

Approved: \_\_\_\_\_

Date

1-30-01

## MINUTES OF THE SENATE COMMITTEE ON FINANCIAL INSTITUTIONS AND INSURANCE.

The meeting was called to order by Chairperson Sandy Praeger at 9:30 a.m. on January 25, 2001 in Room 234-N of the Capitol.

All members were present except:

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department  
Ken Wilke, Office of the Revisor of Statutes  
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Senator Lynn Jenkins  
Karen France, Kansas Association of Realtors  
Larry Magill, Kansas Association of Insurance Agents  
Kathleen Sebelius, Insurance Commissioner, Kansas Insurance Dept.  
Carla Mahany, Planned Parenthood of Kansas  
Charles T. Allred, M.D., President, Kansas Academy of Family Physicians  
Chris Collins, Kansas Medical Society  
Larrie Ann Lower, Kansas Association of Health Plans  
Susan Mahoney, Governor's Office  
Laura Howard, Assistant Secretary, Health Care Policy, SRS  
Josie Torrez, Kansas Council on Developmental Disabilities  
William H. McEachen, M.D., March of Dimes

Others attending: See attached list.

### **Introductions of bills**

Senator Lynn Jenkins requested introduction of a bill relating to expanding the state employees' health plan. Senator Barnett made a motion that the Committee introduce the proposed legislation, seconded by Senator Brungardt. The motion carried.

Karen France, Kansas Association of Realtors, requested introduction of a bill that would allow realtors to own title insurance companies. Senator Feleciano made a motion that the Committee introduce the proposed legislation, seconded by Senator Corbin. The motion carried.

Larry Magill, Kansas Association of Insurance Agents, requested introduction of a bill relating to fraudulent insurance. Senator Teichman made a motion that the Committee introduce the proposed legislation, seconded by Senator Brungardt. The motion carried.

### **Hearing on SB 19 - Health insurance; clarifying OB/GYN as a primary care provider**

Kathleen Sebelius, Insurance Commissioner, Kansas Insurance Department, testified in support of **SB 19** which would require health insurance providers to permit women insured by their company to visit an in-network obstetrician or gynecologist for routine gynecological care at least once a year without requiring these women to visit a primary care provider first. Commissioner Sebelius requested an amendment to the bill that would strike the words, "at least" on line 15. The Commissioner also made reference to an amendment that would be proposed by another conferee which she considered to be a friendly amendment. (Attachment 1)

Commissioner Sebelius also expressed her support for **SB 29** which relates to the children's health insurance plan. (Attachment 2)

Carla Mahany, Planned Parenthood of Kansas, testified before the Committee in support of **SB 19** as outlined in her written testimony. (Attachment 3)

Charles T. Allred, M.D., President, Kansas Academy of Family Physicians, requested an amendment to **SB**

## CONTINUATION SHEET

19 that would strike the words, “at least” on line 15 of the bill, and noted that without this amendment, the patient could visit the OB/GYN many times a year without visiting her primary care provider. (Attachment 4)

Chris Collins, Kansas Medical Society, testified in support of **SB 19**, but also requested an amendment that would add language on page 16 of the bill: “or obtain a referral from” a primary care provider. (Attachment 5)

Written testimony in support of the bill was received from: Barbara Holzmark, National Council of Jewish Women, KC, (Attachment 6); Barbara Duke, Kansas Choice Alliance, (Attachment 7); National Organization for Women, Lawrence Chapter, (Attachment 8); and the Kansas State Nurses Association, (Attachment 9).

Larrie Ann Lower, Kansas Association of Health Plans, appeared before the Committee in opposition to **SB 19** and stated that Kansas HMO’s currently allow a woman to visit an OB/GYN for routine care once a year without a referral, and the bill would mandate such action. (Attachment 10)

### **Hearing on: SB 29 – HealthWave waiting period**

Susan Mahoney, Governor’s Office, expressed her support for **SB 29** which would eliminate the requirement for children to be without health insurance for six months before becoming eligible for the State Children’s Health Insurance Program called HealthWave. Laura Howard, Assistant Secretary, Health Care Policy, SRS, provided the Committee with an overview of the bill and the Governor’s recommendations relating to HealthWave. Passage of the bill would provide coverage to 420 children annually for this six month period during which they are currently ineligible for services. It would result in an additional annual cost of \$299,174 all funds (\$83,978 SGF), which is included in the Governor’s Budget recommendations for SRS. Ms. Howard pointed out that, although not included in **SB 29**, the Governor has recommended coverage for children under HealthWave to begin at the time of eligibility determination, and this can be done administratively by the Department. The Governor’s budget recommendation also includes \$641,844 all funds (\$180,186 SGF) to provide coverage beginning when the child has been found eligible for the program. (Attachment 11)

Josie Torrez, Kansas Council on Developmental Disabilities, expressed her support for the bill and noted that the state would be doing the right thing for Kansas children by eliminating the six month waiting period to apply for HealthWave. (Attachment 12)

William H. McEachen, M.D., representing the March of Dimes, presented testimony for Leigh Ann Henson in support of **SB 29** as well as expressing his support for children of state employees to join HealthWave who are currently ineligible. (Attachment 13)

### **Action on SB 29**

Senator Feleciano made a motion to amend SB 29 by changing the effective date to publication in the Kansas register, and that the Committee recommend SB 29 as amended favorably for passage, seconded by Senator Barnett. The motion carried.

### **Action on SB 19**

Senator Feleciano made a motion to amend SB 19 by striking the words, “at least” on line 15 of the bill, inserting after the word “visit” on line 16, “or receive a referral from”, and that the effective date be changed from statute book to publication in the Kansas register, seconded by Senator Barnett. The motion carried.

Senator Feleciano made a motion that the Committee recommend SB 19 as amended favorably for passage, seconded by Senator Steineger. The motion carried.

### **Adjournment**

The meeting was adjourned at 10:30 a.m. The next meeting of the Committee is scheduled for January 30, 2001.

