

MINUTES OF THE HOUSE COMMITTEE ON APPROPRIATIONS.

The meeting was called to order by Vice-Chairman Melvin Neufeld at 9:05 a.m. on January 19, 2000 in Room 514-S of the Capitol.

All members were present except: Rep. Adkins - excused
Rep. Hermes - excused
Rep. Peterson - excused

Committee staff present: Alan Conroy, Kansas Legislative Research Department
Stuart Little, Kansas Legislative Research Department
Robert Waller, Kansas Legislative Research Department
Jim Wilson, Revisor of Statutes Office
Mike Corrigan, Revisor of Statutes Office
David Stallings, Assistant to the Chairman
Mary Shaw, Committee Secretary

Conferees appearing before the committee:
Connie Hubbell, Secretary Department on Aging
Larry Tucker, Reno County Treasurer (written testimony)

Others attending: See attached list.

Vice Chairman Neufeld welcomed Connie Hubbell, Secretary, Department on Aging who briefed the Committee on selected issues of the Department on Aging, including the status of caseloads and waiting lists (Attachment 1). Secretary Hubbell noted that since she began her appointment as Secretary of Aging, one of her goals is to try to tour the state as much as possible and examine programs the department administers. She has been to six of the eleven area agencies on aging, toured some senior centers, some nutrition sites and plans in the future to visit nursing facilities and other programs the Department administers.

Secretary Hubbell explained that the waiting list for the Home and Community Based Services/Frail Elderly (HCBS/FE) waiver began on July 1, 1999, and that on October 18, 1999, the Department on Aging stopped adding persons to that list. The number of applicants on the list totaled 367 at that time. Targeted case managers at the area agencies on aging are contacting the HCBS/FE waiver applicants on the waiting list and services are being coordinated through the area agencies on aging. She noted that as of January 13, 2000, the waiting list has been reduced from 367 customers to 15 customers.

Secretary Hubbell explained that the average number of customers served per month in FY 1999 was 3,744, with an average of 4,373 customers anticipated to be served per month in FY 2000 (Chart 3 of the attachment). She noted that the current budgeted amount for targeted case management is \$5,048,036. The average cost per month per customer for targeted case management currently is \$124.09 and the average number of targeted case management hours per customer per month is currently 3.1 hours.

Secretary Hubbell introduced staff members with her: Catherine Walberg, Deputy Secretary, Doug Farmer, Commissioner of Budget and Finance, Michelle Sweeney, Legislative Liaison and Mike Hammond, Special Assistant and Public Information Officer.

Vice-Chairman Neufeld thanked Secretary Hubbell for the information provided to the Committee and he asked the Secretary to explain the restructuring of the Department on Aging. Secretary Hubbell explained that she has a leadership team with one deputy secretary, four commissioner and the legal counsel. She has commissioners of finance, administrative services, quality enhancement/quality assurance and executive services (outreach and advocacy). She also will have a group of directors who will be a policy development division, a team of about 20 which should be public within the next two weeks. The Department on Aging has a staff of 166 and a budget of about \$350 million dollars. Questions and discussion followed

CONTINUATION SHEET

Hearing on:

HB 2385 - Presidential preference primary; delegation, selection of

Conferees:

Larry Tucker, Reno County Treasurer, submitted written testimony (Attachment 2)

A handout was distributed regarding an article by Ron Thornburg, Kansas Secretary of State, The Council of State Governments, A Better Way to Elect a President (Attachment 3).

The meeting was adjourned at 10:10 a.m. The next meeting is scheduled for January 20, 2000.

