Approved: April 4, 2008
Date

MINUTES OF THE SENATE HEALTH CARE STRATEGIES COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at 1:30 P.M. on March 4, 2008 in Room 136-N of the Capitol.

Committee members absent: Senator Nick Jordan- excused
Senator Peggy Palmer- excused

Committee staff present: Ms. Emalene Correll, Kansas Legislative Research Department
Mrs. Terri Weber, Kansas Legislative Research Department
Ms. Nobuko Folmsbee, Revisor of Statutes Office
Ms. Renae Jefferies, Revisor of Statutes Office
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee: Ms. Suzanne Wikle, Director of Health Policy, Kansas Action for Children
Dr. Dennis Cooley, Pediatrician, President-elect Kansas Chapter of American Academy of Pediatrics

Others in attendance: Please see the attached Guest List

Overview of Kansas Health Wave Program

Upon calling the meeting to order, the Chair announced they would be having an overview of the Kansas Health Wave Program and called upon the first conferee, Ms. Suzanne Wikle, Director of Health Policy, at Kansas Action for Children (KAC) who introduced Ms. Shannon Cotsoradis , Executive Vice president, Kansas Action for Children, who would also be available to answer questions. Ms. Wikle went on to say she would be sharing what they know about children's access to health care in Kansas and what KAC believes is the first step toward broader health reform. She offered three key components of HealthWave (the State Children's Health Insurance Program, known as SCHIP.) including:

1. Its impact - since its implementation 10 years ago there has been a steady decline in uninsured children (84% of eligible children are currently enrolled. However, she said, joining ranks is another population of uninsured children, those living between 200 & 250% of poverty (the numbers nearly tripling since 2004.)

2. The cost-effectiveness - in Kansas, federal SCHIP dollars provide 72% of the funding for the program with an additional portion being underwritten with premiums paid by the families of those children being insured resulting in minimal cost to the state with these two revenue streams.

3. The opportunity they have this session to insure more Kansas children through HealthWave by expanding the program will better position Kansas along with 26 other states who have taken action to address the growing number of uninsured children living above 200 percent of poverty.

Ms. Wikle also offered two handouts: a graph that shows how rapidly insurance premiums have increased compared to minor increases in the poverty level and a comparison of insurance costs for four typical Kansas families living between 200 and 250 percent of poverty. A copy of Ms. Wikle's testimony and handouts are (Attachment 1) attached hereto and incorporated into the Minutes by reference..

The Chair asked for questions from the Committee which came from Senators Schmidt and Wagle and from Ms. Correll, Kansas Legislative Research Department including:

- you had the projection of what this would cost the state, did you bring that with you? Is this an additional 5,500 children? Is this your projection of what you would capture in the first year? Do you have projections for years two and three?

- considering the states, the 200% of poverty that we show for Kansas, is that according to the SCHIP portion of Healthwave? But in Missouri, the 300%, are all of those children a part of the Medicaid program? What about the other states, are there separate SCHIP programs?

- as we now are looking at your projection sheet, and in looking at the years 2010 through 2014, do you anticipate additional enrollment? You talk of 72% match, what does your federal poverty level have to be to be eligible for Medicaid? In your chart, it appears that what you have on the top row is the federal dollars that would come in, then what the state would require, and then the total cost of what it would take to insure those children. So you are saying, over a 5-year total it would be $28M to get to the 250% of poverty level?

- Why is there no FY09? Does this mean that costs in 2009 is zero? And then we run up to $22.7M in 2010?

- Did you take this proposal to the Kansas Health Policy Authority? Did you make your proposal to them before they deliberated on the package they brought to us for 2008?

- The Chair stated to the Committee, when you compare this to the Premium Assistance the Committee has been looking at, it is a 60% federal match to 40% state match.

The Chair thanked Ms. Wikle and said the Committee may have more questions later, but went on to introduce the next conferee, Dr. Denis Cooley, a pediatrician from Topeka and President-elect of the Kansas Chapter of the American Academy of Pediatrics He said he was here today to provide information on the importance of health care access to children, specifically as it relates to the state Children's Health Insurance Program, known as Health Wave in Kansas. He went on to state that by having a medical home, an child has access to vital preventative services (ex. Well-child visits and immunizations) which will reduce health care costs enjoyed by healthy children who will turn into healthier more productive adults.