# SENATE FINANCIAL INSTITUTIONS & INSURANCE COMMITTEE GUEST LIST

DATE: 1-25-01

NAME	REPRESENTING
Carla Mahony	Planned Parenthood
Nancy Brannan	Federated Credit
Shalee Mason	AARP
SWAN Behard	March of Dimes
Josie Torres	KCDD
B. H. Sneed	NIAA
Cheryl Dillard	HealthNet
Carolyn Goughan	Ks. Acad. of Family Phys.
Chuck Alfred	" " " " "
Patrick Hurley	" " " " "
Kevin Davis	Am Family Ins.
Shelley Bartkoski	March of Dimes
Wm. N. McEachen MD	" " "
Chip Wheelen	Assn of Osteopathic Med.
Sister Therese Barget	Archdiocese of KCK
Nicole DeShea Johnson	Ks Action for Children
Danielle Roe	D of A
Chris Clarke	Legis. Post Audit
Sandra J. deCrawsey	Ks Insurance Dept









Kathleen Sebelius  
Commissioner of Insurance  
**Kansas Insurance Department**

**TO:** Senate Committee on Financial Institutions and Insurance  
**FROM:** Kathleen Sebelius, Insurance Commissioner  
**RE:** SB 19 – Insured Woman’s Access to OB/GYN care (without primary care provider referral)  
**DATE:** January 25, 2001

**Madam Chairwoman and members of the Committee:**

Thank you for the opportunity to discuss with you SB 19, which allows the health insurer to permit an insured woman to receive an annual visit to an in-network OB/GYN for routine gynecological care without requiring the insured woman to first visit to her primary care provider.

A survey completed in 1999 in Northern California revealed that of the responses from 5,164 women (age 35 years, plus) over half--56 percent--had seen a gynecologist for the last pelvic examination, only 18 percent had seen their primary care physician for the exam. In that same study, 60 percent of the women stated they preferred a gynecologist for basic gynecology care. Only 13 percent preferred their own PCP.

Yet, many women cannot easily go to an OB/GYN. Women who prefer to go to their OB/GYN, instead of their PCP for their annual pelvic examination, first have to go to their PCP, which means an extra appointment and more time. Why should women be forced to see two doctors when the only need one doctor.

The legislative movement for women to obtain direct access to OB/GYNs began in 1994 when Maryland became the first state to classify an OB/GYN as a primary care physician (PCP), and allow direct access. Since that time 42 other states have enacted OB/GYN direct access laws. While the laws vary, each gives women direct access to OB/GYNs or other women’s health providers for their annual visit. Some of the laws

require plans to permit qualified OB/GYNs as primary care physicians; others allow unlimited access, or access for routine gynecological and pregnancy service only, without a referral. I have attached a list of those states passing laws or regulations allowing women direct access to OB/GYNs.

I do have an amendment to the bill, Mdm. Chairwoman, and I have attached a balloon for that change. Our original intent was to allow one visit per year. You will see that the balloon strikes the words "at least" on line 15 of the bill.

I was also informed of an amendment that other conferees will propose that adds language in line 16: to first visit "or receive a referral from" a primary care provider. I would consider this a friendly amendment.

Mdm. Chairwoman and members of the committee, there really isn't a good reason why some women should be forced to see two doctors when they only need one. This is an issue that affects the lives of the female population of Kansas. Women want the option to see a specialist in women's health throughout their lifetime. It's time to put a law on the books to insure Kansas women have access to the best health care available to them. This proposed legislation affords the opportunity to promote primary and preventive health care. I respectfully urge you to favorably pass SB 19 out of committee.

# STATE INSURANCE MANDATES FOR OB-GYN PRIMARY CARE/DIRECT ACCESS, 1994-2001

[Current as of January 2001]

1-3

STATE LAWS/RULES/REGS (1994-2000) - #42	2001 ACTIONS
<p><b>Laws:</b> Alabama, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin</p> <p><b>Department of Health and/or Insurance Rule:</b> New Jersey, New Mexico, Vermont, West Virginia</p> <p><b>Implementing/Enforcement Regs:</b> Colorado, New York, Pennsylvania, Texas, Washington</p>	<p><b>Pending Bills:</b> Kansas, Missouri, Virginia</p>
GENERAL DESCRIPTION AND INTENT OF LAWS/ REGS (These are broad categorizations. For actual language, see individual laws, rules, or regulations.)	STATE
<p><b>PRIMARY CARE</b>  <i>Insurers</i> must permit eligible ob-gyns to contract as primary care physicians thereby allowing female enrollees to select such an ob-gyn in their insurance plan as their primary care physician. Women do not have direct access unless they select an ob-gyn as their primary care physician.</p>	<p>CA, FL, IN, KY, NE, NJ, UT, WV</p>
<p><b>DIRECT ACCESS</b>  <i>Insurers</i> must permit female enrollees to self-refer (i.e., direct access) to a participating ob-gyn in their insurance plan for certain specified obstetric and gynecologic services without a gatekeeper's preapproval or preauthorization. Insurers are not required to permit ob-gyns to contract as primary care physicians.</p>	<p>AR, CA, CO, CT, FL, GA, IL, KY, LA, MD, MA, MI, MN, MO, NV, NH, NY, NC, OH, PA, RI, SC, TN, TX, UT, VA, VT, WA, WV, WI</p>
<p><b>BOTH PRIMARY CARE AND DIRECT ACCESS</b>  <i>Insurers</i> must (1) permit eligible ob-gyns to contract as primary care physicians (PCPs) thereby allowing female enrollees to select such an ob-gyn in their insurance plan as their PCP; and <u>also</u> (2) permit female enrollees to self-refer for their obstetric and gynecologic care. This means that women have maximum choice: They can either select an eligible ob-gyn as their PCP or, if they select a non-ob/gyn as their PCP, they can still self-refer to an ob-gyn within their plan without having to go thru a gatekeeper (although services typically are more restricted with the self-referral option). This also means that ob-gyns have maximum choice: They will not lose patient access if they choose not to contract as PCPs because women are permitted to self-refer for their obstetric and gynecologic care.</p>	<p>AL, DE, DC, ID, KY, ME, MS, MT, NM, OR</p> <p>but see also CA, FL, KY, UT and WV above; CA, FL, KY and UT have passed 2 distinct laws; WV has passed a law and a rule</p>
<p><b>STATE INSURER OPTION</b>  <i>Insurers</i> have the <u>option</u> under the law of permitting eligible ob-gyns to contract as primary care physicians. This means that ob-gyns may contract as primary care physicians <u>only</u> at the option of individual insurers; and women may select a participating ob-gyn as their primary care physician <u>only</u> at the option of their insurer.</p>	<p>CT, LA*, MD</p> <p>* insurer option applies to HMOs only</p>



**SENATE BILL No. 19**

By Committee on Financial Institutions and Insurance

1-10

AN ACT concerning health insurance; relating to gynecological care.

