

Approved: May 10, 2002
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Senator Susan Wagle at 11:00 a.m. on April 9, 2002 in Room 231-N of the Capitol.

All members were present except: Senator Sandy Praeger (EA)
Senator Nick Jordan (EA)
Ms. Emalene Correll, Kansas Legislative Research Department

Committee staff present: Mr. Norm Furse, Revisor of Statutes
Ms. Lisa Montgomery, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant

Conferees appearing before the committee: Representative Carlos Mayans
Representative Robert Bethel
Ms. Sally Finney, Executive Director,
Kansas Public Health
Mr. Clyde Graeber, Secretary, KDHE
Dr. Robert St.Peter, President, Kansas Health Institute
Ms. Carolyn Middendorf, M.S.N., R.N, on behalf of
KS State Nurses Association
Mr. Jerry Slaughter, Executive Director, KS Medical Society
Ms. Rebecca Rice, Legislative Counsel,
KS Chiropractic Association

Others attending: See attached guest list.

Hearing on HB2905 - an act relating to the public health and welfare of all Kansans; creating the Kansas commission on health; providing for the powers, duties, and functions thereof.

Upon calling the meeting, Chairperson Susan Wagle announced that since there were quite a few conferees to testify, they would begin by calling on the first proponent, Representative Carlos Mayans who cited four reasons why he supported this bill. No written testimony was provided.

The next proponent was Representative Bob Bethell who stated that often the reason that the cost of the delivery of health care is large and growing larger every day is because of the choices that the people of Kansas make on a daily basis. He also stated that the Kansas Commission on Health is designed to be gender neutral, geographically and ethnic neutral and is intended to focus on the areas of prevention, wellness and public health, with the intent of creating an atmosphere that will cause the easing of the delivery of services in both the urban and rural areas of Kansas. A copy of his testimony is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The third proponent was Ms. Sally Finney, Executive Director, Kansas Public Health Association who stated that the association appreciated that this legislation clearly intends to Commission to emphasize disease prevention, a major component of public health and that while the association believes there is merit to health planning, past experience has taught them that this kind of work is meaningless if it lacks the commitment necessary to take the next steps and implement the recommendations derived from the planning process. A copy of her testimony is (Attachment 2) attached hereto and incorporated into the Minutes as references.

The fourth proponent was Mr. Clyde Graeber, Secretary, Kansas Department of Health and Environment, who stated that this is a step in the right direction toward determining what are the needed levels of health care services and what can be done toward improving prevention, health promotion, and a reduction of disparities of health care delivery among our Kansas population. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

Dr. Robert St Peter, President, Kansas Health Institute was the fifth proponent to testify covering a range of topics such as why a "Health" Commission in Kansas, determinants of health, ten leading causes of death in the U.S., actual causes of death, what do we spend on health in the U.S., and U.S. outcomes (better and worse). A copy of his testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

The six proponent was Ms. Carolyn Middendorf, Kansas State Nurses Association who commented on the commission's composition and funding/operations stating that they are concerned with increasing the funding for the Commission and propose that other government entities assist in obtaining funding for the group. A copy of her testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

The final proponent was Mr. Jerry Slaughter, Kansas Medical Society, who said the society supports the underlying concept in this bill, which is to create a commission with broad representation that begins a dialogue on ways the state can work towards improving the health of Kansans. A copy of his testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

Written testimony was provided by Mr. Ernest Kutzley, Associate State Director/Advocacy, AARP Kansas, and is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

Neutral testimony was provided by Ms. Rebecca Rice, Legislative Counsel, Kansas Chiropractic Association, who requested an amendment to the bill. She stated the amendment would include a chiropractor in the composition of the commission created by this legislation to adequately have representation from the licensed provider group which regularly practices illness prevention and whole health promotion by several methods including natural methods. A copy of her testimony is (Attachment 8) attached hereto and incorporated into the Minutes by reference.

