

MINUTES OF THE HOUSE APPROPRIATIONS COMMITTEE

The meeting was called to order by Chairman Kevin Yoder at 9:08 a.m. on January 27, 2009, in Room 143-N of the Capitol.

All members were present except.

Kasha Kelley - excused

Committee staff present:

Christina Butler, Legislative Research Department
Audrey Dunkel, Legislative Research Department
Nobuko Folmsbee, Office of the Revisor of Statutes
Jim Wilson, Office of the Revisor of Statutes
Kelly Cure, Chief of Staff
Kathy Holscher, Committee Assistant

Conferees appearing before the committee:

Ami Hyten, Topeka Independent Living, Opponent
Shannon Jones, State-Wide Independent Living Council of Kansas, Proponent
Tom Laing, InterHab, Opponent
Chip Wheelan, Health Care Stabilization Fund, Opponent

Others attending:

See attached list.

- Attachment 1 Statewide Independent Living Council of Kansas Testimony
- Attachment 2 Independent Living Resource Center Testimony
- Attachment 3 InterHab FY 2009 and FY 2010 Budget Considerations
- Attachment 4 Kansas Developmental Disability Update
- Attachment 5 Health Care Stabilization Fund Oversight Committee Report
- Attachment 6 Kansas Department of Transportation Governor's Budget Recommendations FY 2009
- Attachment 7 Junction City Testimony
- Attachment 8 Junction City Kansas Department of Transportation Projects

Representative Feuerborn moved to introduce legislation regarding the Kansas Turnpike Authority and transfer of power and duties. The motion was seconded by Representative Gatewood. Motion carried.

Representative McLeland moved to introduce legislation allowing restaurants to store wine for customers. The motion was seconded by Representative Watkins. Motion carried.

Representative Watkins moved to introduce legislation regarding construction management. The motion was seconded by Representative Whitham. Motion carried.

HB 2022 - Supplemental appropriations for FY 2009 for various state agencies.

Shannon Jones, Executive Director of Statewide Independent Living Council of Kansas (SILCK), presented an agency overview and discussed the impact of proposed budget reductions for FY 2009 (Attachment 1). Maintaining the \$8.4 million in the Governor's proposed budget will minimize disruption for persons with disabilities, will serve as an alternative for expensive institutional care and provide income for workers. An additional \$3 million would be needed in order to lift the freeze for individuals on waiting lists.

Shannon Jones responded to questions from Committee members as related to waivers and individuals on waiting lists. The trend since 2006 shows approximately 400 - 500 people per year have been placed on waiting lists for services, and to date 7,000 people are using SILCK services. Revised budget recommendations would reduce services to 5,500 individuals.

CONTINUATION SHEET

Minutes of the House Appropriations Committee at 9:008a.m. on January 27, 2009, in Room 143-N of the Capitol.

Ami Hyten, Assistant Executive Director, Topeka Living Resource Center, presented an agency overview and discussed the effects of proposed budget reductions (Attachment 2). The state receives matching federal dollars, which would be at risk. The impact of the proposed federal stimulus package on the Kansas economy and Federal Medicaid matching payments was reviewed.

Tom Laing, Executive Director, InterHab, presented recommendations on the FY 2009 and FY 2010 budget (Attachment 3). For each \$1 cut from the state's portion, an additional \$1.50 in federal matching support will be lost. A review of the Kansas Developmental Disability Update followed (Attachment 4). Concerns for placing people at risk and the curtailing services was expressed with the proposed budget cuts. Rolling back tax cuts, exemptions and credits, or increasing tax rates was suggested as having the least impact on the people most vulnerable.

Tom Laing responded to questions from Committee members regarding increased funding, program costs, and dollars passed on to workers in the form of wages and benefits.

- Information Requested

- Fact sheet showing advertising costs, staff salaries, and wages to lobbyists

Chip Wheelan, Executive Director, Health Care Stabilization Fund Oversight Report, provided a program overview and discussed concerns with the provisions of the budget (Attachment 5). Mr. Wheelan stated opposition to the provisions of subsection (a) (2) and subsection (b) of section 88, **HB 2022** noting substantial differences from what was presented in the Governor's report compared to the information received in November, 2008. These provisions would interfere with the mechanisms for self insurance of residents in training, the faculty at the University of Kansas Medical Center and their affiliates. The Governor's recommendations would result in a transfer of over \$250,000 to the SGF. In accordance with K.S.A. 40-340, the Health Care Stabilization Fund shall be held in trust in the state treasury and accounted for separately from other state funds. An amendment to section 33 of the bill was reviewed.

Chip Wheelan responded to questions from Committee members in regards to how the Senate handled this portion of the Governor's budget. The Senate Bill **Sub SB 23** would limit the amount of transfers to \$2.8 million in order to reimburse claims. A copy of the Attorney General Opinion No. 2002-45 and the Report to the Health Care Stabilization Fund Oversight Committee is available for review by contacting the Committee Assistant.

Agency Review of the FY 2009 Governor's Revised Budget Recommendations

Deb Miller, Secretary of Department of Transportation, presented an agency overview and discussed the impact of the proposed budget reductions (Attachment 6). Since 1999, there have been enormous changes in the revenue stream for the transportation program. Natural disasters, cash flow issues and escalating prices for material required adjusting project schedules. Potential loss estimates for FY 2009 are \$54 million and \$201 million for FY 2010. We are proceeding with the K-61 and US -169 projects that were suspended. Agency operations have been reduced by 3% in accordance with the Governor's budget recommendation. The economic stimulus package could result in approximately \$317 million for highway funds in Kansas.

Deb Miller responded to questions from Committee members regarding stimulus funds, routine maintenance of city, county and state roadways. The Homeland Security fund is administered through the Highway Patrol and grants from Homeland Security. Tower and communications work are administered through Kansas Department of Transportation. Discussion on the \$3.9 million loan repayment and the impact on the McPherson project followed. The department has tried to balance the needs of the system and keep the commitment to the project. To date, no funds have been received for FY 2009 and none are expected until June 30. An explanation of highway bonding funds was provided. In FY 1989, \$890 million in bonds were authorized. To date \$415 million in principle remain and will be paid off in FY 2014. An authorization of bonds to the Comprehensive Transportation Program (CTP) was issued at the onset of the recession in FY 2002 and is estimated to be paid out in FY 2025. Allocation of stimulus funds for railroads and funds for airport improvement programs was discussed. Present value savings, refinancing debt and the long term savings as it relates to the debt policy criteria was explained. Federal highway dollars require a 20 percent

CONTINUATION SHEET

Minutes of the House Appropriations Committee at 9:008a.m. on January 27, 2009, in Room 143-N of the Capitol.

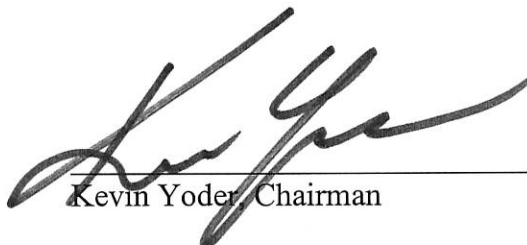
match.

Rod Barnes, City manager, Junction City, Kansas, spoke in support of the Kansas Department of Transportation (Attachment 7) and (Attachment 8). This area has experienced population growth in the past three years, due to the relocation and development of bioscience companies. Through a partnership with KDOT, innovative solutions to meet the challenges of addressing highway improvements and safety solutions have been developed. To continue economic prosperity we must invest in our transportation infrastructure system. Distribution centers and other manufacturing firms must have sound highways to move product across the state. The need to ensure safe intersections, minimize traffic congestion on highways and the opportunity to stimulate growth in the economy by creating construction jobs was emphasized.

Chairman Yoder stated that handouts on **HB - 2022** will be distributed at the Appropriations Committee meeting scheduled for tomorrow.

The next meeting is scheduled for January 28, 2009.

The meeting was adjourned at 10:42 a.m.



Kevin Yoder, Chairman

APPROPRIATIONS COMMITTEE GUEST LIST

DATE: 1-27-09

NAME	REPRESENTING
Dodie Wellshear	USA / Kansas
Berend Koops	Hein Law Firm
Chip Wheeler	HCSF Board of Govs
Dick Worth	KDWP
Rod Barnes	City of Junction City
MIKE GUNN	City of Junction City
Ani Hyten	TILRC
Tiaugh Lee	Progress South, Assoc.
Rob Menly	KRAMMER & Assoc.
Mark Tallman	KASD
Pubby O'Byrne	KS Tire
Tom Laine	Inter-Club
Val DeFera	SQE
Sue Peterson	K-State
Matt Casey	GBA
Ucclynn Hesse	Budget
Deb Miller	KDOT
Mary Jane Stankiewicz	KARH
Shirley Campbell	KMHC

APPROPRIATIONS COMMITTEE GUEST LIST

DATE: 1-27-09

NAME	REPRESENTING
Barb Covert	KDOA
D. Meyer	KHPA

TESTIMONY
House Appropriations
HB 2022
January 22, 2008

Thank you for this opportunity to speak on HB 2022. I am Shannon Jones, Executive Director of SILCK. The SILCK and the Kansas Association of Centers for Independent Living (KACIL) are the organizations advocating for persons with disabilities to have a voice in the affairs of the state.

We are very much aware of the financial issues facing the state. Over the 25 years the state has provided home and community based services there has been a struggle to get the money for these services. In the early years, HCBS was often viewed as an experimental program. That is no longer the case. Providing HCBS is now an integral part of Health Care Reform. With baby boomers coming into their retirement phase of life at the rate of 10,000 persons per day and some of them will need supported care; we must see the maintenance and expansion of HCBS as the alternative to expensive institutional care.

Beginning Dec. 1, 2008, a hard freeze on new enrollees into the HCBS/PD has caused great heartache for persons between the ages of 16 – 64 and their families needing that service. This freeze breaks the State's 25 year historical precedent, which emphasizes individuals being able to choose to receive services in their own homes and community. It is also contrary to any kind of structural change or health care reform, if health care reform is thought of in terms of lessening the need for institutional care. We understand why it was done but we think that decision ought to be reviewed by the legislature and a new determination made. The Governor has provided a supplemental of \$8.4M in her proposed budget. We are fearful that if the full amount of \$8.4M is not maintained in the budget for FY 2009 there will be persons currently utilizing the program who will have to be cut off HCBS.

The human consequences are immeasurable; the fiscal and economic impact are significant:

- An immediate reduction of 1,800 persons from HCB services
- Increase in Nursing facility admissions at twice the cost
- An estimated 200 persons / month will go on a waiting list
- Job loss of approximately 3,300 attendant care workers

We request that the \$8.4M be maintained in the FY 2009 budget so the disruption to the lives and families of many Kansans can be minimized. People need the services, workers need the income, and our budget needs the saving.

Thank you for your attention to this matter. I am available for

Appropriations Committee
Attachment 1
Date 1-27-09
Budget _____



Topeka Independent Living Resource Center

785-233-4572 V/TTY • FAX 785-233-1561 • TOLL FREE 1-800-443-2207
501 SW Jackson Street • Suite 100 • Topeka, KS 66603-3300

Testimony before the House Appropriations Committee
Presented by: Ami Hyten, Assistant Executive Director
January 21, 2009

Chairman Yoder and Honorable Members of the House Appropriations Committee;

The Topeka Independent Living Resource Center (TILRC) is a civil and human rights organization. Our mission is to advocate for justice, equality and essential services for a fully integrated and accessible society for all people with disabilities. TILRC has been providing cross-age, cross-disability advocacy and services for over 25 years to people across the state of Kansas. Our agency has been particularly interested in and committed to assuring people who require long term care services have access to information, services and supports that offer choices; choices that promote freedom, independent lifestyles and dignity, including the dignity of risk.

The decisions in front of public policymakers this year are profound in their breadth and scope. In considering cuts to Medicaid Home and Community Based Services, however, the state stands to lose more than we will gain through any savings. The federal funding structure for Medicaid, as well as the savings accrued through diversion away from more expensive care alternatives through home and community based services, supports the need to continue funding for Medicaid Home and Community Based Services at least at their current levels.

How will cuts to state Medicaid spending affect Kansas?

The state will lose federal matching funds

We have talked to you about the multiplier effect Medicaid dollars have on the Kansas economy in the past. Medicaid Home and Community Based dollars go directly into our home communities, providing wages for in-home workers, who use those funds to purchase goods and services, and support our communities. Because of the way Medicaid is funded, the multiplier effect works in another way, through the Federal Medical Assistance Percentage (FMAP). Under this program, for every \$.40 the state of Kansas spends on Medicaid services, the federal government matches with \$.60.

Thus, for every \$.40 the state reduces our Medicaid funding, the actual loss to the state is \$1.00. A loss in jobs. A loss in spending on other goods and services. A loss in our home communities.

Among the proposals currently under serious consideration at the federal level would be to increase the federal Medicaid match to \$.80 on the dollar. When this happens, state Medicaid cuts will be even more profound for these programs, literally leaving \$4.00 of federal money on the table for each \$1.00 SGF saved. We will have "saved" \$1.00 and "lost" \$5.00.

Advocacy and services provided by and for people v

Appropriations Committee

Attachment 2-1

Date 1-27-09

Budget _____



Topeka Independent Living Resource Center

785-233-4572 V/TTY • FAX 785-233-1561 • TOLL FREE 1-800-443-2207
501 SW Jackson Street • Suite 100 • Topeka, KS 66603-3300

According to Families USA, the proposed enhanced federal match at Kansas' current level of spending will amount to over \$244 Million, stimulate over \$400 Million in business activity, and add 4,100 jobs to our state's economy. If Kansas cuts Medicaid spending now, we lose the current 60% match as well as the additional match and associated economic benefit to the state from the proposed enhancement.

Applying an across-the-board cut to programs such as the Medicaid HCBS program cuts with a very blunt and clumsy instrument. This type of cut will take more than just a pound of flesh, we will lose four pounds of blood and bone, as well.

Kansans will have access to only more expensive choices

Shortly after SRS implemented their "hard freeze," our agency was contacted by a nursing home to help a gentleman who had recently undergone heart bypass surgery. The gentleman had been transferred to a nursing facility for rehabilitation following his heart surgery; after a few weeks, rehabilitation was complete and the gentleman was ready to return home to his wife. His wife works full-time outside the home. In light of the freeze, this gentleman's choice was: remain in the nursing facility until he had been there for 90 days and would qualify for the state Money Follows the Person program, go home without any services to ensure his safety, or go home and ask his wife to quit her full-time job to be available to meet his needs. These are the choices nearly 2,000 Kansans will need to make across the next months, as the hard freeze continues. If we reduce Medicaid spending for Home and Community Based Services, these are the choices even more Kansans will be forced to make.

The state of Kansas offers targeted case management as a state plan service. People forced to live without essential services may increase their access to targeted case management to help coordinate the services and supports they need in the community. These services will have to be expanded to meet the needs of people who will need to coordinate services and supports through informal networks or other means to meet daily living needs.

Nursing facility care is an entitlement. Nursing facility care costs the state significantly more than equivalent community-based care, but for people like the gentleman who called our agency, the more expensive care is the only care available to him as the state restricts access to less costly care in the community.

We recognize the very difficult choices confronting you as our elected officials. Some choices, such as an across-the-board rescission, have profound implications now, as we access the federal funds available to match these programs; with greater implications as the loss of federal funds are compounded and demands on more costly services to meet Kansans' needs grow. We hope you will take these considerations into account when making decisions for our state.

Thank you for your time and attention to these matters of grave importance.

Advocacy and services provided by and for people with disabilities.

Table 3.

Effect on State Economies of Proposed Temporary Increase in Federal Medicaid Matching Payments (FMAP), October 2008 - December 2009*

State	Additional Federal Support	Economic Benefits of Additional Federal Support		
		Business Activity	Jobs	Wages
Alabama	\$418,720,000	\$696,900,000	7,400	\$253,700,000
Alaska	\$145,921,000	\$227,200,000	2,200	\$83,000,000
Arizona	\$925,907,000	\$1,569,700,000	14,400	\$590,500,000
Arkansas	\$427,009,000	\$667,400,000	7,300	\$244,400,000
California	\$4,192,805,000	\$8,250,900,000	71,900	\$2,932,700,000
Colorado	\$339,414,000	\$649,400,000	6,000	\$230,000,000
Connecticut	\$486,929,000	\$805,100,000	7,000	\$289,600,000
Delaware	\$128,103,000	\$191,700,000	1,400	\$61,500,000
Florida	\$1,861,834,000	\$3,347,900,000	34,000	\$1,250,400,000
Georgia	\$708,943,000	\$1,379,100,000	12,600	\$484,300,000
Hawaii	\$141,462,000	\$237,500,000	2,300	\$88,400,000
Idaho	\$135,557,000	\$218,200,000	2,500	\$81,500,000
Illinois	\$1,302,185,000	\$2,572,800,000	22,800	\$883,900,000
Indiana	\$629,680,000	\$1,083,400,000	10,800	\$383,100,000
Iowa	\$302,582,000	\$485,000,000	5,400	\$175,000,000
Kansas	\$244,114,000	\$403,900,000	4,100	\$137,200,000
Kentucky	\$520,356,000	\$846,500,000	8,300	\$292,400,000
Louisiana	\$733,969,000	\$1,200,800,000	13,500	\$435,600,000
Maine	\$228,930,000	\$380,300,000	4,300	\$143,900,000
Maryland	\$631,480,000	\$1,108,800,000	9,500	\$381,500,000
Massachusetts	\$1,274,276,000	\$2,197,800,000	18,800	\$779,500,000
Michigan	\$935,375,000	\$1,550,000,000	15,400	\$578,000,000
Minnesota	\$779,645,000	\$1,368,900,000	12,800	\$503,000,000
Mississippi	\$423,051,000	\$659,900,000	7,500	\$237,900,000
Missouri	\$807,845,000	\$1,409,200,000	13,200	\$461,700,000
Montana	\$83,173,000	\$132,700,000	1,600	\$49,500,000
Nebraska	\$180,367,000	\$289,100,000	3,100	\$103,900,000
Nevada	\$174,947,000	\$283,400,000	2,600	\$103,600,000
New Hampshire	\$124,884,000	\$204,300,000	1,800	\$69,800,000
New Jersey	\$845,023,000	\$1,574,000,000	12,700	\$523,900,000
New Mexico	\$370,022,000	\$574,700,000	6,200	\$212,000,000
New York	\$5,246,764,000	\$8,627,900,000	72,000	\$2,988,000,000
North Carolina	\$1,124,127,000	\$1,945,600,000	20,200	\$711,600,000
North Dakota	\$66,930,000	\$102,100,000	1,100	\$35,800,000
Ohio	\$1,417,069,000	\$2,512,800,000	24,900	\$897,100,000
Oklahoma	\$453,426,000	\$819,700,000	9,300	\$297,400,000
Oregon	\$372,659,000	\$619,800,000	6,100	\$222,100,000
Pennsylvania	\$1,830,512,000	\$3,402,300,000	30,400	\$1,167,300,000
Rhode Island	\$193,369,000	\$306,700,000	2,800	\$105,000,000
South Carolina	\$404,109,000	\$712,100,000	7,800	\$254,800,000
South Dakota	\$66,445,000	\$100,400,000	1,100	\$37,200,000
Tennessee	\$815,422,000	\$1,450,400,000	12,900	\$507,000,000
Texas	\$2,695,315,000	\$5,409,700,000	51,400	\$1,907,500,000
Utah	\$175,094,000	\$334,900,000	3,600	\$120,600,000
Vermont	\$117,916,000	\$171,900,000	1,800	\$63,600,000
Virginia	\$599,485,000	\$1,028,300,000	9,300	\$353,100,000
Washington	\$657,354,000	\$1,179,700,000	10,900	\$420,700,000
West Virginia	\$270,282,000	\$394,100,000	4,000	\$137,700,000
Wisconsin	\$568,463,000	\$942,600,000	9,500	\$347,500,000
Wyoming	\$51,544,000	\$71,400,000	800	\$27,100,000

* Dollar estimates are from a Center on Budget and Policy Priorities analysis of S. 3689, introduced by Senators Reid and Byrd.

Source: Families USA calculations using the Bureau of Economic Analysis Regional Input-Output Modeling System (RIMS II).

