

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Vice Chairman Peggy Mast at 1:30 P.M. on January 17, 2007 in Room 526-S of the Capitol.

All members were present.

Committee staff present:

Norman Furse, Revisor's Office
Melissa Calderwood, Legislative Research
Mary Galligan, Legislative Research
Patti Magathan, Committee Assistant

Conferees appearing before the committee:

Billie Hall - The Sunflower Foundation

Others Attending:

See Attached List.

Vice-Chair Mast told the committee that they had committee rules and conferee rules to consider, and opened the floor for discussion. Attachments 1 & 2) Representative Patton asked how rule 16 "There shall be no recording, audibly, photographically or otherwise, of committee voting except by the committee secretary" might interplay since this committee is broadcast on the internet. Representative Mast replied that the video broadcast is live and is not recorded.

Representative Hill made a motion to approve the committee and conferee rules which was seconded by Representative Patton. Motion carried.

Chair Landwehr introduced **Billie Hall** of the Sunflower Foundation. Ms. Hall gave an update on the foundation and some of their directives. (Attachment 3)

The mission of the Sunflower Foundation is to "serve as a catalyst for improving the health of Kansans." The Foundation was created in 2000 to resolve Blue Cross' charitable obligation to the state. We were created with an endowment of \$75 million which has grown to approximately \$110 million today. We were charged by the settlement agreement to serve the health needs of all Kansans. Highlights of our work are working to expand Health care access and coverage, enabling nonprofit organizations in capacity building, encouraging the public in healthy behaviors and prevention, and being attuned to emerging issues.

There is a great deal of interest in finding solutions to the many issues regarding health and health care. We believe that a public/private response is the best way to find these solutions.

Chair Landwehr opened the floor for questions. Questions asked were regarding the assets of the foundation for grant making, whether the program deals with dental care, and the under-insured population. A plea was also made to not neglect the disparity between racial groups which exists today.

Chair Landwehr reminded the committee to bring their tablet PCs tomorrow since training would be provided.

Meeting was adjourned. Next meeting is January 18, 2007.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE RULES

1. In any case where committee rules do not apply, House Rules shall govern. All powers, duties and responsibilities not addressed herein are reserved to the chair.
2. Cellular phones and other electronic devices with audible tones are prohibited in the Committee Room, unless audible tones or ringers are disabled.
3. The chair shall determine the committee agenda, including scheduling and the order of business.
4. The chair reserves the right to limit testimony that is cumulative in nature and may limit testimony, when necessary, to a specific number of minutes.
5. Committee members shall not address conferees until and unless permission is granted by the chair.
6. The chair reserves the right to limit questioning of conferees by committee members in the interest of time and in the interest of fairness to conferees and other committee members.
7. No conferee shall be interrupted during the presentation of their testimony, except with the permission of the chair.
8. Questioning of a conferee shall be limited to the subject matter on the agenda for the day, except as may otherwise be allowed by the chair.
9. Committee members shall not be approached during a committee hearing or deliberations by anyone other than fellow legislative members or legislative staff.
10. No bill or resolution shall be taken up for a committee vote unless announced by the chair.
11. Bill Introductions need to be approved 24 hours in advance by the chair.
12. A motion requires a second to be in order.
13. A substitute motion is in order, but no additional substitute motion shall be in order until the prior substitute motion is disposed of.
14. Amendments to motions are not in order except upon consent of the member making the motion and his or her second.
15. A motion to table or take from the table shall be in order only when such item is on the agenda or is taken up by the chair. The motion requires a simple majority of those present and is, unless otherwise determined by the chair, non-debatable.
16. There shall be no recording, audibly, photographically or otherwise, of committee voting except by the committee secretary.
17. A request from any member that their vote be recorded shall be granted.
18. Granting excused absences is reserved to the chair.
19. The chair reserves the right to take such action as may be necessary to prevent disruptive behavior in the committee room during hearings and deliberations.
20. COMMITTEE SHALL BEGIN UPON THE CALL TO ORDER BY THE CHAIR. Possible action when quorum in attendance.
21. Adjournment is reserved to the chair.

HOUSE HEALTH AND HUMAN SERVICES

NOTICE TO CONFEREES

It is the policy of the House Health and Services Committee to ensure and promote free and open discussion of matters coming before the Committee. Because of the importance of issues that are to be discussed, certain rules are necessary. Just as there are rules relating to the conduct of committee business when matters are debated among committee members, the following rules apply to the hearing process itself. Any questions about these rules should be directed to the committee chairman.