Questions for Ms. Rice, Mr. Slaughter, Secretary Graeber, Dr. St. Peters were taken at this time from Senators Haley, Steineger, and Barnett and Mr. Furse ranging from do chiropractors offer enhancements preventatives "with natural means", the language differing from the bill, investigations, social-economic-and-environmental factors, scope of commission, how funds could be received, to comments ranging from the mechanism here is the legislature creating this type of fund to political clout and will to get this health care prevention across.

As there were no further comments or questions, the Chair closed the hearing.

Adjournment

Adjournment time was at 12:30 p.m.

The next meeting is scheduled for April 10, 2002.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

33 matt

DATE: Tuesday, April 9, 2002

| NAME | REPRESENTING |
|-------------------|--------------------------|
| Chip Wheelen | Assn of Osteopathic Med. |
| Kevin Walker | American Heart Ass'n. |
| Bob Bethell | House |
| Kenneth Hower | KAHP |
| Rebecca Fin | Ks Chiropractic Assn. |
| Mark R. Whit | 1-800-CONTACTS |
| Jeff Botkenberg | # IAA |
| GARY Robbing | Ks Opt Assn |
| LINDA LUTENSKY | Ks Home Care Assoc |
| Carolyn Middleton | Ks St Ds Assn |
| Sally Finney | Ks Public Health Assn. |
| Clyde Gracher | KOHE |
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COMMITTEE ASSIGNMENT
 VICE-CHAIR: KANSAS FUTURES
 MEMBER: APPROPRIATIONS
 SOCIAL SERVICES BUDGET

STATE CAPITOL—ROOM 175-W
 TOPEKA, KS 66612-1504
 785-296-7693

TOPEKA

Testimony on House Bill 2905

Chairman Wagle and members of the Senate Health and Welfare Committee, thank you for allowing me to be a part of the presentation in support of HB 2905.

This bill is the result of a weekend workshop that Representative Mayans, Senator Lee, Senator Brungardt and I were privileged to be a part of in Naples, Florida.

I have for some time been concerned with health and the delivery of health care in Kansas. As one looks at the escalating cost of health care one wonders if the residents of the Kansas can continue to support the ever-increasing level demanded. Senator Praeger made the statement "only in America is dying an option." That may sound harsh at first but in the long run it is a statement that must be taken into consideration and dealt with at great length. Often the reason that the cost of the delivery of health care is large and growing larger every day is because of the choices that we, the people of Kansas, make on a daily basis.

The Kansas Commission on Health is designed to be gender, geographically and ethnic neutral. It is intended to focus on the areas of prevention, wellness and public health, with the intent of creating an atmosphere that will cause the easing of the delivery of services in both the urban and rural areas of Kansas.

By looking at the make up of the Commission one can see that great care was taken to be sure that all the citizens of Kansas have a voice. This voice will be one that will be capable of being heard as it delivers recommendations to the Governor and the Legislature. It will be a unified voice that will point persons in the direction of improved health for the residents of Kansas.

Chairman Wagle, it is a great pleasure for me to ask that this committee view HB 2905 favorably. I will stand for any questions.

*Senate Public Health & Welfare Committee
 Date: April 9, 2002
 Attachment #1*



KANSAS PUBLIC HEALTH ASSOCIATION, INC.

AFFILIATED WITH THE AMERICAN PUBLIC HEALTH ASSOCIATION

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TOPEKA KANSAS 66603-3906

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To: Senate Committee on Public Health and Welfare
From: Sally Finney, Executive Director
Date: April 9, 2002
Re: HB 2905

Chairman Wagle 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 organization 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 vital if the state ever hopes to reduce the growing impact of disease 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 if it lacks the commitment necessary to take the next steps and implement the recommendations derived from the planning process. 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.