Table 1. Economic Gains* for Each \$1 Million Invested in State Medicaid Spending, FY2005 (if fiscal relief is extended)

State	Business Activity Gained per \$1 Million Investment with Extended Fiscal Relief	Jobs Gained per \$1 Million Investment with Extended Fiscal Relief	Wages Gained per \$1 Million Investment ¹ with Extended Fiscal Relief
Alabama	\$5,634,000	57.20	\$2,092,000
Alaska	\$2,820,000	25.03	\$1,048,000
Arizona	\$4,864,000	47.55	\$1,852,000
Arkansas	\$6,410,000	71.78	\$2,367,000
California	\$2,549,000	20.26	\$934,000
Colorado	\$2,508,000	23.79	\$945,000
Connecticut	\$2,342,000	18.67	\$874,000
Delaware	\$2,146,000	16.70	\$704,000
Florida	\$3,414,000	35.19	\$1,311,000
Georgia	\$3,877,000	34.96	\$1,410,000
Hawaii	\$3,172,000	29.34	\$1,209,000
Idaho	\$5,070,000	58.48	\$1,955,000
Illinois	\$2,665,000	22.57	\$936,000
Indiana	\$3,906,000	39.00	\$1,413,000
Iowa	\$3,952,000	45.10	\$1,467,000
Kansas	\$3,553,000	37.28	\$1,244,000
Kentucky	\$5,298,000	53.46	\$1,885,000
Louisiana	\$5,555,000	58.96	\$2,040,000
Maine	\$4,261,000	48.48	\$1,628,000
Maryland	\$2,489,000	22.05	\$883,000
Massachusetts	\$2,417,000	19.07	\$863,000
Michigan	\$2,922,000	28.38	\$1,099,000
Minnesota	\$2,443,000	23.91	\$926,000
Mississippi	\$7,386,000	79.78	\$2,737,000
Missouri	\$3,879,000	34.58	\$1,263,000
Montana	\$5,741,000	69.53	\$2,180,000
Nebraska	\$3,291,000	36.04	\$1,208,000
Nevada	\$2,687,000	23.93	\$1,051,000
New Hampshire	\$2,238,000	20.01	\$790,000
New Jersey	\$2,527,000	18.93	\$879,000
New Mexico	\$6,717,000	73.97	\$2,539,000
New York	\$2,282,000	17.62	\$796,000
North Carolina	\$4,247,000	41.71	\$1,553,000
North Dakota	\$4,485,000	51.55	\$1,633,000
Ohio	\$3,582,000	36.04	\$1,299,000
Oklahoma	\$5,714,000	66.10	\$2,096,000
Oregon	\$3,527,000	33.94	\$1,300,000
Pennsylvania	\$3,145,000	28.14	\$1,103,000
Rhode Island	\$2,752,000	26.12	\$971,000
South Carolina	\$5,401,000	54.30	\$1,976,000
South Dakota	\$4,092,000	48.37	\$1,562,000
Tennessee	\$4,443,000	39.41	\$1,584,000
Texas	\$4,108,000	37.38	\$1,493,000
Utah	\$6,313,000	67.18	\$2,338,000
Vermont	\$3,260,000	35.60	\$1,212,000
Virginia	\$2,423,000	22.29	\$860,000
Washington	\$2,330,000	20.83	\$867,000
West Virginia	\$5,964,000	61.84	\$2,081,000
Wisconsin	\$3,133,000	33.69	\$1,209,000
Wyoming	\$2,771,000	31.93	\$1,073,000
Average of 50 States	\$3,854,100	38.96	\$1,414,760

*Gains were calculated by employing economic impact multipliers that incorporate both the federal matching multiplier and the RIMS II economic output multiplier. The RIMS II model does not provide multiplier information for the territories, but a similar multiplier effect resulting in increases in business activity, jobs, and wages would be observed in the territories with increases in each territory's Medicaid spending.

¹ "Business Activity Gained" predicts the total change in economic activity, measured in the value of goods and services produced per \$1 million change in state Medicaid spending.

Source: *Medicaid: Good Medicine for State Economies, 2004 Update* (Washington: Families USA, May 2004).

Table 1: Federal Medical Assistance Percentages (FMAP), FY 2004 and FY 2005, and Federal Matching Funds Provided for Each Dollar of State Medicaid Spending, FY 2004

State	FY 2004 FMAP	Federal Funds Sent to State for Each Dollar in State Medicaid Spending	
		Based on FY 2004 FMAP	FY 2005 FMAP
Alabama	73.7%	\$2.80	70.8%
Alaska	61.3%	\$1.59	57.6%
Arizona	70.2%	\$2.36	67.5%
Arkansas	77.6%	\$3.47	74.8%
California	53.0%	\$1.13	50.0%
Colorado	53.0%	\$1.13	50.0%
Connecticut	53.0%	\$1.13	50.0%
Delaware	53.0%	\$1.13	50.4%
District of Columbia	73.0%	\$2.70	70.0%
Florida	61.9%	\$1.62	58.9%
Georgia	62.6%	\$1.67	60.4%
Hawaii	61.9%	\$1.62	58.5%
Idaho	73.9%	\$2.83	70.6%
Illinois	53.0%	\$1.13	50.0%
Indiana	65.3%	\$1.88	62.8%
Iowa	66.9%	\$2.02	63.6%
Kansas	63.8%	\$1.76	61.0%
Kentucky	73.0%	\$2.71	69.6%
Louisiana	74.6%	\$2.93	71.0%
Maine	69.2%	\$2.24	64.9%
Maryland	53.0%	\$1.13	50.0%
Massachusetts	53.0%	\$1.13	50.0%
Michigan	58.8%	\$1.43	56.7%
Minnesota	53.0%	\$1.13	50.0%
Mississippi	80.0%	\$4.01	77.1%
Missouri	64.4%	\$1.81	61.2%
Montana	75.9%	\$3.15	71.9%
Nebraska	62.8%	\$1.69	59.6%
Nevada	57.9%	\$1.37	55.9%
New Hampshire	53.0%	\$1.13	50.0%
New Jersey	53.0%	\$1.13	50.0%
New Mexico	77.8%	\$3.50	74.3%
New York	53.0%	\$1.13	50.0%
North Carolina	65.8%	\$1.92	63.6%
North Dakota	71.3%	\$2.49	67.5%
Ohio	62.2%	\$1.64	59.7%
Oklahoma	73.5%	\$2.78	70.2%
Oregon	63.8%	\$1.76	61.1%
Pennsylvania	57.7%	\$1.36	53.5%
Rhode Island	59.0%	\$1.44	55.4%
South Carolina	72.8%	\$2.68	69.9%
South Dakota	68.6%	\$2.19	66.0%
Tennessee	67.5%	\$2.08	64.8%
Texas	63.2%	\$1.72	60.9%
Utah	74.7%	\$2.95	72.1%
Vermont	65.4%	\$1.89	60.1%
Virginia	53.5%	\$1.15	50.5%
Washington	53.0%	\$1.13	50.0%
West Virginia	78.1%	\$3.57	74.7%
Wisconsin	61.4%	\$1.59	58.3%
Wyoming	64.3%	\$1.80	57.9%

Sources: <http://aspe.hhs.gov/search/health/fmap.htm>; Kaiser Commission on Medicaid and the Uninsured estimates based on FFY 2004 FMAPs as published at <http://aspe.hhs.gov/search/health/FMAP03-04temporaryincrease.html>.

Notes: FY 2004 rates include 2.95% temporary increase in FMAP under Tax Equity Act that expires in June 2004. FY 2005 rates do not.



700 SW Jackson, Suite 803, Topeka, KS 66603-3737 phone 785/235-5103 fax 785/235-0020 interhab@interhab.org www.interhab.org

January 27, 2009

TO: Rep. Kevin Yoder, Chair, and Members of the House Appropriations Committee

FR: Tom Laing, Executive Director, InterHab

RE: House committee considerations on FY 2009 and 2010 budgets

On behalf of the members of InterHab, I thank the Chair and the Committee for receiving my testimony.

As regards the budget challenges that confront this committee and both houses of the 2009 legislative session, our members are aware of the heavy lifting you face. Nevertheless, we are confident you can find a way not to defer, but to address the two critical issues in the community developmental disability network: long waiting lists and underfunded reimbursement rates.

Knowing that that your work is, at the moment, focused on budget cuts, I will state our perspective:

The budget cuts under consideration for disability programs are unacceptable.

The so-called fairness of "across the board" cuts is a fiction, which if undertaken will be anything but fair. The cost to the community for each \$1.00 cut from the State portion of HCBS services is \$1.50 in additional cuts due to lost federal matching support. Cuts in State Aid to the community will damage one of the few funding streams that exists for disability programs for infants and toddlers who are not eligible for HCBS due to their age. And so on ... and so on ...

My point is this, "cuts that do the least harm" cannot be found in the community disability network.

The attrition of the past decade of underfunding has already cut us to the bone. More cuts will only cause deeper wounds in the lives of vulnerable Kansans and their families, and into the community network's capacity to meet their needs.

Therefore, we urge that you not allow any cuts to be imposed on the community DD system.

Our recommendation is that you instead begin to consider the ways in which Kansas, under your leadership, can adequately finance the current budget as well as preparing for financing an adequate budget for FY2010 and beyond.

For those of you with several years of service, you know that our annual requests have not been met. We appreciate those years in which some effort was undertaken to add to our budgets, but over the long haul

Appropriations Committee

Attachment 3-1

Date 1-27-09

of governors' budget proposals and legislative history, the theme is recurring: too little assistance to shorten the waiting list, and even less assistance for reimbursement rates that would enable service providers to compete and retain employees in a tight employment market.

You will hear much more about our issues in the coming weeks; but the larger picture – of economics and budget pressures and collaborative problem solving – is where we now urge you to direct your attention.

No reasonable budget resolution will be found until the big issues are addressed, and the biggest issue is the necessity for dialog among executive and legislative leadership, in which all parties face taxation issues as well as budget issues – squarely, fairly and honestly. Advocates hear from the executive branch that we must have a stronger impact on the legislative branch, and the opposite advice is given us by legislators. In fact, we are facing a year in which the facts demand a different dynamic. Ignore the traditions of how the budget battle is waged each year. This is not like any other year.

Talk to each other.

We are among state sponsored programs that need positive action:

- ✓ The persons we serve are facing service conditions which will put them at risk, if something is not done.
- ✓ The persons and families on the waiting list are losing faith and hope, and are increasingly under economic and emotional pressures which you and I cannot fathom.
- ✓ The programs we represent are – quite frankly – dying a slow and reluctant death. Some have already closed their doors, or curtailed their services.

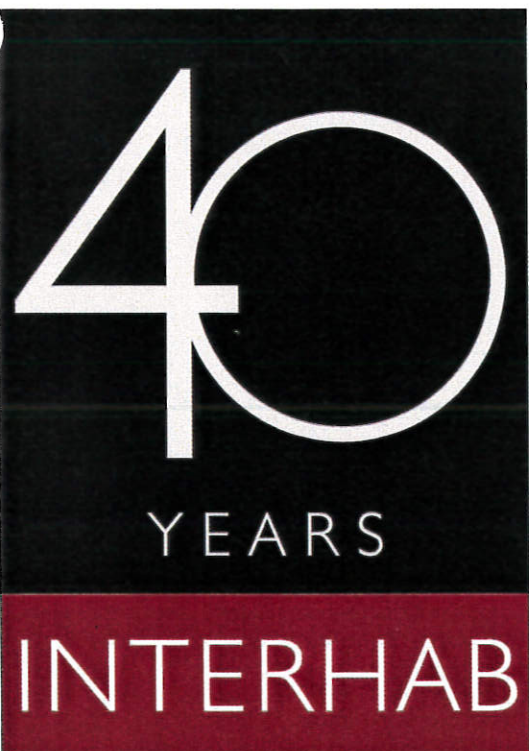
You can address these crises; you are not without remedies:

You and all elected leaders, in both houses and in the executive branch, must consider and discuss the potential for increasing the State's revenue stream, either by reconsidering and rolling back tax cuts and exemptions and credits which have accumulated for so many years that our tax-laws are like Swiss cheese; or you need to consider tax rate increases.

And, those groups who even this year are demanding that no new revenues be made available must be finally and emphatically turned aside. Enough is enough. Their domination of this process, and their continuing disregard for critically important programs, has had an historic and destructive impact on the lives of your most vulnerable neighbors.

Finally, we implore you to remember, the gloom that so many have predicted in this budget year is only a prediction. It is not a reality that you are destined to accept. The reality is this: the future of our state, and the future of programs such as ours, is still yours to decide.

We thank you and are grateful for Kansans such as you who are willing to serve in this job at a time when so many are turning to you for leadership out of this mess; and, we respectfully request your consideration of our issues.



KANSAS DEVELOPMENTAL DISABILITY UPDATE

COMMUNITY CAPACITY

Despite the fact that community providers have successfully transitioned hundreds of persons out of costly institutions, the state has fallen woefully behind in adequately funding the community system. **Compare these changes since 1993:**

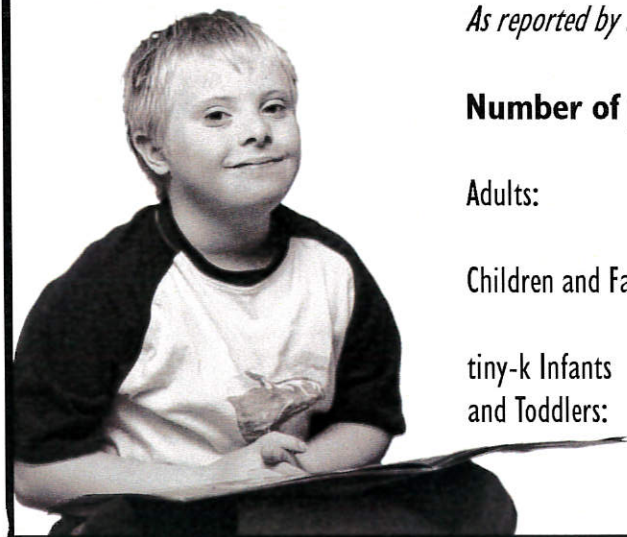
- **State's DD Tech I position increased more than 75%**
- **Inflation increased more than 52%**
- *The HCBS MR/DD waiver increased only 29% from rate increases given by the Legislature.*

WAITING LISTS

The lists of persons with developmental disabilities has grown steadily since 1996. Currently, SRS maintains two waiting lists. One for children and adults who receive no services at all, and another for children and adults who need additional services to live successfully in our communities. Every year, approximately 300 new persons are added to the list.

Unservd Waiting List*:	1,635 Children & Adults	
Underserved Waiting List*:	2,176 Children & Adults	<i>*As of January 8, 2009</i>
TOTAL:	3,811 Children & Adults	

THE PEOPLE



As reported by SRS and KDHE, January 8, 2009:

Number of persons receiving services:

Adults:	7,575
Children and Families:	2,378
tiny-k Infants and Toddlers:	6,643

THE PRICE

Community services are underfunded compared to institutional services. Compare the average annual per-person funding:

Parsons State Hospital:	\$125,195
KNI:	\$177,390
Community DD Services:	\$35,663

Direct care workers at the State's two DD institutions make a starting wage of **\$12.35** per hour.

Direct care workers doing the similar work in your community make an average wage of **\$8.83** per hour.



Health Care Stabilization Fund

Charles L. Wheelen, Executive Director
300 S.W. 8th Avenue, Second Floor
Topeka, Kansas 66603-3912

Web Site: <http://www.hcsf.org/>
Telephone: 785 291 3777
Fax: 785 291 3550

Report
to the
Health Care Stabilization Fund Oversight Committee

On Behalf of the
Health Care Stabilization Fund Board of Governors

Arthur D. Snow, Jr., M.D., Chairman
Jimmie A. Gleason, M.D., Vice Chairman
Timothy D. Bolz, D.C.
Deborah M. Burns, D.O.
Steve Clifton, C.R.N.A.

Steven C. Dillon, M.D.
Michael A. Dorsey
Elaine L. Ferguson, D.O.
J. Michael Frost
Larry K. Shaffer

December 19, 2008

By Charles L. Wheelen
Executive Director

Appropriations Committee

Attachment 5-1

Date 1/27/09

Budget _____

Introduction

Thank you for this opportunity to present our annual report on behalf of the Health Care Stabilization Fund Board of Governors. Last year we reviewed the eventful three-decade history of the Health Care Stabilization Fund. We described the circumstances and events that originally led to enactment of the Health Care Provider Insurance Availability Act, and we identified major amendments to the Act subsequent to 1976. That summary of our history is Appendix A of this report.

Principal Features of the Contemporary Act

Health care providers are required to purchase professional liability insurance from commercial companies or from the Health Care Provider Insurance Availability Plan. The insurance policy must provide coverage limits of \$200,000 per claim with an annual aggregate total limit of \$600,000 coverage. The health care providers are also required to select one of three options for additional coverage via the HCSF. Those options are:

- \$100,000 per claim with \$300,000 annual aggregate
- \$300,000 per claim with \$900,000 annual aggregate
- \$800,000 per claim with \$2,400,000 annual aggregate

Most health care providers choose the highest coverage option, which results in a total of \$1-million per claim with an annual aggregate limit of \$3-million when combined with the primary level of insurance. Some health care providers, particularly high risk specialists and large medical centers, purchase excess liability insurance in addition to the HCSF coverage.

There are sixteen categories of health care providers statutorily required to participate in the HCSF: (1) all three licensees under the Healing Arts Act - DCs, DOs, MDs, (2) three types of medical care facilities - hospitals, ambulatory surgery centers, recuperation centers, (3) podiatrists, (4) nurse anesthetists, (5) professional corporations, (6) limited liability companies, (7) partnerships, (8) not-for-profit corporations, (9) graduate medical education programs affiliated with the University of Kansas, (10) dentists certified by the Board of Healing Arts to administer anesthesia, (11) psychiatric hospitals, and (12) community mental health centers. State psychiatric hospitals and state hospitals for the mentally disabled are specifically excluded from the definition of health care provider.

The Commercial Insurance Market

The Availability Act promotes marketing of commercial medical liability insurance in two principal ways. First, it limits the maximum liability per claim to \$200,000 as well as limiting the annual aggregate losses to \$600,000 for any health care provider. Second, by creating a joint underwriting association, the Act allows insurers to engage in prudent underwriting practices.

Currently there are about two dozen insurance companies or risk retention groups offering the primary layer of medical liability insurance in Kansas. Some of those companies and RRGs offer coverage only to a specific profession or specialty group. About eighty percent of the commercial insurance coverage is sold by only five companies.

In our State, the Kansas Medical Mutual Insurance Company sells more medical liability coverage than any other insurer, and the Medical Protective Company is also a prominent insurer in the Kansas market.

Most Kansas health care providers purchase professional liability insurance from one of the commercial companies, but there are some who cannot. As a result, there are over 500 health care providers participating in the Health Care Provider Insurance Availability Plan. These health care professionals and facilities are not necessarily marginal risks. Some of these health care providers are somewhat unique and simply cannot find an insurance product available for their specialty or service.

For example, about five dozen of these health care providers in the Availability Plan are residents in training who work part-time to supplement their residency stipend. If they are providing patient care as part of their training, their liability exposure is covered by the State of Kansas. The State does not, however, provide liability coverage for extra-curricular employment. These residents simply cannot purchase a "moonlighter" insurance policy anywhere except through the Availability Plan.

The Board's Statutory Report

Subsection (b) of K.S.A. 40-3403 imposes specific reporting requirements on our Board of Governors. This section of our report will address those reporting requirements for the fiscal year that ended June 30, 2008.

1. Surcharge revenue collections amounted to \$24,264,946.
2. The lowest surcharge rate for a health care professional was \$50 for a chiropractor in his or her first year of Kansas practice who selected the lowest coverage option (\$100,000 per claim and \$300,000 annual aggregate limits).
3. The highest surcharge rate for a health care professional was \$14,593 for a neurosurgeon with five or more years of Health Care Stabilization Fund liability exposure who selected the highest coverage option (\$800,000 per claim and \$2.4-million annual aggregate limits).
4. There were 34 medical malpractice cases involving 41 Kansas health care providers decided as a result of a jury trial. Of these 34 cases, only five resulted in damages awarded to plaintiffs and only three resulted in Stabilization Fund obligations. Compensation awarded in those three cases resulted in Stabilization Fund obligations amounting to \$1,732,504.
5. Fifty seven cases involving 65 claims were settled resulting in Health Care Stabilization Fund obligations amounting to \$17,352,500. The average Stabilization Fund compensation per claim was \$266,962. These amounts are in addition to compensation agreed to by primary insurers.
6. Because of both past and future periodic payment of compensation, the amounts reported above in items four and five were not necessarily paid during FY2008. Total claims paid during the fiscal year amounted to \$25,308,355. This amount included a

payment of \$2,203,674 to the Health Care Provider Insurance Availability Plan pursuant to the statutory requirement, and also included \$800,000 paid to claimants on behalf of insurance companies that reimbursed the Fund for these payments. Therefore actual net claims paid during FY2008 amounted to \$22,304,681.

7. The preliminary financial report as of June 30, 2008 accepted by the Board of Governors indicated assets amounting to \$214,631,127 and liabilities amounting to \$194,750,196.

In addition to these statutory reporting requirements, our Chief Attorney, who is also our Deputy Director, has prepared a detailed, historical analysis of claims activity. That analysis is Appendix B of this report.

Self-Insured Health Care Providers

You may recall that K.S.A. 40-3414 allows certain health care providers to self-insure. That section of the Statutes also declares certain state facilities for veterans, as well as faculty and residents at the University of Kansas Medical Center and its affiliates, to be self-insured. In addition to the state-owned medical care facilities and affiliates of KUMC, there are currently thirteen self-insured hospitals and surgery centers that have been approved by our Board of Governors and have been issued a certificate of self insurance.

It should be noted that the HCSF does not receive any compensation for our administrative costs attributable to the self-insured programs affiliated with the University of Kansas. Of course we are reimbursed for claims payments up to the maximum \$200,000 per claim. Our Deputy Director has prepared a detailed report describing FY2008 claims activity which we administered on behalf of these self insured programs. That document is Appendix C of this report.

Claims Reporting

Those of you who serve in the Legislature may recall that during the 2008 Session a bill was introduced at the request of the Kansas Association for Justice (aka Trial Lawyers Association). House Bill 2782 was described as the "Kansas Medical Liability Reporting Act." This bill would have imposed extraordinary reporting requirements on the HCSF Board of Governors as well as the commercial medical liability insurance companies doing business in Kansas.

We opposed HB2782 and argued that Kansas is somewhat unique compared to other states. Because of the Health Care Provider Insurance Availability Act, and the reports that we provide annually to the Oversight Committee, we believe additional reporting would be redundant. We stressed that because our Board of Governors is a public agency, all of our staff reports to our Board of Governors as well as the Board's reports to the Legislature, are subject to the Open Records Act. In fact, we try to make it easy for the public to access this information by posting the major reports at our website.

We acknowledge, however, that there may be some settlements between patients and insurers for amounts less than \$200,000 that we are unaware of because those claims do not involve the HCSF. These modest amounts, if any, are not included in our reports.