**HOUSE APPROPRIATIONS COMMITTEE
GUEST LIST**

DATE January 19, 2000

NAME	REPRESENTING
TK Shively	KS Legal Services
Sheli Sweeney	KDOA
Catherine Waltrip	KDOA
David Palmer	Doug Gatewood
Debra Zirk	KAHSA
Andy Allison	Kansas Health Institute
Gary Senter	Legislature
Bill Light	"
Tim Carmody	"
Cindy Lash	Post Audit
Shannon Jones	SILCK
Claire Bunch	self
JAMEELAH LANG	SELF
Anthony A. Fackel	AOA coordinator-Admin
Mike Huffles	Ks. Gov't Consulting



State of Kansas Department on Aging

Connie L. Hubbell, Secretary

for additional information, contact:

OFFICE OF THE SECRETARY

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House Appropriations Committee
January 19, 2000

Overview of Aging Programs and Policy Direction

Office of the Secretary
Connie L. Hubbell, Secretary
785.296.5222

*HOUSE APPROPRIATIONS
1-19-00*

Attachment 1

**REPORT TO THE HOUSE APPROPRIATIONS COMMITTEE
BY
CONNIE HUBBELL
SECRETARY
KANSAS DEPARTMENT ON AGING
JANUARY 19, 2000**

Good morning, Mr. Chairman and members of the committee. Thank you for this opportunity to update you on the Department on Aging's programs and services, as well as our policy direction, now and in the future.

While I am new to the agency, from my visits with KDOA staff, Area Agency on Aging (AAA) staff, seniors, and advocates, I have learned how important the programs and services KDOA provides are to Kansas seniors and their families.

The Department provides a wide array of services to seniors across the state, on a continuum of long-term care. We provide services from information and assistance, to in-home services and nursing facility care. All of the services along the continuum are important and necessary at different stages of people's lives.

KDOA works with not only area agencies on aging and their service providers, but with SRS, KDHE, KSU, the KU School of Gerontology and many other partners across the state to maximize the variety and scope of services that we are able to provide. Partnering allows us to meet the growing needs of seniors and their families in the state.

Nursing Facilities

The average monthly number of Medicaid nursing facility residents in FY 1999 was 11,340, and in FY 2000 to date is 11,498. The average monthly cost per resident in FY 1999 (all funds) was \$1,841, and in FY 2000 to date is \$1,990 (see Chart 1). Currently, the average long-term threshold score based on the standardized nursing facility resident assessment formula is 60.

The Department provided Medicaid funding for 16,329 unduplicated nursing facility residents across the state for FY 1999, which reflects a decrease of 584 from FY 1998, and 721 from FY 1997.

In FY 1999 17.9% of those seeking admission to nursing facilities were diverted into community-based services, while in FY 2000, the percentage to date has been 17%.

During FY 1999, there were 2,206 persons who were assessed for potential nursing facility placement, but who continued to reside in community settings.

An average of 52% of nursing facility admissions are Medicaid eligible. We can assume then, that of 2,206 customers who were diverted, 1,147 of those (52%) would have incurred nursing facility costs which would have been paid by Medicaid. The Medicaid savings in diverting 1,147 persons for one month each, is estimated at \$1.9 million (all funds).

The number of Medicaid nursing home days avoided because of customer participation in the senior care act program was 327,581, with an estimated net SGF savings of \$2.6 million.

Currently, KDOA is working on several goals in the nursing facility area, including improving the image of nursing facilities statewide by working with the industry associations.

In-Home Services

During FY 1999, the Department provided services to more seniors in Kansas than ever before under a variety of funding sources. The services allowed those seniors to remain integrated in their own communities, as an alternative to nursing home care. Some examples of in-home services that help promote independence, security, and dignity include: homemaker services (cleaning, cooking, shopping), attendant care (assistance with bathing, feeding, toileting, and other activities of daily living), home health services, and home-delivered meals.

HCBS Services

The average number of people served under the HCBS/FE Medicaid waiver per month in FY 1999 was 4,284, and the average number served for FY 2000 to date is 4,835. Expenditures for FY 1999 were \$34,921,722, while expected expenditures for FY 2000 are \$46,573,718.

