Approved: March 30, 2001
Date

MINUTES OF THE HOUSE COMMITTEE ON INSURANCE.

The meeting was called to order by Chairperson Rep. Robert Tomlinson at 3:30 p.m. on March 20, 2001 in Room 519-S of the Capitol.

All members were present except:	Representative Jene Vickery
Committee staff present:	Dr. Bill Wolff, Legislative Research Ken Wilke, Legislative Revisor Mary Best, Committee Secretary
Conferees appearing before the committee:	Senator Lynn Jenkins, Kansas State Legislature Mr. James Redmon, Kansas Children Service League Mr. Andy Sanchez, Kansas Association of Public Employees
Others attending:	See Attached Guest List

Upon coming to order the first conferee to come before the committee was Senator Lynn Jenkins. Representative Jenkins was to address **SB 151**- State employee health plan; removal of waiting period for child coverage with Proponent Testimony. A copy of the testimony is (Attachment #1) attached hereto and incorporated into the Minutes by reference. Senator Jenkins gave an overview of the bill explaining that in the process of bringing in HealthWave to cover the uninsured children of Kansas, the children who have a parent working for the state were excluded. She explained that if a parent is working for the state and is unable because of low wages, etc. was unable to afford the family plan to include their children, they at this point cannot qualify for coverage under the HealthWave plan, nor was there a way to bring them under the state health plan. This bill is to be an outlet for those families and provide them with a way to be included under the parent's coverage. She explained that the Federal Government thought the State could take care of its' own. Unfortunately that is not the case. Senator Jenkins also included a copy of testimony from a family who has experienced such problems. The amount of the coverage is approximately, $143 per pay period, in addition to the cost of the state employee's cost for his/her own coverage. This depends on the program the employee has chosen. She continued on to explain that "the bill has no specific source for funding. It simply affords the opportunity to receive grants, donations, &/or appropriations from most any source. Most importantly the bill requires an annual reporting to the legislature as to the usage fo the program." The data would then assist the legislature and others to determine the need for such coverage in the future. The Senator stood for questions. Questions were posed by Chairman Tomlinson, followed by Representatives Boston, Huy, Kirk, Edmonds, Ostmeyer, Grant and Toelkes.

The next conferee to come before the committee was Mr. James Redmon, Kansas Children Service League. A copy of the Proponent Testimony is (Attachment #2) attached hereto and incorporated into the Minutes by reference. Mr. Redmon confirmed the testimony given by Senator Jenkins. There were no questions.

Mr. Andy Sanchez was the final conferee to come before the committee with Proponent Testimony. A copy of the testimony is (Attachment #3) attached hereto and incorporated into the Minutes by reference. Mr. Sanchez supported the prior testimony and the only question was by Representative Phelps.

Written testimony only was presented in support of the bill by Ms. Leigh Anne Henson, March of Dimes, Commissioner Kathleen Sebelius, Kansas Insurance Department and Mr. Gary Brunk, Kansas Action for Children, Inc.. A copy of their testimonies are (Attachment #'s 4, 5,6) attached hereto and incorporated into the Minutes by reference.

As there were no further conferees to speak to the bill, the public hearing on the bill were closed

Representative McCreary offered a sub-motion to the bill which was seconded by Representative Huy. His sub-motion was to amend the bill for The Sunflower Foundation to fund the program. There was discussion over authority to commit funding from this project. Lines of 16, 17, 18 were quoted by Representative Kirk to be a pilot program. The committee was back to the sub-motion and revising it to limit this to Sunflower funds. A vote was taken and the motion failed. The committee was back on the original motion to pass out favorably. The vote was taken and the motion passed.

SB 19 - Health insurance; classifying OB/GYN as a primary care provider. Representative Kirk made the motion to move the bill out favorable for passage. Representative Mayans seconded the motion.. Representative Kirk then withdrew the motion. Representative Kirk moved to amend the bill. The amendment was to place **HB 2446** - Insurance coverage for diagnosis and treatment of osteoporosis, as it exists. The motion was seconded by Representative Sharp. The motion passed. There was a motion to change **HB 2446** to strike Section1 through the end of the page and the first eleven lines on page 2. This would amend page 1, following line 28 inserting new sections as follows:

"Sec. 2. The purpose of section 3, and amendments thereto, is to provide insurance coverage to individuals with a condition or medical history for which bone mass measurement is determined t be medically necessary for the individual's diagnosis and treatment of osteoporosis.

Sec.3. Any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, health maintenance organization, municipal group-funded pool, and the state employee health care benefits program which provides coverage for and which is delivered, issued for delivery, amended or renewed on or after July 1, 2001, shall include coverage for services related to diagnosis, treatment and management of osteoporosis subject to the same deductibles and coinsurance as apply to other covered services.",

And by renumbering remaining section accordingly;
In line 30 by striking "Kansas register" and inserting "statute book",
In the title before the period, by inserting "and the diagnosis and treatment of osteoporosis".

A copy of the change is (Attachment #1) attached hereto and incorporated into the Minutes by reference. A vote was taken and the motion passed. Representative Edmonds made the motion to amend in **HB 2162** - Providing coverage for durable medical equipment, There was discussion on the bill and the motion and a request to withdraw the motion since the bill had not been heard before the committee and there was no fiscal note on the bill to determine the amount of money the program would cost. The request to withdraw was declined. A vote was taken on the Edmonds motion and the motion failed. The committee was back on the bill. Representative Kirk made the motion to move the bill out favorably as amended, Representative Grant seconded the motion and the motion passed.

This concluded the meeting and the meeting was adjourned. The time was 5:18 p.m.

