

MINUTES OF THE HOUSE KANSAS FUTURES COMMITTEE

The meeting was called to order by Chairman Carlos Mayans at 1:30 p.m. on February 21, 2002 in Room 526-S of the State Capitol.

All members were present except: Representative Karl Krehbiel - excused  
Representative Brenda Landwehr - excused  
Representative Gene O'Brien - excused  
Representative Mike O'Neal - excused  
Representative Valdenia Winn - excused

Committee staff present: April Holman, Legislative Research Department  
Sherman Parks, Jr., Revisor of Statutes' Office  
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:

Sharon Patnode, Assistant Secretary, Kansas Department of Health and Environment (KDHE)  
Bob St. Peter, M.D., President, Kansas Health Institute  
Sally Finney, Executive Director, Kansas Public Health Association, Inc.  
Carolyn Middendorf, M.S.N., R.N., Kansas State Nurses Association  
Robert Day, SRS Director of Medicaid  
Paula Marmet, Director, KDHE Bureau of Health Promotion  
(Written Testimony) Ernest Kutzley, Associate State Director, AARP in Kansas

Others attending: See attached list

The minutes of the meeting held on February 19, 2002 were approved.

HEARING ON ESTABLISHMENT OF THE KANSAS HEALTH COMMISSION

Sharon Patnode endorsed the establishment of the new agency and offered KDHE's resources in accomplishing its mission. (See written testimony, Attachment 1.) Upon questioning about the 1998 Governor's Health Improvement Planning Commission report, Ms. Patnode acknowledged only recommendations for planning local health departments have been used to justify KDHE funding. She stated with legislative and executive branch support of the new Commission, the level of participation would be raised for all other interested entities. Representative DiVita noted during the study for the 1998 report she made several recommendations to KDHE that would change some outdated health care laws that still remain on the books.

Dr. Bob St. Peter, Kansas Health Institute, wholeheartedly supported the establishment of the Commission. He offered comments on its proposed organization and operation, stating the language as drafted is forward looking about prevention, health promotion, and health care disparities. Dr. St. Peter stated it is important to separate health from health care; and defined health as the state of an optimal physical, mental and social well being; whereas health care is the provision of services to either maintain or improve the health of individuals. (See testimony, Attachment 2.)

Dr. St. Peter directed attention to page of 5 of Attachment 2, which provides an approach to individual health improvement including: (1) access to health care services; (2) physical and social environments; (3) the genetic endowment; and (4) the behavior choices. Policies and interventions affect all of those things. He encouraged committee members to think about the goals and objectives to be established. The state should think carefully about the values and priorities it sets for health.

Noting that as an outside observer of the state's policy process and that of the private sector, it is not clear to him that there are established priorities and objectives for health improvement and maximizing health needs. A discussion from a broad population's perspective could be promising for the state.

## CONTINUATION SHEET

MINUTES OF THE HOUSE KANSAS FUTURES COMMITTEE at 1:30 p.m. on February 21, 2002 in Room 526-S of the State Capitol.

In his written testimony, Dr. St. Peter offered several charts and diagrams for use in the committee's considerations, pointing out the charge on page 10 predicting the rise in 2010 to 16% of our national economy spent for health care. He challenged legislators to think about this investment and realize it is their constituents who pay for it. He stated it seems illogical to spend a greater proportion of our national economy without addressing the demands and efficiencies of health care. Dr. St. Peter closed with "the success of this proposal will be determined by (1) expertise made available to the Commission; (2) the political will of the Legislature, the Governor's office, and other stakeholders; and (3) the resources made available for it."

Ernest Kutzley, AARP in Kansas, forwarded written support of **HB 2905**. Pertinent to the intent of the bill is AARP's strong "support for adequate baseline funding to create a solid foundation for this Commission; and at a minimum, the oversight process must be public and require evaluation of the health care implications of the transaction." Also, he suggested representation on the Commission "should include mental retardation, developmental disabilities, and mental health arenas." (See Attachment 3.)

Sally Finney, Kansas Public Health Association, Inc., reported the association's support of **HB 2905** as an important step towards improving coordination among state agencies that deal with health issues. She noted directing "...the Commission to improve the state's efforts in this area is critical if the state hopes to reduce the growing impact that disease has on our economy. Without political backing, the state will not be able to move forward." (See Attachment 4.)