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

Section 1. (a) Each health insurer shall permit a woman insured by the health insurer to visit an in-network obstetrician or gynecologist for routine gynecological care from an in-network obstetrician or gynecologist ~~at least~~ one time each calendar year without requiring such woman to first visit a primary care provider, so long as:

(1) The care is medically necessary, including, but not limited to, care that is routine; and

(2) the obstetrician or gynecologist confers with such woman's primary care provider before performing any diagnostic procedure that is not routine gynecological care rendered during any such visit.

(b) This section shall be part of and supplemental to the patient protection act, cited at K.S.A. 40-4601 *et seq.*, and amendments thereto.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.



**Kathleen Sebelius**  
Commissioner of Insurance  
**Kansas Insurance Department**

TO: Senate Committee on Financial Institutions and Insurance  
FROM: Kathleen Sebelius, Insurance Commissioner  
RE: SB 29 – Kansas Insurance Coverage for Children (HealthWave)  
DATE: January 25, 2001

Madam Chairwoman and members of the Committee:

Thank you for the opportunity to discuss with you SB 29, 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.

One of the key points of that bill was to establish a federally required "crowd out" prohibition. Kansas chose to use a 6-month exclusion stating that if a child had insurance coverage during the prior six months, then her or she was not eligible for coverage under the new program. It is my understanding that the federal government has now relaxed that prohibition, and that this bill seeks to strike the language from Kansas law.

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 29.

420 SW 9th Street  
Topeka, Kansas 66612-1678

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Fax 785 296-2283  
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Senate Financial Inst. & Insurance

Date: 1-25-01  
Attachment No. 2



Planned Parenthood®  
of Kansas and Mid-Missouri

ADMINISTRATION OFFICE  
4401 W. 109th Street, Suite 200  
Overland Park, KS 66211  
(913) 312-5100

COLUMBIA CENTER  
711 North Providence Road  
Columbia, MO 65203  
(573) 443-0427

FULTON CENTER  
201 East 5th Street  
Fulton, MO 65251  
(573) 642-7688

HAYS CENTER  
122 East 12th Street  
Hays, KS 67601  
(785) 628-2434

INDEPENDENCE CENTER  
815 North Noland Road  
Independence, MO 64050  
(816) 252-3800

JEFFERSON CITY CENTER  
1005 Northeast Drive  
Jefferson City, MO 65109  
(573) 635-2882

LAWRENCE CENTER  
1420 Kasold Drive, Suite C  
Lawrence, KS 66049  
(785) 832-0281

MIDTOWN CENTER  
1001 East 47th Street  
Kansas City, MO 64110  
(816) 756-2277

NORTH KANSAS CITY CENTER  
4112 N.E. Vivion Road  
Kansas City, MO 64119  
(816) 453-6000

SEDALIA CENTER  
1708 West 9th Street  
Sedalia, MO 65301  
(660) 826-7377

SOUTH KANSAS CITY CENTER  
11902 Blue Ridge Ext., Suite T  
Grandview, MO 64030  
(816) 763-2125

WARRENSBURG CENTER  
118 Hout, Suite B  
Warrensburg, MO 64093  
(660) 747-6186

WICHITA CENTER  
2226 East Central  
Wichita, KS 67214  
(316) 263-7575

## TESTIMONY

in Support of Senate Bill 19

by Carla Mahany, Kansas Public Affairs Director  
Planned Parenthood of Kansas and Mid-Missouri  
913.312.5100, Ext. 227

Senate Committee on Financial Institutions and Insurance

Senator Sandy Praeger, Chair

Thursday, January 25, 2001

Senate Financial Inst. & Insurance

Date: 1-25-01

Attachment No. 3



Thank you for this opportunity to speak to you about Senate Bill 19, which would require health insurance providers to permit women participating in their plan to visit an in-network gynecologist or obstetrician for routine gynecological care without visiting a primary care provider first.

As one of the largest providers of routine OB/GYN care in this state, and as one of the leading advocates for quality reproductive health services and better access to these services in this country, Planned Parenthood of Kansas and Mid-Missouri fully supports this legislation. Nationally, the Planned Parenthood Federation of America includes "expanded access to obstetric and gynecological care" as part of the Responsible Choices Action Agenda, our program to advocate for new policies at the federal and state levels that will advance reproductive health and decisions.

In 1999, Planned Parenthood of Kansas and Mid-Missouri had 27, 288 unduplicated family planning visits by women. These numbers include our health centers in Missouri as well as Overland Park, Lawrence, Hays, and Wichita. Nationally, our health centers saw 1,883,374 unduplicated family planning clients who were women. An initial gynecological exam at Planned Parenthood includes at least a Pap test, a pelvic and breast exam, and a blood pressure check. The care provider also listens to the heart and lungs and palpates the thyroid. A variety of health problems can be detected during this exam. Other testing and treatment available at this time include testing for vaginal and sexually transmitted infections (such as HIV), hematocrit, urinalysis, and screening for sickle cell anemia, diabetes, cholesterol and anemia. This exam can be very important, perhaps even to the point of being life-saving, for a woman who may see no other physician. That's why Planned Parenthood keeps the cost of these exams as low as possible, and requires such an exam before birth control pills or other contraceptives can be dispensed.