The average cost per customer per month in FY 1999 (all funds) was \$698, while the average monthly cost for FY 2000 to date is \$752. We have submitted a waiver application to HCFA with a cost cap of \$2,760, so that any new person whose plan of care would exceed \$2,760 per month would not be eligible for in-home services. Attached in Chart 2 is a summary of the numbers of customers per fiscal year for the last three years as well as the cost in all funds for serving those customers.

Currently, under the waiver, the services that are available are adult day care, sleep cycle support, personal emergency response system and installation, wellness monitoring, healthcare attendant services, and respite care. If the waiver is renewed, which we expect will occur in the near future, we anticipate the addition of case management, assistive technology, and nurse evaluation.

The waiting list for the HCBS/FE waiver began on July 1, 1999 and on October 18, 1999, KDOA stopped adding persons to that list. The number of applicants on the list totaled 367 at that time. Targeted case managers at the area agencies on aging are contacting the HCBS/FE waiver applicants on the waiting list and services are being coordinated through the area agencies on aging. As of January 13, 2000, the waiting list has been reduced from 367 customers to 15 customers.

KDOA is working to address several HCBS program policy issues, including identifying and clarifying who is the target population for home and community-based services. We want to focus on providing services to those who are most at-risk of entering nursing facilities, and to provide those essential services needed to prevent customers from entering nursing facilities prematurely. This will involve analyzing whether the current populations that are being served

are those most at-risk of entering a nursing facility. We also plan to analyze the services themselves to see if they are those most critical for preventing premature entry into the nursing facility.

KDOA will also analyze HCBS services to determine whether they are consistent with those being provided in other state-funded programs. The agency is working toward streamlining services, so that no matter what the funding source, customers are provided the same types of services. An example of such a service is case management, which would be the same under all funding sources. The only difference may be the target population served and the level of service provided under any funding source.

Finally, the agency is focusing on operating the waiver in a more risk-sharing fashion, so that the customer would be allowed to assume risk for his or her care. Customers would make choices as to the degree of risk he or she would like to assume, so that he or she could receive services even though the services would not guarantee to meet 100% of the customers health, safety and welfare needs in his or her home.

Targeted Case Management

The average number of customers served per month in FY 1999 was 3,744, with an average of 4,373 customers anticipated to be served per month in FY 2000 (see Chart 3).

The current budgeted amount for targeted case management is \$5,048,036. The average cost per month per customer for targeted case management currently is \$124.09 and the average number of targeted case management hours per customer per month is currently 3.1 hours.

Targeted case management services include assessment, re-assessment, plan of care development, service coordination, monitoring, gatekeeping, resource development, advocacy, crises intervention, and documentation.

In the handout is a summary of targeted case management showing expenditures for the last three years, and what we expect to spend this year.

We are analyzing alternative funding sources, such as certified match, in an attempt to maximize federal drawdown. We are currently looking at options to provide targeted case management within the budgeted amount.

Senior Care Act and Income Eligible programs

The number of customers served under the Senior Care Act and Income Eligible (IE) programs in FY 1999 was 9,092, with the average annual cost per person for Senior Care Act and IE being \$644.02 in FY 1999.

The agency formed a work group to look at integrating the two programs into one, and I will consider the recommendation of that workgroup and the impact it would have on customers.

Volunteerism

We are looking at efforts to increase volunteerism at the local level, such as utilizing informal support provided to customers by families, neighbors, community organizations and/or churches.

Outcome and Assessment Information Set (OASIS)

OASIS is a federally mandated program which requires providers to accumulate certain statistical information. We are aware that providers are concerned about the impact of OASIS on provision of services to home health customers, and that the program could lead to loss of home health agencies in the state. We are tracking the federal regulations in their development.

Demographic issues

Kansans over age 85, by percentage, are the fastest growing segment of the population. Therefore, although the nursing facility population has been decreasing over the last few years, we anticipate that this trend will reverse itself. In fact, the first five months of FY 2000 indicate an average of 11,498 residents which is a 158-person increase over the FY 1999 average of 11,340.