This issue became the topic of an interim study assigned to the 2008 Special Committee on Insurance. In the meantime, the National Association of Insurance Commissioners is working on a model bill that addresses reporting requirements for medical liability insurance claims. It is our understanding that the NAIC template will not be available for consideration during the 2009 Legislative Session, but should be ready for the 2010 Session.

At this time, we have not received the interim Committee's final report to the 2009 Legislature. We have reason to believe it will not endorse HB2782 and will instead recommend waiting for consideration of the NAIC template.

We request that you include comments in your report to the 2009 Legislature indicating your satisfaction with the adequacy of our reports to this Committee. You may also wish to recommend that the Legislature defer any further action on this issue until the NAIC has completed its work on the model bill.

New Policies and Procedures

A year ago we informed you that we were dealing with concerns about the definition of "medical care facility" under the Health Care Provider Insurance Availability Act. Because of changes in the health care industry, particularly diversification of hospital services, there were questions raised regarding HCSF coverage of institutional health care providers.

After a series of meetings and discussions with representatives of the Department of Health and Environment, as well as representatives of hospitals and the medical profession, our Board adopted policies and procedures that clarify the liability coverage of the Health Care Stabilization Fund. These policies and procedures also prescribe the application and renewal process for self-insured health care providers. A copy of those policies and procedures is Appendix D of this report.

Premium Surcharges

Our Board of Governors has numerous statutory responsibilities. The most important responsibility is delegated in subsection (a) of K.S.A. 40-3404. It says, "the board of Governors shall levy an annual premium surcharge on each health care provider who has obtained basic coverage and upon each self-insurer for each fiscal year." That subsection goes on to say, "Such premium surcharge shall be an amount based upon a rating classification system established by the board of governors which is reasonable, adequate and not unfairly discriminating."

You may recall that last year our Board decided we should change our practice in regard to planning for future liabilities attributable to inactive health care providers. This is commonly referred to as "tail coverage." This change in methodology increased our indicated liabilities, which reduced our unassigned reserves.

In the meantime, our Board of Governors made a couple of other very important decisions: (1) It was decided we should use undiscounted liabilities for determining reserve requirements, and (2) it was decided we should try to achieve unassigned reserves equal to about twenty-five percent of our indicated liabilities. This goal has been adopted as a performance measure in our annual budget request.

We believe it is important to maintain adequate unassigned reserves in order to be prepared for unforeseen circumstances. For example, an economic recession resulting in substantially lower interest rates would certainly affect future income. Another example is the potential impact of an unfavorable court decision. If, for example, the courts would declare unconstitutional the statutory limit on non-economic damages, our future liabilities would suddenly increase by a significant amount. You may be aware that currently there are two cases on appeal to the Kansas Court of Appeals that question the constitutionality of the cap on non-economic damages in personal injury actions.

For the above reasons, and other factors affecting our actuarial analysis, our Board of Governors decided to increase the HCSF premium surcharge rates for most health care providers. An explanation of the new surcharge rates was published in May 2008 prior to the July 1 effective date. A copy of our newsletter that was mailed to health care providers is Appendix E of this report.

The surcharge increase for most health care providers ranged from four to six percent. A few categories of health care providers did not experience any increase in surcharge cost this fiscal year.

Contemporary Issues

Open Records

One of the issues that arose during the hearings on claims reporting was patient confidentiality. As you probably know, there are federal regulations adopted pursuant to the Health Insurance Portability and Accountability Act that protect personally identifiable medical information. It is rather obvious that a plaintiff had a patient relationship with the defendant or defendants in any medical malpractice claim. In addition, some settlement agreements describe the injuries attributable to the medical care that resulted in allegations of negligence. Furthermore, most of the settlement agreements approved by the courts include provisions for confidentiality. This creates a genuine dilemma for the Health Care Stabilization Fund Board of Governors.

We believe we have two ethical and legal duties; (1) to protect the confidentiality of patient information, and (2) to honor the court approved confidentiality of a settlement agreement. But because we are a state agency, we are subject to the Kansas Open Records Act. Occasionally, we receive requests for information under the Open Records Act and we make every effort to comply without divulging information that should be privileged or confidential. But this is extremely difficult to accomplish.

We believe our individual claims information should be exempt from the Kansas Open Records Act, whereas our aggregate claims information should be public information. The reports to our Board during open public meetings and the information presented to this Committee should be readily available to the public, but individual claims information should not. We request that your report to the Legislature endorse this principle and the need to exempt individual claims from the Open Records Act.

Information Management

You may recall that last year we discussed the need to improve management of our compliance records and other information. Your report to the 2008 Legislature supported our request for supplemental expenditure authority to enable us to contract for services of a consultant. The additional budget was granted and we solicited competitive proposals from qualified consultants. The lowest responsible bid was received from a company that serves a long list of insurance industry clients. As a result, we entered into a contract with Virchow Krause and Company of Madison, Wisconsin.

Various company representatives were sent by Virchow to review and analyze how we process information. As we expected, the general conclusion is that the processes we employ and the way we manage information are obsolete. Almost everything we do requires completion and submission of a paper form, including internal communications. While we store information such as compliance records in our database, we lack the capability to process information electronically.

The preliminary report from Virchow Krause and Company summarizes the consultants' observations as follows:

Overall, Virchow Krause identified that HCSF's systems and processes are heavily manual and paper based, provide limited real time and historical information tracking, have led to process inefficiencies, do not provide the functionality needed by users, and are not flexible or expandable enough to grow and adapt to the changing and evolving needs of HCSF. In addition, the systems are not fully integrated, do not provide electronic workflow and approval capabilities, and lack modern security features.

Unfortunately, our consultants experienced some resistance when they attempted to obtain cost estimates from vendors that sell information systems and software designed for professional liability insurance companies. We are at a loss for reliable estimates that would allow us to request the necessary budget authority to proceed with implementation of a modern information management system.

We recently received a final report from Virchow Krause and Company. Our Board of Governors has scheduled extra meeting time in January to review the report in detail. We already know we could be more efficient if we had the resources to purchase a state of the art system. And because we are considered an executive branch state agency, it may take a substantial amount of time to obtain the required approvals to acquire the kind of information system that private sector insurance companies already have.

As you may know, any time a state agency plans an information technology project that would involve a cumulative cost of \$250,000 or more, the project must first be approved by the Chief Information Technology Officer (CITO). This threshold is pursuant to K.S.A. 75-7209 and applies to any project for “(1) New or replacement equipment or software; (2) upgrade improvements to existing equipment and any computer systems, programs or software upgrades therefore; or (3) data or consulting or other professional services for such project.”

The CITO has prescribed rigorous requirements for submission of information technology project plans. Because we are a small agency and we do not have the technical expertise of an information technology staff person, it will be necessary for us to contract with another consultant who can: (1) obtain the cost estimates needed for the DA506 Information Technology Project Costs and the DA518 Information Technology Project Request Explanation, (2) perform the calculations needed for the DA519 Information Technology Cost-Benefit Statement, (3) develop a work breakdown structure, (4) determine compliance with standards for acquisition and development of equipment, software, communications, and other technologies, (5) determine how to address privacy issues, (6) determine how to establish security measures, (7) determine how to comply with web accessibility compliance features, (8) determine how to comply with public access and record retention requirements, and (9) develop a risk assessment model for the project.

At this time, neither our revised budget for FY2009 nor our budget request for FY2010 includes funding for another consulting contract. We were hoping to use some of our funding accrued via the Kansas Savings Incentive Program to afford the cost of technology development. We were recently informed; however, there is now a moratorium on all KSIP expenditures.

In view of the uncertain future of KSIP funding, it will be necessary to ask the Legislature for additional expenditure authority in order to afford an information technology consultant. We are estimating that the cost of such a contract would not exceed \$40,000. In that event, we will also request an exemption from K.S.A. 75-3739 and 75-3740 to avoid solicitation of competitive proposals and a low bid contract. We believe we can expedite the project and obtain a better quality result by negotiating with companies that already have experience with professional liability insurance systems.

For the above reasons, it is requested that your report to the 2009 Legislature include an endorsement of our request for additional expenditure authority to proceed with plans for a new information management system. Of course, the source of funding is the HCSEF; revenue we collected from health care providers. We also request your endorsement of our exemption from the purchasing laws. We recognize this is a serious request that asks you to vest confidence in our Board of Governors. We believe our Board is accountable to the constituencies they represent and is capable of making prudent decisions on their behalf.

Conclusion

The Kansas Health Care Stabilization Fund has accomplished precisely what the Legislature intended. It provides stability by assuring that physicians and other health care professionals have access to liability insurance. It operates somewhat like a mutual, not-for-profit insurance company because it is held in trust by the State of Kansas instead of being owned by investors. There is no demand for profits and dividends. Instead, we assure that health care providers are appropriately defended when there is litigation involving the Fund, and when there is a settlement or judgment in favor of a plaintiff, the injured party is promptly compensated.

Because of the perseverance and discipline of our Legislature, as well as the medical profession and the hospital industry, the Health Care Stabilization Fund has overcome difficult obstacles and challenges. We sincerely appreciate those members of the Legislature who were willing to invest the time and effort to assure the long-term survival of the HCSF. We also appreciate your willingness to serve on this Oversight Committee to make certain we continue to fulfill our statutory purpose, and that we are accountable to the Legislature. Thank you.

History of the Health Care Stabilization Fund

During the first half of the seventies decade, many Kansas physicians were confronted with rapidly escalating medical malpractice insurance premiums. Some physicians could not purchase professional liability insurance at all. Those who could purchase insurance were oftentimes required to purchase policies with inadequate coverage.

By 1975, several insurers had discontinued offering medical malpractice coverage in Kansas, and the remaining companies had reached their capacity. Some doctors continued to practice without liability insurance, but others limited their services in order to reduce their exposure to liability. It became increasingly difficult for patients to find physicians willing to deliver infants or perform surgery.

The 1976 Legislature responded by enacting the original version of the Health Care Provider Insurance Availability Act, which, among other things, created the Health Care Stabilization Fund. To accommodate those doctors who could not buy commercial insurance coverage, a joint underwriting association was created; the Health Care Provider Insurance Availability Plan.

An important feature of the early version of the Availability Act was a requirement that insurers sell "claims made" rather than occurrence coverage. This was accompanied by a somewhat unique provision for prior acts coverage under the HCSF. In other words, the health care provider was insured for any claims made during the term of the insurance policy, regardless of when the incident occurred. Equally important, if the doctor retired or left Kansas to practice elsewhere, he or she had prior acts (tail) coverage via the HCSF for any claims that might arise after his or her claims made insurance policy was discontinued.

Unlike commercial insurance policies, the HCSF provided unlimited coverage. In other words, a doctor or hospital could be sued for any amount of money, and there was no limit on the amount a jury could award to a plaintiff, or the amount that could be agreed to in a settlement. Yet there was a statutory limit on the reserves that could be maintained in the Fund.

1980 was a significant year in the Fund's history because 87 new cases were filed and the trend continued with 98 new cases in 1981. By the end of fiscal year 1982, the Fund had paid out over \$5-million in losses and there was cause for alarm. It appeared obvious that accrued future liabilities were rapidly exceeding cash reserves in the Fund.

The 1984 Legislature attempted to correct problems inherent in the original Act. The law was changed to limit the Fund's liability to \$3-million per claim and \$6-million annual aggregate liability. Another major amendment removed the statutory limit on the Fund's balance and prescribed that the premium surcharges should be based on estimated future liabilities. In other words, the Legislature decided the HCSF should be administered like an insurance plan, and should be actuarially sound.

During the second half of the eighties decade there was significant pressure on the Legislature to reform the rules of civil litigation. The medical profession and its allies engaged in an aggressive campaign for tort reform, whereas some members of the legal profession and certain consumer organizations were adamantly opposed. Eventually the Legislature passed a number of tort reform measures, and the cornerstone was a \$250,000 limit on non-economic damages.

The controversy surrounding tort reform focused a great deal of attention on the HCSF, and there were those who blamed the Fund for causing the crisis. Some legislators insisted that the State should divest from the HCSF and legislation was passed that provided for a gradual phase-out. It was argued that in the absence of the Stabilization Fund, the commercial insurance industry would respond by offering adequate coverage to physicians and other health care professionals. But legislators were unwilling to use general tax revenue to pay for HCSF liabilities that were not funded by existing reserves.

In the meantime, the Legislature reduced the Fund coverage to \$1-million per claim with annual aggregate limits of \$3-million. Another important policy decision pertained to tail coverage. It was decided that a health care provider should participate in the Fund at least five years before the provider could become inactive and receive the benefit of prior acts coverage. In other words, the tail coverage had to be purchased by payment of premium surcharges for at least five years.

The filing of new cases began to level off during the early nineties, and the Fund balance began to gradually increase. By 1992 the Fund was considered actuarially sound, and premium surcharges were reduced accordingly. By this time there had been some changes in the Legislature and interest in phasing out the HCSF waned. Instead, the 1994 Legislature decided to remove the Fund from the Insurance Department and delegate responsibility for administration to the Board of Governors.

The Board of Governors is comprised of five physicians (three M.D.s and two D.O.s), three hospital representatives, one chiropractor, and one certified registered nurse anesthetist. The Board employs an executive director who advises the Board and supervises operations.



Health Care Stabilization Fund

Charles L. Wheelen, Executive Director
300 S.W. 8th Avenue, Second Floor
Topeka, Kansas 66603-3912

Web Site: <http://www.hcsf.org/>
Telephone: 785-291-3777
Fax: 785-291-3550

Medical Professional Liability Experience Fiscal Year 2008

By Rita Noll
Deputy Director and Chief Attorney

This report for the Board of Governors of the Health Care Stabilization Fund summarizes medical professional liability experience in Kansas during fiscal year 2008. The report is based on statistical data gathered by the Fund in administering the Health Care Provider Insurance Availability Act.

This report on medical malpractice litigation is based on all claims resolved in fiscal year 2008 including judgments and settlements. By far, the majority of medical malpractice cases are resolved by settlement rather than by jury trial.

Medical professional liability refers to a claim made against a health care provider for the rendering of or failure to render professional services (K.S.A. 40-3403). Health care provider is defined in K.S.A. 40-3401 to include physicians, chiropractors, podiatrists, registered nurse anesthetists, and certain medical care facilities. Fiscal year 2008 covers the period of time from July 1, 2007 through June 30, 2008.

It should be noted that dollar amounts will not necessarily correspond with the agency's accounting and budgeting documents because claims are not necessarily paid in the same fiscal year that the settlement was approved by the court, or the judgment was rendered by a jury.

Elaine L. Ferguson, D.O.
Michael A. Dorsey
Larry Shaffer

BOARD OF GOVERNORS
Arthur D. Snow, Jr., M.D., Chairman
Jimmie A. Gleason, M.D., Vice Chairman
Steve Clifton, CRNA
Steven C. Dillon, M.D.

J. Michael Frost
Timothy Bolz, D.C.
Deborah M. Burns, D.O.

MEDICAL PROFESSIONAL LIABILITY EXPERIENCE

A. Jury Verdicts

From HCSF data, 34 medical malpractice cases involving 41 Kansas health care providers were tried to juries during fiscal year 2008. Of these, 27 cases were tried to juries in Kansas courts and seven cases involving Kansas health care providers were tried to juries in Missouri. These jury trials were held in the following jurisdictions:

Sedgwick County	13
Jackson County, MO	7
Johnson County	5
Wyandotte County	2
Allen County	1
Crawford County	1
Douglas County	1
Ford County	1
Leavenworth County	1
Shawnee County	1
U.S. District Court, KS	1
Total	34

Of the 34 cases tried, 25 resulted in defense verdicts. Plaintiffs won verdicts in four cases, and one case resulted in a "split" verdict. Juries returned verdicts for plaintiffs and awarded damages in the following cases:

<u>Case</u>	<u>Court</u>	<u>Verdict Amount*</u>	<u>HCSF Amount*</u>
Plaintiff v. Doctor	Sedgwick Co.	\$2,000,000.00	\$800,000.00
Plaintiff v. Doctor	Sedgwick Co.	\$ 140,462.00	
Plaintiff v. Doctor	Shawnee Co.	\$ 168,655.57	
Plaintiff v. Doctor	Jackson Co., MO	\$ 350,361.00	\$150,361.00
Plaintiff v. Doctor	Sedgwick Co.	\$ 982,143.00	\$782,143.00

*Note: Cases may be on appeal.

This year's experience compares to previous fiscal years as follows:

	FY 08	FY 07	FY 06	FY 05	FY04	FY03	FY02	FY01	FY00
Total	34	36	29	34	28	27	19	21	28
Defense Verdict	25	31	23	22	23	23	10	13	18
Plaintiff Verdict	4	5	6	7	3	3	6	6	7
Split Verdict	1			3	2		2		1
Mistrial	4			2		1	1	2	2

B. Settlements

Claims settled by the Fund. During FY 2008, 65 claims in 57 cases were settled involving HCSF monies. Settlement amounts incurred by the HCSF for the fiscal year totaled \$17,352,500. This compares to last year's total of \$20,929,250 to settle 61 claims in 53 cases. These figures do not include settlement contributions by primary or excess insurance carriers. The settlement amounts are payments made, or to be made, by the HCSF in excess of primary coverage or on behalf of inactive health care providers. The average Fund settlement amount per claim for FY 2008 claims is \$266,962. This compares to last year's average of \$343,102.

<u>Fiscal Year</u>	<u>Number of Claims/Cases</u>	<u>Fund Amount</u>	<u>Settlement Average</u>
FY 2008	65/57	\$17,352,500.00	\$266,962
FY 2007	61/53	\$20,929,250.00	\$343,102
FY 2006	89/81	\$24,917,984.00	\$279,977
FY 2005	90/74	\$23,544,658.00	\$261,607
FY 2004	79/64	\$18,905,505.00	\$239,310
FY 2003	87/76	\$17,483,778.00	\$200,963
FY 2002	67/58	\$16,173,742.00	\$241,399
FY 2001	54/44	\$15,592,748.80	\$288,755
FY 2000	69/59	\$20,071,607.50	\$290,893
FY 1999	70/57	\$18,344,368.15	\$262,062
FY 1998	60/53	\$11,461,345.13	\$191,022
FY 1997	39/33	\$12,448,978.83	\$319,204
FY 1996	67/51	\$21,808,406.14	\$325,498
FY 1995	42/36	\$15,344,749.98	\$365,351
FY 1994	59/45	\$19,526,821.53	\$330,963
FY 1993	45/37	\$18,239,093.06	\$405,313
FY 1992	33/27	\$ 7,890,119.83	\$239,095
FY 1991	44/NA	\$16,631,491.94	\$377,988

Health Care Stabilization Fund individual claim settlement contributions during fiscal year 2008 ranged from a low of \$25,000 to a high of \$800,000. HCSF settlements fall within the following ranges and are compared to individual claim settlements in previous years:

	FY 08	FY 07	FY06	FY05	FY04	FY03	FY02	FY01	FY00
\$000-\$9,999	0	0	0	0	0	3	2	1	0
\$10,000-\$49,999	6	6	9	5	13	11	7	6	6
\$50,000-\$99,999	12	7	12	13	18	18	7	10	6
\$100,000-\$499,999	34	27	51	58	37	44	40	24	41
\$500,000-\$800,000	13	21	17	14	11	11	11	13	16
Total Claims	65	61	89	90	79	87	67	54	69

Of the 65 claims involving Fund monies, the Fund provided primary coverage for inactive health care providers in six claims. The Fund received tenders of primary insurance carriers' policy limits in 54 claims. Therefore, in addition to the \$17,352,500 incurred by the Fund, primary insurance carriers contributed \$10,612,500 to the settlement of these claims. (The tender amount in two cases was less than \$200,000 as the aggregate primary policy limits were reached.) Also, the Fund "dropped down" to provide first dollar coverage in five cases in which aggregate primary policy limits were reached. Further, two claims involved contribution from an insurer whose coverage was excess of Fund coverage. The total amount of these contributions was \$2,425,000.

Total settlement contributions for claims involving Fund contribution for the last fourteen fiscal years are as follows:

<u>Fiscal Year</u>	<u>Primary Carriers</u>	<u>HCSF</u>	<u>Excess Carriers</u>
FY 08	\$10,612,500.00	\$17,352,500.00	\$ 2,425,000.00
FY 07	\$ 9,488,750.00	\$20,929,250.00	\$ 3,125,000.00
FY 06	\$14,580,000.00	\$24,917,984.00	\$ 5,089,425.00
FY05	\$15,800,000.00	\$23,544,658.00	\$10,450,000.00
FY04	\$12,600,000.00	\$18,905,505.00	\$ 8,550,000.00
FY03	\$14,200,000.00	\$17,483,778.00	\$ 2,787,500.00
FY02	\$11,400,000.00	\$16,173,742.00	\$ 2,680,000.00
FY01	\$ 8,800,000.00	\$15,592,748.80	\$ 6,710,000.00
FY00	\$12,515,000.00	\$20,071,607.50	\$ 2,465,000.00
FY99	\$11,800,000.00	\$18,344,368.15	\$ 8,202,500.00
FY98	\$ 8,825,000.00	\$11,461,345.13	\$ 3,040,000.00
FY97	\$ 6,046,667.33	\$12,448,978.83	\$ 1,117,500.00
FY96	\$11,000,000.00	\$21,808,406.14	\$ 1,065,000.00
FY95	\$ 7,000,000.00	\$15,344,749.98	(Not available)

Claims settled by primary carriers. In addition to the settlements discussed above, the HCSF was notified that primary insurance carriers settled an additional 104 claims in 88 cases. The total amount of these reported settlements is \$8,486,032.00. These figures compare to previous fiscal years as follows:

<u>FY</u>	<u>Number of Claims/Cases</u>	<u>Amount Paid by Primary Carrier</u>
2008	104/88	\$ 8,486,032.00
2007	167/146	\$10,870,339.00
2006	110/98	\$ 8,545,218.00
2005	103/88	\$ 8,058,894.00
2004	99/85	\$ 6,978,801.00
2003	122/99	\$ 9,087,872.00
2002	141/124	\$10,789,299.00
2001	109/88	\$ 8,124,459.00
2000	116/102	\$ 8,390,869.00

C. HCSF Total Settlements and Verdict Amounts

During fiscal year 2008 the HCSF incurred \$17,352,500 in 65 claim settlements and became liable for \$1,732,504 as a result of three jury verdicts for a total 68 claims. The following figures compare total Fund settlements and awards since the inception of the Health Care Stabilization Fund.