*Senate Public Health & Welfare Committee
Date: April 9, 2002
Attachment # 2*

State of Kansas



Department of Health and Environment

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FAX (785) 368-6368

BILL GRAVES
GOVERNOR

CLYDE D. GRAEBER
SECRETARY

**Testimony Presented to
Senate Public Health and Welfare Committee
by
Clyde D. Graeber, Secretary
The Kansas Department of Health and Environment
April 9, 2002**

Chairman Wagle and members of the Senate Public Health and Welfare Committee: I appreciate you affording me the opportunity of appearing before you today and speaking in support of HB 2905. I feel very strongly that any effort that moves our state closer to fully recognizing the health of our citizens and the delivery of health care services throughout our state is a step in the right direction toward determining what are the needed levels of health care services and what can be done toward improving prevention, health promotion, and a reduction of disparities of health care delivery among our Kansas population. I truly believe and support any effort which can better assimilate health statistics, health facility availability, or which may stress the need for services and physicians in our state's underserved areas. In an effort to support the Commission which would be established by HB 2905, the Kansas Department of Health and Environment would be able to provide information on the leading causes of death in Kansas, the health behaviors of our citizens that may lead to these causes, and information concerning the best practice models to promote healthy behaviors, and reduce unhealthy behaviors that cause and contribute to the health deterioration of many of our citizens. KDHE staff is currently assembling data for the Kansas assessment relative to Healthy People 2010.

The main purpose of my appearing here today is simply to strongly support this legislation and indicate KDHE's willingness to work with the Commission if established, in what I see are its very worthy goals to establish a better understanding of the health needs of our state and its citizens.

*Senate Public Health & Welfare Committee
Date: April 9, 2002
Attachment #3*



KANSAS HEALTH INSTITUTE

Robert St. Peter, M.D., President

For additional information contact:

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Public Health and Welfare Committee

April 9, 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.

*Senate Public Health & Welfare Committee
Date: April 9, 2002
Attachment #4*

Comments on the Proposed
Kansas Commission on Health



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

Senate Public Health and Welfare Committee
April 9, 2002



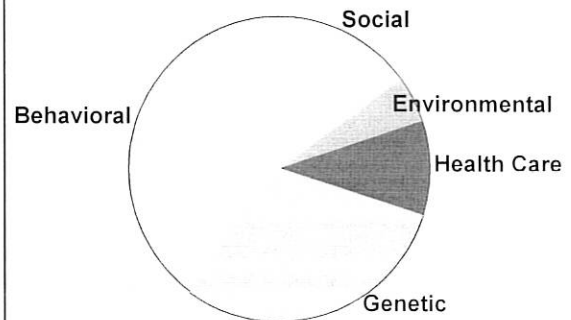
Why a "Health" Commission in Kansas?

- 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 | 91,871 |
| 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