Impact of Baby Boomers

Americans are living longer and their transition into senior life will not simply be a matter of greater numbers. It will have a dramatic impact on the policies, economics and social structures of the future. Policy makers at all levels need to ensure there are resources, programs, and policies in place to provide much needed support and information for an increasingly older population.

We ought to prepare ourselves for the changing needs of an aging baby boomer generation. Baby boomers will continue to have an enormous impact on our society as we age, but we will age differently than our parents. The fastest growing segment of the elderly population will be those 85 years old and older. In the next 30 years we will see millions more Americans facing the challenges of chronic illnesses and disabilities. It is a great blessing that we are living longer. But despite all the medical advances that have been made, people still age. And because so many more of us are growing old, many of us will need help with basic everyday tasks. We must work together to find ways not only to care for those with long-term care needs, but also to support the caregivers. Kansas, and the nation, is facing a boom in the senior population. This growth means that KDOA and the aging network must focus on providing the best possible long-term care services.

Currently, Kansas is fifth in terms of states with the highest percentage of residents over the age of 85. Kansas is eleventh in the nation in terms of states with the highest percentage of residents over 65 years of age. By the year 2010, 14% of the Kansas population will be over the age of 65. To put that into better perspective, one in five Kansans will be over the age of 65 by 2020.

Health Insurance Counseling

The Senior Health Insurance Counseling for Kansas (SHICK) program put more than \$1.27 million back into the pockets of elderly and disabled Kansans during the federal fiscal year that ended September 30, 1999. Under the SHICK program, a program funded by the department and operated by the Kansas insurance department, via a contract with KDOA, trained volunteers help Medicare eligible Kansans deal with the often-perplexing Medicare rules and forms. Without this program, seniors and disabled Kansans on fixed incomes would have spent nearly \$1.3 million more on prescriptions and insurance premiums during FY 1999 -- an increase of 37 percent over the savings that SHICK found for Kansans on Medicare during FY 1998. SHICK helped more than 7,000 seniors and disabled Kansans during FY 1999, an increase of 55 percent over FY 1998.

Management Information Systems

During 1999, KDOA worked on developing the Kansas Aging Management Information System (KAMIS) for use by AAA's, service providers for aging programs, and KDOA staff. KAMIS will replace the Client Assessment and Referral System (CARS), an older system which has problems. KAMIS will use Internet technology to provide low-cost, high-function access to our customers and service providers. KAMIS will perform the functions our users need at an acceptable response level.

Program of All-Inclusive Care for the Elderly (PACE)

Federal regulations have been issued and SRS and KDOA are working jointly to establish a PACE program in Kansas. PACE provides all needed care in the most appropriate setting for customers who are eligible for nursing home care. Services include primary care, social work, and restorative therapy, all of which are provided at a central location, in a customer's home or at a facility. Specialty and ancillary medical services are also provided, as well as long-term services such as transportation, meals, and personal care.

Nutrition Voucher Pilot Project

KDOA is developing a pilot project for use of nutrition vouchers in urban and rural locations. Vouchers could be used at a restaurant or other location, contracted by an Area Agency on Aging. Vouchers will provide more nutrition options and choices to seniors. If the pilot project is successful, voucher programs will be offered in other areas of the state.

Caregiver Support Project

Family members, friends and neighbors, are often caregivers for seniors. Caregiving can be physically and emotionally stressful, and to alleviate some of the "burnout" that caregivers experience, KDOA plans to provide several resources to assist caregivers in their difficult daily tasks. Some of the resources we plan to provide are:

- Develop internet resources for caregivers, including a "chat" room where information and problem solving between caregivers can take place;
- Create a library of resources for use by individuals, community groups and businesses;

- Develop training for current and potential caregivers in areas such as hands-on caregiving, mentoring caregivers, and for businesses who may have employees who are caregivers; and
- Caregiver support groups.