Carolyn Middendorf related the Kansas State Nurses Association's wholehearted support of **HB 2905**, stating the Kansas Health Commission could be effective in forming public policy and health initiatives to improve the health of Kansans. The association offered amendments to the bill: (1) add the Insurance Commissioner's office as an advisor; (2) that two members of the Commission be from the "health care provider" rather than the "medical community," (3) that authority and staff support is made available to task forces or work groups as they are appointed; and (4) to prioritize the funding and operation of the Commission. (See Attachment 5.)

Robert Day, SRS Medicaid Director, noted that the Senate is actively engaged in reviewing the agency's budget, and the House will soon be working on it. Mr. Day stated that he believes the state cannot continue to look at sustaining the huge increases of public health costs without determining a more concerted effort for wellness issues and how best to spend health care dollars. It is an issue that touches every state agency. He stated, too, that the initiation of agencies like a Kansas Health Commission will not bale anyone out of the \$400-600 billion crisis, but it will help as we should not pass this crisis onto to our children.

Mr. Day also stated he is frustrated with our ability to provide a coordinated, concerted effort for wellness. He indicated that if we do not revamp the way the wellness issue is approached, the state will spend many more dollars than is now spent.

Paula Marmet related KDHE's wellness program that has just begun with weight watching as one of the components. She stated the importance of raising this as a policy issue is critically important and observed that people will not necessarily conform to a health lifestyle because it will help them in the future, but will conform if it is a more desirable lifestyle for them.

The hearing was closed.

The Chairman advised that the next meeting of the committee is on call.

KANSAS FUTURES COMMITTEE  
GUEST LIST  
February 21, 2002

Please Print Your Name and Affiliation

Paula Marmet	- KDHE
Ruth Smerchek	- KOOA
Carolyn Muddendy	Ks StNo Assn
Don Habous	Henn Law firm
Don Rezac	S.E.A.K
Tim McClay	Intern
Keith Haxton	SEAK
Marla Rhoden	KDHE
Henry Bossi	Dep of Agricul
Sharon Patnode	KDHE
Robert Day	SRS
Stephanie Neal	KS Governmental Consulting
Rebecca Guerry	Federico Consulting
Bob St. Peter	KHI
Tony WELLS	KHI
Susan Kanner	KHI
Jennie Ann Rower	KATP



**KANSAS**  
**DEPARTMENT OF HEALTH & ENVIRONMENT**  
BILL GRAVES, GOVERNOR  
Clyde D. Graeber, Secretary

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**Testimony on HB2905**  
to  
**Kansas Futures Committee**  
**Presented by Assistant Secretary Patnode**

**February 20, 2001**

Chairman Mayans and members of the Committee, as all of you may already know, the idea for HB 2905 came from a weekend meeting several Kansans had the opportunity to attend via invitation of the National Conference of State Legislatures, National Governor's Association, and the Association of State and Territorial Health Officers. Along with Representatives Mayans and Bethel, Senators Lee and Brungardt, Bob Day from SRS, Deb Hollon from Legislative Research, I was charged with this question: "How can a community make the best use of public and private resources to ensure a healthy citizenry?"

Speaking from the public health perspective for KDHE, I see KDHE bringing to the table some help to answer this question. An example I will point to can be found on the first two pages of the attachment entitled, "State of Health in Kansas" compiled by KDHE. In an effort to improve the health of Kansans, KDHE could provide to such a commission information on the leading causes of death, the health behaviors that may lead to these causes, the health behaviors that could limit these causes, and best practice models to promote healthy behaviors and reduce unhealthy behaviors. KDHE health promotion activities are aligned with the national Health People 2010 process to achieve national objectives in disease prevention and health promotion. KDHE staff are currently assembling the data for a Kansas assessment relative to Healthy People 2010.

I also believe that KDHE's health promotion expertise could be useful in a review of other health programs in the State, such as the Medicaid program and our State employees health insurance program. While KDHE would not be at the forefront providing advice regarding any medical treatments, we could assist in providing advice regarding improving State health behaviors.

Finally, establishing such a Commission, such as the one discussed, would elevate the issues of good public health and viable health promotion to a level not seen now in our State.

I would be glad to answer questions you may have at the appropriate time.



