, evidence indicates that there is a significant health risk with a body mass index (BMI) in excess of 25 kg/m^2. These chronic conditions include heart disease, diabetes, and certain types of cancer. Further, it is estimated that 200,000 to 300,000 deaths annually can be attributed to excessive body weight. Therefore, interventions aimed at prevention and treatment of obesity are necessary.

A number of factors have been identified as contributors to the obesity epidemic. These factors include metabolic and physiological factors (metabolic rate, insulin sensitivity, etc), genetic factors, and behavioral factors including eating and exercise behaviors. Clinical treatment options include a number of promising pharmacological agents available or soon to be available to treat obesity. These agents have been shown to be effective and have minimal side-effects compared to earlier agents. However, whether the prevalence of obesity is altered with the availability of these agents is unclear at this point.

An area of continued emphasis should be on environmental and behavioral factors. Some have described our current environment as "toxic", with fast foods, mechanical transportation, and television contributing to the obesity epidemic. Therefore, these factors contribute to unhealthful behaviors related to eating and exercise, which contribute to the obesity problem.

Physical activity may be a key factor in prevention and treatment of obesity. Data from the Third National Health and Nutrition Examination Survey (NHANES III) has shown that low levels of physical activity are associated with increases in weight gain across a 10 year period. Further, cross-sectional data collected on both children and adults have shown an inverse relationship between television viewing and physical activity, and is directly associated with increases in obesity (greater TV viewing leads to

less physical activity and greater obesity). Therefore, increasing opportunities for physical activity may help to address this concern.

Behavioral treatments for obesity have been shown to be effective for short-term weight loss, and reductions in body weight of 10% are associated with improvements in health. However, the challenge is the maintenance of weight loss long-term, as there is typically significant weight regain within a one-year period. Interventions that focus on modifying eating and exercise behaviors have been shown to be effective for the short-term treatment of obesity. Thus, focus should be on strategies to improve the long-term effectiveness of treatment programs.

Exercise enhances short-term weight loss when combined with dietary modification, and exercise is one of the best predictors of long-term maintenance of weight loss {ref}. Despite these findings, exercise adherence in overweight adults is less than desirable, with many individuals discontinuing their exercise within the initial 6-months {ref}. Therefore, enhancing opportunities to develop and maintain a physically active lifestyle may translate into prevention of weight gain in high-risk individuals, and better maintenance of weight loss in those individuals attempting to lose weight.

KHCA
Kansas Home Care Association • 1000 Monterey Way, E2 • Lawrence, Kansas 66049 • (785) 841-8611
Fax (785) 749-5414

To: Public Health & Welfare Committee for the Senate
From: Linda Lubensky, Executive Director, Kansas Home Care Association
Date: Wednesday, March 3, 1999
Re: House Concurrent Resolution No. 5015

On behalf of the Kansas Home Care Association, I appreciate this opportunity to speak in support of House Concurrent Resolution No. 5015, which addresses the impact of the Interim Payment System on Medicare home care providers in Kansas.

The Balanced Budget Act of 1997 included a number of provisions, which have impacted Medicare home care in Kansas. The most devastating has been the implementation of the Interim Payment System (IPS). The IPS not only included major cuts in reimbursement, but also created a new aggregate per-beneficiary limit. Each agency's limit is based on agency specific utilization data from 1993-94. Consequently, our state's providers, who had a low utilization history, now have some of the lowest per-beneficiary limits in the nation.

In the past seventeen months, our Medicare home care providers have made a massive effort to lower their costs while preserving quality of care. We have seen significant lay-offs, elimination of management positions, reduction of services, etc. However, many of our providers have been unable to lower their costs fast enough, or deeply enough, and their expenses remain higher than the reimbursement they receive. Few businesses can continue to operate at a loss, and we have seen the number of closures climb to over 37 Medicare HC providers. Additionally, we estimate that an equal number of "branch offices" have also been closed, a large number of which were located in our rural areas. Daily, I continue to hear from others that are considering giving up their Medicare certifications. Those that continue to operate do so under very difficult situations. The Health Care Finance Administration is already collecting "overpayments" from our agencies and reserves are depleted. Cash flow is a serious and constant problem, as are the heavy care patients agencies continue to see although they know they will not be reimbursed for the care.

In the final days of the last session, Congress did approve a very small increase to provide relief. It equaled about $1.00 more per nursing visit. Considering that most agencies are seeing losses amounting to 30-50%, this has done little to repair the damage. We continue to see the dismantling of the home care infrastructure in our rural areas that took over twenty years to create. Medicare beneficiaries are losing access to home care services as an alternative to institutional care. Our state administered home care programs (Senior Care Act, Medicaid waiver programs, etc.) are losing providers who no longer can afford to subsidize the rates provided under those programs.

Medicare home care is truly in crisis. We urge you to approve HCR 5015 and join the other states (RI, OK, AL, VT, etc.) that have registered their concerns with Congress. We would be very grateful for your support and assistance.

Senate Public Health & Welfare
Date: 3-2-99
Attachment No. 4

KANSAS STATE NURSES ASSOCIATION

700 SW Jackson, Suite 601
Topeka, Kansas 66603-3758

785/233-8638 * FAX 785/233-5222
www.nursingworld.org/snas/ks
the Voice of Nursing in Kansas

Debbie Folkerts, A.R.N.P.--C.
President

Terri Roberts, J.D., R.N.
Executive Director

FOR INFORMATION CONTACT:
Terri Roberts J.D., R.N.
700 SW Jackson, Suite 601
Topeka, Kansas 66603-3758
785.233.8638
March 3, 1999

HCR 5015 Interim Payment System for Medicare Home Care Providers in Kansas- Request for Congressional Action and Support

Written Tesimony

Madam Chair and members of the Senate Public Health and Welfare Committee, the Kansas State Nurses Association stands in support of HCR 5015. Registered nurses, working for reputable licensed home health agencies have found themselves compromised as decisions regarding reimbursement have left some elderly without the much needed services to maintain a healthy and stable life in their respective homes.

Congress must act swiftly to remedy the financial situation that home health agencies find themselves in because of the provisions of the Balanced Budget Act of 1997 (signed into law in August of 1998). Kansas has a very high population of the very elderly (over 75) and the base year for utilization data used by Medicare to determine home health agencies limits was 1993-1994. In addition to the major reductions in payment for home health services, the aggregate per-beneficiary limits have imposed great burdens on home health care providers, many of whom are the sole provider in their respective communities. The system in Kansas that we have built for maintaining the elderly in their own homes as long as possible is dependent upon a strong and viable infrastructure of home health agencies. Absent these, our elderly and disabled will be forced to be institutionalized because of a lack of access to services to be maintained in their homes. Thirty-seven Home Health agencies have closed in Kansas since these changes have been enacted, many more are financially distressed. Time is a critical factor in seeking Congressional intervention and we ask for your support of HCR 5015 to facilitate changes that will correct this situation.

THANK YOU

Senate Public Health & Welfare
Date: 3-3-99
Attachment No. 5