

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at 1:30 p.m. on February 4, 2004 in Room 231-N of the Capitol.

All members were present.

Committee staff present:

- Ms. Emalene Correll, Legislative Research
- Mr. Norm Furse, Revisor of Statutes
- Mrs. Diana Lee, Revisor of Statutes
- Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee:

- Dr. Lou Sadhi, PhD, Director, Office of Health Care Information Center for Health & Environmental Statistics (CHES), KDHE
- Mr. Roderick Bremby, Secretary, Kansas Department of Health & Environment

Others attending:

Please See Attached List.

**Overview of the Health Care Governing Board Annual Report**

Upon calling the meeting to order, Chairperson Wagle introduced Dr. Lou Sadhi, PhD, Director of the Office of Health Care Information Center for Health and Environmental Statistics, who stated this is the 10<sup>th</sup> year the Board has been working to improve the availability of health information for Kansas. A copy of her presentation is (Attachment 1) attached hereto and incorporated into the Minutes as referenced. Highlights for 2003 included work related to:

- 1) Legislative issues monitored by the Governing Board that required data or involved data collection (ex. Mental health parity and mandated coverage for contraceptives);
- 2) Data partnerships (ex. State trauma registry database development and the hospital discharge data collection);
- 3) Publications - full time equivalency (FTE) reports prepared for Primary Care Physicians and Advanced Registered Nurse Practitioners (ARNP), the Health System Inventory Report update and complete;
- 4) Data requests from the health care database (ex. Requests for purposes of addressing bioterrorism preparation needs and continuing education);
- 5) Technical assistance - protocol constructed in an effort to assure that analytic methodologies are standardized in preparing data output and reports;
- 6) Health information presentations hosted by the Governing Board (ex. Coverage of the uninsured and findings from the State Turning Point Minority Health Disparities and Data Report.)

In closing, Dr. Saudi asked the Committee to remember that the Health Care Data Governing Board establishes for them the forum through which health information issues can be discussed and recommendations made.

Chairperson Wagle then introduced Mr. Roderick Bremby, Secretary of Kansas Department of Health & Environment who stated he would be describing the efforts under way at KDHE regarding health care data collection to support health policy development and its data vision. A copy of his presentation is (Attachment 2) attached hereto and incorporated into the Minutes as referenced. A copy of the Health Care Data Governing Board 2003 Annual Report has been filed in Chairperson Susan Wagle's office.

## CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at 1:30 p.m. on February 4, 2004 in Room 231-N of the Capitol.

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Highlights included:

- 1) A background of the governing board, stating the structure of the Board included members of the health care provider community that owned much of the data the state would need to assert its role in decision-making processes. He also included a current list of the Board's membership;
- 2) Development of the Kansas Health Insurance Information System (KHIIS) to address the health care statistical plan established by the Kansas Insurance Commissioner;
- 3) In 2003, KDHE was able to obtain and make available health care professional and hospital discharge data; fulfilled over 213 specialized data requests, recorded over 106,000 successful website hits through the Information Network of Kansas (INK); and entered into Memoranda of Understanding;
- 4) Proposed a reorganization scheme that includes changes to the Board structure, appoint an executive committee to focus on necessary elements required to achieve a useful database used to formulate health policy, and will devote a dedicated staff to provide support for the board;
- 5) KDHE's vision is increased access to the many sources of data within state agencies and those outside to enhance the ability of policy makers to make informed health-care decisions.

The Chair then asked for questions or comments from the Committee. Senators Barnett, Steineger, Brownlee, Wagle and Salmans and Ms. Correll asked a range of questions from clarification of new members, what is the time frame KDHE is looking at regarding this restructuring, do you perceive patients being able to contact KDHE, (flooded with reports and data) is there a way to cast a broader net, Kansas specific: data not telling us about rural health-care, how much data is available in the database, could you aggregate, bill passed stating no paper annual reports, is data being gathered from speciality hospitals, aren't you authorized to collect all data, do you collect information from community hospitals to identify who is charity or uninsured, a forthcoming E.O., is extra funding needed after restructuring, to does the data collected have value to industry and do we see data?

