

MINUTES OF THE SENATE HEALTH CARE STRATEGIES COMMITTEE

The meeting was called to order by Chairman Susan Wagle at 1:30 P.M. on January 20, 2005 in Room 231-N of the Capitol.

Committee members absent:

Committee staff present: Ms. Emalene Correll, Kansas Legislative Research Department
Ms. Terri Weber, Kansas Legislative Research Department
Mr. Jim Wilson, Revisor of Statutes Office
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee: Mrs. Sandy Praeger, Insurance Commissioner

Explanation of the Committees Charge and Recognitions

Upon calling the meeting to order, Chairperson Wagle welcomed everyone and stated there is question about what the Committee's charge is and what the goal of this committee is going to be. The Senate President wants the Committee to: analyze health care costs, address concerns about the medicaid system, look at long term strategies for addressing health care costs, and seeing what the Committee can do to make sure affordable health care is available to all Kansans.

The Chair went on to state that this year the Committee will be focusing on reform issues that are being introduced citing that the chamber has some bills they are introducing, Senator Barnett has some ideas, and the Governor's ERO will be looked at.

The Chair recognized the staff for the 2005 legislative year: Mr. Jim Wilson, the Committee's Revisor, Ms. Emalene Correll and Ms. Terry Weber from Research, and Ms. Margaret Cianciarulo, Committee Secretary. Chairperson Wagle went on to mention that any of these people would be glad to help the Committee with any issues they have.

Overview of the Kansas Business Health Partnership and the Kansas Health Insurance Plan Act

The Chair then introduced Mrs. Sandy Praeger, Insurance Commissioner for Kansas, who gave an overview of the Kansas Business Health Partnership and the Kansas Health Insurance Plan Act. A copy of both, and a 2004 Fact Sheet, and the current list of the members of the Kansas Health Insurance Association Board of Directors are (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

Highlights of the Health Insurance Plan Act included: eligibility, a schedule of benefits, covered services, pre-existing conditions, premium charges, funding, financial history, and federal grants.

Highlights of the Health Partnership included: its background, the procedures, the Business Health Policy Committee and its duties, recent changes (2004 **SB558** rolled into 2004 **HB2597**), the creation of the Office of Health Planning and Finance, **ERO 33**, and current happenings.

Commissioner Praeger then stood for questions which came from Senators Wagle, Barnett, Schmidt, and Palmer and Ms. Correll ranging including: did we start with a premium cap since this was organized, pre-existing conditions, the grant awarded to SRS, people not Medicaid eligible, is this a federal tax credit (regarding the Partnership), where do we need to go with tax credits to make them "attractive" to employees, statutory changes, how can we come up quickly with data to get up and going, and, is an income tax deduction available for small businesses?

As there was no further questions or discussion, the Chair thanked Commissioner Praeger for her presentation.

Introduction of bills

The Chair then called upon Ms. Marlee Carpenter with the Chamber of Commerce who requested the Committee introduce legislation that would change existing statutes regarding the Health Care Data

CONTINUATION SHEET

MINUTES OF THE Senate Health Care Strategies Committee at 1:30 P.M. on January 20, 2005 in Room 231-N of the Capitol.

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Governing Board to suggested amendments. Ms. Carpenter stated that this change would strengthen the Health Care Governing Data Board and would require publication of the data. A copy of the legislation is (Attachment 2) attached hereto and incorporated into the Minutes by reference. Senator Haley made a motion the Committee introduce the proposed legislation. It was seconded by Senator Jordan and the motion carried.

Adjournment

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

The next meeting is scheduled for January 26, 2005.