He touched on one of the trends his practice is seeing is more children developing chronic illnesses such as asthma which has doubled in the last few years and best managed in a medical home, not episodically in a costly emergency room. And he said, speaking of emergency rooms, improved access to a medical home cuts down on these non-emergent visits and allows the ERs to do what they are best at.

He closed his testimony estimating that approximately 11% of the uninsured Kansas children fall between 200-250% of poverty:

- 1,600 children with obesity would now have access to a medical home. And,

- 500 asthmatic children will have the ability to find a provider to better manage their disease.

A copy of his testimony is (Attachment 2) attached hereto and incorporated into the Minutes by reference.

The Chair thanked Dr. Cooley and asked for questions of the Committee which came from Senators Schmidt, Barnett, Wagle, and Journey including:

- you referenced the medical home concept and do not feel it needs to be defined in statute, feels it should be defined in rules and regs since it is an ever changing definition, do you have any comment on this?

- could you tell us why the rate of asthma has doubled?

- in your testimony regarding expanding the level of poverty, if we have limited dollars, would you expand coverage to children or expand benefits to adults whose level of poverty is now above 37%?

- do you practice in a physician group or are you independent? Do you find yourself in situations where you have children coming in and you need to suggest to them to enroll in the HealthWave? Does your office see that need? Or, are some of these not enrolled eligible? Do you know what percentage of children coming to your practice are enrolled in HealthWave and Medicaid?

As there were no more questions for Dr. Cooley, the Chair then recalled Ms. Wikle for questions which came from her and Senator Journey including:

- at what age do you become ineligible for HealthWave? In a private conversation, you mentioned that some states are covering the cost of HealthWave up to a certain percentage and for those states not covering, they are allowing families to purchase the HealthWave insurance for their children, can you expand on this? And, how much is a full monthly premium price for a child in Kansas?

- do we have reliable numbers on the percentage or the number of children that are eligible currently that are not enrolled?

The Chair said that she wanted the Committee to have this information because they would be having a hearing on Premium Assistance and this is an alternative or could be in addition to a Premium Assistance program, but they would want to work this bill next week.

The Chair recognized Senator Journey who asked if the Chair would impose upon the staff to prepare a head-to-head comparison for the Committee of the these alternatives so they could better understand in the most effective and efficient way possible. The Chair stated that the projections the Committee had before them were not worked by our Kansas Legislative Research Department and asked Research for an estimate on what it would cost to increase eligibility to 250% and use it to compare to premium assistance.

Adjournment

As there were no further questions, especially for Research the meeting was adjourned. The time was 2:15 p.m.

The next meeting is scheduled for March 10, 2008.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: Tuesday, March 4, 2008

NAME	REPRESENTING
Austin Hayden	Hein Law Firm
Corrie Edwards	KHCC
Mike Shields	KHI News
Barb Conant	KHI News
Shanna Corsoradt	KAC
Dan Morin	KS Medical Society
Dennis Cooley MD	KAAP
Geneva Jacobs	KUMC medical student
Effie Swanson	Sen D. Schmidt
Amy Campbell	KMHC
Gary Brunk	KAC
Stephanie Mullholland	KAC
Natalie Bright	Conlee Consulting Group. Inc.
Laura Green	CMFHP
STEVE KEARNEY	KAC
Bill Sneed	UKHA
Frances Breyne	KHPA
Reagan Cussimanio	KHPA
Tracy Russell	KHPA

please continue passing thank you MCC

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SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: Tuesday, March 4, 2008

NAME	REPRESENTING
Kevin Robertson	KS Dental Assn
Ron Gaches	GBBA

Good afternoon, Madam Chair and members of the committee. My name is Suzanne Wikle and I serve as director of health policy at Kansas Action for Children. With me today is Shannon Cotsoradis, executive vice president of KAC, who will also be available to answer questions at the conclusion of my testimony.

I am pleased to appear before you this afternoon to share ***what we know*** about children's access to health care in Kansas and what ***we believe*** is the first step toward broader health reform.