Another reason people come to Planned Parenthood is that we have as few barriers as possible – women can obtain an appointment for an annual gynecological exam in a matter of days. Our experience from seeing so many of these women – those with insurance and without – is that providing quick and easy access to routine gynecological exams is the best way to ensure as many women as possible get yearly preventative care. Women who have insurance plans that do set up barriers to access, such as primary care provider referral, may not ever get around to it.

There may indeed be a trend in the insurance industry to allow access to routine OB/GYN preventative health care without the extra step of gaining a referral from a primary care physician. In the case of other insurance providers, however, SB 19 is probably needed to ensure a commensurate level of access. And of course, some providers may offer easier access to routine care in some but not all of the plans they offer to employers.

I have a volume of information from the American College of Obstetricians and Gynecologists supporting legislation such as SB 19, and can make it available to any of you if you wish. We hope you will support this bill. Thank you for your consideration.

# Kansas Academy of Family Physicians

889 N. Maize Rd., Suite 110, Wichita, KS 67212; kafp@kafponline.org;  
Voice: 721-9005; 1-800-658-1749 (Toll free); Fax: 316-721-9044

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January 23, 2001

To: Members of the Committee on Financial Institutions and Insurance  
RE: SB 19, Hearing 1/25/2001, Thursday, 9:30 am, Rm. 234-N

Dear Senator Praeger and Committee Members,

My name is Chuck Allred. I'm the President of the Kansas Academy of Family Physicians. We represent about 780 actively practicing family physicians in the state of Kansas.

X I am writing to request an amendment to SB 19, in regard to direct access for women to an OB GYN physician. We request that you amend the bill to strike the words "at least" on line 15, so that section would read:

*"Each health insurer shall permit a woman insured by the health insurer to visit an in-network obstetrician or gynecologist for routine gynecological care from an in-network obstetrician or gynecologist one time each calendar year without requiring such woman to first visit a primary care provider, so long as:" etc.*

If this bill is to be passed it should have this amendment. Without this amendment, the patient could visit the OB-GYN many times a year without visiting her primary care provider. OB-GYNs are not trained in primary care. Primary care physicians can perform many of the same procedures and tests that OB-GYNs can perform, but the reverse is not true. OB-GYNs are not trained to perform many of the other health related tests and procedures that family physicians are trained to do. For patients with more than one health need, the trip to a family physician where many issues can be solved is more effective than a trip to the OB-GYN for routine care, and then another trip to a different physician for other health care issues.

However, we recognize the fact that some women wish to have their routine gynecological care performed by an OB-GYN. We appreciate the requirements in the bill that the care must be medically necessary, and that the OB-GYN must confer with the primary care provider before performing any diagnostic procedure that is not routine care. With this amendment and those requirements, we can support the bill and a woman's right to select an OB-GYN to provide this care.

Sincerely,



Charles T. Allred, MD  
President

Senate Financial Inst. & Insurance  
Date: 1-25-01  
Attachment No. 4



**TO:** Senate Committee on Financial Institutions and Insurance

**FROM:** Chris Collins *Chris Collins*  
Director of Government Affairs

**DATE:** January 24, 2001

**RE:** SB 19: Direct Access to OB/GYN

Madame Chairman and Ladies and Gentlemen of the Committee:

The Kansas Medical Society appreciates the opportunity to appear before you today in support of SB19.

SB19 codifies the already fairly common practice of permitting a woman to directly access care by her OB/GYN without the need for prior authorization from her primary care provider. This simplifies the process a woman must undergo in order to visit her OB/GYN, while efficiently using health care resources. It cuts out the necessity of an extra office visit or medical office staff time spent writing a referral.

While we do support the concept of the bill, KMS would offer a small amendment for this committee's consideration. We would suggest the addition of the following highlighted language to further clarify the bill's intent:

Section 1. (a) Each health insurer shall permit a woman insured by the health insurer to visit an in-network obstetrician or gynecologist at least one time each calendar year without requiring such woman to first visit **or obtain a referral from** a primary care provider...

KMS supports SB19 and respectfully urges this committee to pass the bill out with the above amendment. Thank you for your consideration of my comments today.



**From:** <Bjbagels@aol.com>  
**To:** <praege@senate.state.ks.us>  
**Date:** Wed, Jan 24, 2001 5:05 PM  
**Subject:** Testimony for SB 19

National Council  
Of Jewish Women

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NCJW  
Greater Kansas City Section

January, 25, 2001

Testimony of Barbara Holzmark, Kansas Public Affairs Chair  
National Council of Jewish Women, Greater Kansas City Section  
8504 Reinhardt Lane, Leawood, Kansas 66206  
(913)381-8222, Fax: (913)381-8224, E-Mail: bjbagels@aol.com

Re: SB 19

Senator Praeger and Members of the Senate Committee on Financial Institutions  
and Insurance,

My name is Barbara Holzmark and I am the Kansas Public Affairs Chair for the  
Greater Kansas City Section of the National Council of Jewish Women (NCJW).  
We are nearly 1000 members strong in the metropolitan Kansas City area with  
200 sections across the United States and 90,000 members nationwide.

I write to you in favor of SB 19.

The mission of NCJW, a volunteer organization inspired by Jewish values, is  
to work through a program of research, education, advocacy and community  
service to improve the quality of life for women, children and families and  
strives to ensure individual rights and freedoms for all people.

To accomplish our mission we work through five National Priorities and  
fourteen Principles. Three of our Priorities and three of our Principles  
address the issue of the need for Senate Bill 19. The Priorities are:  
"Advance the Well-Being and Status of Women", "Advance the Well-Being of  
Children and Families", and "Ensure Individual and Civil Rights." The  
principles are: "Equal Rights and Equal Opportunities for Women", "Human  
Rights and Dignity," and "Human services should be coordinated,  
comprehensive, accessible and sufficiently funded." These principles must be  
guaranteed for all individuals. In order to advance the well-being of women,  
we work toward "comprehensive, confidential, accessible family planning and  
reproductive health services for all, regardless of age or ability to pay."  
In order to advance the well-being of children and families, we endorse and  
resolve to work for "quality, comprehensive, nondiscriminatory health care  
coverage and services which are affordable and accessible for all." In order  
to ensure individual and civil rights, we advocate for "the protection of

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every individual's right to privacy" and "the protection of every female's right to reproductive choice and reproductive freedom."