Mental Health and Substance Abuse Among Older Americans

Among the issues that cannot be ignored which affect a person's health are substance abuse and mental health. These issues are a much bigger problem than most people realize. Substance abuse involves up to 17% of older Americans and mental health issues are facing up to 25% of our seniors. A new area of focus for the Kansas department on aging will be to find ways to promote awareness and understanding about the issues and identify ways to help aging services and mental health and substance abuse professionals work together.

Meeting the Needs of Rural Kansans

We know that one-fourth of America's population lives in rural areas. Compared with urban Americans, rural residents have higher poverty rates, a larger percentage of elderly, tend to be in poorer health, have fewer doctors, hospitals, and other health resources, and face more difficulty getting to health services. We must look for ways to improve access to care, to attract primary care physicians and other health care providers to rural areas, to increase our health promotion and disease prevention efforts, and to organize our services for vulnerable rural populations.

Future Direction of KDOA

We must seek to coordinate and collaborate with other state agencies that serve our customers, including the Kansas Department of Social and Rehabilitation Services (SRS), the Kansas Department of Health and Environment (KDHE), the Kansas Insurance Department, the Long-Term Care Ombudsman, and others. We must improve our communication with all our partners, and most importantly, with our customers. We will be re-examining our focus, our management techniques, service delivery systems, and internal structure. Identifying the situation is only part of the solution. We must also now equip ourselves with the tools to address the needs of tomorrow. For that reason, we have formed a partnership with the Kassebaum Center for Gerontology at the University of Kansas Medical School, to develop a map that will envision the sociographic and demographic landscape of the next three decades.

Finally, there are three primary goals that will serve as the driving force for KDOA for the future:

- To develop and support an integrated system of long-term care services that will maximize individual choice in care, ensure appropriate placement, and effectively leverage our resources.
- To develop proactive public information initiatives to inform and educate Kansans about aging issues, and to enhance KDOA's visibility and our efforts to help provide for the needs of our elders.

- To increase the effectiveness and efficiency of the service delivery system through improved management and accountability at all levels.

Thank you for the opportunity to brief you on the important work KDOA is doing for Kansas seniors. I will now stand for questions.

**Kansas Department on Aging
Nursing Facility Program**

CHART 1

Month	Customers	Average Expenditures per Customer	Monthly Expenses	
July-97	12,153	1,825.77	22,188,543	22,188,543
August-97	12,164	1,614.91	19,643,749	41,832,292
September-97	12,096	1,631.06	19,729,356	61,561,648
October-97	11,992	1,858.69	22,289,408	83,851,056
November-97	11,882	1,611.82	19,151,701	103,002,757
December-97	11,728	1,630.79	19,125,955	122,128,712
January-98	12,037	1,818.34	21,887,384	144,016,096
February-98	11,092	1,433.91	15,904,953	159,921,049
March-98	11,819	1,761.67	20,821,159	180,742,208
April-98	11,664	1,865.00	21,753,358	202,495,566
May-98	11,464	1,600.26	18,345,395	220,840,961
June-98	11,365	1,657.01	18,831,909	239,672,870
July-98	11,420	1,848.21	21,106,524	21,106,524
August-98	11,353	1,720.32	19,530,790	40,637,314
September-98	11,292	1,837.45	20,748,442	61,385,756
October-98	11,586	1,990.02	23,056,411	84,442,167
November-98	10,856	1,814.46	19,697,773	104,139,940
December-98	11,483	1,869.61	21,468,729	125,608,669
January-99	11,600	1,999.99	23,199,874	148,808,543
February-99	11,387	1,759.26	20,032,725	168,841,268
March-99	11,151	1,680.98	18,744,600	187,585,868
April-99	11,542	2,050.98	23,672,444	211,258,312
May-99	11,180	1,697.48	18,977,846	230,236,158
June-99	11,234	1,808.09	20,312,083	250,548,241
July-99	11,516	1,997.67	23,005,163	23,005,163
August-99	11,361	1,922.21	21,838,213	44,843,376
September-99	11,453	1,928.26	22,084,363	66,927,739
October-99	11,658	2,149.14	25,054,657	91,982,396
November-99	11,502	1,948.47	22,411,297	114,393,693
December-99	11,455	2,100.00	24,055,500	138,449,193
January-00	11,270	2,025.00	22,821,750	161,270,943
February-00	11,200	2,025.00	22,680,000	183,950,943
March-00	11,400	2,100.00	23,940,000	207,890,943
April-00	11,170	2,025.00	22,619,250	230,510,193
May-00	11,140	2,025.00	22,558,500	253,068,693
June-00	11,300	2,100.00	23,730,000	276,798,693
Avg Cost/Month		2,028.81		
Avg Customers	11,369			