HOUSE INSURANCE COMMITTEE GUEST LIST

DATE: March 20, 2001

SB 157

NAME	REPRESENTING
Jim Reclmer	Kansas Children Service League
Cindy D'Ercole	Kansas Action for Children
Andy SANCHEZ	KS. Assoc. of Public Employees
Cheryl Dreher Ellis	interested citizen
Judy Hoover	(Derby) citizen
Jeremy Anderson	KS Ins Dept
John Peterson	Ks Governmental Consulting
Anne Spiess	KAIFA
Tom Thompson	KTLA
Linda McCluskey	KS Ins. Dept
Cheryl Dillard	HealthNet
LARRY MAGILL	KAIA
Larry Ann Lower	KHAP
Brad Smoot	BC/BS
Lee Lynn Jenkins	

DATE: February 13, 2001

TO: Senate Financial Institutions and Insurance Committee

FROM: Lynn Jenkins

RE: SB # 151

House Comm on Ins.
March 20, 2001
Attachment #1

STATE OF KANSAS

LYNN JENKINS
SENATOR, 20TH DISTRICT
5940 SW CLARION LANE
TOPEKA, KANSAS 66610
(785) 271-6585

STATE CAPITOL, ROOM 460-E
(785) 296-7374

TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS
VICE-CHAIR: ASSESSMENT AND TAXATION
MEMBER: COMMERCE
EDUCATION
REAPPORTIONMENT
LEGISLATIVE POST AUDIT
JOINT COMMITTEE ON
ECONOMIC DEVELOPMENT

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to testify before you today in support of Senate Bill 151. The purpose of this proposed legislation is simply to provide health insurance coverage for children who qualify for HealthWave, but who are denied access because a parent is a state employee.

As you might know, HealthWave provides health insurance for Kansas children in families with limited incomes. Children receive coverage for office visits, checkups, shots, dental care, and other health care services. Many of the services provided are preventive in nature, thereby avoiding costly medical bills. Unfortunately, a small group of kids are not getting the health care they require, due to a provision within the Federal Program that excludes families that have access to state employee insurance. My belief is that this program was designed with the thought that each state should provide adequately for their own employees and families. However, it appears that Kansas is falling short of that.

When I contacted SRS, I found that 31 children had been denied access to the HealthWave program solely because they had a parent who was employed in the state system. These families otherwise meet the limited income and age requirements, but including their children in the state's plan was cost prohibitive. These children fall between the cracks.

SB 151 would provide health insurance to these children. It uses the current state health plan, limiting assistance to those that meet income and age requirements identical to HealthWave.

There is no specific funding source within this bill. It simply affords us the opportunity to receive grants, donations, &/or appropriations from most any source. Most importantly the bill requires an annual reporting to the legislature as to the usage of the program. The data we gather in the first years will be necessary in order to determine the need in the future years.

Can you face a public employee and explain to him/her why their children are not afforded health care, when most other children in the state are? I cannot. I will be extremely disappointed if the State of Kansas turns its back on any child in need of health care. Therefore, I respectively request that the Committee pass SB 151 out favorably.

CHILDREN NEED HEALTH INSURANCE

(Provided by the Children's Defense Fund Health Division)

Without health insurance, children are far less likely to get medical care when they are sick or injured. Compared with insured children, uninsured children are:

* Up to ten times less likely to have a regular health care provider;
* Four times more likely to delay seeking care when it is needed;
* Five times more likely to use the emergency room as a regular place of care; and
* Six times less likely to fill a prescription because of cost.

Written testimony of Meg Stockton
March 20, 2001

I appreciate the opportunity to speak to you today through this written document supporting Senate Bill 151. I wrote to Senator Jenkins in late December 2000 asking for her assistance in having the rules and regulations surrounding HealthWave benefits as they affect state employees examined.

As you may know, HealthWave is children's insurance designed for the class of families known as "the working poor" - families whose income falls somewhere around the poverty level but is too high for welfare benefits. HealthWave has been denied to many "working poor" families due to a family member's employment with the State of Kansas. My family is one of these - my husband works 20 hours per week for the State and attends school full-time. He has access to health insurance so when we applied for the recertification of the HealthWave coverage we had on our two daughters, that coverage was denied and therefor discontinued. Why is the health insurance designed for our daughters denied them? Because the federal mandate that led to the creation of HealthWave specifically states "children excluded are those whose families are eligible for the State employee benefits plan."

In November 2000, when our HealthWave coverage was discontinued, our then 3-year-old daughter Emma (she celebrated her 4th birthday on Kansas Day) had had an ear infection in June, another in September and was halfway through a ten day dosage of antibiotics treating strep throat. Knowing Emma would need to see her doctor and most likely be on antibiotics three to four times during the winter that was coming, I was very upset and discouraged when I received the letter canceling her insurance coverage. To be honest with you, I cried in frustration for a few minutes and then I got angry. I started writing letters questioning the ruling and eventually got in touch with Senator Jenkins.

Emma has suffered from 24 to 32 ear infections during her young life and has had strep throat three times. Luckily, our older daughter has been blessed with exceptionally good health but is now entering a period in her life when regular dental exams will be extremely important. Until our HealthWave coverage was discontinued, we never had to worry about making sure Emma saw the doctor or Kalen saw the dentist as needed. Now, I worry.

Currently, our daughters have no health insurance because we can't afford the extra $250.00 per month that health insurance would cost. Even with health insurance, because of deductibles, we would still be responsible for at least some of the cost of a visit to the doctor's office and also at least half the cost of any prescription. We opted to gamble that nothing major would go wrong with either of our daughters when we weighed the financials and chose to have our daughters be without insurance. Families shouldn't have to make that decision – make that gamble and take that risk. We've been lucky so far, but I'm not taking that for granted. If Senate Bill 151 were to pass and go into effect, families such as ours would be relieved of the stress of the financial burden of insurance or the anxiety of no health insurance on their children. No child should be without adequate health care and quite often that is compromised due to a family's financial situation.