By appearing before the Committee each conferee is presumed to have read the rules and therefore has agreed to be bound by these rules.

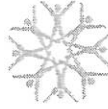
We thank you for your understanding of and compliance with these rules.

1. The Chair shall determine the committee agenda, including scheduling and the order of business.
2. Individuals wishing to appear and provide verbal testimony before the committee **MUST** notify the committee secretary **24 hours in advance of the hearing**, unless a hearing is scheduled with less than 48 hours notice. In case of the latter, **6 hours prior notice MUST** be given.
3. Testimony **MUST** be in written form and 40 copies made available to staff prior to testifying. If lengthy, a summary sheet must be included.
4. Conferees **SHALL NOT** read their testimony. **Testimony should be presented from the summary.** Conferees shall introduce themselves, identify on whose behalf they are appearing, identify whether they are a proponent, opponent or neutral on the bill and as briefly as possible, state the reasons for their position.
5. If suggested amendment(s) are to be offered, a proposed draft of the amendment(s) must be provided to staff. (30 copies)
6. Conferees shall address their remarks during testimony to committee members and staff only.
7. Where the number of hearings and/or conferees scheduled warrant time limitation, the Chairman may limit testimony to a specific number of minutes. The Chairman reserves the right to limit testimony that is cumulative in nature or testimony that is, in the judgement of the Chairman, not relevant to the matter under consideration.
8. Testimony shall relate to the subject matter of the measure under consideration. Conferees testifying on unrelated subjects will be admonished and if unrelated testimony continues, the Chairman will terminate that conferee's testimony.
9. While the taking of testimony is not preceded with the formality of an oath, by appearing before the committee every conferee hereby certifies that his or her testimony is truthful, based upon facts that are capable of verification and offered in good faith. Conferees shall promptly bring to the committee's attention any qualifications or corrections in their testimony.
10. The Chairman reserves the right to take such action as may be necessary to prevent disruptive behavior in the committee room during hearings and deliberations.
11. The Chairman reserves the right to take such action as may be necessary when a violation of these rules is suspected.
12. Bill introductions must be cleared by the Chair 24 hours in advance.
13. Cellular phones and pagers with audible tones must be turned off or disabled while in the committee room.
14. Committee members shall not be approached during committee hearings or deliberation by anyone other than fellow legislative members or legislative staff.
15. There shall be no recording, audibly, photographically or otherwise, of committee voting except by the committee secretary.
16. No food or drink permitted in the committee room.

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ATTACHMENT 2



Sunflower Foundation
HEALTH CARE FOR KANSANS

**Presentation to the
House Health & Human Services Committee
January 17, 2007
Billie G. Hall, President & CEO, Sunflower Foundation**

Chairman Landwehr, members of the Committee – thank you for inviting me to present an overview of the Sunflower Foundation and its work in the state.

Introduction

Let me begin by sharing a few background facts about the foundation:

- We were created in 2000 from a settlement between the State of Kansas and Blue Cross and Blue Shield of Kansas to resolve Blue Cross' charitable obligations to the state.
- Our initial endowment was \$75 million; today our assets are approximately \$110 million.
- We were charged by the settlement agreement to serve the health needs of all Kansans.
- We are governed by nine trustees who represent diverse backgrounds and regions of the state. Eight members are appointed through a process overseen by the Kansas Attorney General and one member is appointed by Blue Cross Blue Shield of Kansas.

Our Work

Mission

- Our mission is *“to serve as a catalyst for improving the health of Kansans.”*

Strategies

We do our work through a number of strategies, including:

- grantmaking
- convening key partners and stakeholders
- capacity building for nonprofits
- supporting health policy and advocacy
- data development
- research
- evaluation

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- public education
- communications

Interest Areas

The following interest areas reflect some of the most important public health and health care issues facing in our state. Many of these are among the top ten issues identified in Healthy People 2010 (a leading indicator of health, as identified by the Centers for Disease Control and Prevention)