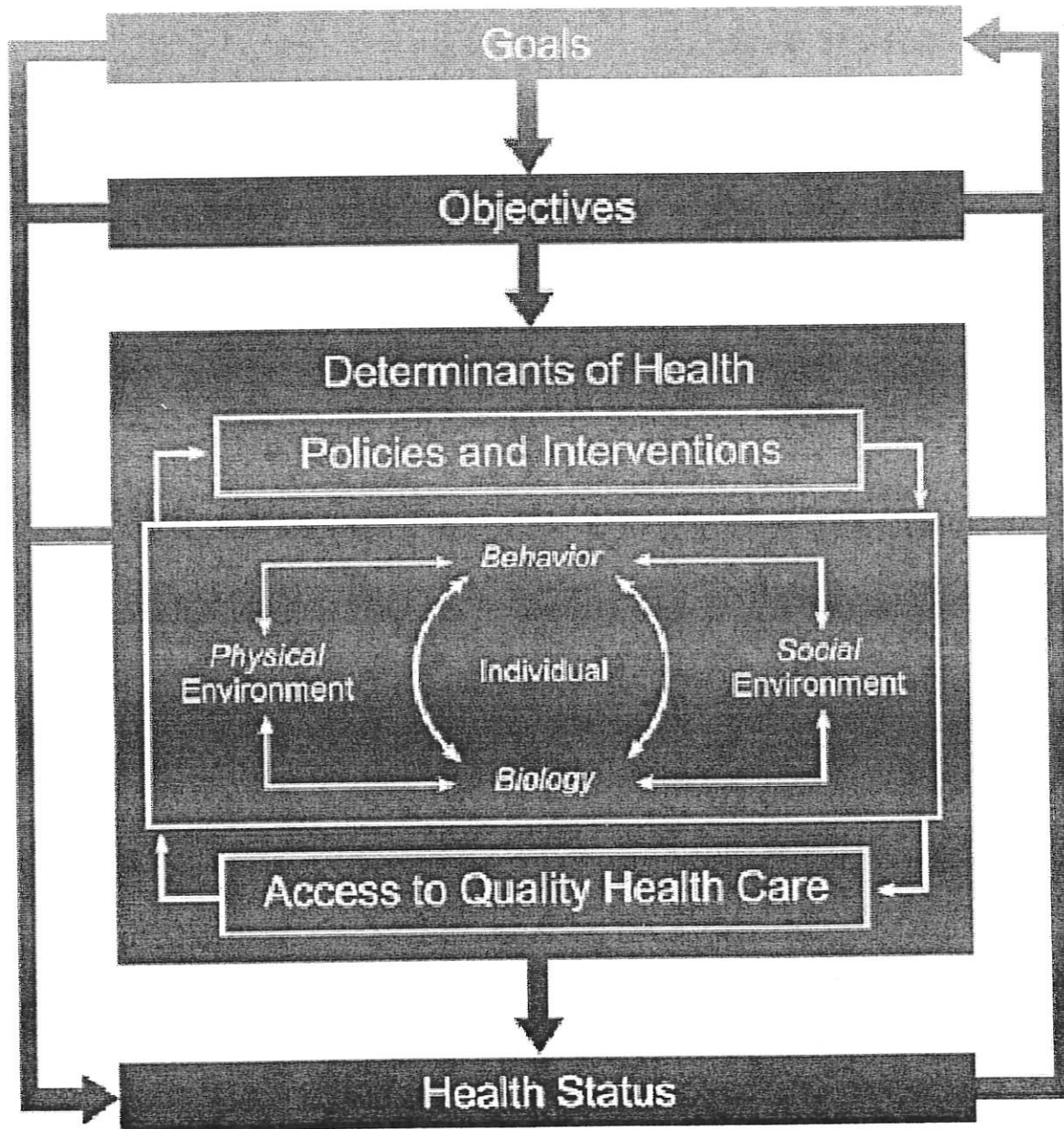
Another Commission?