<u>Fiscal Year</u>	<u>Total Claims</u>	<u>Settlements & Awards</u>	<u>Average Per Claim</u>
FY 2008	68	\$19,085,004.00	\$280,661.82
FY 2007	64	22,589,655.27	352,963.36
FY 2006	90	25,017,984.00	277,977.60
FY 2005	97	26,119,569.91	269,273.30
FY 2004	81	19,055,505.00	235,253.15
FY 2003	90	18,295,320.32	203,281.34
FY 2002	71	17,467,033.19	246,014.55
FY 2001	58	17,114,748.80	295,081.86
FY 2000	73	20,868,192.91	285,865.66
FY 1999	71	21,344,368.15	300,624.90
FY 1998	66	12,834,705.13	194,465.23
FY 1997	41	13,653,618.34	333,015.08
FY 1996	70	23,258,406.14	332,262.94
FY 1995	45	17,023,882.17	378,308.49
FY 1994	65	21,194,765.96	326,073.32
FY 1993	48	24,614,093.06	492,281.86
FY 1992	35	8,824,834.14	252,138.11
FY 1991	49	19,666,797.32	401,363.21
FY 1990	48	13,627,222.20	283,700.46
FY 1989	58	18,713,543.00	315,750.00
FY 1988	51	13,402,756.00	262,799.00
FY 1987	47	13,296,808.00	282,910.00
FY 1986	42	11,492,857.00	273,639.00
FY 1985	41	15,152,042.00	369,562.00
FY 1984	34	9,538,741.00	280,551.00
FY 1983	25	6,522,369.00	260,894.00
FY 1982	24	3,060,126.00	127,505.00
FY 1981	8	1,760,645.00	220,080.00
FY 1980	0	0.00	-
FY 1979	3	203,601.00	67,867.00
FY 1978	0	0.00	-
FY 1977	1	137,500.00	137,500.00

D. New Cases by Fiscal Year

The Health Care Stabilization Fund was notified of 329 cases during fiscal year 2008. The following chart lists the number of new cases opened according to fiscal year.

<u>FY</u>	<u>Number of Cases</u>
2008	329
2007	304
2006	457
2005	336
2004	368
2003	392
2002	361
2001	341
2000	294
1999	319
1998	293
1997	318
1996	296
1995	326
1994	247
1993	263
1992	245
1991	230
1990	205
1989	251
1988	285
1987	320
1986	276
1985	245
1984	175
1983	153
1982	124
1981	98
1980	87
1979	50
1978	19
1977	2

**University of Kansas Foundations and Faculty; Residents
Self-Insurance Programs/Primary Coverage
Reimbursement to the Health Care Stabilization Fund**

I. KU Foundations and Faculty

Reimbursements

FY 2008	FY 2007	FY 2006	
\$497,623.96	\$ 500,000.00	\$ 500,000.00	Reimbursement - Private Practice Reserve Fund
\$468,703.62	\$1,537,227.63	\$ 907,837.70	Reimbursement - State General Fund
\$966,327.58	\$2,037,227.63	\$1,407,837.70	Total Reimbursements

How the reimbursement money was spent

FY 2008	FY 2007	FY 2006	
\$435,000.00	\$1,081,603.33	\$ 631,500.00	Settlement Amounts
\$531,327.58	\$ 955,624.30	\$ 776,337.70	Attorney Fees and Expenses
\$966,327.58	\$2,037,227.63	\$1,407,837.70	Total Reimbursements

II. KU and WCGME Residents

Reimbursements

FY 2008	FY 2007	FY 2006	
\$501,775.96	\$1,100,719.43	\$682,969.82	WCGME Reimbursement - General Fund
\$146,493.84	\$ 94,248.68	\$188,749.45	KU Reimbursement - State General Fund
\$648,269.80	\$1,194,968.11	\$871,719.27	Total Reimbursements for Residents

How the reimbursement money was spent

FY 2008	FY 2007	FY 2006	
\$200,000.00	\$ 575,833.33	\$145,000.00	Settlements, WCGME Residents
0	0	\$ 75,000.00	Settlements, KU Residents
\$301,775.96	\$ 524,886.10	\$537,969.82	Fees & Expenses, WCGME Residents
\$146,493.84	\$ 94,248.68	\$113,749.45	Fees & Expenses, KU Residents
\$648,269.80	\$1,194,968.11	\$871,719.27	Totals

III. Reimbursements by Fiscal Year

Fiscal Year	Foundations and Faculty*	KU and WCGME Residents**
2008	\$ 966,327.58	\$ 648,269.80
2007	2,037,227.63	1,194,968.11
2006	1,407,837.70	871,719.27
2005	1,706,763.57	1,749,032.25
2004	1,825,116.29	2,787,112.99
2003	1,113,326.84	1,418,927.85
2002	583,566.19	723,834.54
2001	1,540,133.41	953,304.62
2000	691,253.39	735,633.12
1999	1,371,640.73	645,997.65
1998	1,018,435.78	1,072,324.05
1997	1,111,787.72	999,388.16
1996	4,003,062.51	1,331,521.75
1995	255,117.85	534,124.84
1994	1,959,284.79	574,758.65
1993	1,453,444.21	650,033.67
1992	645,670.10	810,703.77
1991	435,540.69	458,561.65
1990	261,035.55	120,796.12

*Foundations and Faculty:

Amounts up to \$500,000 are reimbursed from the Private Practice Reserve Fund.

Amounts over \$500,000 are reimbursed from the State General Fund.

**KU and WCGME Residents: All amounts are reimbursed from the State General Fund.

IV. Monies Paid by the Health Care Stabilization Fund for Excess Coverage Claims

	FY 08	FY 07	FY 06	FY 05
WCGME Residents	\$ 78,000	\$1,600,000	0	\$ 100,000
K.U. Residents	0		0	\$ 375,000
Faculty, Foundations	<u>\$135,000</u>	<u>\$1,475,000</u>	0	<u>\$ 750,000</u>
Total	\$213,000	\$3,075,000	0	\$1,225,000

Policies and Procedures

For Administration of the Health Care Providers Insurance Availability Act
Adopted by the Health Care Stabilization Fund Board of Governors
July 10, 2008

Introduction

The Kansas Health Care Stabilization Fund was created in 1976 by enactment of the Health Care Providers Insurance Availability Act (HCPIAA). The HCPIAA is found in *Kansas Statutes Annotated* 40-3401 through 40-3423.

For almost two decades the Fund was administered by the Commissioner of Insurance. The Legislature transferred authority and responsibility for administering the HCPIAA to the Health Care Stabilization Fund Board of Governors in 1995.

Members of the Board of Governors are appointed by the Commissioner of Insurance. The Board appoints an Executive Director to manage the agency on behalf of the Board, and to assure compliance with policies and procedures adopted by the Board.

General Policy Statements

Subsection (c) of K.S.A 40-3403 enumerates the various circumstances under which the Fund is liable for payment. Generally, the Board will authorize payment for the amount in excess of \$200,000 for court approved claims that are the result of personal injury actions against health care providers. The Board will authorize payment in excess of the primary coverage, but not to exceed the amount of excess coverage purchased by the health care provider. The health care provider must choose one of three levels of Fund excess coverage, but cannot exceed \$800,000 per occurrence and \$2.4 million annual aggregate.

The Board will not authorize payment for any claim that is not the result of a personal injury action; nor will the Board authorize payment for any claim against an active health care provider that is not covered by the health care provider's basic professional liability insurance policy.

If a health care provider is self-insured for the required basic professional liability insurance, the Board will authorize payment for only those claims attributable to professional services rendered by a service or facility that is recognized as a constituent part of the health care provider's self-insured entity. If the health care provider is a medical care facility owned by a self-insured health care system, the Board will authorize payment for only those claims attributable to a medical care facility that is recognized as a medical care facility owned by the self-insured health care system. Procedures for becoming self-insured, and for updating recognized services and facilities are a separate part of this document.

FYI from the Health Care Stabilization Fund

MAY 2008

Members of the Health Care Stabilization Fund Board of Governors	Timothy Bolz, D.C.	Arthur D. Snow, Jr., M.D., Chairman	Elaine L. Ferguson, D.O.
	Deborah Burns, D.O.	Julie Quirin, Vice-Chair	Jimmie A. Gleason, M.D.
	Steve Clifton, CRNA	Steven C. Dillon, M.D.	Larry Shaffer
		Michael A. Dorsey	

Board of Governors Adopts FY2009 Surcharge Rates

The Health Care Stabilization Fund Board of Governors recently adopted a new schedule of premium surcharges for the next fiscal year. The Board of Governors made its decisions following a thorough analysis by a professional insurance industry actuary and consideration of several different options.

Most Kansas health care providers will experience a modest premium surcharge increase ranging from four percent to six percent. A few groups that have negligible loss experience during a recent five-year period will pay the same surcharge they did last year. The new premium surcharges will be collected by primary insurers for policies renewing on or after July 1, 2008.

The Board of Governors establishes premium surcharges sufficient to assure that the Health Care Stabilization Fund is actuarially sound. This means that if for some reason the Kansas Legislature were to discontinue the statutory mechanism for assuring that all Kansas health care providers have professional liability insurance coverage, there would be adequate funds available to pay all claims until there no longer exists the possibility of any additional claims. Although this is an unlikely scenario, it is the fundamental premise that guides the Board of Governors in making decisions that determine premium surcharges.

The table on page three outlines some examples of health care provider categories and the changes in surcharge amounts for the next fiscal year.

KAJ Promotes Reporting and Transparency

One of the bills introduced during the 2008 Session would require that all medical malpractice insurance companies and the Health Care Stabilization Fund submit detailed annual reports of all claims activity. House Bill 2782 was requested by the Kansas Association for Justice, an organization previously known as the Kansas Trial Lawyers Association.

The reports would include all pending claims, social security numbers of claimants, the type and specialty of all health care providers named as defendants, and the court and jurisdiction of the case. Reports would also include the amounts of all claims paid, the amount of direct expenses for each claim, premiums earned by the insurer or the HCSF, total reserves on the last day of the reporting period, and the amount of reserves written down during the reporting period.

The required reports would be submitted to the Kansas Insurance Department for aggregation and statistical reporting. The Insurance Department reports would be

submitted to the Legislature and would be available to the public.

Subsection (b) of section five of the bill would make the required reports confidential, would protect the reports from legal discovery, and would make the information inadmissible in court. But subsection (d) of section five would repeal subsection (b) on July 1, 2013. In other words, after five years all the information reported would be open to public scrutiny and could be used in other professional liability cases.

The HCSF Board of Governors opposed the bill, expressing particular concern about claims that are paid as a result of confidential settlement agreements. Testifying on behalf of the Board, the HCSF Executive Director requested consideration of a substitute for HB2782 that would create a new exemption under the Kansas Open Records Act for claims paid by the HCSF.

The House Committee did not take action on HB2782. It may be a topic of further study.

Board Adopts Policies and Procedures

After extensive research, discussions with interested organizations and state agency representatives, and consideration of draft rules and regulations, the HCSF Board of Governors decided to adopt a statement of policies and procedures. The HCSF Policies and Procedures describe the Board's interpretation of its statutory obligations regarding payment of claims. The Policies and Procedures also elaborate on some of the more detailed aspects of the Health Care Providers Insurance Availability Act.

The Board's principal policy statement is: "Generally, the Board will authorize payment for the amount in excess of \$200,000 for court approved claims that are the result of personal injury actions against health care providers. The Board will authorize payment in excess of the primary coverage, but not to exceed the amount of excess coverage purchased by the health care provider. The health care provider must choose one of three levels of Fund excess coverage, but cannot exceed \$800,000 per occurrence and \$2.4 million annual aggregate.

The Board will not authorize payment for any claim that is not the result of a personal injury action; nor will the Board authorize payment for any claim against an active health care provider that is not covered by the health care provider's basic professional liability insurance policy.

If a health care provider is self-insured for the required basic professional liability insurance, the Board will authorize payment for only those claims attributable to professional services rendered by a service or facility that is recognized as a constituent part of the health care provider's self-insured entity. If the health care provider is a medical care facility owned by a self-insured health care system, the Board will authorize payment for only those claims attributable to a medical care facility that is recognized as a medical care facility owned by the self-insured health care system. Procedures for becoming self-insured, and for updating recognized services and facilities are a separate part of this document.

If for some reason a health care provider is insured by more than one basic professional liability insurance policy, the Fund will be liable only once for any claim. If a health care provider has selected different levels of excess coverage for two or more policies of basic coverage, the Fund liability will be consistent with the excess coverage selected for the basic coverage policy that is liable for the claim."

One of the questions clarified by the Policies and Procedures is the definition of what constitutes a "medical care facility" under the Health Care Providers Insurance Availability Act. The Policies and Procedures explain that, under Kansas licensure laws, medical care facility means: (1) a licensed ambulatory surgical center, (2) a licensed critical access hospital, (3) a licensed general hospital, (4) a licensed recuperation center, or (5) a licensed special hospital.

Another major feature of the Board's Policies and Procedures is an explanation of the statutory requirements for businesses organized by health care providers. This includes professional corporations, not-for-profit corporations, limited liability companies, and partnerships. Such organizations are required to purchase professional liability insurance and participate in the Health Care Stabilization Fund.

The Policies and Procedures are posted at the HCSF website. The URL is http://www.hcsf.org/policies_and_procedures.htm.

HCSF Staff

Charles (Chip) Wheelen, Executive Director

Legal Section

Rita Noll, Deputy Director & Chief Attorney

Jennifer Sherber, Attorney

James Clark, Attorney

Wendy Hug, Legal Assistant

Tammy Mentzer, Legal Assistant

Patsy Bartee, Senior Administrative Assistant

Crystal Swoyer, Senior Administrative Assistant

Compliance Section

Lorie Anderson, Compliance Supervisor

Laura Ray, Compliance Administrator

Jurina Watts, Compliance Administrator

Dani Snook, Senior Administrative Assistant

Mary Ellen Shisler, Senior Administrative Assistant

Fiscal Section

Shirley Bowen, Chief Financial Officer

Kathy Gerisch, Accountant

Betsy Hoke, Accounting Specialist

Choosing Appropriate HCSF Coverage Levels

Some health care professionals question why they must also purchase professional liability insurance for their business organization. The simple answer is, "Because it's required pursuant to the Health Care Providers Insurance Availability Act." But there is a better explanation.

If a group of health care providers decides to incorporate or form a limited liability company for the purpose of providing health care services, then the business entity becomes liable for the health care services it provides. In the event of an injury as a result of negligence, the individual professional who is responsible for the episode of patient care will usually be held liable. But if the injury is attributable to negligence by an employee of the business entity, the business will likely be named as the defendant, and may be held liable.

If however, the group of health care professionals incorporates as a general corporation for some purpose other than providing health care services, the corporation would not be subject to the Availability Act. For example, a general corporation could be organized for the purpose of owning real estate and leasing space to medical practices, or for the purpose of providing health insurance billing services.

If the corporation is not organized pursuant to the professional corporation law of Kansas, and is not incorporated for the purpose of rendering professional health care services, it would not be subject to the Availability Act (the HCSF insurance requirement).

There are, however, advantages to incorporation under the professional corporation law, and coverage under the Stabilization Fund. In the event of professional liability attributable to negligence by an employee of the corporation, the liability would be insured and covered by the HCSF. In addition, there is a provision in the Availability Act that precludes vicarious liability. In other words, the professional corporation cannot be held liable for the negligence of another health care provider if that health care provider has Stabilization Fund coverage.

If you believe your partnership, corporation, or limited liability company is not likely to be sued along with an individual health care professional, and you want to reduce the cost of insurance premiums, one alternative available to you is to select one of the lower coverage options available under the Health Care Stabilization Fund.

(Continued on page 4)

(Continued from page 1)

Selected Examples of Premium Surcharges

Type of Health Care Provider	FY2008 Surcharge*	FY2009 Increase*
Dermatologists, Pathologists, Psychiatrists	\$1,045	\$0
Physicians - no surgery	\$1,724	\$103
Physicians - minor surgery	\$2,255	\$90
Family Physicians - minor surgery+ob	\$2,475	\$148
Urologists, Gastroenterologists	\$2,904	\$174
Otolaryngologists	\$3,736	\$150
Anesthesiologists	\$2,916	\$175
General, Plastic Surgeons	\$6,702	\$402
Cardiothoracic, Orthopedic, Trauma Surgeons	\$6,854	\$274
Obstetricians-Gynecologists	\$9,672	\$580
Neurosurgeons	\$14,593	\$876
Chiropractors	\$562	\$0
CRNAs	\$1,040	\$41
Podiatrists	\$2,546	\$0
	<u>%Rate</u>	<u>%Rate</u>
Availability Plan Insureds	35%	37%
Corporations, LLCs, Partnerships	35%	37%
Hospitals, Ambulatory Surgical Centers	35%	37%
Mental Health Centers	35%	37%
Psychiatric Hospitals	35%	37%
Residents in Training	35%	37%
Any Others Not Categorized	35%	37%

*) \$800k/\$2.4m HCSF coverage & >5 years compliance

(continued from page 3)

If you select the \$300,000 per occurrence option, the surcharge is 32% of the basic premium instead of 37%, and if you select the \$100,000 per occurrence option, the surcharge is only 21% of the basic premium.

Of course you should discuss this with your risk manager and legal counsel before making a decision. Choosing a lower coverage level may not be advisable.

Inside This Issue:

Board of Governors Adopts FY2009 Surcharge Rates	Page 1
KAJ Promotes Reporting and Transparency	Page 1
Board Adopts Policies and Procedures	Page 2
Selected Examples of Premium Surcharges	Page 3
Choosing Appropriate HCSF Coverage Levels	Page 3

PRESORTED STANDARD
 US POSTAGE
 PAID
 TOPEKA, KS
 PERMIT NO. 157

Telephone No. 785-291-3777
 Fax No. 785-291-3550
 Web Page: <http://www.hcsf.org>

Health Care Stabilization Fund
 300 S.W. 8th Avenue, Second Floor
 Topeka, KS 66603-3912



Health Care Stabilization Fund

Charles L. Wheelen, Executive Director
300 S.W. 8th Avenue, Second Floor
Topeka, Kansas 66603-3912

Web Site: <http://www.hcsf.org/>
Telephone: 785-291-3777
Fax: 785-291-3550

Testimony To The
House Appropriations Committee
on
House Bill 2022
By Charles L. (Chip) Wheelen
Jan. 21, 2009

The Health Care Stabilization Fund Board of Governors is opposed to the provisions of subsection (a)(2) and subsection (b) of section 88, House Bill 2022. We are particularly concerned because subsection (b) of section 88 would interfere with the mechanism for self insurance of residents in training and faculty at the University of Kansas Medical Center and its affiliates.

Subsection (b) of section 88 on page 62 uses the phrase “notwithstanding the provisions of subsection (j) of K.S.A. 40-3403.” In other words, this appropriation language would override an important public policy decision made by the Legislature which allows the Health Care Stabilization Fund Board of Governors to manage and pay professional liability claims and related expenses on behalf of the KU Medical Center and its affiliates. The Health Care Stabilization Fund is subsequently reimbursed by the State of Kansas for these expenditures. This is done in lieu of purchasing expensive medical malpractice insurance policies for the faculty and residents.

The effect of this subsection is to shift the cost of insuring these residents in training and KUMC faculty from the State of Kansas to the doctors, hospitals, and other health care providers that participate in the Health Care Stabilization Fund. *It would be an indirect tax on health care providers.*

Subsection (b) of section 88 also raises questions regarding whether an appropriation act may override or change statutory provisions without amending the pertinent section of law. The language in subsection (b) of section 88 has the effect of amending an important provision in K.S.A. 40-3403 for one fiscal year. We believe this is inconsistent with the intent of Article 2, §16 of the Kansas Constitution because it would alter a public policy decision of the Legislature without properly amending the pertinent section of the Statutes. For guidance on this subject, you may wish to refer to 631 P.2d 668; STATE OF KANSAS, ex rel., ROBERT T. STEPHAN, Attorney General, Petitioner, v. JOHN CARLIN, Governor of the State of Kansas, and JACK H. BRIER, Secretary of State of the State of Kansas, Respondents.; 230 Kan. 252

For the above reasons we request that **subsection (b) of section 88 be deleted from HB2022.**

Elaine L. Ferguson, D.O.
Michael A. Dorsey
Larry Shaffer

BOARD OF GOVERNORS
Arthur D. Snow, Jr., M.D., Chairman
Jimmie A. Gleason, M.D., Vice Chairman
Steve Clifton, CRNA
Steven C. Dillon, M.D.

J. Michael Frost
Timothy Bolz, D.C.
Deborah M. Burns, D.O.

5-25

We are also concerned because the Governor's recommendations pertaining to KSIP accounts would result in a transfer of over \$250,000 from the Health Care Stabilization Fund to the State General Fund. This language is contained in subsection (a)(2) of section 88 on page 61. These transfers are sometimes inaccurately described as "sweeps." Unfortunately, the HCSF is being treated as if it was a fee fund, but it is not.