- Health Care Access
 - Focus on improving access to health care for the uninsured and underinsured
 - Supporting the capacity of core health care safety net providers (e.g. community health centers and federal qualified health centers)
 - Health reform (e.g. health insurance initiatives, health system reform)
- Capacity Building
 - Focus on building the organizational capacity of nonprofits that provide primary care or primary prevention services
 - Technology
 - Governance
 - Staff development and training
 - Financial management / fund development
 - Organizational evaluation / needs assessment
- Healthy Behaviors and Prevention
 - Focus on projects that promote healthy lifestyles and prevent illness, with a focus on schools, worksites and communities
 - Increasing physical activity and improving the built environment (e.g. walking trails)
 - Promoting healthy eating
 - Tobacco use prevention
- Reducing Health Disparities
 - Focus on projects that reduce or eliminate disparities in access to health care and that reduce the disproportionate burden of disease and death due to race or ethnicity
- Responsive Grants
 - Supporting emerging issues and special opportunities for partnerships, collaboration and leveraging

Highlights of Our Work

To date we have awarded over 430 grants across the state, totaling over \$18 million.

1. Health Care Access –

- We have supported statewide and regional responses that address health insurance, coverage and access. We have partnered with both public and private sectors, which we believe is essential to finding solutions for coverage and access.
- In addition to seeking broad-based solutions, we also support the health care safety net, with a focus on community health centers and federally qualified health centers. These are the community-based providers that are at the front line of serving the health needs of our most vulnerable populations. We are committed to helping these providers expand services through short-term operational grants that allow them to obtain additional practitioners to meet the increased demand for their services.
- We also fund projects that identify and address barriers that affect access to health care services due to race and ethnicity.

2. Capacity Building –

- Since our inception, we have devoted resources to building the strength of nonprofit organizations – we have just finished an assessment of this program and have learned that the Sunflower Foundation is one of the few organizations that provide this type of support. Many of our grants go to helping nonprofit providers evaluate their services, undertake planning, improve their technology and strengthen the skills of their staff and governing bodies.
- We are also supportive of statewide initiatives that improve capacity of the health system – such as the ongoing work that Kansas is doing regarding health information exchange and technology (Health Care Cost Containment Commission).
- A new area that will become part of our capacity building program is developing advocacy capacity for nonprofit organizations to help improve their effectiveness in this core service area. Through our work in this arena, we hope to encourage more partnerships among advocacy organizations.

3. Healthy Behaviors and Prevention –

- In the area of public health and prevention, we are known for our work in obesity prevention. We have facilitated dialogue and discussion among health organizations across the state – seeking solutions and looking for results.
- School health and has been a major focus over the last two years – and we have developed partnerships with the KSDE and KDHE. We have supported Coordinated

School Health and Wellness work in Kansas and are currently working with several schools that are piloting innovative and affordable solutions to improving the school health environment. We expect that some of this work will result in model programs for the state.

- Last year, we supported research by the Kansas Health Institute regarding obesity in children and youth and related health policies and practices in Kansas schools. That study will be released soon and will inform the work at both a program and policy level.
- Additionally, we have helped to fund walking trails in communities throughout the state in an effort to enhance the built environment as a way to facilitate more physical activity.
- In the tobacco arena, we have funded 56 communities across the state that are working on education, prevention, second hand smoke and other initiatives. These grants also include work with youth and schools. We remain committed to this public health issue as it is still the number one contributor to early death and disease.

4. *Emerging Issues and Other Initiatives* –

- We are always sensitive to emerging health issues where we can make a difference.
- Examples include work at Meadowlark Hills in Manhattan, Kansas, that has developed a toolkit to help nursing homes adopt a culture of resident-directed care.
- We are one of several funders supporting the Kansas Health Consumer Coalition.
- We helped support the Office of Minority Health at KDHE.
- We have also supported efforts to increase the capacity of dental training in Kansas to respond to the growing shortage of professionals in this area.

Looking Ahead

We know there is a great deal of interest in finding solutions to the many issues I have mentioned today. We believe that a public/private response is the best way to find these solutions.

Through our work we seek to:

- Improve quality and availability of information that helps inform;
- Support the dialogue of finding solutions in a nonpartisan manner;
- Find the promising practices (both program and policy) that result in long term change; and
- Last but not least, continue to be a catalyst of change to improve improves the health of Kansans.

Closing

We believe the Sunflower Foundation is an important resource for supporting efforts to improve the health of Kansans, and are committed to continuing to improving our process and impact.

I have appreciated this opportunity to share this information about the foundation with the Committee today and would welcome any questions from the members.