GUEST LIST

DATE: January 20, 2005

49 in attendance

NAME	REPRESENTING
Carolyn Muddendong	Ks SAs Area
Rebecca Bailey	KMS
Bill Sneed	PHIP
Laurie Ann Lowe	Ks Assoc of Health Plans
Ken Daniel	Ks SNAAC ksz.com
Matee Carpenter	Kansas Chamber
Bill Curtis	Ks Assoc of School Bd's
Kevin Barone	KTLA
Jenny Davis	Conley Consulting
Shveta Shura	Gov's Fellow
Kelly Shanks	Gov's Fellow
Marty Kennedy	RDOA
DAVID MACILL	KAIA
LARRY MAOIL	KAIA
Jared Holroyd	SRS/Medicaid
Paul Johnson	PACK
John Peterson	Ks Governmental Consulting
Josie Torres	SICK
Erin Saraper	KAMY
Paul Jobs	KID
Ken Caches	GBBA

GUEST LIST

DATE: January 20, 2005 contd

NAME	REPRESENTING
Dyure Miller	Dameron & Associates
Sheryl Mathis	KNEA
Ted Plush	BCBSKS
Bruce Witt	Preferred Health Systems
[Signature]	KCA
Christine	intern
Jeff Cook	intern
Jim Mang	Foulston Siefkin LLP



Kansas Insurance Department

Sandy Praeger

COMMISSIONER OF INSURANCE

**Testimony before the
Health Strategies Group
Regarding the Kansas Health Insurance Association
(Kansas HIPAA Qualified High Risk Pool)
Thursday, January 20, 2005**

BY: Sandy Praeger, Insurance Commissioner

The Kansas Health Insurance Association Plan (KHIA) was established in 1992 by Substitute for House Bill No. 2511. The KHIA plan became effective May 1, 1993, and is a nonprofit legal entity established to provide basic health insurance coverage to Kansans who were unable to obtain coverage in the private market or obtain coverage due to an existing medical condition.

The plan is governed by a Board of Directors elected by members of the KHIA and is administered by Benefit Management, Inc. located in Great Bend, KS. Membership includes insurance companies, fraternal organizations, HMOs and other insurance entities. Currently, there are 1,727 Kansans enrolled in the plan.

ELIGIBILITY: Individuals must have been a resident of the state for at least six months and meet at least one of the following criteria in order to be eligible for the KHIA plan:

1. Health insurance coverage was voluntarily terminated for any reason other than nonpayment of premium;
2. Applied for health insurance and has been rejected by two carriers because of health conditions;
3. Has applied for health insurance and has been quoted a premium rate that is more than the average in the marketplace which is more than the premium rate available through the KHIA plan;
4. Has been accepted for health insurance subject to a permanent exclusion of a pre-existing disease or medical condition;
5. Is a federally defined individual who is and continues to be a resident of the state of Kansas; and
6. Each resident dependent of a person who is eligible for plan coverage shall also be eligible for plan coverage.

SCHEDULE OF BENEFITS: The KHIA Plan offers six plans.

- Two-party coverage is available for the adult KHIA policyholder and one dependent.
- Family coverage is available for the adult KHIA policyholder and two or more dependents.
- A separate \$1500 maternity deductible applies to the first policy year only.
- Plans have a lifetime benefit maximum of \$1,000,000.
- The Plan does not include those persons on Medicare.

Senate Health Care Strategies Committee
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Attachment 1

COVERED SERVICES: Major categories of covered benefits include inpatient hospital care, physician care, outpatient hospital care, preventive care and prescription drugs. Services not covered are listed in the benefit plan narrative. Authorization must be obtained prior to any non-emergency admission to a hospital, Home Health Care services or for Durable Medical Equipment over \$500.

PRE-EXISTING CONDITIONS: There is a 90-day waiting period for pre-existing conditions. A pre-existing condition is defined as any diagnosed or recommended care or treatment for injury or sickness occurring within six months immediately prior to the application for coverage. However, if an individual was covered under another policy that provided for hospital, medical or surgical expense benefits and coverage under that policy terminated less than 31 days prior to coverage beginning under the KHIA Plan, the 90-day period will be waived if the pre-existing condition limitation period was satisfied under the previous policy.