K.S.A. 40-3403 stipulates that the Health Care Stabilization Fund "**shall be held in trust** in the state treasury and accounted for separately from other state funds." There is an important distinction between a fee fund and a trust fund. Revenue in the Health Care Stabilization Fund consists of professional liability insurance premium surcharges paid by health care providers for the purposes specified in the Health Care Provider Insurance Availability Act, and for those purposes only.

The transfer of revenue from a trust fund to the State General Fund is fundamentally wrong. Furthermore, it may be unconstitutional. The synopsis of Attorney General's Opinion 2002-45 is appended to this statement for your reference.

For these reasons, it is requested that **subsection (a)(2) of section 88 be amended as follows:**

Sec. 88. (a) (1) On the effective date of this act, the director of accounts and reports shall transfer all moneys credited in each Kansas savings incentive program account in the state general fund of each state agency to the state general fund. On the effective date of this act, all liabilities of each such Kansas savings incentive program account in the state general fund are hereby transferred to and imposed on the state general fund and the Kansas savings incentive program account in the state general fund is hereby abolished. The provisions of section 133(i) and section 135 of chapter 131 of the 2008 Session Laws of Kansas are hereby declared null and void and shall have no force and effect.

(2) On the effective date of this act, the director of accounts and reports shall transfer all moneys credited in each Kansas savings incentive program account of any special revenue fund of each state agency to the state general fund. On the effective date of this act, all liabilities of each such Kansas savings incentive program account of any special revenue fund of a state agency are hereby transferred to and imposed on the state general fund and such Kansas savings incentive program account of any special revenue fund of each state agency is hereby abolished: *Provided*, That the provisions of this subsection (a)(2) shall not apply to funds held in trust in the state treasury. *Provided further*, That the transfer of such moneys in each such Kansas savings incentive program account of a special revenue fund of a state agency to the state general fund shall be in addition to any other transfer from such Kansas savings incentive program account of a special revenue fund to the state general fund as prescribed by law: *Provided further*, That the amount transferred from each such Kansas savings incentive program account of a special revenue fund of a state agency to the state general fund pursuant to this subsection is to reimburse the state general fund for accounting, auditing, budgeting, legal, payroll, personnel and purchasing services and

any other governmental services which are performed on behalf of the state agency by other state agencies which receive appropriations from the state general fund to provide such services.

There is also a practical aspect of the recommendation to transfer the money that we have purposely saved for technology improvements and professional development programs. Our Board of Governors has been planning major upgrades in our capability to process information electronically. It does not matter whether we use our KSIP account or our operations account, in either case, we will spend HCSF revenue that we collected from health care providers. Unfortunately our expenditure limitation for operations does not include the funds in our KSIP account, which impairs our ability to proceed with our plans. For this reason, we request the following **amendment to section 33** of the bill:

Sec. 33.

HEALTH CARE STABILIZATION FUND BOARD OF
GOVERNORS

(a) On the effective date of this act, the expenditure limitation established for the fiscal year ending June 30, 2009, by the state finance council on the health care stabilization fund is hereby decreased from \$1,335,926 to \$1,333,033. Provided however, That expenditures from the health care stabilization fund for technology improvements and professional development programs including official hospitality shall be in addition to this amount and shall not exceed \$251,834.

Thank you for your consideration of our concerns. We urge you to adopt our requested amendments.

If any member of this Committee wishes to learn more about the Health Care Provider Insurance Availability Act, we have attached a two-page summary to this testimony. In addition, we will be pleased to provide a copy of our recent annual report to the Legislature's Health Care Stabilization Fund Oversight Committee, and we would urge you to review the Oversight Committee's recommendations to the 2009 Legislature.

ATTORNEY GENERAL OPINION No. 2002-45

The Honorable Laura McClure
State Representative, 119th District
202 South 4th
Osborne, Kansas 67473

The Honorable Carl Holmes
State Representative, 125th District
P.O. Box 2288
Liberal, Kansas 67905

Re: Constitution of the State of Kansas--Legislative--Legislative Power; Authority of Legislature to Transfer Money from Special Revenue Funds into the State General Fund

Synopsis: If an assessment so exceeds the cost of regulation that it is apparent the Legislature is using it as a general revenue raising measure, the overage cannot stand on police power authority. If the assessment is in fact a revenue raising measure, it must be analyzed as such, which may include a determination as to whether it meets Commerce Clause and Equal Protection requirements, as well as any state constitutional requirements applicable to the type of tax it is. If an assessment cannot stand on either police power or taxing authority, it would have to be reimbursed. Whether the general fund contribution of a fund administered by an agency performing police power functions so far exceeds the direct and indirect costs incurred by the State on behalf of such agency as to be improper can be determined only as a factual matter on a case-by-case basis. While we do not have sufficient factual information to make this determination for the four scenarios discussed herein, we seriously question whether the agencies involved cost the State in indirect and administrative expenses as much as was taken from their funds during the 2002 Session. If, based on facts presented, a court determined that too much money was taken, and that the individuals and entities who pay fees and assessments to these agencies therefore are paying more than their fair share for the State's general operating expenses, it is likely the court would order those assessments reduced and payments into the general fund reversed. Cited herein: K.S.A. 9-1701; 9-1703; 9-2204; 9-2209; 9-2210; 16a-1-102; K.S.A. 2001 Supp. 16a-2-302; 16a-6-104; 16a-6-203; 17-5601; 17-5610; 17-5701; K.S.A. 44-501; K.S.A. 2001 Supp. 44-566a; K.S.A. 44-702; K.S.A. 2001 Supp. 44-703; K.S.A. 44-704; K.S.A. 2001 Supp. 44-710; 44-714; K.S.A. 44-716; K.S.A. 2001 Supp. 44-717; K.S.A. 44-719; K.S.A. 2001 Supp. 65-2801; 65-2803; 65-2812; K.S.A. 2001 Supp. 65-2836; K.S.A. 65-2846; K.S.A. 2001 Supp. 65-2852; 65-2855; K.S.A. 65-2909; K.S.A. 2001 Supp. 65-2911; 65-5509; 65-5513; 65-6910; 75-1304; 75-1308; K.S.A. 75-1310; K.S.A. 2001 Supp. 75-1315; K.S.A. 75-3170; K.S.A. 2001 Supp. 75-3170a; L. 2002, Ch. 204, §§ 12, 15, 57, 74; L. 2001, Ch. 144, §126; K.A.R. 100-11-1; 100-28a-1; 100-29-7.

BRIEF HISTORY OF THE HEALTH CARE PROVIDER INSURANCE AVAILABILITY ACT

During the first half of the seventies decade, many Kansas physicians were confronted with rapidly escalating medical malpractice insurance premiums. Some physicians could not purchase professional liability insurance at all. Those who could purchase insurance were oftentimes required to purchase policies with inadequate coverage.

By 1975, several insurers had discontinued offering medical malpractice coverage in Kansas, and the remaining companies had reached their capacity. Some doctors continued to practice without liability insurance, but others limited their services in order to reduce their exposure to liability. It became increasingly difficult for patients to find physicians willing to deliver infants or perform surgery.

The 1976 Legislature responded by enacting the original version of the Health Care Provider Insurance Availability Act, which, among other things, created the Health Care Stabilization Fund. To accommodate those doctors who could not buy commercial insurance coverage, a joint underwriting association was created; the Health Care Provider Insurance Availability Plan.

An important feature of the early version of the Availability Act was a requirement that insurers sell "claims made" rather than occurrence coverage. This was accompanied by a somewhat unique provision for prior acts coverage under the HCSF. In other words, the health care provider was insured for any claims made during the term of the insurance policy, regardless of when the incident occurred. Equally important, if the doctor retired or left Kansas to practice elsewhere, he or she had prior acts (tail) coverage via the HCSF for any claims that might arise after his or her claims made insurance policy was discontinued.

Unlike commercial insurance policies, the HCSF provided unlimited coverage. In other words, a doctor or hospital could be sued for any amount of money, and there was no limit on the amount a jury could award to a plaintiff, or the amount that could be agreed to in a settlement. Yet there was a statutory limit on the reserves that could be maintained in the Fund.

1980 was a significant year in the Fund's history because 87 new cases were filed and the trend continued with 98 new cases in 1981. By the end of fiscal year 1982, the Fund had paid out over \$5-million in losses and there was cause for alarm. It appeared obvious that accrued future liabilities were rapidly exceeding cash reserves in the Fund.

The 1984 Legislature attempted to correct problems inherent in the original Act. The law was changed to limit the Fund's liability to \$3-million per claim and \$6-million annual aggregate liability. Another major amendment removed the statutory limit on the Fund's balance and prescribed that the premium surcharges should be based on estimated future liabilities. In other words, the Legislature decided the HCSF should be administered like an insurance plan, and should be actuarially sound.

During the second half of the eighties decade there was significant pressure on the Legislature to reform the rules of civil litigation. The medical profession and its allies engaged in an aggressive campaign for tort reform, whereas some members of the legal profession and certain consumer organizations were adamantly opposed. Eventually the Legislature passed a number of tort reform measures, and the cornerstone was a \$250,000 limit on non-economic damages.

The controversy surrounding tort reform focused a great deal of attention on the HCSF, and there were those who blamed the Fund for causing the crisis. Some legislators insisted that the State should divest from the HCSF and legislation was passed that provided for a gradual phase-out. It was argued that in the absence of the Stabilization Fund, the commercial insurance industry would respond by offering adequate coverage to physicians and other health care professionals. But legislators were unwilling to use general tax revenue to pay for HCSF liabilities that were not funded by existing reserves.

In the meantime, the Legislature reduced the Fund coverage to \$1-million per claim with annual aggregate limits of \$3-million. Another important policy decision pertained to tail coverage. It was decided that a health care provider should participate in the Fund at least five years before the provider could become inactive and receive the benefit of prior acts coverage. In other words, the tail coverage had to be purchased by payment of premium surcharges for at least five years.

The filing of new cases began to level off during the early nineties, and the Fund balance began to gradually increase. By 1992 the Fund was considered actuarially sound, and premium surcharges were reduced accordingly. By this time there had been some changes in the Legislature and interest in phasing out the HCSF waned. Instead, the 1994 Legislature decided to remove the Fund from the Insurance Department and delegate responsibility for administration to the Board of Governors.

The Board of Governors is comprised of five physicians (three M.D.s and two D.O.s), three hospital representatives, one chiropractor, and one certified registered nurse anesthetist. The Board employs an executive director who advises the Board and supervises operations.



House Appropriations Committee

January 27, 2009



Agenda

- Delivering the CTP
- Update of State Revenue Collections
- Federal Funds Outlook
- Governor's Recommendations
 - Revenues and Expenditures
- How we are coping and long-term implications
- Economic Stimulus Package

2

Appropriations Committee
Attachment 6-1
Date 1/27/09

Delivering the CTP: Previous Impacts on the Program

- 2004 Legislature “reset” funding for transportation
- 2005– Katrina and inflation hit hard
- KDOT revised budgets and schedules—very tightly balanced

3

State Revenues

- Consensus Revenue Estimates

	2009	2010
Sales Tax	-\$8 M	-\$11 M
Reg. Fees	-\$9 M	-\$9 M
MFT	<u>-\$6 M</u>	<u>-\$7 M</u>
TOTAL	-\$23 M	-\$27 M

4

Federal Funds

- On-going crisis– emergency measures were taken
- Shortfall continues
- Adjusting estimates downward:
 - 45% (\$160M) for 2010
 - 20% (\$70 M) for 2011 and beyond
- Impacts to cities and counties
 - \$45 M in 2010
 - \$20 M in 2011

5

Governor's Recommendations Revenues

- Eliminates remaining SGF Loan Repayments (\$62 Million)
- Continues SGF Transfer for KHP (\$35 Million)

6

Funding Summary: Potential Losses

	2009	2010
Federal Funds	---	-\$108 M
Consensus Revenue Estimates	-\$23 M	-\$27 M
Loan Repayment	-\$31 M	-\$31 M
KHP	---	<u>-\$35 M</u>
TOTALS	\$54 M	\$201 M

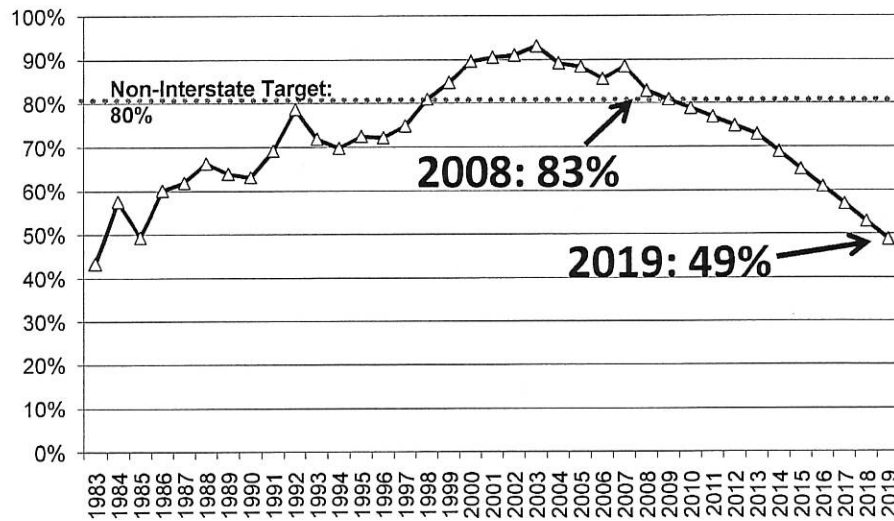
7

What we are doing to cope

- November 2008
 - Suspend lettings for 2 months
- Today
 - Moved forward with lettings for some suspended projects
 - K-61 Reno County
 - US-169 Montgomery County
 - Projects Remaining
 - Preservation projects deferred
 - Still \$500 million to go

8

If preservation is not adequately funded... Percent of Non-Interstates in good condition



9



Governor's Recommendations Expenditures

- 3% reduction to Agency Operations
 - Eliminated remaining CTP Positions (37 FTE)
 - Last of the 136 authorized positions
 - Further increased shrinkage
 - Reduced road maintenance materials
 - Other reductions

10

Economic Stimulus

- Current Highway funds approx. \$317 M for Kansas
 - Approx. \$14 M must go towards Transportation Enhancement projects and another \$29 M to metro areas
 - Remaining funds can be used anywhere in the state
 - Committed to sharing with our partners
- Kansas Transit funds estimated at approximately \$25 M

11

Questions

12

Rod Barnes
City Manager

Mike Guinn
Assistant City Manager



PO Box 287
701 N Jefferson
Junction City, KS 66441
785-238-3103 Ext. 300

January 27, 2009

Testimony Before the
State of Kansas
House of Representatives
Appropriations Committee

RE: Support of Kansas Department of Transportation

My name is Rod Barnes, City Manager for the City of Junction City. I have with me Mike Guinn, Assistant City Manager for the City of Junction City. Thank you for the opportunity to speak in support of the Kansas Department of Transportation. Our region of the state has seen unprecedented growth in the last 3 years. We have added over 3,000 housing units, and over 5,000 people in Junction City alone. We were successful in defending our 2007 population estimate at 20,056 citizens. The three county region of Pottawatomie, Riley and Geary has recently become a metropolitan statistical area. . The Fort has nearly doubled in population over the same 3 years. On top of this, our region is seeing huge success with the relocation and development of numerous bioscience companies. Of course we all know about the wonderful news of bringing the National Agri-Bioscience center to Manhattan.

Appropriations Committee

Attachment 7-1

Date 1/27/09

What does this mean to the Kansas Department of Transportation? It means that the state highway system will need to be improved. It means that we can simulate growth in our economy by continuing to create construction jobs through highway construction.

There are two corridor studies going on in our region as we explore the growth impacts on the state and federal highway system. Traffic congestion on Highway 18, U.S. Highway 77, U.S. Highway 24, and Interstate 70 are important issues for our region. The ability of KDOT to have sufficient funds to make intersection safety improvements, to complete studies and to rebuild highways is paramount for our region of the state to continue growing. I don't have to tell you folks the importance of investing in the state's highway network. You did that with the comprehensive highway program. This growth means population, which means adding cars to the transportation system. Fort Riley's early estimates indicated that over 7,500 cars would be added to highway network in and around Fort Riley. We have seen that come to fruition as we see long lines of cars at intersections and on congested highways around Fort Riley.

I understand we are in the middle of one of the most challenging economic times in our history. I know that because I have 23 vacant positions at the City and because every year in preparation of the annual budget, our talented team of department heads find new ways to do business that lowers expenditures, maintains our mill levy and lives within our means. Our citizens have taken on a herculean effort to provide all of the necessary infrastructure that supports economic growth in Kansas. Junction City has assumed over \$150 million in debt service to build roads, water sewer lines and storm sewers for

our residents. The only state agency to assist us with helping meet our needs has been the Kansas Department of Transportation. Secretary Miller's team has responded to our needs in an unprecedented way. They opened the state transportation revolving loan fund to us. We were able to make some of the road improvements to the state highway system by borrowing \$18 million from the fund. The projects benefit Kansas.

We found a partner in the Kansas Department of Transportation that was willing to help us meet our growth challenge. They have looked for new ways to pay for building a transportation infrastructure system that delivers economic growth for Kansas..

I have attached a list of projects that the City and KDOT have partnered with. The list also shows the many projects that we have yet to address. This list is simply the needs in the Junction City community. Manhattan, Ogden, Wamego and other areas surrounding the Fort have similar needs.

The Kansas Department of Transportation is working. Their system of seeking feedback from local officials helps them address the needs of Kansans in a remarkable way. Their willingness to look at solutions that help Kansans is unparalleled. They helped us with improvements to Highway 18 near our new middle school. The engineers worked together with our design team to bring about a solution that works for our community and insures that our children can travel to school in a safe manner.

We have two roundabouts that work because KDOT was willing to suggest innovative ways to improve safety at congested intersections. They listened when we needed to add traffic lights on Highway 77 in two locations.

We have an opportunity to continue economic prosperity by investing in infrastructure that is the lifeline of our state. Footlocker Distribution Center in Junction City employs over 550 people. They supply products to all of the United States and overseas. They are located in Junction City because the state and federal highway system allows them to be successful. Being able to move products across our state on sound roads will enable other manufacturing firms and distribution centers to be successful in these difficult times.

I know that when you balance the state budget, the City of Junction City will lose funding dollars. It is inevitable that everybody must share in the pain of expenditure reductions that are needed. I would ask that you take a hard look at the impact of budget reductions to the Kansas Department of Transportation.

We brought a new manufacturing plant (Fort Riley) to Kansas that created over 10,000 new jobs in our region. Our local citizens have responded in an unprecedented way with new schools, a new hospital, and new roads. All of this has been on the backs of the local citizens. The Kansas Department of Transportation is the only state agency that has assisted with meeting the needs of our unprecedented growth. Please don't penalize

us further by taking away dollars from them as we continue to meet the challenge of growth.

Thank you for this opportunity to speak out in support of the Kansas Department of Transportation. I would be happy to answer any questions.

Rod Barnes
City Manager
City of Junction City
P. O. Box 287
Junction City, Kansas 66441
(785) 223-5112
Rod.barnes@jcks.com

Mike Guinn
Assistant City Manager
City of Junction City
P. O. Box 287
Junction City, Kansas 66441
(785) 238-3103, ext. 102
mike.guinn@jcks.com

**Christina Cook
City Engineer**



PO Box 287
701 N Jefferson
Junction City, KS 66441
785-238-3103 Ext. 182

Engineering Department

January 26, 2009

KDOT Funded projects

Completed /Under Construction Recent Projects

Project	Project Cost (Design, Construction, CE, ROW)	KDOT Funding
6 th and Jackson	\$499,799.96 \$40,400 (Design- City Cost)	90% of Construction and CE (\$450,000 MAX)
6 th and Webster	\$398,292.75 \$40,400 (Design- City Cost)	90% of Construction and CE (\$400,000 MAX)
K-57 Ditch Enhancement Project	\$3,624,090.77	75/25 Split
2007 Klink Project	\$547,661.60	50 / 50 Split
Chestnut Street	\$2,854,455.17 \$79,500 (Design- City Cost)	80/20 Split (\$3 million MAX)
East St & Chestnut Street Intersection	\$1,833,006.80 \$93,940 (Design- City Cost)	\$725,000.00
K-18 and Karns Intersection	\$1,479,376.62	K-18 - 34% of Construction, ROW, CE Karns - 100% Construction (\$1,000,000 MAX) USD 475 Shares cost

Proposed Projects

Project	Project Cost (Design, Construction, CE)	KDOT Funding
K-18 and Spring Valley Road Intersection	\$4,664,756.14 \$78,300 (Design- City Cost)	67% of Construction, ROW (\$931,000 MAX)
US-77 and Rucker Road Intersection	\$3,597,691.00 \$86,990 (Design- City Cost)	67% of Construction, ROW (\$571,000 MAX)

Appropriations Committee
Attachment 8-1
Date 1/27/09
Budget _____

RESOLUTION NO. 2493

A RESOLUTION ENDORSING TRANSPORTATION IMPROVEMENTS FOR THE CITY OF JUNCTION CITY, KANSAS CONCERNING THE ENACTMENT BY THE KANSAS LEGISLATURE OF A NEW STATE-WIDE COMPREHENSIVE TRANSPORTATION PROGRAM

WHEREAS, one of the major responsibilities of City government is to plan for the immediate and long-term transportation needs of the city;

WHEREAS, the Governing Body of the City of Junction City, Kansas (hereinafter the "City") has conducted the necessary investigations to identify the transportation capital improvements that are needed in the city; and

WHEREAS, these specific transportation capital improvements are essential to the health, safety and welfare of our citizens in the future; and

WHEREAS, these specific transportation capital improvements are vital to the economic well being of the city and to its long-term growth and development; and

WHEREAS, the failure to undertake these transportation capital improvements will impede and may prevent the economic needs and goals of the city from being accomplished; and

WHEREAS, the city is unable to finance such capital transportation improvements without substantial assistance from the State of Kansas and the Kansas Department of Transportation; and

WHEREAS, the State of Kansas and the Department of Transportation cannot sufficiently address the transportation needs of the city and other cities and counties across the state without the enactment of a new Comprehensive Transportation Program by the Kansas Legislature.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF JUNCTION CITY, KANSAS:

Section 1. **Priority Transportation Projects.** After careful investigation of the transportation needs in the city, the following transportation capital improvements are hereby declared to be vital to the future economic growth and development of the city and the safety of its citizens: (a descriptive narrative is attached)

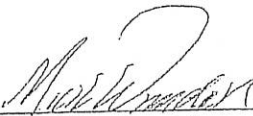
- US 77 at Old Highway 40
- US 77 at I-70
- US 77 at Goldenbelt Drive
- US 77 at K-18
- US 77 at K-57/K-244

- US 77 at Old Milford Road
- US 77 at North K-57, Lakeview Terrace, Cedar Drive, Houston Road
- US 77 at 12th Street in Milford, Kansas
- East Street from I-70 to Grant Ave
- 18th Street at Jackson Street
- US 77 at Old 77

Section 2. **New Comprehensive Transportation Program.** The city hereby endorses and supports the enactment of a new Comprehensive Transportation Program by the Kansas Legislature of sufficient size and magnitude to address the specific transportation capital improvements set forth in Section 1.