According to the Children's Defense Fund Health Division, children without health insurance are far less likely to get medical care when they are sick or injured. Compared with insured children, uninsured children are:

- Up to ten times less likely to have a regular health care provider;
- Four times more likely to delay seeking care when it is needed;
- Five times more likely to use the emergency room as a regular place of care; and
- Six times less likely to fill a prescription because of cost.

When I read these statistics for the first time recently I was shocked. Not by the statistics themselves, but by how closely they reflected our recent experiences. After Emma finished the antibiotics in November, she was better, but not really at 100 percent. I did not try to take her to the doctor because I was fearful of the cost of the visit and based on previous experience, I was relatively certain she would be placed on antibiotics again and I was also apprehensive of that cost. I kept giving her over-the-counter cold medications and praying she would get better and that she didn't have yet another ear infection. Just like the statistic stating that the uninsured are four times more likely to delay seeking care when it is needed – I did not take her to the doctor even though I knew she needed to go. On December 19, 2000, when we picked her up at daycare she was crying and telling us her ear hurt. It was not like Emma to complain, so I knew it must <u>really</u> hurt, <u>and</u> she was running a fever. We took her to the Shawnee County Health Agency but were turned away because we didn't have an appointment. They recommended we go to the emergency room and in answer to my question told me we would not have to pay up front - that we could be billed. Keep in mind that we were halfway between paydays and Christmas was just days away. So, again referring to the statistics that say the uninsured are five times more likely to use the emergency room for care, we took Emma to the emergency room. After a three hour wait during which time Emma cried almost constantly, she was finally seen and diagnosed with a sever ear infection. I swallowed my pride and told the doctor that we did not have any insurance or prescription benefits and I asked him to prescribe an inexpensive antibiotic even though it may have been less effective. You see, even though I knew she was sick, a prescription I couldn't pay for did not good. Luckily the hospital has some funding for situations like that and Emma was given a strong antibiotic at no cost to us. I can honestly tell you, we never would have ended up in the emergency room had Emma still had HealthWave coverage.

I beg you to think of Emma and other children like her as you consider Senate Bill 151. How can you let these children and their health be a gamble for their families every day? On behalf of my daughters Kalen and Emma, I am asking for your support of Senate Bill 151.

Kansas Children's Service League

WHITE LAKES MALL
3616 SW TOPEKA BLVD
P.O. BOX 5268
TOPEKA, KS 66605-5268
785-274-3100
785-274-3181 (FAX)

PREVENTION &
COMMUNITY PROGRAMS
WEST HALL
300 OAKLEY
TOPEKA, KS 66606
(785) 235-1611
(785) 235-1822 (FAX)

EMERGENCY YOUTH
SHELTER
802 BUCHANAN
TOPEKA, KS 66606
785-232-8282
785-232-4142 (FAX)

OTHER LOCATIONS

ANDOVER
CIMARRON
CLAY CENTER
CONCORDIA
CUNNINGHAM
DEERFIELD
GARDEN CITY
HUGOTON
HUTCHINSON
JOHNSON/MANTER
JUNCTION CITY
KANSAS CITY
KINGMAN
LAKIN
LEOTI
LIBERAL
MANHATTAN
MARYSVILLE
NORWICH
OLATHE
PRATT
SALINA
SATANTA
SCOTT CITY
STAFFORD
ULYSSES

Testimony before the House Financial Institutions and Insurance
SB 151 State Employees benefit program relating to children
3/20/01

Kansas Children's Service League is a not for profit agency serving children and families across the state. In our one hundred and eight years, KCSL has provided a range of services driven by community needed spanning the areas of Prevention, Early Intervention, Treatment and Placement. KCSL also has a long and rich tradition of advocating for the needs of Kansas children and their families as reflected in our mission. Our collective efforts are aimed at keeping children safe, families strong, and communities involved.

KCSL appears in support of SB 151 that addresses a serious gap in ensuring children and families receive vital health care coverage.

KCSL is committed to improving the quality and range of ***prevention and early intervention*** services including access to quality health care services for children and their families. To that end KCSL believes:

- All children are entitled to adequate and accessible health care services, an essential component in ensuring their healthy growth and development.
- Providing health care services to children is a necessary part of supporting healthful lives and environments for children. In the absence of such services, unresolved health concerns can place an undue burden on families and negatively impact their ability to provide emotional and financial stability.
- On going evaluation of health services for children, including access to services, adequate health insurance coverage, and the structure and capacity of provider the provider system, is an essential element in determining whether the health system is appropriately responsive to the needs of our children.
- Resources should be dedicated to engage children and families, currently under served by or disengaged from the health care system, in obtaining information about and access to available health care services and coverage options.

KCSL has been a good partner in promoting health care for children and families. Through our implementation of the Robert Wood Johnson Foundation grant (Kansas Covering Kids/Health Wave), KCSL has worked closely with the state and other key partners to engage in comprehensive outreach efforts to children and families who do not have access to health care and health insurance coverage.

Although the Health Wave program is critically important for the health of Kansas's children, there remain gaps such as the ones SB 151 addresses. Even with seemingly liberal income guidelines there still are many families who fall above the threshold and cannot afford coverage. There is an assumption that if everyone who qualified for Health Wave enrolled, all our children's medical needs would be addressed. Unfortunately, we all know that is not the case. People who do not qualify for Health Wave but who still cannot afford basic health care, often find themselves faced with untenable decisions. For example, one of our employees noted that a single mother was faced with choosing between her house payment and health insurance. She opted for the roof over her head.