## KANSAS HEALTH INSTITUTE

*For additional information contact:*

Robert St. Peter, M.D., President  
212 SW Eighth Avenue, Suite 300  
Topeka, Kansas 66603-3936  
Tel. 785.233.5443 Fax 785.233.1168  
Email: [rstpeter@khi.org](mailto:rstpeter@khi.org)  
Website: [www.khi.org](http://www.khi.org)

**Kansas Futures Committee**

February 21, 2002

**Comments on Kansas Commission on Health**

**Robert F. St. Peter, M.D., President  
Kansas Health Institute**

*Healthier Kansans Through Informed Decisions*

The Kansas Health Institute is an independent, non-profit health policy and research organization based in Topeka, KS. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

Comments on the Proposed  
Kansas Commission on Health



Kansas Health Institute  
Robert F. St. Peter, M.D.

Committee on Kansas Futures  
February 21, 2002



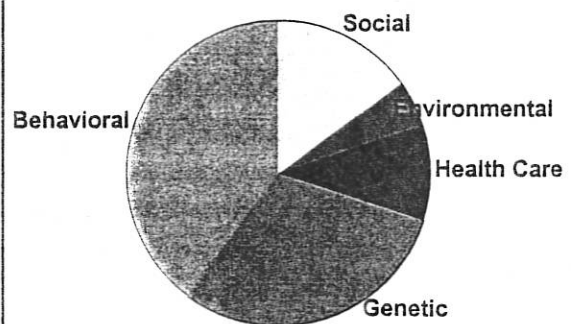
Why a "Health" Commission in Kansas?

- Health of individuals and communities is determined by a broad variety of factors
- Distinction between "health" and "health care"
- Public and private policies play an important role in determining health
- Need a clear statement of our goals and values around health

See Diagram



Determinants of Health



See Bar Chart



### Ten Leading Causes of Death in the U.S.

Heart disease	724,859
Cancer	541,532
Stroke	158,448
Chronic obstructive pulmonary disease	112,584
Accidents	97,835
Pneumonia/influenza	91,371
Diabetes	64,751
Suicide	30,575
Kidney disease	26,182
Chronic liver disease and cirrhosis	25,192

McGinnis & Foegle



### Actual Causes of Death

Tobacco	400,000
Diet/inactivity patterns	300,000
Alcohol	100,000
Certain infections	90,000
Toxic agents	60,000
Firearms	35,000
Sexual behavior	30,000
Motor vehicles	25,000
Drug use	20,000

McGinnis & Foegle



### What Do We Spend on Health in U.S.?

- U.S. spends more than twice as much on health per capita as other industrialized countries (\$4,270 vs. \$2,000 in 1998)
- Americans spend about 1 out of every 7 dollars on health (13.1% of GDP in 2000)
- Health care costs are on the rise again
- How much is enough?
- What should we expect for this investment?

See Graph



### U.S. Health Outcomes Better in Some Cases

- Life expectancy at age 80
- Survival of very low birth weight infants
- Survival after heart attack, breast cancer
- Waiting time for complex procedures
- Availability of high technology services



### U.S. Outcomes Worse on Other Measures

	<u>U.S. Rank*</u>
Life expectancy at birth	11-16
Infant mortality	18-19
Mortality rates, 15-59 yrs	9
Injuries	15-16