Today, I will address ***three key components*** regarding our State Children's Health Insurance program, known as HealthWave. Those components include:

- The ***impact*** of HealthWave;
- The ***cost-effectiveness*** of HealthWave; and
- The ***opportunity*** we have ***this Session*** to insure more Kansas children through the HealthWave program.

First, I'll address the Impact of HealthWave.

After implementation 10 years ago of the federal State Children's Health Insurance Program, known as SCHIP, Kansas saw a ***steady decline*** in the number of uninsured children in our state. Our ***progress is evident*** in the fact that ***84 percent*** of eligible children – a ***very impressive*** percentage compared to other states – are currently enrolled in the HealthWave program.

But, while we've seen success in enrolling already-eligible children, ***another population*** of children — those living between 200% and 250% of poverty — are ***increasingly*** joining the ranks of the uninsured. ***In fact***, the number of uninsured children living in this income range has ***nearly tripled*** since 2004 .... making them ***the fastest-growing group of uninsured children in our state***. These children belong to ***hard-working*** Kansas families ***who pay taxes and play by the rules***. But, as ***more and more*** employers are

Senate Health Care Strategies
Committee
Date: March 4, 2008
Attachment 1

forced to drop benefits …… and insurance premiums outpace family income, these families ***no longer*** have access to affordable health coverage.

In the handouts we've provided ***today***, you'll note two documents that ***attest to this*** - a graph that shows ***how rapidly*** insurance premiums have increased compared to ***minor*** increases in the poverty level …….. and, a comparison of insurance costs for four typical Kansas families living between 200 and 250 percent of poverty.

As you can see, ***many of these working families*** can ***no longer shoulder the burden*** of rising insurance premiums. The result is a ***growing number of Kansas families*** in this income range who ***must make a choice*** between ***insuring their children*** and making ends meet.

My second point today will address the Cost-Effectiveness of HealthWave.
As you consider the options for health reform this Session, expanding HealthWave eligibility is ***the most cost-effective option on the table*** because federal SCHIP funds are designated for each state's program.

In Kansas, federal SCHIP dollars provide ***72 percent of the funding*** for our HealthWave program. An additional portion of HealthWave is underwritten with premiums paid by the families of those children being insured. These two revenue streams result in ***minimal cost to the state***, making HealthWave the ***most cost-effective*** way to insure more Kansas children.

Extending HealthWave is cost-effective for other reasons as well. When children are uninsured, ***we all pay the price***. Providing access to health care for more Kansas children may result in ***reduced insurance premiums*** for Kansas consumers and employers …. ***reduced uncompensated care*** for our doctors and hospitals …. and lessen the burden of overcrowding and costly care that's occurring ***right now in our emergency rooms***.

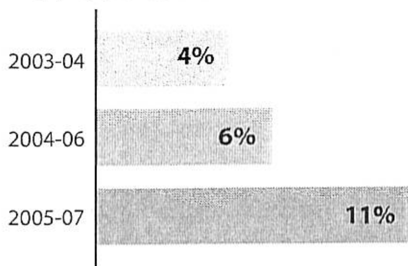
Lastly, we have a critical opportunity this Session to insure more Kansas children. Expanding HealthWave eligibility this Session will better position Kansas — ***alongside neighboring states*** — to maximize federal dollars. ***26*** other states have ***taken action*** to address the growing number of uninsured children living above 200 percent of poverty. ***In fact***, as you can see in the handouts we've provided today, our neighbors in Missouri and Oklahoma have extended to ***300 percent*** of poverty. And, Iowa has extended through income deductions to ***220 percent***.

On behalf of Kansas Action for Children – and the more than ***50,000 children*** in our state who are currently growing up ***without access*** to health care - we ***encourage you*** to extend HealthWave eligibility - contingent upon federal funding - to ***250 percent*** of poverty.

This ***important and cost-effective*** step toward health reform will ***ensure*** that the next generation of Kansans can grow up ***healthy*** and ***capable*** of reaching their fullest potential. ***Thank you*** and I'm happy to stand for questions.