Any woman should be allowed to visit an obstetrician or gynecologist, without a referral first, for the basic reason that it is routine to her health. She is allowed to visit a dentist for this same reason without a primary care provider referral. As basic as it is, an Ob-gyn is the primary care provider for a woman! Personally, this is the first doctor my mother took me to see when I outgrew my pediatrician, while another routine visit was to my dentist. Once I married, it was the Ob-gyn that I was concerned with, not my "primary care provider." My concern was that my insurance covered this particular doctor and that all I had to do was call and set an appointment. It is not unheard of for a young woman to be diagnosed with "female" cancers and through easy access and annual routine exams, women have confidential, quality, comprehensive reproductive freedom and reproductive health care. This is the only doctor a woman sees on a regular basis, and she must have accessibility and be covered in an insurance plan that is available to her without any barriers. All women should have the right to privacy through laws that provide for annual obstetrical and gynecological care. I urge you to vote favorably on SB 19. Thank you for allowing my testimony.

# The Kansas Choice Alliance



Aid for Women  
American Association of University  
Women - Baldwin Branch  
American Association of University  
Women - Kansas  
American Association of University  
Women - Shawnee Mission Branch  
American Civil Liberties Union of  
Kansas and Western Missouri  
Jewish Community Relations  
Bureau/American Jewish  
Committee  
Jewish Women International  
Kansas Religious Leaders for  
Choice  
KU Pro-Choice Coalition  
League of Women Voters of  
Johnson County  
League of Women Voters of Kansas  
League of Women Voters of  
Wichita-Metro  
MAINstream Coalition  
MO-KAN Choice Coalition  
National Council of Jewish Women,  
Greater Kansas City Section  
National Organization for Women,  
Johnson/Wyandotte County  
Chapter  
National Organization for Women,  
Kansas Chapter  
National Organization for Women,  
Kansas City Urban Chapter  
National Organization for Women,  
Lawrence Chapter  
National Organization for Women,  
Manhattan Chapter  
National Organization for Women,  
Wichita Chapter  
Planned Parenthood of  
Kansas & Mid-Missouri  
Pro-Family Catholics for Choice  
Wichita Family Planning  
Women's Health Care Services  
YWCA of Wichita

## Testimony in Support of Senate Bill 19

Senate Committee on Financial Institutions and Insurance

The Honorable Sandy Praeger, Chair  
Thursday, January 25, 2001

Thank you for the opportunity to submit this testimony in support of SB 19. This legislation facilitates a woman's routine gynecological care by allowing her to visit an approved obstetrician or gynecologist annually without a referral from her primary care doctor. It also requires that the primary care doctor be consulted before any non-routine gynecological care is given.

I had hoped that this legislation would allow a woman to visit her OB/GYN for other care without a referral – for example, in the case of possible exposure to a sexually transmitted disease when a delay could be serious.

Nevertheless, this legislation would make it easier and less expensive for women to obtain health care, and is, therefore, strongly supported by the organizations I represent.

Submitted by Barbara Duke  
President, Kansas Choice Alliance

On behalf of the Kansas Choice Alliance  
and American Association of University Women - Kansas

The Kansas Choice Alliance  
902 Pamela Lane - Lawrence, KS 66049-3020

Senate Financial Inst. & Insurance

Date: 1-25-01

Attachment No. 7



**National Organization for Women**  
**KANSAS Chapters**  
Lawrence Manhattan/KSU Wichita JO/Wy Counties  
PO Box 15531 Lenexa, KS 66285 913 384 7900

**TO: Senate Financial Institutions and Insurance Committee**

**RE: SB 19**

The Lawrence Chapter of the National Organization for Women, along with the other state chapters of Kansas NOW, recognizes the need for women to have primary access to their Obstetrician/Gynecologist (OB/GYN) as they would their primary care generalist or internist. We hope that the legislature will provide a mandate for insurers to provide for immediate access to OB/GYN care without needing to obtain referral by another health care professional.

A woman who seeks birth control should not be made to wait through the lengthy referral process. Nor is the family practitioner the doctor best able to determine her specific birth control needs.

From the commencement of sexual activity, or by the age of 18, whichever is earlier, the AMA has proscribed that women need to get regular pelvic examinations, pap smears and medical history appropriate breast cancer checks, from OB/GYNs who are best able to treat their reproductive system conditions.

With the availability of today's over-the-counter pregnancy tests, a woman can determine in her home in a matter of minutes whether or not she is pregnant. When she has direct access to her OB/GYN, she can begin a pregnancy regime, which will optimize the chances for a safe pregnancy and healthy child. To delay the beginning of pregnancy support by the month or more that the referral appointment, examination process policy of some insurers, would preclude the early pregnancy support that current medical science understands reduces the incident of birth defects, high risk infants, complications and maternal fatality.

Women who suspect they have contracted a sexually transmitted disease, or who are having irregular or difficult menses or other reproductive system symptoms are best served by direct access to their OB/GYN, so they can receive the fastest and most effective treatment possible.

Allowing a woman to have primary contact with an OB/GYN without referral increases the probability of a higher likelihood of developing a relationship with a single doctor who will understand her history and particular health circumstances when she becomes pregnant or another condition needs need immediate treatment. In this way women can be given the fastest and most appropriate treatment possible.

The conditions women experience through their reproductive systems are no more important than the conditions of any other system of the body. The difference is that they are predictable occurrences in every woman's life. And, while women support the responsibility for family planning more than men, they require the medical access to this specialty where a similar need is not predictable in men's lives.

Most insurers wisely recognize the benefit of allowing women access to OB/GYNs in the same direct way they access their primary care physicians. Preliminary examinations and/or the referral process are time consuming, bothersome, and costly in health and dollars for all involved.