House Committee on Ins
March 20, 2001
Attachment # 2

We are working closely with the Kansas Health Institute as we review how successful our strategies have been in recruiting families into Health Wave. We need to now turn our attention to how we level the playing field for those ineligible for Health Wave. SB 151 provides a good start in the right direction.

Respectfully submitted,

Jim Redmon, Director of Prevention and Community Based Services

KCSL Priority Issue: Healthy Families

BACKGROUND

Kansas Children's Service League (KCSL) is a statewide non-profit agency providing services to Kansas children and families since 1893. We provide a broad range of services throughout the state as part of our enduring commitment to help keep children safe, families strong, and communities involved.

KCSL has a core commitment to prevention and early intervention and the prevention of child abuse. The Kansas Chapter member of Prevent Child Abuse America (PCAA) and an active participant in the public policy and programmatic arms of the Child Welfare League of America (CWLA), KCSL continues to be on the leading edge of public policy and service innovation regarding the prevention and reduction of child abuse.

The identification of child abuse as a primary public health issue has further strengthened KCSL's resolve to promote and develop the interventions needed to prevent child abuse and neglect and to ensure healthy growth and development for all children. KCSL's advocacy efforts are rooted in this obligation to keep children safe and families strong through supporting policy, programmatic, and fiscal interventions that further the ability of communities across the state to create healthy environments for children.

STATE FUNDING FOR HEALTHY FAMILIES PROGRAMS

KCSL will work to expand public and private funding for Healthy Families services across Kansas. Existing and emerging brain research identifies early intervention as an essential piece of effective community prevention strategies. In the effort to both prevent child abuse and neglect and to promote healthy children and strong families, it is necessary to provide communities with the resources to develop programs that meet the needs of babies and their families. KCSL has been a leader in establishing Healthy Families programs without state funding at four sites in Kansas. However, sustainability of these and other programs will require state participation.

The Healthy Families program, one of the only prevention programs that provides neonatal interventions, emphasizes community-based early intervention (birth to three years) efforts centered on achieving specific, measurable outcomes in promoting healthy child growth and development, enhancing family functioning, promoting positive parent-child relationships, and connecting families to supportive resources. A community-based family strengthening program, Healthy Families meets the needs of babies and young children at risk for abuse and neglect while providing support and resources for young families throughout the community. Dedicating state resources and support for Healthy Families programs will help ensure that communities with Healthy Families programs can continue those investments, while providing additional communities across the state with the funds and access necessary to develop Healthy Families initiatives.

WHY SUPPORT FUNDING FOR HEALTHY FAMILIES

- **Dedicated state funding for Healthy Families is an essential part of supporting communities in developing prevention and intervention programs that meet the unique needs of their children and families.**
- **Child abuse and neglect in Kansas is on the rise.** Child abuse and neglect reports have risen statewide from 34,172 in 1997 to 39,642 in 1998. (*2000 KANSAS KIDS COUNT Data Book*)

- **Child abuse and neglect is a primary public health issue**. The scope and the impact of child abuse and neglect, coupled with public concern about the health and safety of children, make it an important public health issue. Each year, an estimated three million cases of suspected child abuse and neglect are reported to Child Protective Service agencies, of which one million are substantiated. The annual costs of treating child abuse and neglect are estimated to be $9 billion, including health care, out-of-home care, and child protective service costs. (PCAA, 1994)

- **The cost savings of prevention.** For every dollar spent on prevention, two dollars are saved that might have been spent on child welfare services, special education services, medical care, foster care, counseling, and housing juvenile offenders. (PCAA, 1999)

- **Healthy Families reduces abuse and neglect.** Families enrolled in a Healthy Families program are two to three times less likely to mistreat their children than comparable families not enrolled. *(Healthy Families America: Using Research to Enhance Practice,* The Future of Children, 1999)

- **Healthy Families programs intervene early with populations at highest risk for abuse and neglect.** Healthy Families programs work with babies aged zero to three years and their families. It is one of the few early intervention programs that provides prenatal interventions. Working with families with multiple challenges, Healthy Families programs reach a broad-based segment of the population, including families with stressors due to low income, substance abuse, domestic violence, and single-parent issues.

- **Healthy Families programs are community-driven and community-oriented.** Healthy Families sites are independent, community-based, not-for-profit programs supported by a combination of public and private funding streams. Each program is designed and implemented on the local level with guidance from community members, including business leaders, members of the faith community, parents and families, existing state and local agencies, and health care professionals. Each Healthy Families program is developed to meet the specific needs of families in that specific community. Program members in Kansas participate in several community collaborations, such as Success by Six (Topeka), Family Connections (Manhattan), Heartland Programs (Salina), and the Early Childhood Coordinating Council (Wichita and Hutchinson).

  Healthy Families programs work closely with children and families; therefore, they have a unique opportunity to recognize existing gaps in local services. Because of this, several new programs have been generated in collaboration with other local agencies and Healthy Families programs. In Hutchinson, for example, the Healthy Families program worked with the local school district to create Teens as Parents, which provides support and assistance to teenage mothers, both in the classroom and in their homes. While programs such as Teens as Parents are separate from the Healthy Families initiative, the collaborative efforts around Healthy Families strengthen the community commitment to children and tighten gaps in service.

KCSL Priority Issue: Workforce Development

BACKGROUND

Kansas Children's Service League (KCSL) is a statewide non-profit agency providing services to Kansas children and families since 1893. We provide a broad range of services throughout the state as part of our enduring commitment to help keep children safe, families strong, and communities involved.