Children's Health Package

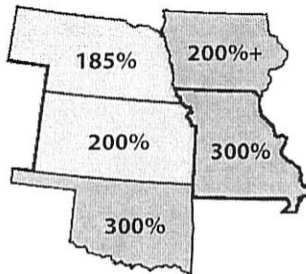
FASTEST-GROWING GROUP OF UNINSURED CHILDREN



Percentage of uninsured Kansas children whose families earn between 200% and 250% of poverty

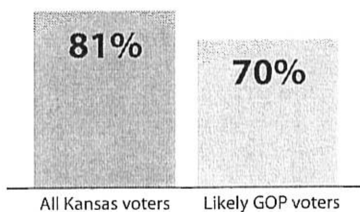
SCHIP ELIGIBILITY LEVELS OF NEIGHBORING STATES

Nearly 30 other states — including three of four neighboring Midwest states — have enacted higher eligibility rates than Kansas.



Income eligibility in Iowa is determined after deducting 20% from the family's household income.

VOTERS SUPPORT EXPANDING HEALTH CARE FOR CHILDREN



The vast majority of Kansas voters favor expanding health care access for children

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Founded in 1979, Kansas Action for Children is a nonprofit, nonpartisan organization dedicated to shaping policy that improves the lives of Kansas children and their families.

A three-component Children's Health Package is a step that will improve the health of Kansas children through fiscally-responsible and preventative health services. This package will better position Kansas for a healthier future and is the first step toward broader health reform.

HEALTHWAVE EXPANSION

Allow the fastest-growing group of uninsured Kansas children to participate in the HealthWave program by changing the eligibility limit from 200% to 250% of the poverty level. Expanding eligibility, alongside our neighboring states, will:

- Be the most fiscally-responsible way for the state to insure more children. The federal government contributes 72% of the funding and eligible families contribute toward the costs by paying premiums for their children's coverage.
- Have the support of Kansas voters. In fact, 80% of Kansans — 70% of which are likely GOP voters — support providing health insurance for children.
- Address the fastest-growing group of uninsured children — those between 200% and 250% of poverty. Since 2004, the number of uninsured Kansas children living between 200% and 250% of poverty has nearly tripled.

Estimated Cost of HealthWave Expansion: $2,698,000
Indicates cost to the state for FY10. No state dollars would need to be allocated in FY09 for HealthWave expansion.

PRENATAL DENTAL CARE

Provide dental benefits to pregnant women receiving Medicaid. Poor oral health is associated with:

- Premature births. Health care costs for a single baby born pre-term can exceed $500,000 over their lifetime.
- Low birth-weight babies

Estimated Cost of Prenatal Dental Care: $545,833
Indicates cost to the state for FY09. Future costs will depend upon increases in the cost of providing dental care.

HEALTHY SCHOOLS

Continue funding for Kansas Coordinated School Health. As a local solution to the national epidemic of childhood obesity, the KCSH program:

- Involves school administrators, teachers, nurses, parents and the community in tailoring a program unique to the needs of their students.
- Enables communities to take steps to create a healthy school environment where children can establish lifelong nutrition and exercise habits.
- Currently serves 80,000+ children from 43 school districts across the state.

Estimated Cost for Healthy Schools: $550,000
Indicates cost to the state for FY09. Future costs will be determined by the number of school districts served.

5-Year Estimates:
Expansion of HealthWave Eligibility from 200% to 250% of Poverty

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	5-Year Total
Federal Dollars	$6,801,000	$12,050,000	$16,606,000	$17,652,000	$18,581,000	$71,690,000
State Dollars	$2,698,000	$4,779,000	$6,587,000	$7,001,000	$7,370,000	$28,435,000
Total Dollars	$9,499,000	$16,829,000	$23,193,000	$24,653,000	$25,951,000	$100,125,000

Extending HealthWave eligibility from 200% to 250% of poverty:

A FISCALLY-RESPONSIBLE WAY TO INSURE MORE KANSAS CHILDREN

KANSAS ACTION FOR CHILDREN

1-6

KANSAS ACTION FOR CHILDREN

Health Policy

that puts children first

January 2008

Uninsured Children

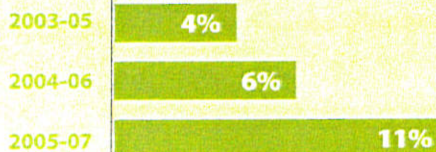
Our future relies on a next generation that is healthy and capable of reaching its fullest potential. Good health requires preventive care, regular medical checkups, and immunizations. However, many Kansas children lack this essential care because we have not yet built a modern health care system.