Section 3. The city clerk shall send copies of this resolution and any supporting documentation to Governor Kathleen Sebelius; State Senator Reitz; State Representatives(s) Craft and Swanson; all candidates for state representative; all local news media outlets; and the League of Kansas Municipalities.

ADOPTED this 2nd day of September, 2008



Mick Wunder, Mayor

ATTEST:



Fricia Gowen, City Clerk

RESOLUTION NO. 09-08-2008

A RESOLUTION ENDORSING TRANSPORTATION IMPROVEMENTS FOR THE, COUNTY OF GEARY COUNTY, KANSAS CONCERNING THE ENACTMENT BY THE KANSAS LEGISLATURE OF A NEW STATE-WIDE COMPREHENSIVE TRANSPORTATION PROGRAM

WHEREAS, one of the major responsibilities of County government is to plan for the immediate and long-term transportation needs of the county;

WHEREAS, the Governing Body of the County of Geary County, Kansas (hereinafter the "County") has conducted the necessary investigations to identify the transportation capital improvements that are needed in the county; and

WHEREAS, these specific transportation capital improvements are essential to the health, safety and welfare of our citizens in the future; and

WHEREAS, these specific transportation capital improvements are vital to the economic well being of the county and to its long-term growth and development; and

WHEREAS, the failure to undertake these transportation capital improvements will impede and may prevent the economic needs and goals of the county from being accomplished; and

WHEREAS, the county is unable to finance such capital transportation improvements without substantial assistance from the State of Kansas and the Kansas Department of Transportation; and

WHEREAS, the State of Kansas and the Department of Transportation cannot sufficiently address the transportation needs of the county and other cities and counties across the state without the enactment of a new Comprehensive Transportation Program by the Kansas Legislature.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COMMISSION OF THE, COUNTY OF GEARY COUNTY, KANSAS:

Section 1. Priority Transportation Projects. After careful investigation of the transportation needs in the county, the following transportation capital improvements are hereby declared to be vital to the future economic growth and development of the county and the safety of its citizens: (a descriptive narrative is attached)

- US 77 at Old Highway 40
- US 77 at I-70
- US 77 at Goldenbelt Drive
- US 77 at K-18
- US 77 at K-57/K-244

- US 77 at Old Milford Road
- US 77 at North K-57, Lakeview Terrace, Cedar Drive, Houston Road
- US 77 at 12th Street in Milford, Kansas
- East Street from I-70 to Grant Ave
- 18th Street at Jackson Street
- US 77 at Old 77

Section 2. **New Comprehensive Transportation Program.** The county hereby endorses and supports the enactment of a new Comprehensive Transportation Program by the Kansas Legislature of sufficient size and magnitude to address the specific transportation capital improvements set forth in Section 1.

Section 3. The county clerk shall send copies of this resolution and any supporting documentation to Governor Kathleen Sebelius; State Senator Reitz; State Representatives(s) Craft and Swanson; all candidates for state representative; all local news media outlets; and the Kansas Association of Counties.

ADOPTED this 8th day of September, 2008

William L. Deygish
Flourno C. Whitbread
R. Brent Bennett

Attest:
Rebecca Lassemeier
Geary County Clerk



TRANSPORTATION RECOMMENDATIONS

US 77 at Old Highway 40

- A roundabout or signal is warranted at this intersection. A signal is recommended to avoid the more complex navigation of a duel roundabout (dumbbell) arrangement that would be created due to its proximity to the I-70 Interchange.

US 77 at I-70

- A standard diamond interchange configuration is proposed at I-70. This configuration may allow the existing I-70 bridges to be salvaged. Roundabouts will be incorporated at the ramp terminals to facilitate better traffic flow.

Goldenbelt from US 77 to Washington Street

- Improvements to Goldenbelt including additional lanes to accept turning traffic backing up into the I-70 north ramp terminal roundabout.

US 77 at K-18

- A standard diamond interchange is proposed in order to preserve right-of-way should one be deemed desirable in the future.

US 77 at K-57/K-244

- A signal is warranted at this location. Eliminating the channelized intersection on the west side would increase safety in the area.

US 77 at Old Milford Road

- A signal or roundabout is warranted at this location.

US 77 at North K-57, Lakeview Terrace, Cedar Drive, and Houston Road

- These stop-controlled intersections function as important access points but do not produce the traffic volumes needed for more elaborate intersection controls.

US 77 at 12th Street in Milford, Kansas

- Deceleration lanes would address safety concerns for turning movements in and out of Milford.

East Street from I-70 to Grant Avenue

- Construct major thoroughfare from I-70 to Grant Ave Gate to Fort Riley.

18th Street at Jackson Street

- Construct a roundabout to ease traffic congestion due to growth of military post.

US 77 at Old Highway 77

- A roundabout is proposed to allow continuous flow of traffic and slow the traffic near this busy intersection.

US 77/K-18 CORRIDOR MANAGEMENT PLAN

PREPARED FOR:

US 77/K-18 Partnership:

Junction City

Milford

Geary County

Kansas Department of Transportation

8-7



PREPARED BY: **HNTB** IN ASSOCIATION WITH: Development Strategies, Inc.,
Stinson Morrison Hecker, LLC,
ETC Institute

December 2008

ACKNOWLEDGEMENTS

Preparation of this Plan required the input and efforts of many team members from the US 77/K-18 Partnership as well as community officials and the public. This report acknowledges and expresses our appreciation for everyone's efforts.

US 77/K-18 TECHNICAL COMMITTEE

Mike Guinn - Junction City
Christina Cook - Junction City
Tom Neal - Junction City
Dennis Cox - Geary County
Harvey Brink - Milford

KANSAS DEPARTMENT OF TRANSPORTATION

David Greiser
Kristina Pyle
Don Drickey
Dale Hershberger
Michael Moriarty
David Gurss
Randy West

HNTB CORPORATION

Brian Comer
Greg Weatherd
Sean Gellhaus
Betty Burry
Lindsey Bergman
Sean Thompson

DEVELOPMENT STRATEGIES

Robert Lewis
Andy Pfister

STINSON MORRISON HECKER LLP

Steve Chinn

ETC INSTITUTE

Karen Falk

TABLE OF CONTENTS

8-9

INTRODUCTION.....	1	TRANSPORTATION RECOMMENDATIONS.....	25
Plan Purpose	1	Corridor Preservation Plan	25
Study Goals	1	Corridor-Wide Access Management Tools	25
Study Corridors	1	Local Access Guidelines	26
Corridor Characteristics	1	Corridor Preservation Tools	26
Public Workshops	2	Local Street Network Improvements	27
Public Survey Summary	2	Mainline and Intersection Recommendations	27
Technical Analysis	4	Segment 1: US 77 (Lyons Creek Road to I-70)	27
Alternatives and Final Recommendation	4	Segment 2: US 77 (I-70 to Old Highway 77/Old Milford Road)	28
		Segment 3: US 77 (Old Highway 77 to 12th Street Milford)	29
		K-18 Mainline and Intersection Recommendations.....	29
MARKET ANALYSIS.....	6	IMPLEMENTATION.....	32
Recent Trends and Key Facts	6	US 77/K-18 Partnership Committee	32
Assumptions	7	Tool Box of Implementation Strategies	32
Retail Market	8	I. Corridor Preservation Strategies	33
Future Retail Gap	12	II. Access Management Strategies	38
Office Market	13	III. Financing Strategies	40
Industrial Market.....	14	EXHIBITS	
Demand for Schools	14	Exhibit 1 - Study Corridors Map	5
Conclusions	15	Exhibit 2 - US 77 and K18 Land Use Map	20
		Exhibit 3 - Accident Summary Map	23
LAND USE PLAN.....	17	APPENDIX A: PLAN PLATE MAPS	
Plan Use	17		
Relationship to the Comprehensive Plan	17	APPENDIX B: PUBLIC SURVEY RESULTS	
Access Guidelines	17		
Plan Review	17		
Land Use Categories	17		
TRAFFIC ANALYSIS.....	21		
Introduction	21		
National, Regional and Local Context	21		
Transportation Land Use Cycle	21		
Mobility verses Accessibility	21		
Traffic Analysis	22		
Intersection Improvements	22		

INTRODUCTION

PLAN PURPOSE

The purpose of the *US 77/K-18 Corridor Management Plan* ("Plan") is to outline a long-term comprehensive land use, transportation, and access management strategy for US 77 and K-18. The primary issues driving the need for the Plan include:

- Development pressures associated with future population and employment resulting from Fort Riley growth.
- Impacts of the Junction City Middle School located on K-18.
- Increasing congestion along US 77 through Junction City.
- Safety concerns at a number of key intersections.

STUDY GOALS

To address these issues, representatives from the Kansas Department of Transportation (KDOT), the Cities of Junction City, Milford and Geary County formed a Study Partnership (Partnership) to commission a comprehensive study of US 77 and K-18. The primary objectives of the Study were as follows:

- Reduce the number and severity of accidents.
- Support efficient and safe vehicular movement along US 77 and K-18.
- Address future pedestrian connections across US 77 and K-18.
- Provide reasonable access to support existing and anticipated development without significantly impacting through movements along US 77 and K-18.

STUDY CORRIDORS

The study extents, highlighted in yellow in Exhibit 1 on page 5, are as follows:

US 77 Corridor:

- 12th Street in Milford to the north.
- Lyons Creek Road to the south.
- Includes all properties generally within one-half mile on either side of the US 77 centerline.

K-18 Corridor:

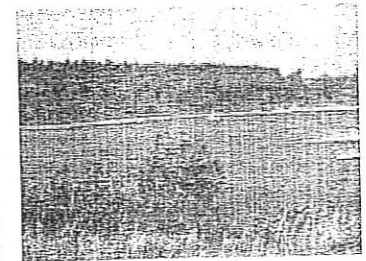
- US 77 to the east
- Geary County/Dickinson County Line to the west.
- Includes all properties generally within one-half mile on either side of the K-18 centerline.

CORRIDOR CHARACTERISTICS

The Study Corridor is approximately 22 miles in length (16.5 miles along US 77 and 5.3 miles along K-18). Throughout these corridors, the physical characteristics of each roadway changes, as well as the surrounding natural and built environment. As shown in Exhibit 1, portions of the Study Corridor are more suburban (areas through and adjacent to Junction City), while other areas are more rural (areas north and south of Junction City along US 77 and west of the Middle School along K-18). North of Junction City, along US 77, Milford Lake and the surrounding US Army Corps of Engineers (USACE) property border much of the Study Corridor to the west, while Fort Riley property covers much of the area to the east. Along with the presence of Milford Lake and Fort Riley, significant topography north of Junction City has limited development. South of Junction City, aside from industrial development immediately south of I-70, much of the Study Corridor is within the floodplain and is rural.

Milford Lake

Milford Lake was authorized by the Flood Control Act of 1954 as a multi-purpose project to address flood control, water supply, water quality, navigation, recreation and wildlife. Construction of the dam began July 13, 1962 at river mile 8.3 on the Republican River. Impoundment of the lake began January 16, 1967 and six months later on July 13, the multipurpose pool elevation of 1,144.4 mean sea level was reached. Milford Lake's dedication ceremony was held in May of 1968. Today, Milford Lake has 15,700 acres of water and 163 miles of shoreline, making it the largest lake in Kansas. The lake has often been referred to as the "Fishing-Capitol of Kansas" due to its many quality fishing locations. The lake is also home to Milford State Park, the Milford Nature Center and Fish Hatchery as well as fourteen boat ramps, picnic areas, swimmable beaches, camp grounds, cabins, and recreational vehicle (RV) sites. The USACE controls and maintains the shoreline and large areas surrounding the lake. The areas shown in green on Exhibit 1 are under the USACE's jurisdiction and are not subject to County regulations.



Fort Riley

Fort Riley, highlighted in light red in Exhibit 1, was established in 1853, as a base for westward expansion in the Kansas territory to protect settlers coming down the Kansas River heading west. It later became the cavalry headquarters for the Army. Today, Fort Riley is home to the US Army Cavalry Museum. Fort Riley has over 100,000 acres. This quantity of space allows the Fort's soldiers to fire every weapon system in a heavy division's inventory.



INTRODUCTION

Today, Fort Riley maintains approximately 7,000 military personnel and 8,400 dependents on-post, and 3,000 military personnel and 7,000 dependents off-post. On-post military personnel occupy 3,052 single-family houses and 4,772 barracks beds. The installation also includes approximately 7,300 civilian and contract personnel. The *2005 Base Realignment and Closure Plan* (BRAC) recommended the closure of 33 major military bases and a "realignment" (either enlarging or shrinking) of 29 other bases. Based upon this plan, Fort Riley was selected for realignment in terms of being identified to significantly grow. By 2011, there are estimated to be approximately 11,750 military personnel and 9,400 dependents on-post, and 9,200 military personnel and 20,000 dependents off-post. This includes approximately 1,250 military personnel estimated during the peak three-week training personnel load. On-post military personnel will occupy 3,525 single-family houses and 8,342 barracks beds.

As part of the Army Residential Communities Initiative (RCI), Fort Riley is in the process of transferring responsibility for providing on-post family housing and potentially barracks housing to Picerne Military Housing. As part of this process, Picerne and the Army have developed a Community Development and Management Plan (CDMP) that maximizes new home construction and renovations. Picerne will be constructing 2,205 new homes and renovating 1,309 existing homes on-post over the next ten years. The CDMP is intended to supplement or replace pre-2005 BRAC housing. There is no net increase of new family housing beyond CDMP. The demand for additional housing is to be met off-post by the private market in the surrounding communities. It is assumed that Junction City will receive a majority of this growth due to the proximity of the fort and attainable housing prices.

Along the US 77 Study Corridor, Rifle Range Road and Old US 77, provide access to Fort Riley. Rifle Range road connects the Rifle Range gate to Camp Forsyth which contains family housing as well as a school, youth center, Post Exchange (PX), child development center and recreation fields. Old US 77 connects the Estes Gate to Custer Hill which contains the new brigade and battalion headquarters, company operations facilities, maintenance facilities and barracks.

PUBLIC WORKSHOPS

Community censuses can only be achieved through fair and open public discussions. For this study, one of the most critical issues was achieving consensus with the public regarding a large spectrum of issues. To achieve this consensus, it was important to listen to the public to understand their issues and concerns and develop a set of alternative recommendations. It was also important to educate the public about the trade-offs that come with each possible solution, while meeting the unique challenges and constraints associated with the Study Corridor. These challenges were addressed in a carefully planned and managed workshop process. During the workshops, the consultant team worked with a Technical Team, stakeholders and the community at-



large to understand their needs and values and to develop preliminary concepts and ideas for feedback. Those preliminary concepts, developed early in the process, were then refined and presented again to ensure that the Plan addressed key issues and met the community's needs.

Technical Team

To start the process, the Partnership appointed a Technical Team with representatives from each jurisdiction. This committee provided guidance, input and direction to the Consultant Team throughout the process.

Stakeholders

The Stakeholders included community leaders from a wide variety of interests representing all jurisdictions including elected officials, major employers, property owners, realtors and interested residents. Additionally, residents who lived across from the Junction City Middle School on K-18 were invited to a focus group to discuss concerns about traffic and safety as well as to discuss potential solutions.

Residents and Businesses

The Consultant Team and the Technical Team presented ideas and concepts for consideration by property owners, business owners, residents, and interested citizens. Each workshop concluded with a public open house, where the community at large, as well as potentially affected property owners had a chance to discuss the project, and their concerns, with the project team. Based upon this input, the Plan concepts and alternatives were refined to reflect community input.

Public Survey Summary

ETC Institute, in association with HNTB Corporation, conducted a survey of residents in Junction City, Milford, and in Geary County outside of Junction City, during February of 2008. The purpose of the survey was to gather input from the community about issues relating to developments being considered around US 77 and K-18. Some of the specific topics that were addressed in the survey included:

- Frequency that residents travel on US 77 and K-18 on the west side of Junction City
- Perceptions of the value of improvements on US 77 and K-18 to the economic development of the area
- Reasons for travel on US 77 and K-18
- Physical condition of various sections of US 77 and K-18
- Traffic flow on various sections of US 77 and K-18
- Feelings of safety on various sections of US 77 and K-18
- Levels of support for various developments along US 77 and K-18
- Resident ratings of improvements at various intersections
- Preferred ways to keep residents informed about planned improvements to US 77 and K-18

INTRODUCTION

Methodology

The survey was administered by phone to 619 households during February of 2008. The overall results for the 619 surveys have a precision of at least +/-4% at the 95% level of confidence.

Report Contents

A summary of this report is provided in the following pages. The full report is included in Appendix B and contains:

- Charts depicting the overall results to the survey.
- Tables that show the results of the survey.
- Cross-tabs showing the results of the survey by those inside Junction City and those outside.
- A copy of the survey.

Major Findings

- **Frequency of Travel.** Forty-four percent (44%) of those surveyed drive US 77 or K-18 on the west side of Junction City daily.
- **Importance of the US 77 Corridor to Economic Development in Junction City and Geary County.** Eighty-nine percent (89%) of those surveyed felt that US 77 was "very important" or "somewhat important" to the economic development in Junction City and Geary County.
- **Importance of the K-18 Corridor to Economic Development in Junction City and Geary County.** Seventy-five percent (75%) of those surveyed felt that K-18 was "very important" or "somewhat important" to the economic development in Junction City and Geary County.
- **Overall Physical Condition of Sections of Highway and Intersections on US 77 and K-18.** Sixty-nine percent (69%) of those surveyed rated the section of highway from I-70 to K-18 as "very good" or "good"; 67% rated the section of highway south of I-70 as "very good" or "good", and 54% rated K-57/244 to 12th St. in the Town of Milford as "very good" or "good", with regard to physical condition.
- **Overall Traffic Flow on Sections of Highway and Intersections on US 77 and K-18.** Fifty-seven percent (57%) of those surveyed rated the section of highway south of I-70 as "very good" or "good"; 52% rated K-57/244 to 12th St. in the Town of Milford as "very good" or "good", and 51% rated I-70 to K-18 and "very good" or "good", with regard to traffic flow.
- **Overall Feeling of Safety from Accidents on Sections of Highway and Intersections on US 77 and K-18.** Sixty percent (60%) of those surveyed rated the section of highway south of I-70 as "very good" or "good"; 53% rated K-57/244 to 12th St. in the Town of Milford as "very good" or "good", and 52% rated I-70 to K-18 and "very good" or "good", with regard to feeling of safety from accidents.
- **Issues of Access Affecting Traffic Flow.** Those surveyed were asked their level of agreement with three statements relating to access on and off of US 77 and K-18:
 - "The number of streets and driveways accessing US 77 and K-18 should remain the same." Sixty-six percent (66%) agreed, 19% were neutral and 16% disagreed.
 - "The number of streets and driveways accessing US 77 and K-18 should be reduced." Twenty-seven percent (27%) agreed, 18% were neutral and 55% disagreed.
 - "The number of streets and driveways accessing US 77 and K-18 should be increased." Nineteen percent (19%) agreed, 16% were neutral and 65% disagreed.
- **Perception of Travel Speeds.** Those surveyed were asked about the appropriateness of the current travel speed on US 77 and K-18; in the city limits of Junction City, 69% felt the travel speed was appropriate, and outside Junction City, 76% felt the travel speed was appropriate.
- **Corridor Identity and Image.** Those surveyed were in greatest agreement with these four issues: that all new developments should be required to provide internal sidewalks within the site (84%), that new developments should assist the Cities and County in helping pay for sidewalks and trails along arterial and collector roads connecting new developments to established areas (82%), that guidelines for attractive development should be established for new development (79%), and that bicycle and trail connections crossing US 77 and K-18 should be a priority, especially near the new middle school (77%).
- **Preferred Developments along US 77 and K-18 Corridors.** It was important to those surveyed to expand industrial developments to the US 77/I-70 Interchange (69%), to provide commercial development adjacent to the US 77/I-70 interchange (67%), and that US 77 should remain primarily rural between Junction City and Milford (63%).
- **Level of Need for Improvements at Various Intersections Along US 77 and K-18.** Those surveyed expressed the highest levels of need for improvement at intersections of US 77 and Rucker Road (65%), K-18 and Spring Valley Road (65%), and US 77 and Old US 77 into Fort Riley (Estes Gate) (63%).
- **Relocating or Consolidating Intersections.** Those surveyed were asked if relocating or consolidating signalized intersections on US 77 should be considered even if you had to drive a little further to your destination - 43% responded "yes", 33% responded "no", and 24% did not have an opinion.
- **Information about Potential Improvements.** Forty-seven percent (47%) of those surveyed said they would like to receive information about potential improvements to US 77 and K-18. The primary source of information should be the local newspaper (55%), newsletters (27%) and television (26%).
- **Fort Riley.** Seven percent (7%) of those surveyed said they lived on Fort Riley, 22% said they worked on Fort Riley, and of those who did not live or work on Fort Riley, 44% said they had visited Fort Riley for shopping, medical or other purposes during the last month.