KCSL, along with other state and private child welfare agencies, is experiencing increasing difficulty in the recruitment and retention of skilled workers to provide services to the state's children in the foster care, adoption, and family preservation systems. In fact, the shortage of child welfare workers is reaching critical proportions—in Kansas and all over the nation. The most severe shortages exist in three areas: 1) child and youth care staff (residential workers, day care staff, community-based youth workers); 2) social workers (protective service workers, foster care supervisors, therapists); and 3) support/administrative staff (MIS managers, fiscal staff, clerical workers). In all of these staff positions, there are an insufficient number of qualified candidates in the recruitment pool.

Even when qualified applicants are located, agencies may be unable to hire them because they cannot compete with other segments of the economy in terms of salary, benefits, and working conditions. According to Floyd Alwon and Andrew Reitz in their Child Welfare League of America issue brief, "The Workforce Crisis in Child Welfare," administrative and support staff are in high demand throughout the economy. Child welfare workers can generally find higher paying positions in the health, education, and mental health fields.

Retention of child welfare workers is difficult for agencies for many reasons. Chief among those are the following:

- increasing service demands with fewer resources;
- crisis nature of the work and the associated stress;
- increasing needs and difficult circumstances of the service population;
- expanded administrative oversight and responsibilities; and
- need for ongoing and specialized training to maintain and improve service delivery skills.

These realities have lead to inadequate training, overwhelming workloads, too much paperwork, and lack of autonomy and decision-making power.

STATE FUNDING FOR WORKFORCE DEVELOPMENT

KCSL will work closely with its partners in supporting initiatives and strategies to strengthen the child welfare work force. Tight budget constraints hinder agencies seeking to fill child welfare positions, which makes it difficult, if not impossible, to compete with the salaries and benefits offered by the private industry or other public arenas such as education and mental health. While state funding for the enhancement of child welfare agency staffing budgets is critically important, other workforce environment factors (such as paid training and education opportunities for both supervisory positions and frontline workers) are equally important and warrant funding consideration.

WHY SUPPORT FUNDING FOR WORKFORCE DEVELOPMENT

Even with state funding earmarked for child welfare agency budgets, compensation levels, because of the nature of this work, will not be competitive with similar positions in the private sector. Thus, creative strategies for providing benefits to workers will be necessary. KCSL will support such strategies as expansion of HealthWave, the state's child health insurance program principally funded with federal Title XXI dollars, to include the option of coverage for child welfare workers. Combined with other benefits such as flexible work time, on-site child care, available technology, and training/education opportunities, having the option of affordable health insurance may be a significant retention or recruitment incentive for child welfare professionals with a strong desire to help children.

- Children and families served by KCSL deserve to be supported by highly skilled and consistent staff.
- Increased funding for training supervisors and frontline workers will positively impact turnover rates and lead to higher retention rates.
- The number of Kansas children entering the child welfare system and requiring services remains at a high level, further straining the critical shortage of competent, committed social service professionals to deliver those services.

KANSAS CHILDREN'S SERVICE LEAGUE

SERVICES BY LOCATION

Statewide
- Adoption Search
- Adoption Services
- Adoptive & Foster Home Recruitment
- Advocacy
- Child Abuse Prevention Network
- Community Resource Library
- Governor's Conference for the Prevention of Child Abuse & Neglect
- Juvenile Offender Services
- Kansas Covering Kids/ HealthWave
- Mental Health Services
- Miss Kansas Speaks
- Parent Helpline
- Parents Helping Parents
- Pacesetters for Kids
- Professional Development & Education

Andover (Augusta & El Dorado)
202 E. Rhondda, 67002
(316) 733-7882
- Foster Grandparent Literacy Program

Cimarron
315 N. Second, 67835
(316) 855-3889
- Head Start

Clay Center
503 Grant, 67432
(785) 632-6688
- Foster Care

Concordia
P.O. Box 361, 66901
(785) 243-8935
- Foster Care

Cunningham
110 W. 4th, 67035
(316) 298-2653
- Head Start

Deerfield
P.O. Box 274, 67838
(316) 426-2180
- Head Start

Garden City
705 Ballinger, 67846
(316) 276-3232
- Adoption Services
- Head Start

Hays
3000 Broadway, 67601
(785) 628-7505
- Adoption

Hugoton
304 E. Sixth, 67951
(316) 544-7016
- Head Start

Hutchinson
421 W. First St., 67501
(316) 664-5000
- Foster Grandparent Literacy Program
- Healthy Families

129 W. Second, 67501
(316) 728-1990
- Adoption Services

Johnson/Manter
Manter Elem. School, 67862
(316) 493-3055
- Head Start

Kansas City, Kansas
444 Minnesota Ave., Suite 220
P.O. Box 171273, 66117
(913) 621-2016
- Adoption Services
- Black Adoption Program
- Pregnancy Counseling
- Voluntary Foster Care

Kansas City, Missouri
3200 Wayne, 64109
(816) 921-0654
- Black Adoption Program
- Foster Homes
- Pregnancy Counseling
- Voluntary Foster Care

Kingman
607 N. Spruce, 67068
(316) 532-1871
- Head Start

Lakin
407 North Main, 67860
(316) 355-6191
- Head Start

Leoti
200 East J St., 67861
(316) 375-4933
- Head Start

Liberal
1200 W. 11th, 67901
(316) 624-9220
- Head Start

Manhattan
217 Southwind Place, 66503
(785) 539-3193
- Adoption Services
- Foster Care
- Parenting Education

Marysville
1000 Broadway, 66508
(785) 562-3907
- Foster Care

Norwich
209 Parkway, 67118
(316) 478-2775
- Head Start

Olathe
520 S. Harrison, 66061
(913) 397-7655
- Adoption Services
- Healthy Families