Modern networks - like our telephone system and the Internet, our electrical grids and intrastate highways – are essential to our economy and our way of life. Our health system is also essential, but has not been upgraded since the 1940s. We still rely on job-based health insurance, which has become an increasingly inefficient and unreliable approach, especially when it comes to insuring children.

Right now, there are a lot of situations that result in children growing up without health coverage. An increasing number of employers are forced to drop coverage benefits for dependants as the cost of covering their employees continues to rise. And, insurance premiums have risen to the point that job-based insurance has become unaffordable for many hard-working Kansas families. As our economy continues to change, a number of situations– such as taking a new job, getting downsized, working for a small or family-based business – will continue to put health coverage out of reach for many Kansans and their children. We can take an important and cost-effective step toward modernizing our health care system this Session by ***expanding coverage through the HealthWave program to children in households earning up to 250% of the poverty level.*** Such action will ensure that more Kansas children will grow up healthy and capable of reaching their fullest potential.

FASTEST-GROWING UNINSURED

Percent of uninsured children 0-18 in Kansas whose families earn between 200% and 250% of the Federal Poverty Level



Why is extending HealthWave the most effective first step toward health reform?

- **Fastest-Growing Uninsured.** As insurance premiums continue to outpace the rate of family income, children living in households that earn between 200% and 250% of the poverty level are the fastest-growing group of uninsured children.

- **Healthy Communities.** When children grow up healthy, they are more likely to succeed in school and more likely to become healthy adults. Children who have access to health coverage receive the medical care and on-time immunizations that are critical to healthy communities.

- **Cost-Effective.** HealthWave is the most cost-effective method for insuring Kansas children. Kansas receives 72% of its SCHIP funding for the HealthWave program from the federal government. When combined with the premiums paid by HealthWave beneficiaries, minimal costs are left to the state.

- **Reduced Burden on Society.** When children are uninsured, we all pay the price. Providing access to health care for more Kansas children will result in reduced insurance premiums for Kansas consumers and employers, and lessen the burden of overcrowding in our emergency rooms.

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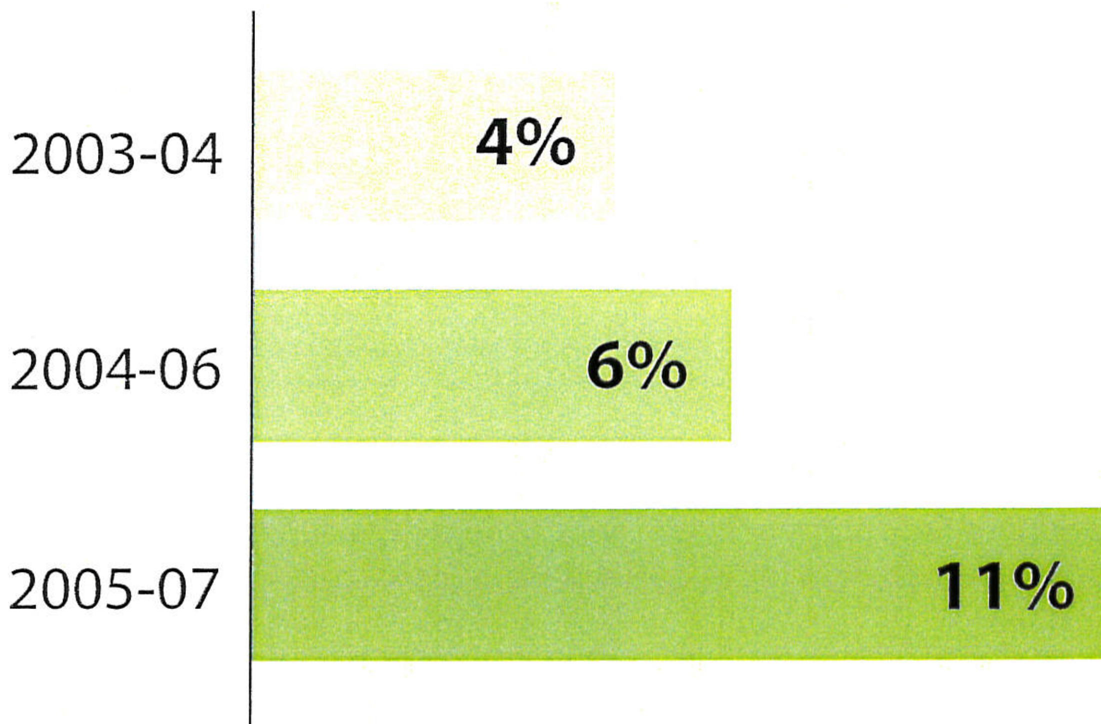
FASTEST-GROWING GROUP OF UNINSURED CHILDREN