PREMIUM CHARGES: The premiums under the KHIA plan can be no greater than 150% of the premiums for similar private health insurance coverage. Premiums are based on the attained age of the KHIA policyholder and plan design.

FUNDING: Because premiums that are collected from insureds are not sufficient to cover the losses for the claims incurred by the plan, the KHIA assesses companies selling hospital, medical or surgical expense coverage for the loss that is expected to occur for the following year.

Taxpayer money was used to make an initial start up loan of \$2 million, which was repaid in 2004. In addition, there have been eleven assessments to cover the excess plan losses. All health insurers in Kansas pay a proportionate share of the assessment and in turn can deduct 60% of the contribution from their premium taxes. No assessment is paid by self-funded health plans.

FINANCIAL HISTORY: The loss history for the plan since its inception in 1993 has exceeded 152% with an administrative expense ratio of 7.2%. The PPO savings for all services in 2004 amounted to approximately \$6 million or a percent discount of 34%.

FEDERAL GRANTS: KHIA was awarded a CMS grant in the amount of \$1,461,689 in 2004. The purpose of the grant was to promote state high-risk pools. The KHIA Board decided to use some of the money to improve affordability for current members and manage the costs of health care for members. The Board will evaluate the results of the dollars spent during the 4th quarter of 2004 and make additional recommendations for the 1st 6 months of 2005.

Kansas Department of Social and Rehabilitation Services (SRS) was awarded a \$5 million CMS Demonstration to Maintain Independence and Employment grant in 2004. With the funding, they will be looking for an answer to the question: "Can a program of medical assistance and other supports forestall or prevent the loss of employment and independence due to a potentially and medically determinable physical or mental impairment? The project is expected to begin in July 2005, with approximately 200 KHIA insured participating. All deductibles, co-payments and part of the monthly premium will be paid by the grant. Depending on the findings and outcomes of the project receiving approval from CMS, Kansas will be approved to draw down further funding up to a maximum of \$13,044,101. This award would extend through September 30, 2009.



Kansas Insurance Department

Sandy Praeger

COMMISSIONER OF INSURANCE

**Testimony before the
Health Strategies Group
Regarding the Kansas Business Health Partnership
Thursday, January 20, 2005
BY: Sandy Praeger, Insurance Commissioner**

BACKGROUND:

The Kansas Business Health Partnership was created in 2000 by the Kansas legislature because of a recognized need make available, affordable health care coverage to small employers (having between 2 to 50 employees) who offer low-wage jobs.

The Partnership is a joint effort in cooperation with the office of the Governor of the state of Kansas, members of the legislature, Department of Insurance, the Department of Social and rehabilitation Services, the Department of Commerce and three appointed members of the private sector. The goal of the Kansas Business Health Partnership is to reduce the number of uninsured Kansans by increasing the availability of health insurance for lower income employees of small businesses. The laws that govern the Business health Partnership are within K.S.A. 40-4701 et seq. However, such affordable health insurance coverage is not fully realized due to state budget shortfalls and lack of a practical insurance plan offering. Therefore, the initiative had stalled.

PROCEDURE:

The Business Health Partnership includes two working groups;

- 1) The Business Health Policy Committee and
- 2) The Business Health Partnership

The Business Health Policy Committee is a cabinet level committee, appointed by the governor, charged with specific duties detailed within K.S.A. 40-4702. These duties include close oversight of a qualified entity to serve as the Kansas Business Health Partnership. Additional duties include:

- Develop, approve and revise subsidy eligibility criteria
- develop subsidy schedules based upon eligible employee wage levels and family income
- oversee and monitor the ongoing operation of any subsidy program and the financial accountability of all subsidy funds

The Business Health Partnership's duties are detailed within K.S.A. 40-4703 and K.S.A. 40-4704. The Partnership is a risk bearing, nonprofit corporation, charged with the following:

- Issue a request for proposals and selectively contract with carriers
- Develop and offer two or more lower-cost benefit plans
- Develop premium rating policies for small employers
- Establish conditions of participation for small employers
- Offer coverage to any qualifying small employer and Enroll small employers and their eligible employees and dependents in health benefit plans
- Bill and collect premiums from participating small employers

Recent Changes

Provisions of 2004 SB 558 concerning the Business Health Partnership were rolled into 2004 HB 2597. The bill revised portions of K.S.A. 40-4701 et seq. as follows:

- specify that the small employers who have not offered health insurance to their employees in the previous two years would be eligible for coverage; which makes the timeframe consistent with that of the small employer tax credit law.
- makes the committee responsible for: setting benefit levels and establishing performance measures that include quality, preventive health, and other supplementary measures
- requires the committee to report annually on quality assurance measures, disease prevention activities, and disease management activities
- directs the Business Health Partnership and SRS and Medicaid to work together to develop a single employee application that may be used universally by the health plan and Medicaid and HealthWave to determine eligibility
- requires the Business Health Partnership to screen employee applications for subsidy eligibility and dependent children for Medicaid and HealthWave premium support eligibility.

July 2004

The Governor created the Office of Health Planning and Finance under the direction of Mr. Bob Day. In an effort to stimulate the Business Health Partnership, this office will direct the Committee in designing a comprehensive approach to address issues of health care cost, quality, and accessibility for insurance for the uninsured, working Kansans.

November 2004

To facilitate the above mentioned revisions to the Business Health Partnership Statute, the Governor ordered all of the state's major health care programs be centralized in a new business division within the Department of Administration called the "Kansas Health Care Authority". Medical services including Medicaid, MediKan, and HealthWave and the State Employee Health Plan will be transferred from SRS to the Health Care Authority. By federal law Medicaid must be a stand-alone program. The Governor has submitted an executive reorganization order to the 2005 Legislature that explains the intent of the reorganization is to maximize the state's purchasing power and coordinate state health care purchasing and planning. This order will be effective July 2005.

Currently:

The Business Health Policy Committee and the Office of Health Planning and Finance have been meeting more frequently to accomplish the aforementioned goals.

The combined services of Tom Steiner, of Mercer Consulting and Jonathan Gruber, Ph.D., of the Massachusetts Institute of Technology, and Barbara Langner, Ph.D., M.A., associate professor of nursing at the University of Kansas and Fund grantee Sherry Glied, Ph.D., of Columbia University have been retained to provide modeling and charts to determine the impact of different combinations of benefit packages, employer contributions, employer tax credits, take up rates, and subsidies.

Once the Business Health Policy Committee determines the desired benefit package, an actuarial value of the benefit package and premium can be determined and a carrier can be selected.

Expected outcomes: The information produced by this project will enable Kansas state officials to design an employee subsidy, tax credit, and benefit package that would maximize the Business Health Partnership's chances for success. Once designed the Business health partnership can move forward with it's plans to provide a viable coverage option to the nearly 300,000 Kansans can't afford health insurance, most of which (about 95 percent) either work or live in a family where at least one person works full time, and who's employers can't afford to provide coverage to their employees.



Kansas Insurance Department

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Sandy Praeger

COMMISSIONER OF INSURANCE

2004 Fact Sheet

Total fees, taxes and assessments collected by the Kansas Insurance Department in *FY 2004*: **\$127,537,721**

Total tax dollars contributed to the State General Fund in *FY 2004*: **\$106,945,584**

Total workers compensation paid in *FY 2004* to Kansas employees who re-injured a previous injury in the workplace: **\$3,895,701**

Insurance dollars recovered for Kansas consumers in *Calendar Year 2004*: **\$11,777,144**

Consumer Complaints

Cases closed in *Calendar Year 2004*: **6766**

Summary of Insurance companies doing business in Kansas:

	Kansas-based	Non-Kansas Based	Kansas Fraternal Societies	Total Companies
Life	20	549	31	600
Fire and Casualty	27	911	0	938
HMO	4	9	0	13
TOTAL	51	1,469	31	1,551

FY 2004 Statewide Firefighters Relief Fund: **\$8,403,897**
(revenue collected & distributed to 582 Fire Fighter Relief Associations in Kansas)

Agents licensed statewide:
22,721 (Resident)
45,067 (Non-resident)

Consumer Education

During calendar year 2004, **Commissioner Praeger participated in over 90 speaking engagements and media interviews** with emphasis on educating the public on insurance issues. Other members of the **KID staff assisted in consumer education with over 125 speaking engagements**. These activities were all within the State of Kansas and include professional association meetings. In addition, KID is frequently called upon to participate in panel discussions to educate regulators and consumer groups from other states.

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KANSAS HEALTH INSURANCE ASSOCIATION BOARD OF DIRECTORS

YEAR TERM EXPIRES

David McAbee, Northwestern Mutual Life	2007
Bruce Witt, Preferred Plus of Kansas, Inc.	2005
Bonnie Lowe, public member	2005
Lisa Kiely, Public Member - Administration	2006
William Tracy, United Healthcare of the Midwest, Inc.	2007
Jeff Berry, Kansas Blue Cross and Blue Shield of KC	2005
Fred Palenske, Blue Cross and Blue Shield of Kansas	2007
Rick Mapes, United of Omaha Life Insurance	2006
Ed Fonner, Jr., public member Vice-Chairman	2006
Jan Stallmeyer, Coventry Health Care of Kansas, Inc. Chairman	2007
Dr. Ted Daughety	2005
Kansas Insurance Department	
Insurance Consulting Actuary – Miller & Newberg, Inc.	
Administering Carrier – Benefit Management, Inc. – Great Bend	

8/04

Kansas DRAFT

Suggested Amendments to Existing Statutes:

K.S.A. 65-6801-K.S.A 65-6809 - Amend as follows:

- Require all hospitals, including specialty hospitals, and ambulatory surgical centers (ASCs) to submit charge and patient billing data to the Department of Health and Environment on a quarterly basis beginning July 1, 2005.
- Maintain requirements that patients' protected health information be kept confidential; however, any confidentiality provisions preventing public disclosure of provider-specific comparison data should be deleted.
- Require the Department to disclose risk adjusted comparisons of provider charge and performance outcomes (mortality, length of stay, readmission rates, complication rates and infection rates) for at least 100 conditions/procedures for each hospital and ASC and related educational information on its Internet website by January 1, 2006 (without approval by Board).
- Require the Department to convene an advisory group of technical experts to develop list of 100 conditions/procedures (members should include providers; researchers knowledgeable in standards-based health care information systems, consumers, employers, insurers; and health care information technology industry).
- Require data to be disclosed free of charge in a consumer-friendly, interactive format and to include the age of the data and an explanation of the risk adjustment used.
- Require the Department to update data on its website on a quarterly basis.
- Require the Department to provide special reports derived from its raw aggregate data and computer-to-computer access to raw aggregate data to private third parties as long as all patient identifiable information has been removed.
- Direct the Department to amend regulations 28-67 to conform to this law.
- Require hospitals and ambulatory surgical centers (ASCs) to provide a good faith estimate of charges to a patient before the patient is required to sign a financial commitment by January 1, 2006.

Senate Health Care Strategies Committee
Date: January 20, 2005
Attachment 2

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[Home](#) > [Statutes](#) > Statute[Previous](#)**65-6801****Chapter 65.--PUBLIC HEALTH
Article 68.--HEALTH CARE DATA**

65-6801. Health care database; legislative intent; use of information. (a) The legislature recognizes the urgent need to provide health care consumers, third-party payors, providers and health care planners with information regarding the trends in use and cost of health care services in this state for improved decision-making. This is to be accomplished by compiling a uniform set of data and establishing mechanisms through which the data will be disseminated.