Source: SRS Medical Assistance Reports
December - 99 through June - 00 based on projections
STARS monthly accounting adjustments not reflected

1/10/00

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**Kansas Department on Aging
HCBS/FE Waiver**

CHART 2

Month	Customers	Change in Caseload	Average Expenditures per Customer	Monthly Expenses		Percentage Increase in Number of Customers from Prior Year
July-97	2,281		479.00	1,092,600	\$1,092,600	
August-97	2,709		622.68	1,686,845	2,779,445	
September-97	2,716		556.94	1,512,647	4,292,092	
October-97	3,352		817.44	2,740,045	7,032,137	
November-97	3,344		702.42	2,348,890	9,381,027	
December-97	3,456		630.15	2,177,785	11,558,812	
January-98	3,502		721.23	2,525,761	14,084,573	
February-98	3,593		663.35	2,383,413	16,467,986	
March-98	3,548		642.17	2,278,436	18,746,422	
April-98	3,982		772.05	3,074,302	21,820,724	
May-98	3,853		640.75	2,468,810	24,289,534	
June-98	3,649		711.02	2,594,521	\$26,884,055	
July-98	4,077		782.03	3,188,329	\$3,188,329	78.74%
August-98	3,687		573.05	2,112,839	5,301,168	
September-98	3,927		663.12	2,604,088	7,905,256	
October-98	4,425		802.60	3,551,500	11,456,756	
November-98	3,725		625.67	2,330,622	13,787,378	
December-98	4,219		724.13	3,055,084	16,842,462	
January-99	4,441		705.22	3,131,892	19,974,354	
February-99	4,350		645.56	2,808,175	22,782,529	
March-99	4,555		699.83	3,187,705	25,970,234	
April-99	4,673		788.19	3,683,232	29,653,466	
May-99	4,679		649.69	3,039,907	32,693,373	
June-99	4,654		688.68	3,205,102	-846,000 * \$35,052,475	
July-99	5,063		754.66	3,820,862	846,000 * \$4,666,862	24.18%
August-99	4,730		666.10	3,150,667	7,817,529	
September-99	4,714		747.45	3,523,803	11,341,332	
October-99	4,984		886.23	4,416,961	15,758,293	
November-99	4,683		700.01	3,278,127	19,036,420	
December-99	5,104	120	835.00	4,261,840	23,298,260	
January-00	5,214	110	668.00	3,482,952	26,781,212	
February-00	5,264	50	668.00	3,516,352	30,297,564	
March-00	5,334	70	835.00	4,453,890	34,751,454	
April-00	5,384	50	668.00	3,596,512	38,347,966	
May-00	5,434	50	668.00	3,629,912	41,977,878	
June-00	5,504	70	835.00	4,595,840	\$46,573,718	
July-00	5,554	50				9.70%

Source: SRS Medical Assistance Reports
 December - 99 through June - 00 based on projections
 STARS monthly accounting adjustments not reflected
 *SFY 1999 Pended Claims