\*Among 19 members of OECD



### Another Commission?

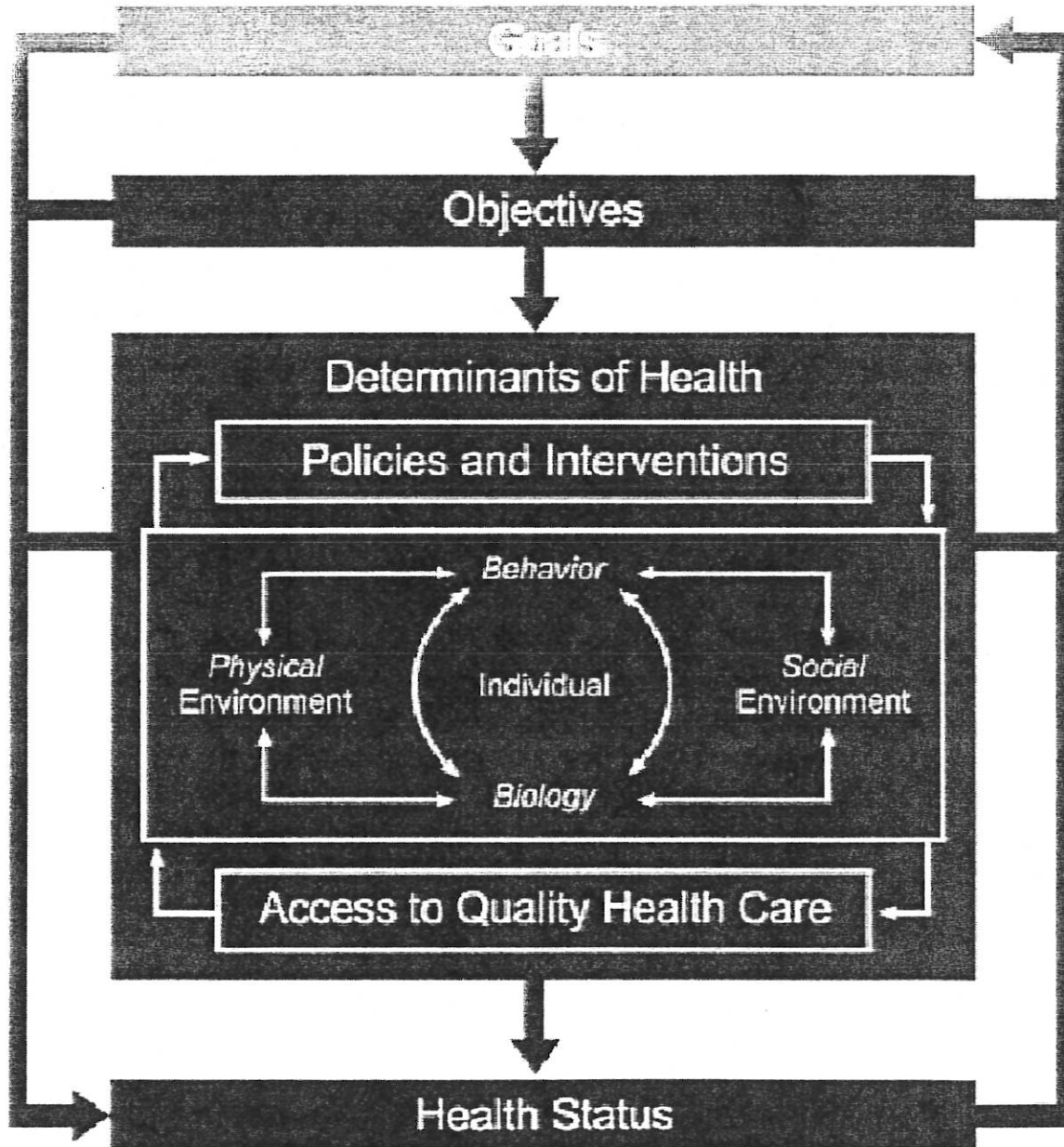
- Most have focused on health care system
- Should address quality, efficiency and reducing demand for expensive services
- Maximize health of the population given level of investment we are willing to make
- Success will require broad participation, expertise, political will, resources