Parsons
115-A S. 18th,
Suite E, 66762
(316) 423-1664
- Adoption Services

Pittsburg
613 N. Broadway,
Suite E, 66762
(316) 232-1031

- Adoption Services

Pratt
123 N. Oak, 67124
(316) 672-3994

- Head Start

Salina
901 Westchester, Box 2123, 67402
(785) 825-2677

- Foster Care
- Foster Grandparent Literacy Program
- Oasis Program

Satanta
Box 808, 67870
(316) 649-2754

- Head Start

Scott City
211 Main, 67871
(316) 872-5618

- Head Start

Stafford
318 W. Broadway, 67578
(316) 234-6180

- Head Start

Topeka
3616 SW Topeka Blvd., 66611
(785) 274-3100

- Adoption Services
- Foster Care

300 SW Oakley, 66606
(785) 235-1611

- Case Management
- Emergency Shelter
- Healthy Families
- Juvenile Intake & Assessment Services
- Kinship Care
- Parent/Adolescent Mediation
- Parenting Education

Ulysses
921 N. College, 67880
(316) 356-4180

- Head Start

Wichita
1365 N. Custer,
Box 517, 67201
(316) 942-4261

- Case Management
- Cheers for Kids
- Crisis Counseling
- Crossroads
- Healthy Families
- Kinship Care
- Parenting Education
- Volunteer Program
- Youth & Family Crisis Line

1919 Amidon,
Suite 100, 67203
(316) 821-0100

- Adoption Services

Kansas Children's Service League is a private, not-for-profit agency serving children and families with offices and affiliates throughout Kansas. Founded in 1893, KCSL provides a continuum of programs and services, advocates for children, and collaborates with other public and private agencies to increase effectiveness and promote efficiency and quality. KCSL's services and advocacy efforts focus on keeping children safe, families strong, and communities involved.

KCSL has regional offices located in five Kansas cities: Garden City, Kansas City, Manhattan, Topeka and Wichita, as well as satellite offices in 26 Kansas communities and one in Kansas City, Missouri.

Our mission is to protect and promote the well-being of all Kansas children by strengthening the quality of their family life through provision of prevention, early intervention, treatment, advocacy, and placement services.

JUVENILE JUSTICE

POLICY STATEMENTS

- The child welfare system and the juvenile justice system should be sufficiently integrated and compatible to ensure that both public policy and the service delivery mechanisms increase, rather than decrease, access to services and successful outcomes.

- The legal and service responsibilities around children in the child welfare system and the juvenile justice system should be clearly outlined so that necessary assessments and service responses are readily and appropriately accessible. In the absence of such clarification, youth who are dually adjudicated or who are eligible for service in either system are at risk of being underserved.

- Programmatic, policy, and fiscal decisions should demonstrate an understanding of both the child welfare and juvenile justice systems, including service duplication, gaps in services, and service challenges. Coordinated and integrated decision-making will assist in both maximizing resources and creating a seamless continuum of community-based programs for children and youth.

BACKGROUND

Kansas Children's Service League has long been a proponent of ensuring that children in the juvenile justice system are afforded the same protection as children in the child welfare system, including access to the range of services necessary to meet their needs. This entails collaborating with service providers and key actors in the juvenile justice system and promoting public policies that enhance the viability and functioning of both systems.

Web sites and resources: Juvenile Justice Authority at http://jja.state.ks.us; Office of Juvenile Justice and Delinquency Prevention at www.ojjdp.ncjrs.org.

HEALTH CARE

POLICY STATEMENTS

- Children are entitled to adequate and accessible health care services, an essential component in ensuring their healthy growth and development.
- Providing health care services to children is a necessary part of supporting healthful lives and environments for children. In the absence of such services, unresolved health concerns can place an undue burden on families and negatively impact their ability to provide emotional and financial stability.
- Ongoing evaluation of health services for children, including access to services, adequate health insurance coverage, and the structure and capacity of the provider system, is an essential element in determining whether the health system is appropriately responsive to the needs of our children.
- Resources should be dedicated to engage children and families, currently underserved by or disengaged from the health care system, in obtaining information about and access to available health care services and coverage options.

BACKGROUND

Kansas Children's Service League has been a leader in developing partnerships to promote health care for children and families. Working to foster better access is a critical component of providing vulnerable children with the resources necessary for healthy growth and development. Through our implementation of the Robert Wood Johnson Foundation grant (Kansas Covering Kids/HealthWave), KCSL has worked closely with the state and other key partners to engage in comprehensive outreach efforts to children and families who do not have access to health care and health insurance coverage. Throughout this process, KCSL has closely monitored the numbers of children accessing health care and evaluated health care outreach mechanisms, which has assisted lawmakers in allocating adequate levels of funding and in making effective health care policy decisions.

Web sites and resources: Kansas Covering Kids/HealthWave at www.kansascoveringkids.org; The National Academy for State Health Policy at www.nashp.org; The Kansas Health Foundation at www.kansashealth.org.

MENTAL HEALTH

POLICY STATEMENTS

- Children in the child welfare system should have ready access to the range of mental health services and assessments necessary to meet their mental health needs Essential to this access is ensuring that the mechanisms through which children access mental health services are designed to effectively connect children with the broad range of services they need to support their mental health and achieve permanency.

- Children in the child welfare system need access to a mental health service system that includes a range of services, measurable outcomes, and resources that help them achieve permanency in a timely fashion. This system should reflect the specific challenges involved in working with children who exhibit unique vulnerabilities and strengths and require specific and comprehensive protections.

- The mental health system's services to children should be appropriately compatible and integrated with the child welfare and juvenile justice systems to ensure that outcomes, response systems, and services are in place that further state and local commitments to providing children with safe, stable, and supported family and community environments.