- 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

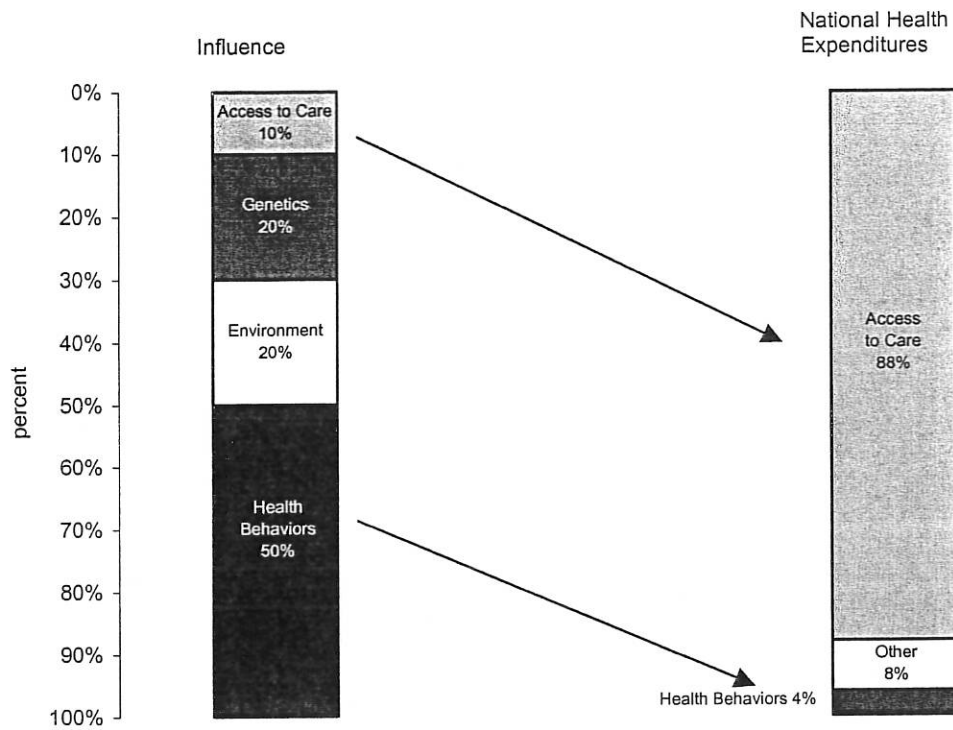


Healthy People in Healthy Communities

A Systematic Approach to Health Improvement

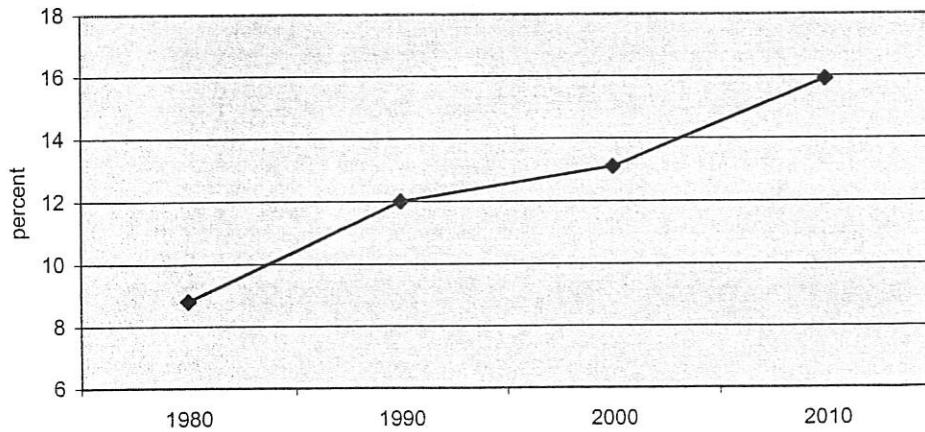


The Relationship of Health to Health Resources



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



**KANSAS STATE
NURSES ASSOCIATION**

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THE VOICE AND VISION OF NURSING IN KANSAS

TERRI JOHNSON M.S.N., A.R.N.P.
PRESIDENT

TERRI ROBERTS J.D., R.N.
EXECUTIVE DIRECTOR

H.B. 2905 Kansas Commission on Health

April 9, 2002

Chairperson Wagle and members of the Senate Public Health and Welfare 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.

We are pleased that the House addressed some of our earlier concerns to this proposed legislation. In reviewing HB 2905 as amended, we continue to make the following comments:

COMMISSION COMPOSITION

The Insurance Commissioner or a representative has not been named as advisory to the Commission, although provisions were made for them to be involved.

You have proposed the addition to the Commission "who is a health care provider who is not licensed to practice medicine and surgery or a licensed dentist," see page 1, line 42. This provides other types of licensed health care providers the opportunity to serve, and thus broadens the representation of those serving on the Commission.

FUNDING/OPERATIONS

We note that you have increased the means for funding the Commission and proposed that other government entities assist in obtaining funding for the group. It is important that all their energies not be spent on obtaining resources to support their existence, but that they are considerably free to spend the majority of their time on the work assigned to them in Section 1. We appreciate your attention to this matter, so the group does not have its continuation or existence compromised, which was an issue with the 402 Commission some years ago. They absolutely must have a support staff component, if they can be expected to accomplish the work assigned in this proposed legislation.