That any woman should face unnecessary delays that might cost her health and the health of her future children and/or sexual partners because of the frustrations of a burden-some healthcare policy of mandated referrals seems ridiculous. We feel ensuring availability of direct access to OB/GYNs by women is good public health policy that needs to be reinforced, in the age of managed care, by good law.

Thank you for your efforts to serve women's health.

Senate Financial Inst. & Insurance  
Date: 1-25-01  
Attachment No. 8



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the Voice of Nursing in Kansas

Emma Doherty, M.A., R.N.  
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January 25, 2001

## OB GYN Practitioners as Primary Care Providers SB 19

### *KSNA Written Testimony*

The **KANSAS STATE NURSES ASSOCIATION** would like to offer support for **SB 19** which will permit statutory recognition of OBGYN physicians as primary care providers for purposes of managed care.

Many woman, particularly those who are of child rearing age, routinely use their OBGYN physicians for primary care services.

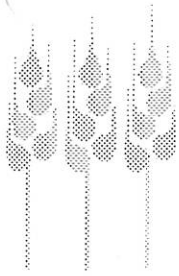
Reducing the need for enrollees of managed care programs to seek referrals for OBGYN care would offer some cost savings as well.

Thank you

The mission of the Kansas State Nurses Association is to promote professional nursing, to practice in Kansas and to advocate for the health and well-being of all people  
Constituent of The American Nurses Association

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Date: 1-25-01  
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# Kansas Association of Health Plans

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## Testimony before the Senate Financial Institutions and Insurance Committee

Hearings on SB 19  
January 25, 2001

Madam Chair and members of the Committee. Thank you for allowing me to appear before you today. I am Larrie Ann Lower, Executive Director of the Kansas Association of Health Plans (KAHP).

The KAHP is a nonprofit association dedicated to providing the public information on managed care health plans. Members of the KAHP are Kansas licensed health maintenance organizations, preferred provider organizations and others who support managed care. KAHP members serve all of the Kansans enrolled in a Kansas licensed HMO. KAHP members also serve the Kansans enrolled in HealthWave and medicaid HMO's and also many of the Kansans enrolled in PPO's and self insured plans. We appreciate the opportunity to provide comment on Senate Bill 19.

The KAHP appears today in opposition to SB 19. This bill mandates that a health insurer allow a woman to visit an in-network obstetrician or gynecologist for routine gynecological care, once a year without a referral.

As we stated last year, all Kansas HMO's currently allow a woman to visit an ob-gyn for routine gynecological care once a year without a referral. This routine visit is a covered benefit not because the government has demanded that we allow the visit, but because this is what the marketplace has demanded of us.

The KAHP would request that you continue to allow us to meet the demands of the marketplace rather than enacting an unnecessary piece of legislation.

I would also like to point out a few questions we had in analyzing this bill.

1. Section 1(a) states "each health insurer shall permit..." We question the definition and meaning of "health insurer". "Primary care provider" and "in network" terminology is not normally used in an individual coverage policy.

2. Section 1(a)(1) states the care must be medically necessary. We caution against using "medically necessary" type language in legislation. Generally, in the past when mandates have been passed, the legislature has recognized "medically necessary" as terms reserved for contract language. One would fear that using "medically necessary" in this particular mandate would put into question the lack of "medically necessary" language in previous mandates.

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3. Section 1(a)(2) Requires the obstetrician or gynecologist to confer with the woman's primary care provider before performing any non routine diagnostic procedure. We question how that provision would be enforced, and what relevance it would have to indemnity coverage which is also subject to this mandate.

Finally, for policy and procedural reasons, if you feel this is a necessary mandate then we would strongly suggest that this legislation first be subject to the provisions of K.S.A. 1999 Supp. 40-2249a. This statute which was passed two years ago, requires the testing of any new mandate first on the state employees health plan. If that is not the Legislature's desire, you may wish to insert language exempting this latest mandate. I will be happy to try to answer any questions the Committee may have.

#1  
Post-card



**Understanding your needs.**

We understand that women have unique needs. The following information addresses preventive care and health issues relating only to women. Schedule a visit with your doctor and ask how you can make preventive care a part of your healthy lifestyle.

**Entendiendo sus necesidades.**

*Nosotros comprendemos que las mujeres tienen necesidades únicas. La siguiente información se refiere al cuidado preventivo y asuntos de salud que atañen sólo a las mujeres. Programe una visita a su médico y pregúntele cómo puede hacer del cuidado preventivo una parte integral de su estilo de vida saludable.*



### Regular PAP smears are key to good health.

Having a PAP smear is one of the most successful ways to detect conditions affecting women only.

Your doctor can identify certain problems even before you have symptoms - and offer the appropriate treatment. Ask your doctor if you are due for a PAP smear.

### Un cuidado regular de los pies le puede mantener.

*Una prueba de Papanicolau es una de las más exitosas maneras de detectar condiciones médicas que afectan a las mujeres solamente. Su médico puede identificar ciertos problemas - y ofrecerle el tratamiento apropiado. Pregúntele a su médico si ya es hora de que le hagan una prueba de Papanicolau.*



### A mammogram could save your life.

A yearly mammogram is very important to your health. In fact, this simple test can reveal breast cancer at the earliest stages, when it is most successfully treated.

### Una mamografía puede salvarle la vida.

*Una mamografía anual es muy importante para su salud. De hecho, esta sencilla prueba puede detectar el cáncer de seno en sus primeras etapas, cuando se le puede tratar con mayor éxito.*

Call your doctor today and schedule your preventive care exams.

*Llame a su médico hoy mismo y haga citas para sus exámenes de cuidado preventivo.*

### Simple changes bring great rewards.

A few changes in your daily routine can improve your quality of life. When you eat a nutritious diet and exercise regularly, you can reduce your risk for many major diseases. Exercise, such as walking or dancing, may also lower your risk for developing osteoporosis. Other ways to prevent osteoporosis are to take calcium supplements and avoid smoking. Your doctor may also suggest hormone replacement therapy. Ask your doctor to help you create a diet and exercise program that's best suited to your total health needs.