INTRODUCTION

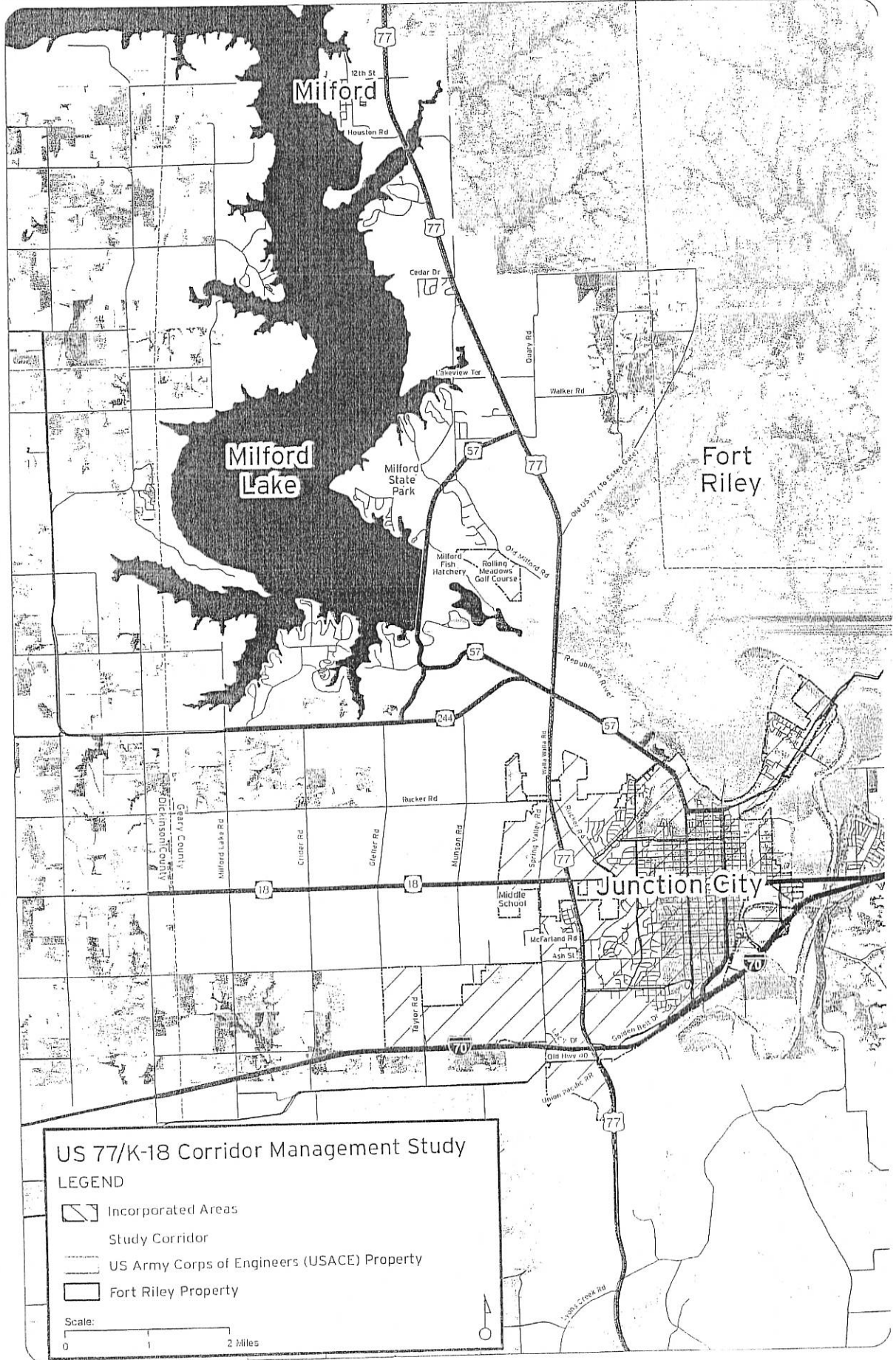
TECHNICAL ANALYSIS

Based upon the issues raised by the Technical Team, stakeholders and the general public, the Consultant Team conducted a technical analysis of the Study Corridor to address land use, traffic and preliminary engineering issues with respect to potential improvements. This information was then provided back to the groups to allow participants to make informed decisions about potential recommendations for the Study Corridors. The Market Analysis identifies opportunities for future land use within the Study Corridors. The Market Analysis, along with input at the public workshops, provided the direction for the development of the Land Use Plan. The Land Use Plan in turn provided the land use projections for the Traffic Analysis.

ALTERNATIVES AND FINAL RECOMMENDATION

Based on input from the first workshop, alternative concepts were generated to address future traffic needs. The Consultant Team provided the groups with puzzle pieces representing potential improvements along the Study Corridor and colored dots representing future land uses. These puzzle pieces included scaled interchange configurations, traffic lights, roundabouts, and stop signs. Through this process, the work groups identified potential future land uses and associated improvements. The Consultant Team facilitated the process and provided guidance on the implications of potential future land use patterns and access strategy with travel time, safety, cost, impacts to existing residents and businesses etc. These considerations are outlined in the following chapters. Based on input at the first two workshops as well as the public survey the consultant team led the technical team, stakeholders and general public through an exercise to identify a preferred long-term transportation strategy for the Study Corridors. The preliminary concepts, issues and final recommendations were then incorporated into the final Transportation Plan.

EXHIBIT 1- STUDY CORRIDORS MAP



5

TRAFFIC ANALYSIS

8-15

Table 10 shows the recommended intersection improvements. Geometric improvements as well as intersection improvements are described in greater detail in Chapter 6, Transportation Recommendations. The final recommendations included within the Plan Plates were based upon the traffic analysis, geometric analysis and input from the Technical Team, Stakeholders and general public.

Key Considerations:

- US 77 and Old US 40:** A roundabout was tested at this intersection, however, due to heavy volumes and turning movements south from the Foot Locker and the I-70 Interchange, a traffic signal was selected as the best option. It should also be noted that a signal is identified on the Plan Plates for the intersection south of Old US 40 and the Union Pacific rail line fronting the Foot Locker Distribution Facility. Members of the Technical Committee noted that the area to the east of this intersection would develop as industrial in the future.
- US 77 and Lacy Drive/Goldenbelt Road:** A roundabout was tested at this intersection, as well as a potential realignment of the intersection north to improve spacing between the intersection and the I-70 Interchange. However, due to heavy traffic volumes from I-70 and turning movements from adjacent developments, a traffic signal was selected as the best option.
- Ash Street:** Ash Street has an existing signal. However, based on the 2027 traffic numbers, this street will need to be widened in the future to handle additional east-west movements.
- McFarland Road:** McFarland Road has an existing signal, however, due to the proximity to Ash Street, an option was considered to either close access to McFarland from US 77 or to only allow right-in/right-out from US 77. The former improvement is included as an option on the Plan Plates, however, based upon public input and direction from the Technical Team, the preferred option is to keep the existing signalized intersection with full turning movements.
- K-18 Ramps:** Existing traffic turning movements were not available for the K-18 interchange ramps. However, based on proposed geometric improvements that will provide a full interchange, traffic signals are identified for the K-18 ramps.
- US 77 and K-57/244:** A roundabout was tested at this intersection, however, due to heavy volumes from the intersection of two highways, a traffic signal was selected as the best option.
- K-18 and Spring Valley Road:** A roundabout was considered at this location, however, due to the proximity of a historic property on the southeast corner of the intersection, a traffic signal was selected as the best option.
- K-18 and Karns Drive:** This intersection is not shown in the table. Karns Drive is a proposed road that provides access to the west side of the Junction City Middle School. Potential plans include the possible extension of the road north of K-18. Participants at the workshops were concerned about traffic speeds through this area. A roundabout was identified at this intersection to serve future turning movements and to serve as a transition to slow east-bound traffic into Junction City. This option is included in the Plan Plates to preserve right-of-way for a potential roundabout in the future.

Table 10: MUTCD Signal Warrant, Peak Hour (Year 2027)

Intersection	Existing Intersection Control	AM Peak		PM Peak		Recommendation
		Intersection Analysis*	MUTCD Warrant	Intersection Analysis*	MUTCD Warrant	
US 77 and Old US 40	Stop Control	n/a	n/a	F	Warranted	Traffic Signal
US 77 and I-70 SB Ramp	Stop Control	F	Warranted	F	Warranted	Roundabout
US 77 and I-70 NB Ramp	Stop Control	F	Warranted	F	Warranted	Roundabout
US 77 and Lacy/Goldenbelt	Stop Control	F	Warranted	F	Warranted	Signal w/ Improvements
US 77 and Ash	Traffic Signal	F	-	F	-	Intersection Improvements
US 77 and McFarland	Traffic Signal	-	-	-	-	-
US 77 and K-18 On Ramp	Stop Control	-	-	-	-	-
US 77 and K-18 Off Ramp	Stop Control	-	-	-	-	-
US 77 and Spring Valley	Signal	D	-	D	-	Signal or Roundabout
Rucker & US 77	Stop Control	F	Warranted	F	Warranted	Signal
US 77 and K-57/244	Stop Control	F	Warranted	F	Warranted	Signal
US 77 and Rifle Range	Stop Control	F	Warranted	F	Not Warranted	Signal or Roundabout
US 77 and Old US 77	Stop Control	F	Warranted	F	Warranted	Signal or Roundabout

ACCESS MANAGEMENT STRATEGY

The recommended intersection improvements are intended to work in conjunction with other geometric and mainline improvements. In addition, a sound access management strategy is critical to enhancing safety and ease of travel along US 77 and K-18. This access management strategy is described in detail in Implementation Chapter and outlined within the Plan Plates.

TRANSPORTATION RECOMMENDATIONS

B-16

CORRIDOR PRESERVATION PLAN

The creation of this Plan is a significant milestone in the preservation of the integrity of US 77 and K-18. Through the course of this study, it has been decided that the long term goal for US 77 and K-18 is to be maintained and enhanced as an expressway-type facility. The results of this study and the Plan Plates (see Appendix A) are a tool for KDOT, Junction City, Milford, and Geary County to plan for future access consolidation as well as future right-of-way for proposed improvements. The goal of the access consolidation and transportation improvements are to improve safety and ease of travel along US 77 and K-18. This chapter provides more detailed descriptions for an overall access strategy and proposed transportation improvements. Appendix A provides Plan Plate drawings at a scale allowing the proposed local street network system to be shown and defines future access to these facilities as well as the right-of-way preservation needs for associated intersection improvements.

Plan Plate Components: (More specific descriptions by area are included later in this section)

- **Parallel Network:** The Plan Plates show existing and proposed arterial, collector and local road network for the corridor. US 77, K-18 and these parallel roads function as an integrated system that serves different destination and travel purposes. Designing an effective street network will ultimately enhance safety and the ease of traffic flow along US 77 and K-18.
- **Proposed Right-of-Way:** The Plan Plates show an estimate of future right-of-way, highlighted by the yellow dashed line, for mainline US 77, K-18 and associated intersection improvements. Along mainline US 77, the existing right-of-way will be used to the extent possible for the future improvements. However, along much of the corridor, particularly at intersections, additional right-of-way will be required. Any proposed development within these locations should check the plates to ensure that future improvements do not occur within identified future right-of-way areas.
- **Future Driveway/Access Points:** A key goal of this Plan is to eliminate and/or consolidate identified existing access points along US 77 and K-18 and provide alternative access to the parallel City or County road network. The Plan Plates currently delineate two types of future driveway/access point strategies:
 - **Future Access Removal:** These existing access points, shown by a red "X" on the Plan Plates, represent future access removal within the near term (5 to 10 years) due to impending improvements to mainline US 77 or K-18 and/or intersection improvements.
 - **Opportunity Access Removal:** These existing access points, shown by a green square on the Plan Plates, represent "grandfathered access" to US 77 and K-18. These existing driveways may remain; however, future access removal and relocation may be triggered in the future if and when the property changes use, is subdivided, or improvements increase the square footage by 25 percent or more (excluding agricultural uses and rural residences). Prior to new building permits being issued, the property owner/developer will provide a site plan for review by the appropriate jurisdiction that shows access removal from US 77 or K-18 and relocation to the nearest County or City parallel road. See Future Land Use Plan for specific guidelines.

CORRIDOR-WIDE ACCESS MANAGEMENT TOOLS

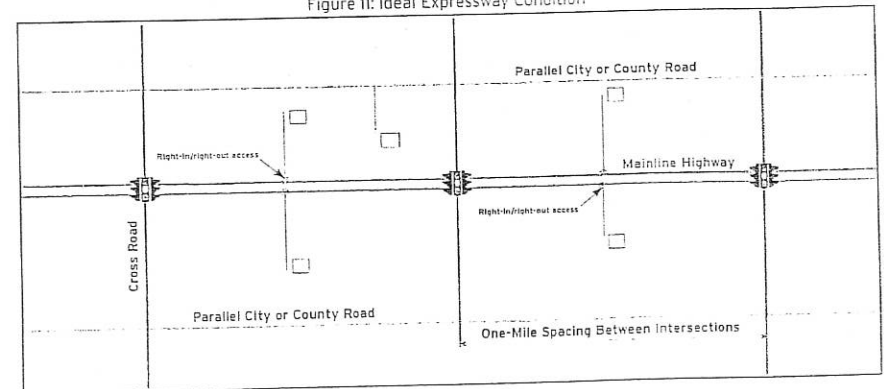
Access management is necessary to protect the safety of the public and the operational efficiency of US 77 and K-18. Effective access management also protects public investment and the continued economic vitality of these corridors. Uncontrolled access on the other hand, can impede development and produce high costs in the future as retrofits are needed. Junction City, Milford and Geary County can undertake access management activities as part of what are known as "police powers" which is the authority to take action to protect citizens' safety, health and welfare. A component of access management is regulation of traffic flow. Regulation of traffic flow could include several actions outlined in the access management tools within this section. Managing access is complicated and requires careful consideration, but, done properly, protects the driving public while also providing adjacent property owners with reasonable access to their property and the parallel road network.

Facility Type

An *expressway-type facility* is recommended for US 77 and K-18. The general goals for this facility type are as follows:

- Primary access to US 77 and K-18 will be at controlled intersections spaced approximately one mile apart. Exceptions to this spacing are described later in this section.
- Driveway spacing will be at least one-half mile and should be right-in/right-out; all other existing access should be closed or consolidated.
- All other local access to US 77 and K-18 will be through the parallel road network or frontage roads to connect to the nearest identified intersection location.

Figure 11: Ideal Expressway Condition



TRANSPORTATION RECOMMENDATIONS

8-17

LOCAL ACCESS GUIDELINES

Today, portions of existing US-77 and K-18 function as a city-type arterial roadway with numerous intersections and individual driveways. This condition exists through incorporated Junction City from I-70 to K-57/244 and K-18 from US-77 to Karns Drive. Because of the number of existing driveways and access points, Junction City should work with individual property owners to achieve the best possible access solution based upon existing constraints.

Local Access Tools

- Primary access to these portions of US-77 and K-18 will be at controlled intersections.
- The ultimate goal is to have intersections spaced at one-mile with the following exceptions.

US 77:

- The intersection of Old Highway 40 is less than one-eighth of a mile from the I-70 ramps. Unfortunately, due to the proximity to existing development and the Union Pacific Rail line, there are no feasible options for relocating the intersection further south.
- The intersection of Lacy Drive/Goldenbelt Boulevard is approximately one-eighth of a mile from the I-70 ramps. Through the study process, several options were considered including relocating Lacy Drive/Goldenbelt Boulevard north to provide better spacing. However, due to the rather minimal benefit, coupled with significant property impacts on both sides of the road, the current intersections were recommended to remain.
- Ash Street and McFarland Road are currently spaced at approximately one-quarter mile. One study option recommended making McFarland Road a right-in/right-out. At some point in the future, if congestions along US 77 warrants, Junction City and KDOT may consider this option. However, at this time, based upon input received during the workshops and at the direction of the technical team, the McFarland intersection will continue to be signalized allowing full turning movements.

K-18:

- Karns Drive and Spring Valley Road are currently spaced at approximately one-half mile. Karns Drive is a new road intended to serve the Junction City Middle School. At some point in the future, this road will be extended north and south, potentially serving the surrounding neighborhood. During study workshops, participants noted that this area should serve as a transition point between the rural Geary County and Junction City.
- Driveways on parallel City streets and County roads should be located a minimum of 600-feet from collector and arterial street intersections and 1,000-feet from the nearest ramp terminal at interchanges.
- All other existing access should be consolidated through shared parking, cross access, joint access, and access easements.
 - **Shared Parking:** Shared parking between adjacent properties shall be encouraged to the greatest extent possible. The study partners should consider reducing parking requirements if adjacent property owners agree to share parking. The number of parking spaces shall be dependent upon the types of uses and size of development.

- **Cross Access:** Property owners are encouraged to provide cross access and/or shared parking areas between adjacent developments. This should ensure a safe and efficient flow of traffic throughout the study area and allow local traffic to access adjacent developments without having to enter onto US-77 or K-18. Whenever possible, adjacent property owners shall be required to enter into cross access agreements and/or provide cross access easements between properties.
- **Joint Access:** Joint access is a single point of access to one or more properties. Joint access may provide one or more points of entry and access between adjacent developments. At a minimum, property owners should be required to provide access between all adjacent developments. This should provide vehicles the opportunity to access adjacent developments without having to enter onto US-77 or K-18.
- **Access Easements:** Access roads, cross access easements and/or joint use driveways shall be incorporated in the site review process. Property owners shall dedicate an easement allowing for cross access to and from other properties served by joint use driveways. Upon approval by the City or County, the easement shall be dedicated on a plat of the property or by separate legal instrument. The plat or separate instrument shall then be recorded. Whenever possible, rear access roads and cross access points should be utilized.

CORRIDOR PRESERVATION TOOLS

Corridor preservation is the application of planning efforts to identify needed right-of-way and control or protect it for a future transportation facility. Frequently, the application of corridor preservation also accomplishes access management goals by providing connectivity to alternate transportation facilities for existing access points that are desired to be removed. The following tools can be used to preserve right-of-way and accomplish the Plan's access goals:

Right-of-Way Preservation: Junction City, Milford and Geary County should use the Plan Plates to preserve future right-of-way for proposed transportation improvements. This includes integrating the Plan's Land Use Plan and Plate Maps into the site review process through local zoning and subdivision regulations.

Access Consolidation: As stated in the Land Use Plan section of this report, existing driveways should be considered a non-conforming use. This means, if the property owner decides to subdivide or change use of the property, the property owner should implement the Plan's access recommendations as shown in the Plan Plates at the owner's expense. In cases where the property does not change use, KDOT, Junction City, Milford and Geary County should work with individual property owners to meet the Plan's access goals. In these cases, the Partners should consider the following strategies.

Advanced Land Acquisition: Public sector entities have the authority to acquire land for public improvements including state highways and local roads and streets by gift, purchase, or condemnation. Sufficient land may be acquired to accommodate immediate construction needs, as well as for future needs. In appropriate circumstances, public sector entities can acquire interests in land for public improvements in advance of the date of the start of construction.

TRANSPORTATION RECOMMENDATIONS

Land Swaps: Land swaps can be used by local governments to relocate properties within the Study Corridor to accomplish the Plan's access goals. For example, some parcels with shallow lot depths or that are constrained from alternative access because of existing environmental or physical conditions may need to be relocated to areas better suited to provide safe access onto US-77, K-18 or the parallel road network. Once relocated, these shallow lots could be converted to open space.

Eminent Domain: Eminent domain or condemnation is a tool used by state and local governments to acquire land for redevelopment or for the greater good of the community. The condemning authority is obligated to provide the property owner compensation based upon "fair market value" of the property. Typically, this tool is used as a last resort.

LOCAL STREET NETWORK IMPROVEMENTS

The proposed local street network improvements were established through a combination of input from the City and County plans and the workshop process to assess how their local street network was affected by the US 77 and K-18 recommendations. Through this input and use of general traffic planning principles, the following guidelines were established:

Arterials:

1. The primary function is to distribute traffic away from the intersections, serve as medium to longer range travel on the local street network, and distribute traffic to the collector road system.
2. The County Arterials should be planned as two-lane facilities with additional intersection turn lanes as dictated by turning movement volumes.
3. Arterials should be planned to provide control of access as much as possible. For the arterials within Junction City, the desired intersection spacing is one-half mile with right-in/right-outs allowed at one-quarter mile spacing. A typical urban arterial street section is shown on page 31.

Collectors:

1. The primary function is to distribute traffic away from the arterials, provide short range trips to final destinations, and provide access into developments and residential areas.
2. Collectors should be planned as two-lane facilities with an extra left turning lane if warranted.
3. A typical collector streets section is shown on page 31.
4. Generally cities and counties have ordinances that require dedication of right-of-way for roadway purposes as development occurs.