Percentage of uninsured Kansas children whose families earn between 200% and 250% of poverty

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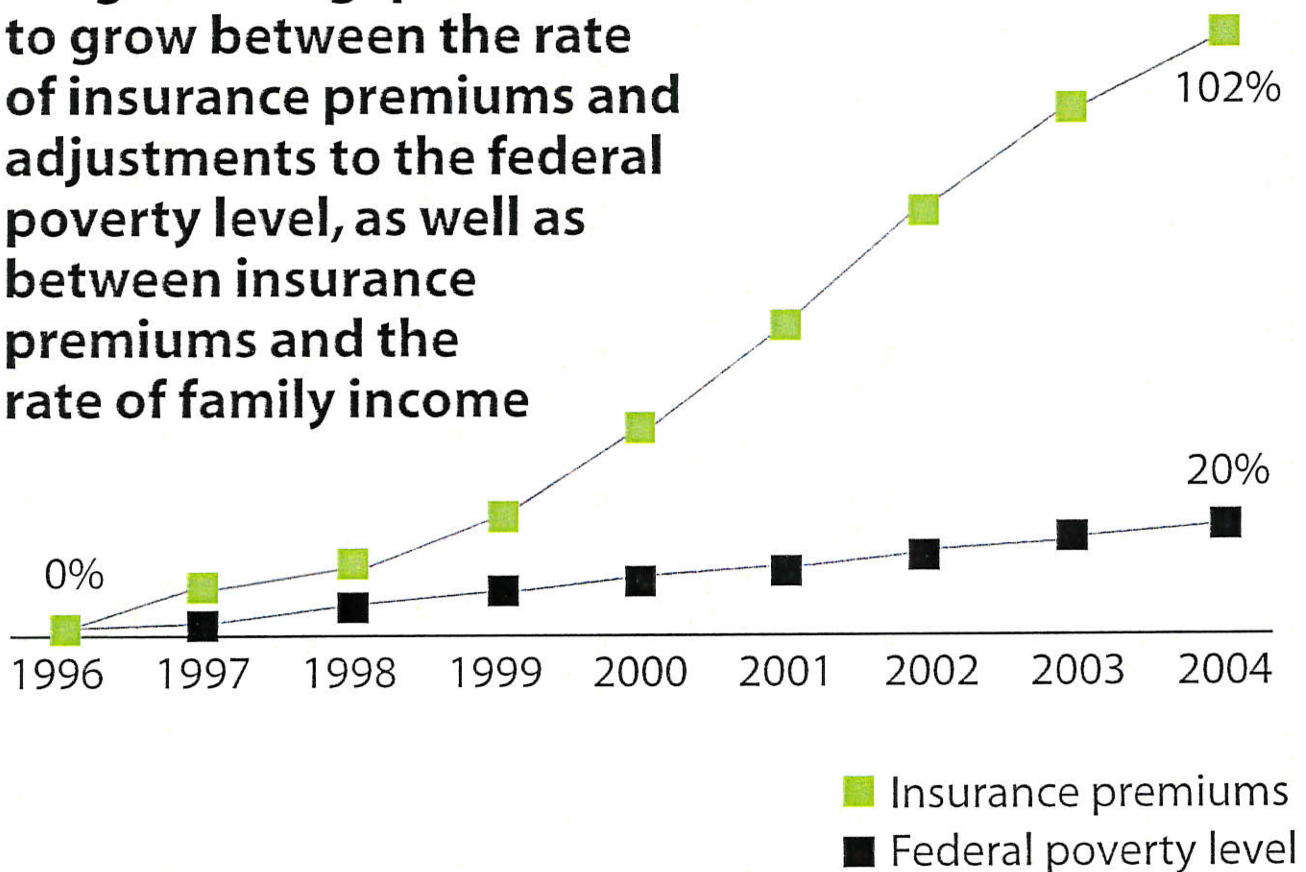
GROWTH OF INSURANCE PREMIUMS VS. POVERTY LEVEL