### Cambios sencillos le pueden recompensar en grande.

*Unos cuantos cambios en su rutina diaria pueden mejorar su calidad de vida. Cuando usted lleva una dieta nutritiva y hace ejercicio con regularidad, puede reducir su riesgo de contraer muchas enfermedades graves. El ejercicio como caminar o bailar también puede reducir su riesgo de desarrollar osteoporosis. Otras maneras de prevenir la osteoporosis son tomar suplementos de calcio y evitar fumar. Su médico también podría sugerirle terapia de reemplazo hormonal. Pídale a su médico que le ayude a diseñar el programa de dieta y ejercicio más apropiado para todas sus necesidades de salud.*

 HUMANA.

# Preventive Service Areas Important to Women's Well Care Team

Quality Management has audited the Plan's performance in the important preventive service areas of pap smears and mammography. In 1994 compliance was at 68 percent for pap smears and 73 percent for mammograms based on HEDIS criteria for timing and periodicity. A TQM team was implemented to improve the number of women receiving these screening examinations. A reminder program began in June of this year.

During her birthday month, each woman identified as not having had these services receives two pieces of information: a birthday card that is also a reminder to schedule a wellness checkup and a pamphlet that contains instructional diagrams and explains the importance of getting self-breast exams.

As a followup measure of the June mailing, the team identifies 113 women, of the 2,175 who were mailed cards, scheduled a physical exam

appointment. This measure combines both the staff model medical centers and network members who were surveyed by telephone. Subsequent measures indicated that on average 113 staff model women a month continue to schedule this examination. Additional measures are being pursued by the team.

First, another survey of those who have received the card is planned. The team will be seeking to identify any perceived barriers to obtaining these services and the effectiveness of the reminder.

Next, the team plans to evaluate whether or not services received after the card is sent can be identified in the Humana claims and encounter systems. We are pursuing having the individuals run back through the systems to identify services received since the initial search.

Another solution being considered is forwarding to each provider and/or medical center, on

a monthly basis, a list of their patients who have been identified as not having had these services and who have been mailed a birthday card reminder. From there each office can pursue further interventions to assure their patients are receiving the covered preventive care.

Sending such a list to provider offices would afford providers the opportunity to identify faulty system data for the Plan. We already know the discrepancy in our level of compliance in these areas differs by about 38 percent when administrative data is compared to chart review.

The team meets the first and second Wednesday of each month and would welcome any suggestions or feedback from your perspective. You can contact either of the team leaders, Dr. Robert McCormack or Allene Broffel at the Administrative office, 816-941-8900. ♣

Internal newsletter 3



Summer 1997



## New Number and Hours for Customer Service

We are pleased to announce a big change in our Customer Service department. You can now call our Customer Service Center at our new, centralized location. The number is 1-800-4-HUMANA (1-800-448-6262).

With our new Customer Service Center, we expand our hours and provide more staff to better serve your needs. We will also be able to solve problems faster, since the new service center is also responsible for processing your claims. Customer Service representatives will be able to enter corrections or additional information into your records. The new Customer Service hours are Monday through Friday, from 8 A.M. to 9 P.M., and Saturday, from 8 A.M. to 1 P.M.



For your convenience, we have provided you with two cards with the new Customer Service number and hours, and the mailing address for claims. The cards are on the insert between pages 16 and 17 of this issue of *Health Journal*. Simply cut the cards out and place one in your wallet and one near your telephone at home.

Our new Customer Service Center is just one of the ways that we are working to improve service to you. We will continue to work hard to provide improved health plan products and services so that we may continue to earn your support.

## Your Well-Woman Benefits

If you are a female HMO member, you can now schedule your annual well-woman examination with either your primary care physician (PCP) or a participating Humana gynecologist. You do not need a referral to see a gynecologist for this exam, as long as he or she participates with Humana. Your gynecologist will report his or her findings and recommendation to your Humana PCP. The well-woman exam may include a Pap smear and a mammogram.

As part of your well-woman benefit, we also send you a birthday card to remind you to get your annual well-woman checkup. This special greeting is our way of reminding you of the importance of these screenings. You also receive an educational pamphlet on breast self-examination in the mail. Remember, most women should have a Pap test every three years and a mammogram every two years.

We hope that this expanded benefit will make it easier for you to schedule your well-woman examination. These examinations play an important part in detecting cancers and diseases early, when they are easiest to treat.

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# HUMANA.

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10-6

# Kansas Department of Social and Rehabilitation Services



**Janet Schalansky, Secretary**

**For additional information contact:**

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**Senate Financial Institutions and Insurance Committee**

January 25, 2001

**Senate Bill 29**

Health Care Policy

Laura Howard, Assistant Secretary

785.296.3773

Senate Financial Inst. & Insurance

Date: 1-25-01

Attachment No. 11

**Kansas Department of Social and Rehabilitation Services  
Janet Schalansky, Secretary**

Senate Financial Institutions and Insurance Committee  
January 25, 2001

Madam Chair and members of the Committee, thank you for the opportunity to appear before you today in support of Senate Bill 29. My name is Laura Howard, the Assistant Secretary for Health Care Policy for SRS. S.B. 29 deletes the requirement that children be without health insurance coverage for six months before becoming eligible for coverage under HealthWave, the State Children's Health Insurance Program.

**Governor Graves' Recommendation**

In his FY 2002 budget recommendation, the Governor proposed a legislative change to eliminate the waiting period for obtaining Title XXI, HealthWave coverage in Kansas. Currently, K.S.A. §38-2001 precludes HealthWave eligibility to children who were covered, during the prior six months, by employer-sponsored health insurance. S.B. 29 eliminates this requirement. Each month, approximately 35 children are denied coverage under the HealthWave program because they had existing health insurance sometime in the preceding six months. Passage of this bill would provide coverage to 420 children annually for this six month period during which they are currently ineligible for services. Passage of S.B. 29 will result in an additional annual cost of of \$299,174 all funds (\$83,978 SGF), which is included in the Governor's Budget recommendations for SRS.