BACKGROUND

Kansas Children's Service League has been an advocate for the provision of comprehensive and accessible mental health services for children. KCSL's experience as a service provider to children throughout the state has informed KCSL's commitment to children's mental health by providing a range of practice and service experience specific to the link between children's mental health and the provision of safe, stable, family environments. Both our knowledge of the children that we serve and emerging information about children's mental health have increased our dedication to supporting children's access to mental health and to participating in public policy efforts and service innovations that seek to further integrate the child welfare, juvenile justice, and mental health systems.

For more information about child welfare issues, our agency involvement, and other links to child welfare resources, visit our Web site at www.kcsl.org.

2-11

CHILD WELFARE

POLICY STATEMENTS

- Children and youth should live in safe, stable, supportive family environments. Resources and support should be given to ensure that children and youth receive the services necessary for a healthy childhood and youth while connecting them to a range of viable, appropriate permanency options.

- As systems change is ongoing, KCSL is committed to keeping children and families at the focal point of public policy, programmatic, and fiscal decision-making. Connected to the primary obligation to children and families is a commitment to providing communities with the discretion and resources to develop service continuums that reflect local concerns and challenges.

- The child welfare system should commit to strengthening the child welfare workforce, including making substantive investments in the training and compensation of child welfare workers. This commitment to workforce viability involves assuring that all child welfare workers possess the skills and qualifications necessary so that children receive effective treatment, appropriate intervention, and adequate access to the resources necessary to ensure their healthy growth and development within a safe, stable family environment.

- The child welfare system should be dedicated to the ongoing review of the effectiveness of programs and service delivery to assure that children and families are receiving the best of service innovation, worker competence, and resource acquisition. Resources should be provided for the continuing study and improvement of the child welfare system and child welfare policy to promote outcomes-based public policy and practice.

- Children and families should have access to the information and tools necessary to advocate for improved services and to monitor the receipt of existing services. Mechanisms should be in place to allow children and families access to the information necessary to file grievances, to provide input, and to engage in their treatment.

BACKGROUND

Kansas Children's Service League has a long history of advocating on behalf of children both inside and outside of the child welfare system. This historical commitment to improved child welfare policy, service innovation, and system enhancement has helped make KCSL a leader in child welfare. With this role comes a responsibility to play an active role in the reviewing and revision of the child welfare system, recognizing that public policies, fiscal decision-making, and systemic changes must ultimately reflect the unique and varied needs of children and families throughout the state.

For more information about child welfare issues, our agency involvement, and other links to child welfare resources, visit our Web site at www.kcsl.org.

Prevention and Early Intervention

POLICY STATEMENTS

- The state has a deep and far-reaching commitment to providing all children with the tools and resources necessary for a healthy start, a healthy childhood, and a productive adulthood. The state should act as a leader in prevention and early intervention efforts, providing the resources and support necessary to make substantial gains in prevention programming and service delivery.

- State and local resources should be dedicated to the ongoing development and support of community-based, effective prevention and early intervention programs in order to address gaps in services, provide communities with a range of program options, and support service innovation.

- Prevention and early intervention efforts are an essential part of a menu of community-based services designed to keep children and families from entering the child welfare and juvenile justice systems, and ensuring that children, whenever possible, remain in their families and communities.

- Communities need the flexibility and the resources to design a continuum of prevention and early intervention services to effectively meet the needs of their children and families. Community choice and community accountability is a cornerstone of developing communities that have the capacity to build relationships, structures, and programs that invest all community members in the healthy development and growth of their children and families.

BACKGROUND

Prevention and early intervention are core commitments of **Kansas Children's Service League**. With the provision of programs such as Healthy Families, KCSL has strengthened its resolve to promote and develop the interventions needed to prevent child abuse and neglect and to ensure healthy growth and development for all children. This investment in prevention and early intervention includes continuing to support the development of programs that meet the needs of children and families at the most risk, address gaps in the service continnum, and increase a community's ability to provide all children with a healthy start and a safe family environment. These efforts are the cornerstone of our dedication to providing children and families with the resources necessary to prevent child abuse and neglect, promote healthy development and well-being, and to strengthen families and communities.

For more information about child welfare issues, our agency involvement, and other links to child welfare resources, visit our Web site at www.kcsl.org.

The Kansas Association of Public Employees
1300 SW Topeka Blvd., Topeka, KS 66612
(785) 235-0262 or (800) 232-KAPE / Salina: (785) 493-0790
Fax (785) 235-3920
FPE / AFT / AFL-CIO

Check us out on the web! kape.org

Testimony of Andy Sanchez, Executive Assistant to the President
The Kansas Association of Public Employees, KAPE/AFT, AFL-CIO
Before the House Insurance Committee

Delivered on March 20, 2001

Thank you Mr. Chairman, and members of the Committee. KAPE supports SB151 and we ask the Committee for your support. Having been with KAPE about 3 ½ years, I have had a number of inquiries (about 20) from both employees of the state for their own concern and SRS Professionals, for the concern of fellow State Employees. The concerns centered on the unavailability of Health Wave to State Employees, and the fact that it is administered by the very same entity who employs them is quite bothersome.

Recently, I checked with 4 of my (knowing they had experienced the same) colleagues to give me some estimates of the number of inquiries they have experienced. In total, about 140 inquiries have been made. I can assure you this is a conservative estimate, which involved a number of SRS professionals who insist a number of coworkers qualify to be clientele for assistance. I suspect the number who have a need is higher, but we simply do not know. KAPE commends Senator Jenkins for recognizing the need and this Committee for it's consideration of SB151. Once again, we offer our complete support.