We hope the amendments to this proposed legislation will assist in the appointment of members who have expertise in current health care issues facing our State and our nation. We further hope the Legislature and Executive bodies of Kansas will be apprized of the most timely health care concerns facing the citizens in our State.

Thank you for the opportunity to address this legislation with 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


*Senate Public Health & Welfare Committee
Date: April 9, 2002
attachment #5*



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kmsonline.org

To: Senate Public Health and Welfare Committee

From: Jerry Slaughter
Executive Director 

Date: April 9, 2002

Subject: HB 2905; concerning the Kansas Commission on Health

The Kansas Medical Society appreciates the opportunity to appear today on HB 2905, which would establish the Kansas Commission on Health. We support the underlying concept in this bill, which is to create a commission with broad representation that begins a dialogue on ways the state can work towards improving the health of Kansans. In particular, we believe such a commission could serve as the starting point for discussions about the appropriateness of consolidating all the health-related functions of state government into one agency, a concept we have supported for some time.

Quite clearly one of the potential outcomes of such a commission is greater focus on developing a plan for the health of Kansans that integrates all of the public and private assets for improving health. Currently, our state distributes responsibility for health care policy among at least three and possibly four cabinet-level agencies. Decisions related to the financing of health care, particularly as it relates to indigent and vulnerable populations, is housed in one agency, while public health policy is found in another. The financing of private health care is yet in another, while group of issues related to our senior citizens is yet in another. While we believe each of those agencies is working hard on its mission and goals, the idea of better integrating our efforts is worthy of a broader discussion and evaluation.

Probably one of the most immediate benefits of the proposed commission is that of creating the opportunity for a public dialogue on the health of Kansans. It has potential for focusing attention on the issues of the uninsured, underinsured, access to care, the adequacy of the workforce, emergency preparedness, health care financing, and how we as a state will address those issues. Additionally, it has great promise for actually beginning to identify a comprehensive health plan for all Kansans, which integrates planning, financing, distribution of resources and the roles of the various stakeholders in our health care system.

Senate Public Health & Welfare Committee
Note: April 9, 2002
Attachment # 6

KMS Testimony on HB 2905

April 9, 2002

Page 2

We do believe the actual charge to the commission should be more clearly spelled out in section 1 of the bill. As it currently reads, the purpose of the commission is a little unclear. We would suggest the addition of some language such as that below, which is a little more specific about what is expected of the commission.

“The commission shall develop a comprehensive plan for the health of all Kansans, which takes into consideration issues relating to access to care, health manpower, private and public financing and of health care, insurance issues including the problems of the uninsured and underinsured, the role of state government and its various agencies in the development and delivery of health policy and benefits, the role of local units of government in the development and delivery of health policy, the role of technology in health care, including telemedicine, and improving the overall health of Kansans through lifelong education and prevention activities.”

We support the establishment of the commission, and would urge the committee to report the bill favorably. Thank you for the opportunity to offer these comments.



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**Testimony before Senate Public Health and Welfare Committee
April 9th, 2002
Ernest Kutzley
Associate State Director/Advocacy**

Good morning Senator Wagle and members of the Senate Public Health and Welfare 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. These changes cut across many areas of existing public policy and bring new areas of concern into focus. They are the source of anxiety and uncertainty on many levels and have raised a series of public policy concerns.

Policymakers, elected officials and oversight committees 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 and plan for the future needs. 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 all aspects of healthcare services at the state level including prevention and healthcare promotion that will ultimately result in the reduction of healthcare disparities.

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

*Senate Public Health & Welfare Committee
Date: April 10, 2002
Attachment # 7*

We 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 diverse including representation for the mental retardation, developmental disabilities and mental health arenas.