(b) It is the intent of the legislature to require that the information necessary for a review and comparison of utilization patterns, cost, quality and quantity of health care services be supplied to the health care database by all providers of health care services and third-party payors to the extent required by K.S.A. 6805 and amendments thereto and this section and amendments thereto. The secretary of health and environment at the direction of the health care data governing board shall specify by rule and regulation the types of information which shall be submitted and the method of submission.

(c) The information is to be compiled and made available in a form prescribed by the governing board to improve the decision-making processes regarding access, identified needs, patterns of medical care, price and use of health care services.

History: L. 1993, ch. 174, § 1; L. 1994, ch. 90, § 2; L. 2000, ch. 131, § 2; May 18.

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65-6802

**Chapter 65.--PUBLIC HEALTH
Article 68.--HEALTH CARE DATA**

65-6802. Same; request for and use of data by department of health services administration of university of Kansas. (a) The department of health services administration of the university of Kansas and any institute or center established in association with the department is hereby authorized to request data for the purposes of conducting research, policy analysis and preparation of reports describing the performance of the health care delivery system from public, private and quasi-public entities.

(b) The department of health services administration of the university of Kansas may request data for purposes of conducting research, policy analysis and preparation of reports describing the performance of the health care delivery system from any quasi-public or private entity which has such data as deemed necessary by the department.

History: L. 1993, ch. 174, § 2; July 1.



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[Home](#)[Full Text of Bills](#)[Current Happenings](#)[Listen In Live](#)[Helpful Hints](#)[Site Index](#)[Home](#) > [Statutes](#) > Statute[Previous](#)**65-6803****Chapter 65.--PUBLIC HEALTH****Article 68.--HEALTH CARE DATA**

65-6803. Same; health care data governing board created; appointment of task forces; meetings and duties of the board. (a) There is hereby created a health care data governing board.

(b) The board shall consist of twelve members appointed as follows: One member shall be appointed by the Kansas medical society, one member shall be appointed by the Kansas hospital association, one member shall be appointed by the executive vice chancellor of the university of Kansas school of medicine, one member who is a licensed professional nurse appointed by the Kansas state nurses association, one member representing health care insurers or other commercial payors shall be appointed by the governor, one member representing adult care homes shall be appointed by the governor, one member representing the Kansas health institute, one member appointed by the state board of regents representing the health services research community and one member representing consumers of health care shall be appointed by the governor. The secretary of health and environment, or the designee of the secretary shall serve as chairperson of the board and along with the secretary of social and rehabilitation services and the insurance commissioner, or their designee shall be voting members of the board. Board members and task force members shall not be paid compensation, subsistence allowances, mileage or other expenses as otherwise may be authorized by law for attending meetings, or subcommittee meetings, of the board. The members appointed to the board shall serve for three-year terms, or until their successors are appointed and qualified.

(c) The chairperson of the health care data governing board may appoint a task force or task forces of interested citizens and providers of health care for the purpose of studying technical issues relating to the collection of health care data. At least one member of the health care data governing board shall be a member of any task force appointed under this subsection.

(d) The board shall meet at least quarterly and at such other times deemed necessary by the chairperson.

(e) The board shall develop policy regarding the collection of health care data and procedures for ensuring the confidentiality and security of these data.

History: L. 1993, ch. 174, § 3; L. 1997, ch. 75, § 1; L. 2000, ch. 131, § 1; May 18.

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65-6804

Chapter 65.--PUBLIC HEALTH Article 68.--HEALTH CARE DATA

65-6804. Same; duties of secretary of health and environment; contract for data collection; system of fees; rules and regulations; data confidential; penalties for violations. (a) The secretary of health and environment shall administer the health care database. In administering the health care database, the secretary shall receive health care data from those entities identified in K.S.A. 65-6805 and amendments thereto and provide for the dissemination of such data as directed by the board.