A significant gap continues to grow between the rate of insurance premiums and adjustments to the federal poverty level, as well as between insurance premiums and the rate of family income



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THE COST OF HEALTH INSURANCE

Sample Kansas families earning between 200%-250% of poverty

Utilizing salary and health insurance premium data for a state employee who earns between 200%-250% of poverty as a benchmark, this grid compares the salary-insurance premiums for three typical Kansas families whose household income falls within 200%-250% of poverty.

FAMILY OF A STATE EMPLOYEE

Annual Outlook

Gross salary:	$42,421.67
Net earnings:	$41,526.00
Insurance premiums:	$3,562.80

Monthly Outlook

Gross salary:	$3,535.14
Net earnings:	$3,460.50
Insurance premiums:	$296.90

Percentage of Net Earnings Utilized for Insurance Premiums

9%

- *Example is a married couple with two children.*
- *One parent works full-time while the other is a stay-at-home parent.*
- *Insurance is partially paid by the employer (the state); premiums shown reflect the portion paid for family coverage.*

FAMILY #1

Annual Outlook

Gross salary:	$43,695.00
Net earnings:	$42,564.00
Insurance premiums:	$10,113.36

Monthly Outlook

Gross salary:	$3,641.25
Net earnings:	$3,547.00
Insurance premiums:	$842.78

Percentage of Net Earnings Utilized for Insurance Premiums

24%

- *Example is a married couple with two children.*
- *One parent works full-time while the other is a stay-at-home parent. Working parent has a master's degree and 20 years of experience in his or her industry.*
- *Insurance is partially paid by employer; premiums shown reflect the portion paid for family coverage.*

FAMILY #2

Annual Outlook

Gross salary:	$51,085.00
Net earnings:	$50,345.00
Insurance premiums:	$15,300.00

Monthly Outlook

Gross salary:	$4,354.92
Net earnings:	$4,195.42
Insurance premiums:	$1,275.00

Percentage of Net Earnings Utilized for Insurance Premiums

30%

- *Example is a married couple with three children.*
- *Parents are self-employed together in the family farm business.*
- *Insurance is a family plan purchased on the private market.*

FAMILY #3

Annual Outlook

Gross salary:	$46,020.00
Net earnings:	$44,540.00
Insurance premiums:	$10,500.00

Monthly Outlook

Gross salary:	$3,835.00
Net earnings:	$3,711.67
Insurance premiums:	$875.00

Percentage of Net Earnings Utilized for Insurance Premiums

24%

- *Example is a single parent with three children.*
- *Parent works full-time for a small business.*
- *Insurance is purchased through a group health plan; employee pays full cost of premiums.*

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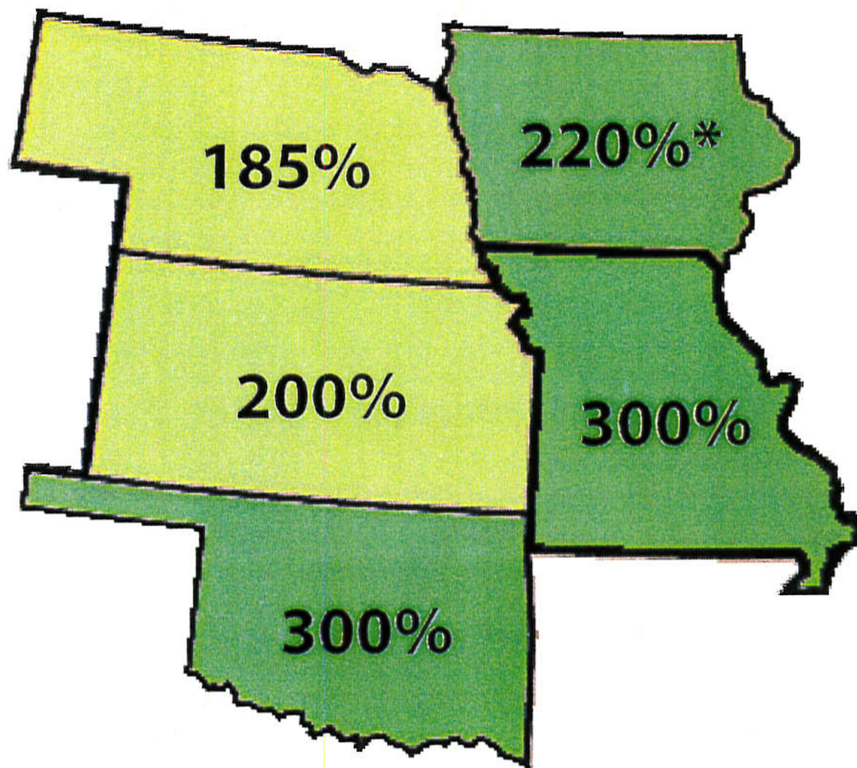
SCHIP ELIGIBILITY LEVELS OF NEIGHBORING STATES