### Introduction of bills

The Chair then asked for bills to be introduced. Senator Barnett made a motion to introduce legislation concerning the regulation of child care facilities; relating to exemptions therefrom. It was seconded by Senator Brownlee and the motion passed. Next, Mr. Larry Williamson from the Kansas Dental Board, asked the Committee to introduce legislation concerning improper use of certain names by dentists; exceptions; unlawful acts; suspension or revocation of license and adding "except in situations when the Board determines an exception is appropriate to facilitate the providing of dental services to a population or group of patients the Board has determined to be under-served." Senator Barnett made a motion to introduce this legislation, it was seconded by Senator Haley and the motion passed. Senator Wagle made a conceptual motion to introduce legislation concerning immunizations, prohibiting the administration of certain immunizations which contain certain substances. Senator Brownlee seconded the motion and the motion passed. Lastly, legislation was introduced from Behavioral Sciences concerning the regulation of psychologists; relating to unlicensed assistants in psychology. Senator Haley made a motion to introduce this legislation and Senator Salmans seconded. The motion passed.

### Adjournment

As there was no further business, the meeting was adjourned. The time was 2:30 p.m.

The next scheduled meeting is Monday, February 5, 2004.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

## GUEST LIST

DATE: Wednesday, February 4, 2004

NAME	REPRESENTING
Heather Grace	Dammun + Associates
Chip Wheeler	Assn of Osteopathic Med.
Chris J. Ward	* Sen. O'Leen
Becky Ross	SRS
Kevin Rader	Hein Law firm
Michelle Peterson	Ks. Governmental Consulting
Jim Byrnes	Sen. SALAMANIS Ass.
Larry Williamson	Kansas Dental Board
Angela Harness	Intern - Sen. Brungardt
Therese Bangeit	Ks. Cath. Conf.
Mary Hillebrandt	Conlee Consulting
Cassie Tinsmon	Pro Kan Do
Tam Bell	Ks. Hosp. Assn.
Bred Smoot	BCBS
Katie J. Bacon	KDHE
Martin Haavee	Haavee's Capital Reports
Lou Zand	KDHE
Susan Kang	Q Lake

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K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

**Testimony Presented to the  
Senate Public Health and Welfare Committee**

**Health Care Data Governing Board Annual Report**

**Lou Saadi, Ph.D.**

**Director**

**Office of Health Care Information**

**February 4, 2004**

Madam Chairperson and members of the committee, I am proud to present the Health Care Data Governing Board's 2003 Annual Report. This is the 10<sup>th</sup> year the Board has been working to improve the availability of health information for Kansas. Highlights for 2003 include work related to:

**✓Legislative issues monitored by the Governing Board that required data or involved data collection**

Mental Health Parity  
Mandated Coverage for Contraceptives  
Establishment of a birth defects registry and  
Decriminalization of using open records for solicitation

**✓Data Partnerships**--The Governing Board encourages data partnerships with government agencies and private entities to improve efficiency and maximize health information resources. Partnerships established include assistance with the:

- State Trauma Registry Database development
- Child Support Enforcement (CSE) program management
- Workers Compensation Medical Fee Schedule Database development
- Kansas Insurance Department Statistical Plan database support
- State Child Death Review Board database support
- Hospital Discharge data collection
- Developing and implementing standards for race/ethnicity data collection and
- Client Assessment and Referral Evaluation (CARE) data collection improvements

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✓**Publications**-- CHES/OHCI has prepared and distributed a number of publications during calendar year 2003. Full-time equivalency (FTE) reports have been prepared for Primary Care Physicians and Advanced Registered Nurse Practitioners (ARNP), the Health System Inventory Report update was completed.. The documents prepared include:

- *Review of Kansas Board of Healing Arts Professional Data, Vol. I, Physicians 2000 Renewals*
- *Review of Kansas Board of Healing Arts Professional Data, Vol. II: Chiropractors, Podiatrists, Physician Assistants, Occupational Therapists, Occupational Therapy Assistants, Physical Therapists, Physical Therapist Assistants, Respiratory Therapists, and Athletic Trainers; 2002 Renewals*
- *Review of Kansas Department of Health and Environment, Health Occupations Credentialing Professional Data, 2001*
- *Review of Kansas Board of Examiners in Optometry Professional Data, 2002*
- *Review of Kansas Board of Nursing Professionals Data, 2001 Renewals*
- *2002 Kansas Primary Care Physician FTE Report by County: April 2003*
- *2002 ARNP FTE Primary Care Report: March 2003*

Articles prepared for the Governing Board and published in the Kansas Health Statistics Report include:

**Hip Replacement Surgeries in Kansas**

**Traumatic Brain Injuries (TBI) in Children ages 0-14**

**Article Review: 2001 Prescription Drug Expenditures: Another Year of Escalating Costs**

**Article Review: Explaining Drug Spending Trends: Does Perception Match Reality?**

✓**Data Requests from the Health Care Database:** The distribution of data requesters has fluctuated over the years the health care database has been in operation. Data has been requested for purposes of addressing bioterrorism preparation needs, continuing education, licensure verification, recruiting and research.

✓**Technical Assistance:** Governing Board staff are available to provide technical assistance and guidance to those who request and use data from the health care database. Protocols have been constructed in an effort to assure that analytic methodologies are standardized in preparing data output and reports. For example, a number of reports have been reviewed and approved by Governing Board and Kansas Hospital Association staff for publication and use. These include reports for the following:

- **Hospitalizations for Suicide Attempts for Individuals Age 10 to 24 years**
- **Kansas Safe Kids Analysis**

- **Asthma Among Children under Age 5 years**
- **Suicide Attempts in Cherokee County and/or State Found in Kansas Hospital Discharge Data**

✓**Health Information Presentations Hosted by the Governing Board**--The Governing Board hosted a number of presentations:

–**Discussion/proposal–Improved Collection of Race and Ethnicity Data in Health Data Systems:** Kim Kimminau, Ph.D., Kansas Health Institute

–**Findings from the State Turning Point Minority Health Disparities and Data Project:** Robert St. Peter, MD, President and Kim Kimminau, Ph.D., Vice President for Research, Kansas Health Institute

–**Coverage for the Uninsured:** Barbara Langner, Ph.D., School of Nursing, University of Kansas Medical Center

In addition to the work staff have conducted on behalf of the Health Care Data Governing Board, the Board held a retreat to review its accomplishments during the last 10 years as well as its future priorities. The goal of the Governing Board and its members is to assure that good health information is made available to bodies such as this committee and other policy makers such as the Office of Health Planning and Finance so that informed decisions can be made. Please remember the Health Care Data Governing Board establishes for you the forum through which health information issues can be discussed and recommendations made. Its structure, authority and experienced members and associates are conducive to convening the necessary experts in Kansas to help you make informed health decisions.

Thank you for your time.



**K A N S A S**

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

**Testimony on Vision for Data Collection  
to the  
Senate Public Health and Welfare Committee**

**by Roderick L. Bremby  
Secretary  
Kansas Department of Health and Environment  
Chair  
Health Care Data Governing Board**

**February 4, 2004**

Madam Chair and committee members, thank you for the opportunity to speak today on our data vision and to describe the efforts under way at the Kansas Department of Health and Environment (KDHE) regarding health care data collection to support health policy development. KDHE has the honor and responsibility of being the steward of a number of datasets that are critical to the future of decision-making for the health of Kansans. I'm proud to be able to say that what we have now is information about Kansans' health experiences--from Kansas sources.

Before delving into the future of the data, I think it may be useful to provide some background regarding the governing board. Over ten years ago, at a time when health care reform was being hotly debated, then-Secretary of Health and Environment, Dr. Robert Harder, convinced the 1993 Legislature the need to gather information about the health of Kansans. At that time, Kansas had very little data in the public domain about Kansans' health experiences which forced policymakers to make decisions with information "extrapolated" or "interpolated" from national estimates. This was considered unacceptable, and with the leadership of then-Senator Sandy Praeger, the Secretary of Health and Environment was charged with developing a health care database.