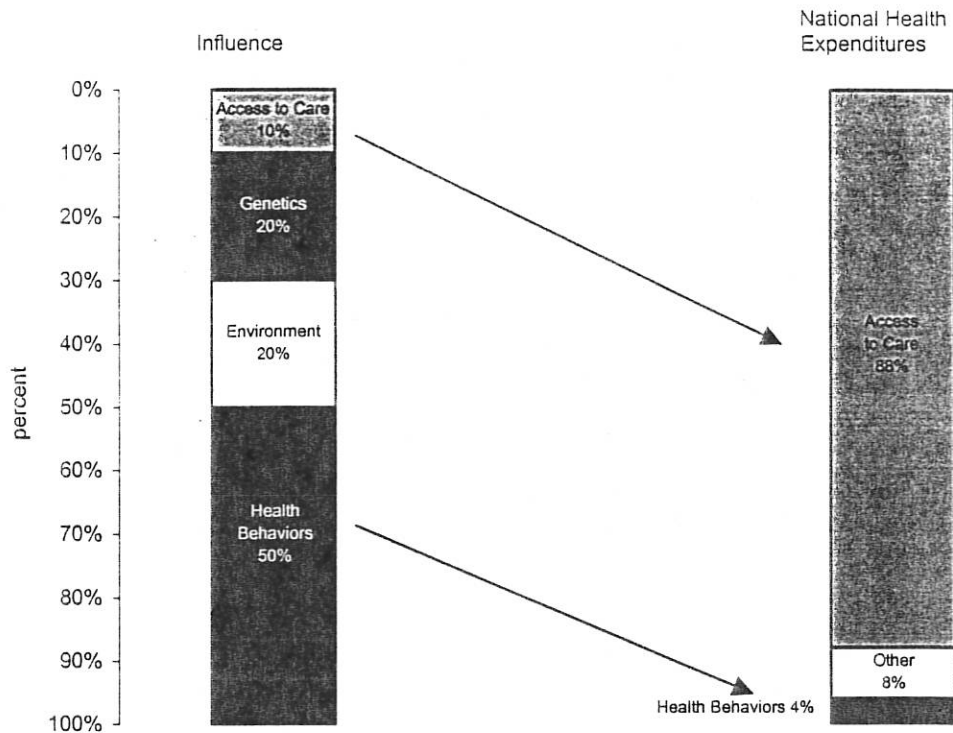


# Healthy People in Healthy Communities

A Systematic Approach to Health Improvement

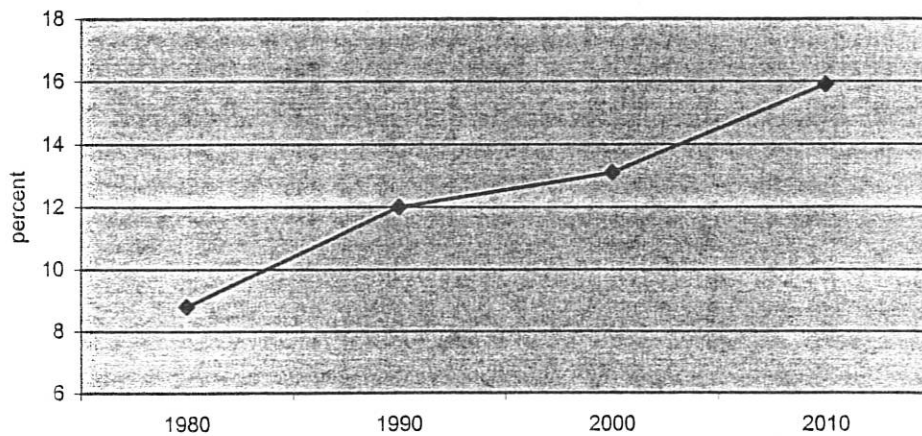


## The Relationship of Health to Health Resources



Source: The Robert Wood Johnson Foundation, 2000

## National Health Expenditures as a Percent of Gross Domestic Product, 1980-2010 (projection)



Source: Centers for Medicare and Medicaid Services, Office of the Actuary, 2001



555 S. Kansas Avenue  
Suite 201  
Topeka, KS 66603  
(785) 232-4070  
(785) 232-8259 Fax

February 20, 2002

Representative Boston  
Chairman Health and Human Services Committee

Good afternoon Representative Boston and members of the House Health and Human Services Committee. My name is Ernest Kutzley and I am the Associate State Director of Advocacy for AARP Kansas. AARP Kansas represents the views of our more than 350,000 members in the state of Kansas. Thank you for this opportunity to express our *support* and comments on House Bill 2905.

The nation's health care system has been undergoing massive changes since the mid-1980s. The driving force behind this transformation was escalating health care costs, which grew an average of 12 percent annually during the 1980s

This is a time of transition. Changes in the health care system cut across many areas of existing public policy and bring new areas of concern into focus. These changes are the source of anxiety and uncertainty on many levels and have raised a series of public policy concerns. Policymakers and elected officials have an important role in ensuring quality in the health care system. They can initiate changes in federal, state and local programs and facilities. They regulate various activities (e.g., mergers, securities and licensure) of private health care entities. They have broad power to protect the public's health and safety. In these roles, government is in a position to oversee the transformations in the health care system and to monitor carefully the impact of these dramatic changes on those who use and rely upon it.

Federal and state governments must play essential roles and carefully monitor the ongoing changes in the health care marketplace to assess their impact on consumers and the health delivery system. Market forces may not always protect communities' or consumers' access to health care services. Thus, governments must ensure that access to affordable, quality care increases, rather than decreases, as changes occur in the health care delivery and insurance systems.

To protect the public's interest, AARP supports strong and effective government oversight of major business transactions concerning not-for-profit and public institutions. At a minimum, the oversight process must be public and require evaluation of the health care implications of the transaction for the community,

601 E Street, NW Washington, DC 20049 (202) 434-2277 [www.aarp.org](http://www.aarp.org)  
Esther "Tess" Canja, President William D. "Bill" Novelli, Executive Director

House Kansas Futures  
2-21-02  
Attachment 3

We do understand these are financially hard times and believe that grants can help in funding these types of oversight committees. Given the importance of these issues, we believe that there should be an adequate baseline of funding to create a solid foundation for the committee's work.