Finally, AARP believes that the changing health needs and health care systems are a critical concern to all Kansans and that oversight by committees such as the Kansas Health Commission are essential for review and planning of all aspects of health care in Kansas. Therefore, AARP *supports* the efforts and principles of House Bill 2905.

Thank you for this opportunity to express our opinions and support.

SENATE COMMITTEE
ON
PUBLIC HEALTH AND WELFARE

re: HB 2905

APRIL 9, 2002

by: Rebecca Rice, Legislative Counsel
Kansas Chiropractic Association

Chairman and members of the committee, my name is Rebecca Rice and I appear before you today on behalf of the Kansas Chiropractic Association to request an amendment to HB 2905.

The amendment is to include a chiropractor in the composition of the commission created by this legislation.

The bill states the commission shall: **place an emphasis on prevention, health promotion and the reduction of health disparities** in the overall Kansas population.

Although the size of the commission grew in the house committee and a representative was added for the health care providers who aren't M.D.'s or dentists, that is an extremely large group of providers. The commission should have representation from the licensed provider group which regularly practices illness prevention and whole health promotion by several methods including natural methods. If chiropractic is not represented on the commission, it is possible the commission will not be sufficiently influenced to think "outside the traditional box" which might negate one or more of its primary purposes.

Additional charges for the commission are to:

- (1) **oversee the necessary changes in state laws and regulations in order for the commission to reach its goal to be able to examine and make recommendation(s) on all aspects of health in Kansas.**
- (2) **make a determination of what should be the appropriate levels and delivery of services in Kansas, transcending the scope of practice of all providers of health care.**

The meaning of these additional charges is not quite clear. However, chiropractors have a unique perspective-due in part to experiences unique to licensed chiropractors-regarding the barriers that prevent progress and change in health care delivery, costs, effectiveness and emphasis. Because of that reason and others, KCA requests inclusion of a licensed chiropractor in commission composition.

*Senate Public Health & Welfare Committee
Date: April 9, 2002
Attachment #3*

Additional thoughts regarding the proposed legislation include the following:

1) Although a statutorily created commission, the funding is to come from private entities. Although the reasons are clear, funding by private entities could raise questions regarding the impartiality of the conclusions. (As an example, some legislators have requested that professors' declare the source for funding when presenting conclusions and results to alert the legislature that biases might be inherent in an academic study.) We suggest the proposed funding mechanism be narrowed in scope to lessen the possible perception of undue influence on the commission's deliberations.

Additionally, neither the Executive Director nor the commission members should engage in fundraising activities for the same reason. Although the fundraising responsibilities are placed on KDHE and SRS, the individuals who are dependent on the funding will, typically, become responsible for the fundraising. To insure the goals of the commission are pursued and that the credibility of its recommendations are preserved, the legislation should clarify that neither the commission members nor the executive director are to raise funds. Without such clarification, the commission and the executive director might lose focus.

2) The Executive Director position [Sec. 3(a)] should be further clarified. The legislation specifies that the state will provide, if necessary, office space and shall provide support staff from the legislature's various divisions. Those provisions indicate the legislation intend a type of quasi-governmental entity. However, details remain unclear. Will the executive director be a state employee paid by private funds? How will that work?

3) The commission is created by statute but is not given authority to adopt an additional structure. Although no tax authority, I do not believe a statutorily created entity - without further organization - is recognized by the IRS. Is it possible the commission will be required to pay taxes as an unincorporated association? How will it hold the funds it's given? At a bank? How will it identify itself on the banks many required forms? How will grant requests be made? Many, if not most, foundations will only consider requests from 501(c)(3) organizations. Is the commission expected to adopt an IRS tax code identification? If so, under what authority?

There are many additional questions about the construction and purpose of the proposed commission. However, other presented testimony may provide the answer to them. If not, we would be happy to continue to explore the possible complications.

Thank you for allowing us to request the amendment for an additional commission member and for allowing us to make additional comments.