To advise the Secretary, the Health Care Data Governing Board was created. The structure of this Board included members of the health care provider community that

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owned much of the data the state would need to assert its role in decision-making processes. This scheme differed from many of the data commission structures in other states where businesses and consumers were at the helm. A list of the current Governing Board membership is attached for your information.

Activities surrounding health care database function within KDHE generated a number of initiatives that have improved the body of health information available to the state and contributed to the efficiency of state government. An outgrowth of the health care database seated at KDHE was the development of a database called the Kansas Health Insurance Information System (KHIS) to address the health care statistical plan established by the Kansas Insurance Commissioner. KHIS is a claims database the Commissioner uses to address insurance mandates and other health insurance issues. This database has been used on a number of occasions to support legislative mandate discussions, which are summarized in another attachment.

Under the board's guidance, we were able to obtain and make available health care professional and hospital discharge data. These include reports published and disseminated in hard copy and via the Governing Board's website. Tailored data products are another way information is disseminated from the Health Care database. In 2003 over 213 specialized data requests were fulfilled with more than half of the data requested from businesses, 15% from governmental entities and the remaining 30% from local and educational entities. In addition, over 106,000 successful website hits were recorded through the Information Network of Kansas (INK). Interestingly, information about nurses is the most frequently requested data. Finally, for those customers needing greater access to the database, KDHE has entered into Memoranda of Understanding.

The board's successes notwithstanding, we need to do more to better serve the health needs of Kansans; we need to obtain health utilization data, provider-specific data that includes financial information, quality and outcome data. To that end, I propose a reorganization scheme that includes changes to the board structure: the Governor's Office is introducing legislation today to expand the board by three additional members; and I will appoint an executive committee that will focus on the necessary elements required to achieve a useful database that can be used to formulate health policy; and I will devote dedicated staff to provide support for the board. Our vision is increased



access to the many sources of data within state agencies and those outside to enhance the ability of policy makers to make informed health and health care decisions.

I'd like to stand for questions at this time.

## Health Care Data Governing Board--Membership

- KDHE, Chair
- Long term care representative--Kansas Association of Homes and Services for the Aging
- Kansas Hospital Association
- Kansas Medical Society
- SRS
- Kansas Insurance Commissioner
- Health Insurer—Blue Cross and Blue Shield
- Kansas Health Institute
- University of Kansas
- KU Medical Center
- Board of Nursing
- Consumers—AARP

# Accomplishments

## Kansas Health Insurance Information System

The Kansas Health Insurance Information System (KHIIS) program was initiated in 1995 to serve as a decision support system for the Kansas Insurance Commissioner's Statistical Plan. As administrator of the health care database, the Secretary of Health and Environment was designated as the department's statistical agent. The intent of the database was to "determine whether rates and rating systems utilized by insurance companies, hospital service corporations and health maintenance organizations produce premiums and subscriber charges for accident and sickness insurance coverage on Kansas residents, employers and employees that are reasonable in relation to the benefits provided and to identify any accident and sickness insurance benefits or provisions that may be unduly influencing the cost." Accomplishments for the KHIIS program include:

√ Assimilating data from the top 20 health insurers in the State.

*Over 180 million claims records are maintained within KHIIS.  
Data are compiled from 1998 until the present  
The database represents an estimated 20% of the Kansas population*

√ The strengths of KHIIS include that it:

*Represents private sector market health service delivery  
Is a source for pricing information on health services  
Is designed for evaluations of health insurance rate and benefits issues and  
Can also be used to evaluate health service utilization for Kansas*

√ KHIIS has provided information for several considerations for insurance mandates that include:

*Durable medical equipment  
Breast reconstructive surgery  
Prostate screening  
Pharmaceutical costs  
Mental health parity and most recently  
Contraceptive coverage  
BEST team initiatives*

√ Limitations of KHIIS are that it:

*Does not include ERISA plans  
Cannot be used to evaluate services that are not covered by insurance companies  
Is not appropriate for evaluations of uninsured health experiences.*