1/10/00

1-10

**Kansas Department on Aging
Targeted Case Management**

CHART 3

Month	TCM Customers	Average Expenditures per Customer	Monthly Expenses	
July-97	2,989	74.43	222,486	222,486
August-97	2,604	73.87	192,367	414,853
September-97	1,990	92.39	183,852	598,705
October-97	2,895	81.65	236,372	835,077
November-97	2,185	75.41	164,765	999,842
December-97	2,841	91.51	259,994	1,259,836
January-98	4,238	96.32	408,218	1,668,054
February-98	3,131	94.86	296,993	1,965,047
March-98	3,543	89.83	318,271	2,283,318
April-98	3,259	88.17	287,359	2,570,677
May-98	3,077	117.45	361,407	2,932,084
June-98	3,493	106.06	370,471	3,302,555
July-98	3,689	134.83	497,371	497,371
August-98	3,230	120.47	389,125	886,496
September-98	3,466	111.90	387,843	1,274,339
October-98	3,962	138.36	548,185	1,822,524
November-98	3,754	129.78	487,197	2,309,721
December-98	3,500	97.47	341,157	2,650,878
January-99	3,490	107.21	374,158	3,025,036
February-99	3,843	134.56	517,112	3,542,148
March-99	3,928	126.79	498,034	4,040,182
April-99	4,198	138.70	582,248	4,622,430
May-99	4,120	130.96	539,558	5,161,988
June-99	3,744	121.60	455,253	5,617,241
July-99	4,373	143.66	628,230	628,230
August-99	4,407	116.72	514,395	1,142,625
September-99	3,933	107.04	420,979	1,563,604
October-99	4,335	141.77	614,576	2,178,180
November-99	3,976	108.66	432,029	2,610,209
December-99	4,800	141.30	678,240	3,288,449
January-00	4,150	113.05	469,158	3,757,607
February-00	4,200	113.05	474,810	4,232,417
March-00	4,850	141.30	685,305	4,917,722
April-00	4,250	113.05	480,463	5,398,184
May-00	4,300	113.05	486,115	5,884,299
June-00	4,900	141.30	692,370	6,576,669

Source: SRS Medical Assistance Reports
December - 99 through June - 00 based on projections
STARS monthly accounting adjustment not reflected

1/10/00

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County Treasurer

RENO COUNTY
206 West First Ave.
Hutchinson, Kansas 67501-5245
(316) 694-2938

TDD: Kansas Relay Center 1-800-766-3777

TESTIMONY – HOUSE BILL 2385
PRESIDENTIAL PRIMARY

To: Rep. David Adkins and House Appropriations Committee.

From: Larry Tucker, Reno County Treasurer

I apologize, but on short notice, I am not able to attend your hearing today. May I first express my disappointment in the legislature removing the funds allocated by the Governor to hold a year 2000 presidential preference primary in Kansas. I truly believe that there is a cost to a democracy and that you as elected officials have a responsibility to provide Kansas citizens with the opportunity to participate in this process. Understanding that the components of House Bill 2385 does not address year 2000 funding, I do submit the following written testimony for the record.

1. Presidential Preference Primary. I strongly support the continuation of a primary for subsequent presidential election years in Kansas. It is important to provide the opportunity for Kansas voters to participate in this important election process. As a registered democrat, my vote has never counted in past general presidential elections. As you know, no democrat has received our state's electoral votes since 1964, four years before I was old enough to vote. The odds again indicate that if no presidential preference primary is held in future years, then the voice of many democrat voters will not be counted.
2. Local costs for special elections. If the presidential preference primary is not provided for and funded at the state level, then local governments will have to pay for the costs of special elections. Many school districts needing to decide issues on local taxes for operating budgets and new school buildings, cannot wait until August or November to put them on the ballot. In addition, it places an undue burden on local governments, when they have to endure the entire cost of special elections, which could be easily shared by taxpayers across the state.

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3. It is time for Kansans to send a message to Washington. We want to be a serious participant in the presidential election process. One way to do that is to form regional primaries, whereby voters could see and hear first hand how candidates stand on national issues. In addition, the Kansas legislature should pass a resolution asking that congress eliminate the Electoral College system for electing our national presidents. It is time that every vote should count !