Nearly 30 other states — including three of four neighboring Midwest states — have enacted higher eligibility rates than Kansas.



* Income eligibility in Iowa is determined after deducting 20% from the family's household income.

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

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March 4, 2008

Good afternoon, Chairwoman Wagle, and members of the committee.

My name is Dennis Cooley and I am President-Elect of the Kansas Chapter of the American Academy of Pediatrics. The KAAP represents over 90% of the practicing pediatricians in the state. In addition to my role as an officer for the KAAP, I have been a general pediatrician in private practice here in Topeka for the last 28 years. I like to think of private general practice as being on the "front lines" of children's health care. I am here today to provide information on the importance of health care access to children, specifically as it relates to the State Children's Health Insurance Program, known as HealthWave in Kansas.

I don't think you will find anyone who is against health care access for the children of the state. What I don't know is if the vast majority are aware of how important this access is - not just to children but to all citizens of Kansas.

What we are really talking about is the financial ability to seek medical care from a health care provider that will establish a medical home for a child. By having a medical home, a child has access to vital preventative services. These include well-child visits and immunizations, the most cost-effective preventative measure we have. What are well child visits? These are times for the provider to review the child's growth and development, nutrition, medications, and other health issues. It is, at this time, the provider can spot problems in the early stages when treatment is less expensive and more effective. This obviously will benefit the child, but this will also benefit the state. We know that prevention will reduce health care costs and this will be enjoyed by all Kansans. Healthier Kansas children will, in turn, be healthier, more productive adults.

One of the trends we are seeing is more children developing chronic illnesses, such as asthma, and obesity-related illnesses, such as diabetes. These are best managed in a medical home - not episodically in a costly emergency room.

The rate of asthma has more than doubled in the last few years. We know that patients with asthma need medication adjustments and follow-up frequently. This results in better management of their illness and less frequent acute episodes. We know that having availability to a physician's care in the early stages of an asthma attack can prevent costly hospitalizations. Unfortunately, when this access is denied, the child must use the emergency room for management which is inefficient and costly.

Speaking of emergency rooms, we have seen a dramatic increase in the utilization of ERs for management of routine illnesses in the last few years. Many of these visits involve children. I have seen this in Topeka. I am amazed at how busy our ERs have become. Improved access to a medical home cuts down on these non-emergent visits and allows the ERs to do what they are best at.

-continued-

Senate Health Care Strategies Committee
Date: March 4, 2008
Attachment 2

The impact of illnesses that are not managed extends past the obvious medical effects. Think about the impact on learning. Missed days at school take a toll. What if a sick child does go the school? How effective will that child learn if he is wheezing or has an earache?

I want to close by looking at what increasing access to HealthWave to 250% of the poverty level will do in Kansas. It has been estimated that approximately 11% of the uninsured Kansas children fall between 200-250% of poverty. Increasing HealthWave eligibility will mean more than 1,600 children with obesity will now have access to a medical home. In addition, almost 500 asthmatic children will have the ability to find a provider to better manage their disease. These are real numbers and real children.

Improving health care access to our children should be a top priority to Kansans. Increasing HealthWave eligibility to 250% of poverty will have a positive impact on our children and our state. Thank you.