Thank You

House Comm on Ins.
March 20, 2001
Attachment # 3

3-1

March of Dimes
Birth Defects Foundation

Kansas/Western Missouri Chapter
4050 Pennsylvania #141
Kansas City, Missouri 64111
Telephone (816) 561-0175
Fax (816) 531-2484

March of Dimes
Saving babies, together

March 20, 2001

To: Chairman Tomlinson and members of the House Insurance Committee
From: Leigh Anne Henson, March of Dimes
Re: SB 151

Chairman Tomlinson and members of the House Insurance Committee:

The March of Dimes would like to provide its support for SB 151, which establishes a pilot program for providing health care to dependents of state employees. This bill will ensure that all children in the state of Kansas will receive adequate health care.

Current federal law does not allow the dependents of state employees to participate in the HealthWave program, and some children are not receiving the coverage that they deserve. SB 151 would close that gap and allow dependents of state employees to have the health benefits that they need.

Thank you for allowing us to provide our support for SB 151.

Sincerely,

Leigh Anne Henson
March of Dimes

House Comm on Ins.
March 20, 2001
Attachment # 4

Kathleen Sebelius
Commissioner of Insurance
Kansas Insurance Department

TO: House Committee on Insurance

FROM: Kathleen Sebelius, Insurance Commissioner

RE: SB 151– Kansas Insurance Coverage for Children (HealthWave)

DATE: March 20, 2001

Mr. Chairman and members of the Committee:

Thank you for the opportunity to discuss with you SB 151, which relates to the very important topic of children's health insurance plan.

In 1998, SB 424 was passed which outlined the current HealthWave program and included many of the recommendations made by two task forces which studied this issue – SRS Kansas Insurance Coverage for Kids committee chaired by Senator Praeger, and the Children's Health Insurance Action Group, established through the Kansas Insurance Department.

The federal plan for KidCare set forth how states could obtain money to provide insurance coverage to certain children. There was a children's excluded section in the public law, which did not permit coverage for: 1) a child who is an inmate of a public institution or patient in an institution for mental diseases or 2) a child who is a member of a family that is eligible for health benefits coverage under a State health benefits plan on the basis of a family member's employment with public agency in the State.

SB 151, if passed, would allow that if a parent is enrolled in the employee health care benefits plan (administered by the Kansas state employee health care commission) to also

House Comm on Ins.
March 20, 2001
Attachment #5

420 SW 9th Street
Topeka, Kansas 66612-1678

785 296-3071
Fax 785 296-2283

Consumer Assistance Hotline
1 800 432-2484 (Toll Free)

provide a percentage determined by the commission of the cost to cover a HealthWave eligible child. The child who is eligible for insurance coverage under the plan, but is not eligible solely because the child is a member of a family that is eligible for health benefits coverage under the state health benefit plan, would now receive that very important coverage.

As a member of the Health Care Commission, I support this concept. It is a well-known fact that access to health care coverage is crucial to the well-being of Kansas children. Uninsured children are at risk of preventable illness, and the solution is getting more children insurance coverage. I would certainly ask your favorable support of SB 151, as amended.

Kansas kids Action For count Children, Inc

715 SW Tenth Street
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P.O. Box 463
Topeka, Kansas 66601
Phone (785) 232-0550
Fax (785) 232-0699
www.kac.org

Gary L. Brunk
Executive Director

Kansas Action for Children

Testimony: Senate Bill No. 151

House Insurance Committee
March 20, 2001

Submitted by: Gary Brunk, Executive Director

Kansas Action for Children supports enactment of Senate Bill No. 151.

In the past couple years we have made significant progress toward a goal I am sure we all share: health insurance coverage for all Kansas children.

As you know, the creation of HealthWave not only provides insurance coverage for thousands of previously uninsured children, it has also brought thousands of children into the Medicaid program. It is true that we still have not met our goal of covering all children; nevertheless, the fact that over 40,000 more children have health insurance since the inception of HealthWave is an important achievement.

As the number of covered children has grown, so has the sad irony of having state employees who cannot enroll their children in any existing public health insurance program. We support Senate Bill No. 151 because it addresses an inequity that needs to be rectified. We urge this Committee to support this bill and to vigorously work for its enactment.

House Ins. 3-20-01
Attachment #4

Our Work

Kansas Action for Children is an independent, not-for-profit, citizen-based corporation founded in 1979. We work on behalf of all children to ensure that their physical and emotional needs are met and that they become healthy and contributing adults.

- We *paint the picture* of Kansas children by gathering and publicizing information on child well-being through the *Kansas Children's Report Card*, the *Kansas KIDS COUNT Data Book*, and special reports.

- We *advance alternatives* by developing state policy that is family and child friendly. Over the years, programs related to early childhood development, teen pregnancy, preventive health care, citizens review boards, and services to children in troubled families have stemmed from our work.

- We *build the base* of citizen advocacy for children by working with citizens and organizations across the state. We believe that hundreds of citizens speaking out for children can help create communities that support families and children.

REPORTS OF STANDING COMMITTEES

MR. SPEAKER:

The Committee on **Insurance** recommends **SB 19**, as amended by Senate Committee of the Whole, be amended on page 1, following line 28 by inserting new sections as follows:

"Sec. 2. The purpose of section 3, and amendments thereto, is to provide insurance coverage to individuals with a condition or medical history for which bone mass measurement is determined to be medically necessary for the individual's diagnosis and treatment of osteoporosis.

Sec. 3. Any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, health maintenance organization, municipal group-funded pool, and the state employee health care benefits program which provides coverage for and which is delivered, issued for delivery, amended or renewed on or after July 1, 2001, shall include coverage for services related to diagnosis, treatment and management of osteoporosis subject to the same deductibles and coinsurance as apply to other covered services.";

And by renumbering remaining section accordingly;

In line 30 by striking "Kansas register" and inserting "statute book";

In the title before the period, by inserting "and the diagnosis and treatment of osteoporosis"; and the bill be passed as amended.

_____Chairperson

Insurance Committee
March 30, 2001
Attachment # 7