We also believe that consumer representation on committees such as this should be more diverse including representation for the mental retardation, developmental disabilities and mental health arenas.

We believe that changing health needs and health care system is a critical concern to all Kansans. Therefore, AARP *supports* the efforts and principles of House Bill 2905. Thank you for this opportunity to express our opinions and support.

Ernest Kutzley  
Associate State Director/Advocacy  
AARP Kansas

Testimony presented to House Kansas Futures Committee

By Sally Finney, Executive Director

On HB 2905

Chairman Mayans and members of the committee, I want to thank you for allowing me to appear before you today. I represent the 500 members of the Kansas Public Health Association. KPHA is an individual membership organizations whose mission is to support sound public health programs and policies in Kansas.

KPHA supports HB 2905. We believe establishing the Kansas Commission on Health will be an important step towards improving coordination among state programs that deal with health issues. We especially appreciate the fact that this legislation clearly intends the Commission to emphasize disease prevention, a major component of public health. Prevention saves lives. It also saves money, and directing the Commission to improve the state's efforts in this area is critical if the state ever hopes to reduce the growing impact that disease has on our economy.

While the association believes there is merit to health planning, past experience has taught us that this kind of work is meaningless without commitment to implementing the recommendations derived from it. As an example, I ask you to recall the Governor's Health Improvement Planning Commission. This was a group of public health, medical, and business leaders from throughout the state who were pulled together by Governor Graves in 1998. The commission's work was funded entirely with grants from the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and the Kansas Health Foundation. The Commission conducted an extensive review of health in Kansas. Its final recommendations are contained in a neatly bound, 100-page report that I and many others keep in our offices. That commission's work meant little because there was no commitment to implementing its recommendations. Should the Kansas Legislature enact the provisions of HB 2905, the public health community will be counting on you and our Governor to make sure that we do not repeat this experience.

Thank you for your interest in improving the health of the public.

## H.B. 2905 Kansas Commission on Health

February 21, 2002

Chairperson Mayans and members of the Kansas Futures Committee, my name is Carolyn Middendorf M.S.N., R.N. and I am here on behalf of the KANSAS STATE NURSES ASSOCIATION to ask for your support of this bill.

This bill proposes to create a Commission on Health that would examine and make recommendations on all aspects of health in Kansas, emphasizing prevention, health promotion and the reduction of health disparities for Kansans. We think a high profile Commission as envisioned is excellent, and believe that it could be effective and would assist in public policy and funding of health initiatives to improve the health of the citizens of our state. The concept is whole heartily endorsed by KSNA.

*In reviewing the bill draft we make the following observations and comments:*

### COMMISSION COMPOSITION

- The Insurance Commissioners office **as an advisor** is noticeably missing (Page 1 line 37). If three health insurance representatives are going to be included on the Commission, it makes sense that the Insurance Commissioners office be included in an advisory capacity.
- The size and composition of any entity like this is always highly charged. We would ask that consideration be given to expanding the wording for the 2 members being appointed from the "medical community" to something like "**health care provider** community" so that broader representation can be considered and appointed.

### FUNDING/OPERATIONS

- If the Commission is going to have to fund itself through grants, etc., then the efficacy and effectiveness may be compromised by attention/time focused on this activity as opposed to the Commissions true charge. This was an issue with the 403 Commission appointed a number of years ago. The authority to pursuit grant funds and contributions is excellent, however, the concept that this is the sole source of funding for the Commission to conduct its work and complete its mission is not sound. If the creation of the Commission is important enough to be considered and created by the Legislature, then funding its existence and operations should also be a priority. If this cannot be addressed, then the expectations for what can be accomplished by the Commission should be adjusted accordingly.
- The last comment is about the Commissions authority to appoint Task Forces or Work Groups that have expertise on relevant and timely health care issues. This may be inherent in this language proposed, but we didn't see a specific reference to that, and wanted to make sure that the authority existed, and that staff support would also be available to coordinate task forces.

*Thank you* for this opportunity to present to you today.

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

CONSTITUENT OF THE AMERICAN NURSES ASSOCIATION

House Kansas Futures  
2-21-02  
Attachment 5