I thank the committee for reading my testimony. If you have any questions, please contact me.

Respectfully submitted,



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A better way to elect a president

Our nation's presidential nomination system is failing. Presidential hopefuls are dropping off the roster before the game even starts. The dream that anyone can grow up to be president of the United States is a warm, fuzzy fantasy. But, in reality, the cost to run a successful presidential campaign has more than doubled over the past decade. We have moved away from low-cost caucuses to high-cost primary elections. In addition, the system is front-loaded. Only those candidates with enough up-front money to run in a dozen states at once can play.

Many states have moved their primary elections to earlier dates for 2000 in an effort to gain a louder voice. This simply makes a longer campaign season for the general election, which brings us right back to the money game.

Media coverage focuses on the horse-race mentality of which candidate raises the most money and runs the most ads, not on the issues. Quite frankly, the race today is about money and momentum. Ideas and organization are for political theorists, not those seeking the nomination. The voters' perception of momentum is based on poll figures, not public support for a candidate's stand on issues.

This perverse system impacts not only the quality of the candidate but the electoral process itself. That is why the National Association of Secretaries of State has developed and is promoting a system of rotating regional presidential primaries.

Are you tired of your state being ignored? The rotating system treats all states fairly and gives voters across the country the opportunity to have substantive influence over the selection of partisan nominees for president. Every voter in the country, not just those in the early rounds of primaries, will have an impact with this plan.

Through the establishment of a regional primary system, each region has

an opportunity to be first in the process of selecting presidential delegates. Supporters assume that this system would be voluntary with the individual states and not mandated by the federal government.

The process is designed to begin with the presidential election in 2004. States must enact legislation enabling participation in the rotating regional primary system no later than Jan. 1, 2002. NASS would coordinate the establishment of regions and a lottery determining the original order of the primaries. Regional presidential primary dates would be the first Tuesday in March, April, May and June. The order of the primaries would rotate so that each region would have the opportunity to begin the process. Whichever region goes first in 2004 would move to the end of the line in 2008.

The rotating plan would leave unchanged the traditional campaign kick-offs in Iowa and New Hampshire, which would be followed by four regional contests: East, South, Midwest and West.

Rotating regional primaries would lengthen the time for primary elections, but not for campaigns. Voters would have more time to learn about the candidates and the candidates would have to raise and spend less money. Presently, the primaries are bunched up and only well-financed candidates can afford simultaneous national ad campaigns. Candidates could set up a month-long camp in each region and focus on the issues facing the citizens of that region.

The advantages of this idea are obvious. Rather than decide the nomination in a chaotic process in a few weeks in February and March, the parties could do the job in a more deliberative way over the course of four months. Rather than have to raise the megabucks necessary to compete in simultaneous primaries on opposite coasts in the electoral giants of New York and California, as will be necessary in 2000, candi-

A new plan would give every region of the nation a chance to make an informed decision in selecting presidential party nominees.

BY RON THORNBURGH



dates would find the primaries in such large states more evenly spaced.

No plan will please everybody, but this one seems worth exploring seriously.

NASS will be working with The Council of State Governments, the National Governors' Association, the National Conference of State Legislatures and the Republican and Democratic parties to prepare legislation on this issue.

Democracy has become an avenue for economic development in some states and we do not want to cheapen democracy in this manner. The money game is turning people off politics so, we must remember we need all voters to determine a winner.

For more information on the rotating regional primary contact: Kansas Secretary of State Ron Thornburgh, (785) 296-4575, rontssmail.wpo.state.ks.us; California Secretary of State Bill Jones, (913) 653-7244, bjones@ss.ca.gov; Massachusetts Secretary of State Bill Galvin, (617) 727-9180, cis@sec.state.ma.us. ★

Ron Thornburgh is the Kansas secretary of state.

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