(b) As directed by the board, the secretary of health and environment may contract with an organization experienced in health care data collection to collect the data from the health care facilities as described in subsection (h) of K.S.A. 65-425 and amendments thereto, build and maintain the database. The secretary of health and environment may accept data submitted by associations or related organizations on behalf of health care providers by entering into binding agreements negotiated with such associations or related organizations to obtain data required pursuant to this section.

(c) The secretary of health and environment shall adopt rules and regulations approved by the board governing the acquisition, compilation and dissemination of all data collected pursuant to this act. The rules and regulations shall provide at a minimum that:

- (1) Measures have been taken to provide system security for all data and information acquired under this act;
- (2) data will be collected in the most efficient and cost-effective manner for both the department and providers of data;
- (3) procedures will be developed to assure the confidentiality of patient records. Patient names, addresses and other personal identifiers will be omitted from the database;
- (4) users may be charged for data preparation or information that is beyond the routine data disseminated and that the secretary shall establish by the adoption of such rules and regulations a system of fees for such data preparation or dissemination; and
- (5) the secretary of health and environment will ensure that the health care database will be kept current, accurate and accessible as prescribed by rules and regulations.

(d) Data and other information collected pursuant to this act shall be confidential, shall be disseminated only for statistical purposes pursuant to rules and regulations adopted by the secretary of health and environment and approved by the board and shall not be disclosed or made public in any manner which would identify individuals. A violation of this subsection (d) is a class C misdemeanor.

(e) In addition to such criminal penalty under subsection (d), any individual whose identity is revealed in violation of subsection (d) may bring a civil action against the responsible person or persons for any damages to such individual caused by such violation.

History: L. 1993, ch. 174, § 4; L. 1994, ch. 90, § 3; L. 1995, ch. 260, § 9; L. 2000, ch. 131, § 3; May 18.

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65-6805

Chapter 65.--PUBLIC HEALTH Article 68.--HEALTH CARE DATA

65-6805. Same; medical, health care and other entities to file health care data; exception. Each medical care facility as defined by subsection (h) K.S.A. 65-425 and amendments thereto; health care provider as defined in K.S.A. 40-3401 and amendments thereto; providers of health care as defined in subsection (f) of K.S.A. 65-5001 and amendments thereto; health care personnel as defined in subsection (e) of K.S.A. 65-5001 and amendments thereto; home health agency as defined by subsection (b) of K.S.A. 65-5101 and amendments thereto; psychiatric hospitals licensed under K.S.A. 75-3307b and amendments thereto; state institutions for the mentally retarded; community mental retardation facilities as defined under K.S.A. 65-4412 and amendments thereto; community mental health center as defined under K.S.A. 65-4432 and amendments thereto; adult care homes as defined by K.S.A. 39-923 and amendments thereto; laboratories described in K.S.A. 65-1,107 and amendments thereto; pharmacies; board of nursing; Kansas dental board; board of examiners in optometry; state board of pharmacy; state board of healing arts and third-party payors, including but not limited to, licensed insurers, medical hospital service corporations, health maintenance organizations, fiscal intermediaries for government-funded programs and self-funded employee health plans shall file health care data with the secretary of health and environment as prescribed by the board. The provisions of this section shall not apply to any individual, facility or other entity under this section which uses spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination for the treatment or cure of disease.

History: L. 1993, ch. 174, § 5; L. 1994, ch. 90, § 4; July 1.

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65-6806

**Chapter 65.--PUBLIC HEALTH
Article 68.--HEALTH CARE DATA**

65-6806. Same; availability of data. The secretary of health and environment shall make the data available to interested parties on the basis prescribed by the board and as directed by rules and regulations.
History: L. 1993, ch. 174, § 6; July 1.