**"Crowd-Out"**

The six-month provision was originally included in law to address federal concerns regarding the potential of "crowd-out," that is, the substitution of HealthWave coverage for private group health plan coverage. When the State Children's Health Insurance Program was initially enacted, there was concern that employers who make contributions to coverage for dependents of lower-wage employees could potentially save money if they reduced or eliminated their contributions for such coverage and encouraged their employees to enroll their children in HealthWave. In addition, it was believed that families that make significant contributions towards dependent group health plan coverage could have an incentive to drop that coverage and enroll their children in HealthWave if the benefits would be comparable, or better, and their out-of-pocket costs would be reduced.

**Health Care Financing Administration New Rules and Regulations**

On January 11, 2001, HCFA issued new rules and regulations which specifically address the issue of "crowd-out" in State children's health insurance programs. HCFA determined that there is little evidence from states that "crowd-out" is occurring. The new regulations allow states to eliminate the six-month waiting period, and instead monitor for "crowd-out" impacts in their programs.

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## Kansas' Efforts to Monitor "Crowd-Out"

In Kansas, there has also been little evidence of "crowd-out." We will continue to monitor for "crowd-out" by retaining on all HealthWave applications questions about private group health insurance coverage. SRS will review the applications to identify whether families are substituting private group health insurance for HealthWave.

## Transition Coverage

Although not included in S.B. 29, I would also note another recommendation of the Governor which can be done administratively by the Department. Specifically, the Governor recommends that coverage for children under HealthWave begin at the time of eligibility determination. Currently, there is a lag of 30-45 days until actual enrollment in a managed care plan occurs. The Governor's budget recommendation also includes \$641,844 all funds (\$180,186 SGF) to provide coverage beginning when the child has been found eligible for the program.

In closing, I would urge the passage of S.B. 29, to eliminate the six-month waiting period and provide vital health insurance coverage to additional children under the HealthWave program.



# ***Kansas Council on Developmental Disabilities***

BILL GRAVES, Governor  
DAVE HEDERSTEDT, Chairperson  
JANE RHYS, Ph. D., Executive Director

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*"To ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities"*

## **Senate Financial Institutions and Insurance Committee January 25, 2001**

Testimony in Regard to SB 29 – Health Wave waiting period

*To ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities.*

Mr. Chairman, Members of the Committee, I am appearing today on behalf of the Kansas Council on Developmental Disabilities regarding the waiting period to qualify for Health Wave.

The Kansas Council is a federally mandated, federally funded council composed of individuals who are appointed by the Governor, include representatives of the major agencies who provide services for individuals with developmental disabilities, and at least half of the membership is composed of individuals who are persons with developmental disabilities or their immediate relatives. Our mission is to advocate for individuals with developmental disabilities, to see that they have choices in life about where they wish to live, work, and what leisure activities they wish to participate in.

Health Wave now requires a child to be "uninsured" for six months before qualifying for Health Wave. During the six month waiting period children can, and do get sick. What are parents to do at that point? They can either take the child to the doctor and pay for the doctor visit and any prescription medication out of pocket, or try to treat the illness with over-the-counter medication.

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Ten years ago when I stayed home with my children and did not work, my husband was laid off from his job. At that time, the employer allowed six months of health insurance as part of the "lay-off package" to all those laid off. While my husband was looking for another job, our youngest son, Joey had many ear infections that were treated by his doctor. Once my husband found a job, five months later with the State of Kansas, we all had health insurance except for Joey due to his "pre-existing" condition. This meant no health insurance for our son, who was constantly having ear infections. The rest of us were insured. Joey continued to have ear infections and we could not afford a doctor's visit and the \$50 prescription medication it took to clear up the infections. Thus, Joey suffered and now has a 20% hearing loss in his left ear and 25% hearing loss in his right ear.

The Council believes the State of Kansas must to do the "Right Thing" for Kansas children. There are many children today waiting for health insurance through Health Wave. By eliminating the 6 month waiting period to apply for Healthwave, this will be a long-term benefit to the State and Kansas children as a step to prevent life impacting illnesses. This is a wonderful program that benefits many children in Kansas. Let's give them all a chance to lead healthy and happy lives.

We ask that you provide all uninsured children the opportunity to apply for Health Wave as soon as they become uninsured. We appreciate the opportunity of appearing before you.

Josie Torrez  
Kansas Council on Developmental Disabilities  
Partners in Policymaking, Coordinator  
915 SW Harrison, Room 141  
Topeka, Kansas 66612  
785-296-2608 (V & TDD)

12-2

Testimony on behalf of the March of Dimes  
Kansas/Western Missouri Chapter  
**State Public Affairs Committee**

Before the Kansas Senate  
Financial Institutions and Insurance Committee

January 25, 2001

Madam Chair and members of the Committee. My name is Leigh Anne Henson and I am Director of Program Services for the Kansas/Western Missouri Chapter of the March of Dimes. Thank you for this opportunity to present testimony today on behalf of the March of Dimes to support Senate Bill 29 to include presumptive eligibility in Healthwave.

Currently, HealthWave applications must be filed for newborns, a process that can take up to 45 days. Unlike Medicaid, the program does not provide retroactive coverage, therefore, gaps in coverage occur regularly. The Kansas State MOD Public Affairs Committee has identified "presumptive eligibility" for newborns under HealthWave as it's number one legislative priority for 2001.

Prompt enrollment is essential to ensure that health services for newborns are reimbursed. The March of Dimes encourages states to

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permit pre-enrollment of infants and to establish a presumptive eligibility procedure that guarantees coverage from the date of birth.

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Recent US Census Bureau data prepared for the MOD shows 77,000 children (10.3%) under age 19 uninsured in 1999 (numbers are 3 year rolling averages – 1997-99). The national average is 15.0% -- in other words, Kansas has a better record on insuring children than the national average.

On behalf of the March of Dimes I encourage you to act favorably on Senate bill 29 to insure that newborns in the state of Kansas are covered by HealthWave from the date of birth. Thank you for this opportunity to come before you today.