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65-6808

Chapter 65.--PUBLIC HEALTH Article 68.--HEALTH CARE DATA

65-6808. Same; performance audit to be conducted by legislative post auditor; audit report; cost of audit. (a) A performance audit shall be conducted either by the legislative post auditor or by a firm, as defined by K.S.A. 46-1112, and amendments thereto, under contract with the legislative post auditor in accordance with the provisions of the legislative post audit act to identify total costs to the state and providers of data and the benefits of the program. The audit report shall be submitted to the legislature at the commencement of the regular session of the legislature held during 1999.

(b) The auditor to conduct the audit work required under this section shall be specified in accordance with K.S.A. 46-1122, and amendments thereto. If legislative post audit committee specifies under such statute that a firm is to perform such audit, such firm shall be selected and shall perform such audit as provided in K.S.A. 46-1123, and amendments thereto, and K.S.A. 46-1125 through 46-1127, and amendments thereto. If the audit work is conducted under contract with a firm, the contract cost of the audit shall be paid by the department of health and environment.

History: L. 1993, ch. 174, § 8; L. 1994, ch. 90, § 5; L. 1997, ch. 75, § 2; Apr. 17.

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65-6808

Chapter 65.--PUBLIC HEALTH

Article 68.--HEALTH CARE DATA

65-6808. Same; performance audit to be conducted by legislative post auditor; audit report; cost of audit. (a) A performance audit shall be conducted either by the legislative post auditor or by a firm, as defined by K.S.A. 46-1112, and amendments thereto, under contract with the legislative post auditor in accordance with the provisions of the legislative post audit act to identify total costs to the state and providers of data and the benefits of the program. The audit report shall be submitted to the legislature at the commencement of the regular session of the legislature held during 1999.

(b) The auditor to conduct the audit work required under this section shall be specified in accordance with K.S.A. 46-1122, and amendments thereto. If the legislative post audit committee specifies under such statute that a firm is to perform such audit, such firm shall be selected and shall perform such audit as provided in K.S.A. 46-1123, and amendments thereto, and K.S.A. 46-1125 through 46-1127, and amendments thereto. If the audit work is conducted under contract with a firm, the contract cost of the audit shall be paid by the department of health and environment.

History: L. 1993, ch. 174, § 8; L. 1994, ch. 90, § 5; L. 1997, ch. 75, § 2; Apr. 17.

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Article 68.--HEALTH CARE DATA**

65-6809. Health care database fee fund; fees credited; authorized uses; interest earnings credited; administration. (a) There is hereby established in the state treasury the health care database fee fund. The secretary of health and environment shall remit to the state treasurer, in accordance with the provisions of K.S.A. 75-4215, and amendments thereto, all moneys collected or received by the secretary from the following sources:

- (1) Fees collected under K.S.A. 65-6804, and amendments thereto;
- (2) moneys received by the secretary in the form of gifts, donations or grants;
- (3) interest attributable to investment of moneys in the fund; and
- (4) any other moneys provided by law.

Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the health care database fee fund.

(b) Moneys deposited in the health care database fee fund shall be expended to supplement maintenance costs of the database, provide technical assistance and training in the proper use of health care data and provide funding for dissemination of information from the database to the public. If the performance audit required by K.S.A. 65-6808, and amendments thereto, is conducted under contract with a firm, as defined by K.S.A. 46-1112, and amendments thereto, the contract cost of that performance audit may be paid from the health care database fee fund.

(c) On or before the 10th of each month, the director of accounts and reports shall transfer from the state general fund to the health care database fee fund interest earnings based on:

- (1) The average daily balance of moneys in the health care database fee fund for the preceding month; and
- (2) the net earnings rate of the pooled money investment portfolio for the preceding month.

(d) All expenditures from the health care database fee fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the secretary of health and environment for the purposes set forth in this section.

History: L. 1994, ch. 90, § 1; L. 1996, ch. 253, § 21; L. 2001, ch. 5, § 270; July 1.