MAINLINE AND INTERSECTION RECOMMENDATIONS

Typical sections for US 77 and K-18 mainline characteristics are provided on page 30 and 31 at the end of this section. Individual intersection or interchange observations are summarized on the following pages. The purpose of the transportation recommendations is to focus on US 77, K-18, the major intersecting highways and the adjacent local street system. US 77, K-18 and the local street network are an integrated system and it would not be prudent to focus on the mainline at the expense of the local street network, or conversely, to have a focus on the local street network at the expense of the mainline.

Before any consideration for improvements to US 77 and K-18, the Consultant Team reviewed the capacity, type, function, and parameters of these highways. Some of the varying roadway characteristics include:

- Number of lanes.
- Type of access control.
- Median divided lanes or undivided.
- Curb and gutter or shoulder.
- Traffic control at intersections.
- Posted speed limit and roadway design speed.
- Frequent driveways or limited private access.

Segment 1: US 77 (Lyons Creek Road to I-70)

The first segment of the US 77 begins at Lyons Creek Road and extends north to the I-70 interchange. This section is currently two-lane and is primarily rural with few private driveways. A majority of this area is within the Smokey Hill River flood plain. However, there is significant industrial development near the I-70 interchange, including a Foot Locker Distribution Facility, Sewer Treatment Plant and KDOT maintenance facility. According to Junction City officials, there is interest in additional industrial uses east of the Highway.

US 77 at Old Highway 40

- Due to the proximity to existing development and the Union Pacific Rail line, there are no feasible options for relocating this intersection further south away from I-70, therefore, the existing alignment is retained.
- A roundabout or signal is warranted at this intersection. A signal is recommended to avoid the more complex navigation of a dual roundabout (dumbbell) arrangement that would be created due to its proximity to the I-70 Interchange.

US 77 at I-70

- A standard diamond interchange configuration is proposed at I-70. This configuration may allow the existing I-70 bridges to be salvaged. Roundabouts will be incorporated at the ramp terminals to facilitate better traffic flow.

TRANSPORTATION RECOMMENDATIONS

8-18

US 77 at I-70 (Continued)

- Combining Old Highway 40 with a south terminal roundabout and Lacy/Goldenbelt with a north terminal roundabout was considered, however, this configuration fails due to high turning volumes.
- A future I-70 interchange (potentially at Taylor Road) was discussed at the workshops. This possibility is accounted for in the Land Use Plan and could reduce congestion at the US 77 interchange and improve access to West Junction City. However, a break in access study and environmental process will need to be completed as well as identifying project financing to determine the feasibility and timing of any future interchange.

Segment 2: US 77 (I-70 to Old Highway 77/Old Milford Road)

The second segment of the US 77 begins at the I-70 interchange and ends just north of Old Highway 77/Old Milford Road. This section is currently four-lane and is the most developed area with numerous businesses and emerging multi-family neighborhoods fronting US 77. Due to the amount of development, this section of US 77 operates like a City arterial. Fortunately, Junction City and KDOT have successfully controlled access as most businesses access US 77 from side streets. North of K-57/K244 to Old Highway 77/Old Milford Road is currently rural due to the Republic River flood plain and the proximity to the USACE and Fort Riley property. However, due to the traffic volumes in this area and the connections to Fort Riley and Milford Lake, this segment is identified as an improved four-lane facility with significant intersection improvements to address key safety and mobility concerns through this area.

US 77 at Lacy/Goldenbelt Drive

- Several options were tested to consider the feasibility of relocating Lacy Drive/Goldenbelt Boulevard north to provide better spacing with the I-70 interchange ramps to the south. Relocating the intersection to the north would provide slightly more north bound US 77 storage, but would require significant impact to the bluff in the north east quadrant as well as likely acquisition of the new apartment building. Relocation of the intersection while avoiding the apartment building would possibly require significant retaining walls and/or a skewed intersection on a curve with only minimal increase in North bound US 77 storage length. Due to significant site constraints and traffic impacts, this option would be very costly.
- A roundabout or signal is warranted at this intersection. A signal was selected to avoid the more complex navigation of a dual roundabout (dumbbell) arrangement that would be created due to its proximity to the I-70 Interchange. A roundabout was tested but failed due to north bound US 77 traffic backing up into the I-70 north ramp terminal roundabout.
- To address the spacing issue, a study option shown in the Plan Plates (see Plate 3 and inset 1b) includes a provision for a "Michigan Left" that will also necessitate an additional signal slightly north coordinated with the main intersection signal. At some point in the future, if congestion within this area significantly worsens, Junction City and KDOT may consider this option. However, due to input received at the workshops, including the concerns about out-of-direction travel, the existing intersection configuration will initially remain and be signalized.

US 77 at Lacy/Goldenbelt Drive (Continued)

- Improvements to Lacy/Goldenbelt including additional lanes to accept turning traffic to/from US 77 and the addition of left and right turn lanes are needed.

US 77 at Ash Street

- A roundabout was tested but fails due to large turning volumes.
- Improvements will be needed to Ash Street including potential widening.

US 77 at McFarland Road

- A full intersection would violate desired intersection spacing. A study option, shown in the Plan Plates (see Plate 4 and inset 3b), shows McFarland Road as a right-in/right-out. At some point in the future, if congestions along US 77 warrants, Junction City and KDOT may consider this option. However, at this time, based upon input received during the workshops and at the direction of the technical team, the McFarland intersection will continue to be signalized allowing full turning movements. There is some concern that a right in/right out intersection will produce undesired cut-through traffic to adjacent neighborhoods to access Spring Valley Road. In addition, Ash Street would need to be improved to accommodate additional east-west traffic across US 77.

US 77 at K-18

- An at-grade intersection, while likely possible here, would require extensive earthwork/rock cuts and would eliminate the added safety of an interchange near the new middle school.
- The current loop ramps only meet about 25 mph design speed. If US 77 is widened to a 4-lane median section the extra width would further tighten and/or shorten the ramps if left in this configuration.
- A standard diamond interchange is proposed in order to preserve right-of-way should one be deemed desirable in the future. A rock quarry in the northeast quadrant of this intersection will likely force the east ramps to stay in tight to US 77 making a tight diamond configuration a possibility.
- The current K-18 bridge over US 77 is a concrete box girder bridge built in the late 1950s so it likely is not a great candidate for widening to accommodate a bike/pedestrian path or any turn lanes. A new bridge may be a more economical choice, especially if US 77 is widened as the existing piers may not accommodate much extra width.

US 77 at Rucker Road

- The signalized configuration currently under construction is retained.
- A Roundabout was considered but fails due to large turning volumes. Other potential realignment options resulted in numerous property impacts that are mitigated through retention of the planned improvements.

TRANSPORTATION RECOMMENDATIONS

US 77 at K-57/K-244

- A signal is warranted at this location in the future. A roundabout fails at this location due to high traffic volumes in all directions.
- Realignment of the intersection to remove the skew was evaluated and provided little actual benefit compared to the property impacts and the extensive work required to realign the channelized intersection just to the west.
- Eliminating the channelized intersection just west of here would likely increase safety in the area.

US 77 at Old Milford Road

- A signal or roundabout is warranted at this location in the future.
- A roundabout is proposed to allow continuous flow of traffic and yet slow the traffic in the area of the skewed intersection.

US 77 at Old Highway 77

- A signal or roundabout is warranted at this location in the future. A roundabout is proposed to allow continuous flow of traffic and yet slow the traffic near this busy intersection.
- The intersection was realigned to the north to eliminate the extensive skew and to allow an access connection to the homes and land west of the intersection. This realignment also conforms to the desired intersection spacing along the corridor.

Segment 3: US 77 (Old Highway 77 to 12th Street Milford)

The third segment of the US 77 begins at Old Highway 77/Old Milford Road and ends just north of 12th Street in Milford. This section is currently two-lane and is very rural due to the proximity of the USACE and Fort Riley Property as well as a few topographical constraints. Despite its rural nature, this section has numerous rural residences and subdivisions with driveways fronting US 77.

US 77 at North K-57, Lakeview Terrace, Cedar Drive, and Houston Road

- These stop-controlled intersections function as important access points but do not produce the traffic volumes needed for more elaborate intersection controls.

US 77 at 12th Street in Milford

- This stop-controlled intersection functions as an important access point but does not produce the traffic volume needed for a more elaborate intersection control. Simple improvements such as deceleration lanes would address safety concerns for turning movements in and out of Milford.
- An additional access point onto US 77 approximately 1000' south of the 12th Street intersection was considered to accommodate future development in the area. The intersection was deemed inappropriate due to its proximity to the main 12th Street intersection (would significantly violate the desired 1-mile access spacing), reasonable access being available via 12th Street, Houston Road and/or other city streets, and the possible unsafe nature of the extra intersection in regards to driver expectation and interference with future US 77 left-turn lanes and associated widening.

K-18 MAINLINE AND INTERSECTION RECOMMENDATIONS

K-18 is identified as one continuous segment from the US 77 west to the county line. Several new residential subdivisions along Spring Valley Road and a new Junction City Middle School has significantly changed the character and local traffic patterns within this area. Through the study process, which included representatives from Junction City, the County and residents along K-18, participants identified the area between US 77 and Karns Drive as more suburban in character and the areas west of Karns Drive as likely to remain rural for the foreseeable future.

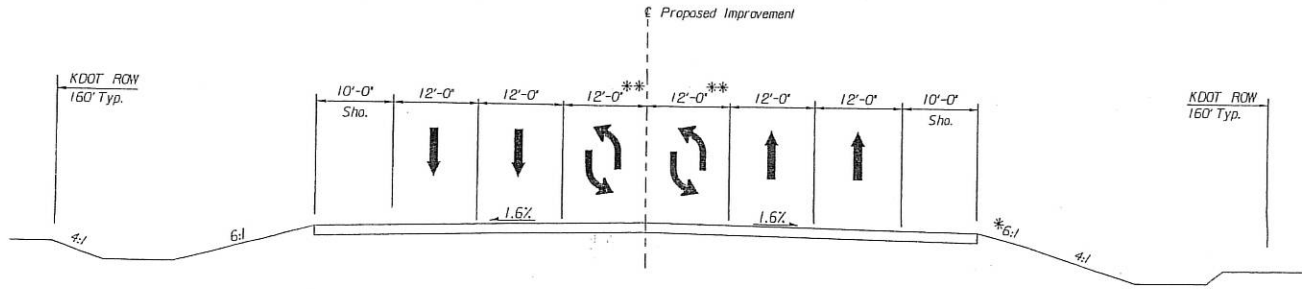
K-18 at Spring Valley Road

- A signal or roundabout is warranted. A roundabout was considered; however, due to significant relief to the north of the intersection and potential impacts to a historic building in the southeast corner of the intersection, a traffic signal was selected.

K-18 at Karns Drive west of Middle School

- It should be noted that this intersection was not tested to meet future warrants for a signal. However, plan participants, including a focus group of K-18 residents, requested a traffic calming device to slow traffic through the area. A roundabout was suggested to force a slowdown in the traffic stream prior to passing through the residential and middle school area and yet still provide continuous traffic flow along K-18.
- Traffic speeds through this area are a major concern for local residents and others who are concerned about the proximity of K-18 to the Junction City Middle School. Based on these concerns, a speed study is recommended to determine the 85th percentile speeds through this area. The study should also consider the effect of proposed transportation improvements. Based on this study, and public input, KDOT should work with Junction City to determine if the speed limits through this area should be adjusted.

TRANSPORTATION RECOMMENDATIONS

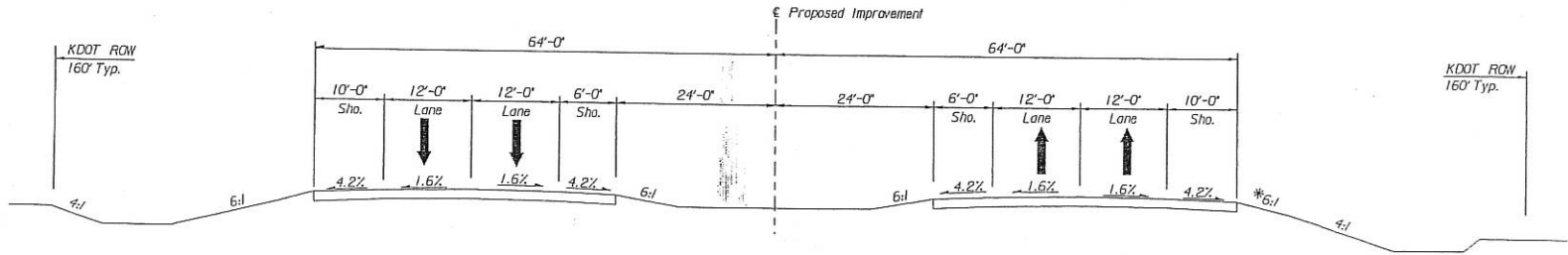


** Turn Lanes Striped and Delineated as needed
 * 6:1 used to limits of clear zone

CUT SECTION

FILL SECTION

US-77 4-LANE EXPRESSWAY
 URBAN UNDIVIDED SECTION
 (Not to Scale)



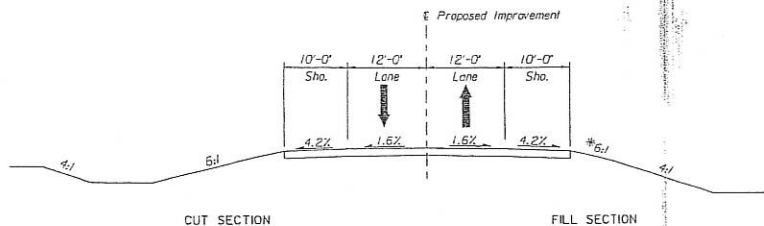
* 6:1 used to limits of clear zone

CUT SECTION

FILL SECTION

US-77 4-LANE EXPRESSWAY
 RURAL OPEN MEDIAN SECTION
 (Not to Scale)

TRANSPORTATION RECOMMENDATIONS

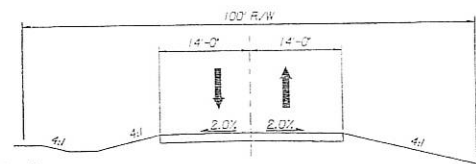


CUT SECTION

FILL SECTION

US-77 RURAL 2-LANE
(Not to Scale)

* 6:1 used to limits of clear zone

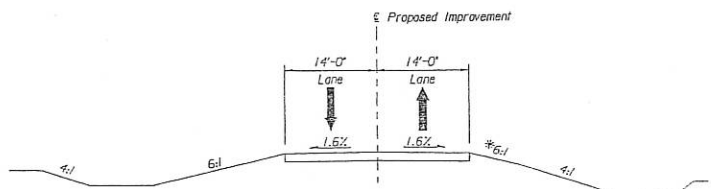


CUT SECTION

FILL SECTION

2-LANE COLLECTOR / ACCESS ROAD (RURAL)
100' RIGHT OF WAY
(Not to Scale)

** Dimensions shown may be less for an access road where appropriate.

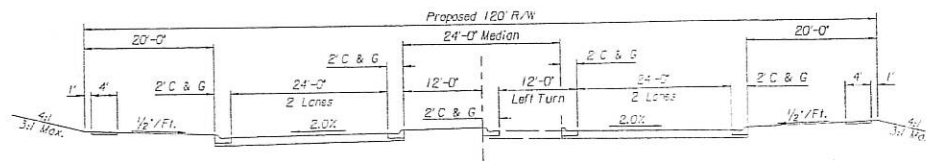


CUT SECTION

FILL SECTION

K-18 RURAL 2-LANE
(Not to Scale)

* 6:1 used to limits of clear zone



CUT SECTION

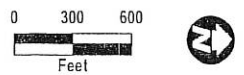
FILL SECTION

4-LANE URBAN ARTERIAL
120' RIGHT OF WAY
(Not to Scale)

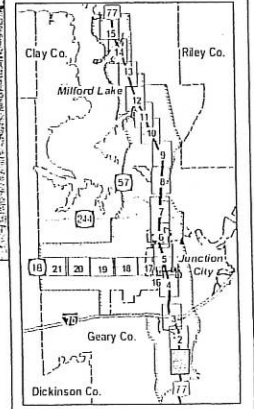
US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Crown Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.

- US-77/K-18 Mainline**
 - 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
 - Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Parcel Boundaries
- Corps of Engineers Limits
- City Limits

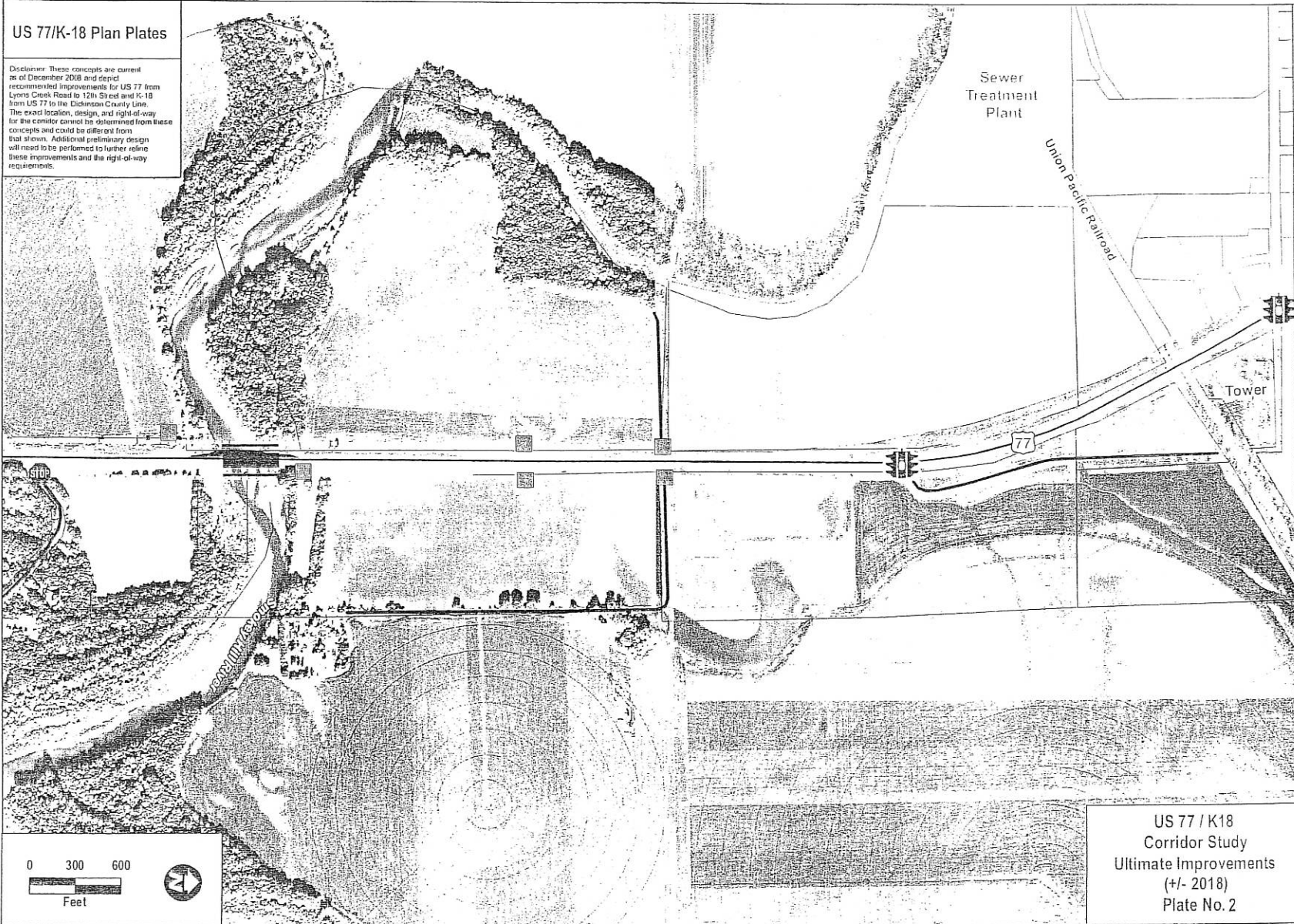


US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 1

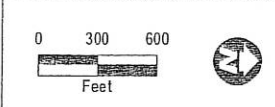


US 77/K-18 Plan Plates

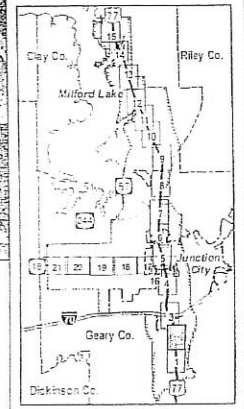
Disclaimer: These concepts are current as of December 2018 and depict recommended improvements for US 77 from Lyons Creek Road to 12th St east and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from final plans. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Crossing
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Paralle Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits



US 77 / K18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 2



8-25

US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2009 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.

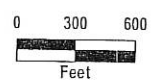
Sewer Treatment Plant

Union Pacific Railroad

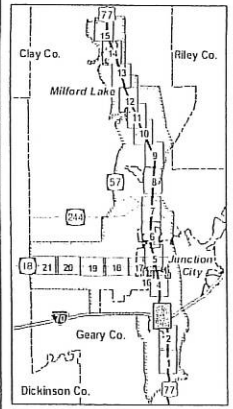
Tower

See Insets 1a & 1b (option)

- US-77/K-18 Mainline**
- 4 Lane Section
- 2-3 Lane Section
- Pedestrian Crossing
- Future Access Removal
- Opportunity Access Removal (Grandfathered Access)
- Pavement Removal
- Bridge
- Proposed Right of Way
- Parallel Road Network**
- Arterial
- Collector
- Local Road
- New Roadway (All Types)
- Parcel Boundaries
- Corps of Engineers Limits
- City Limits

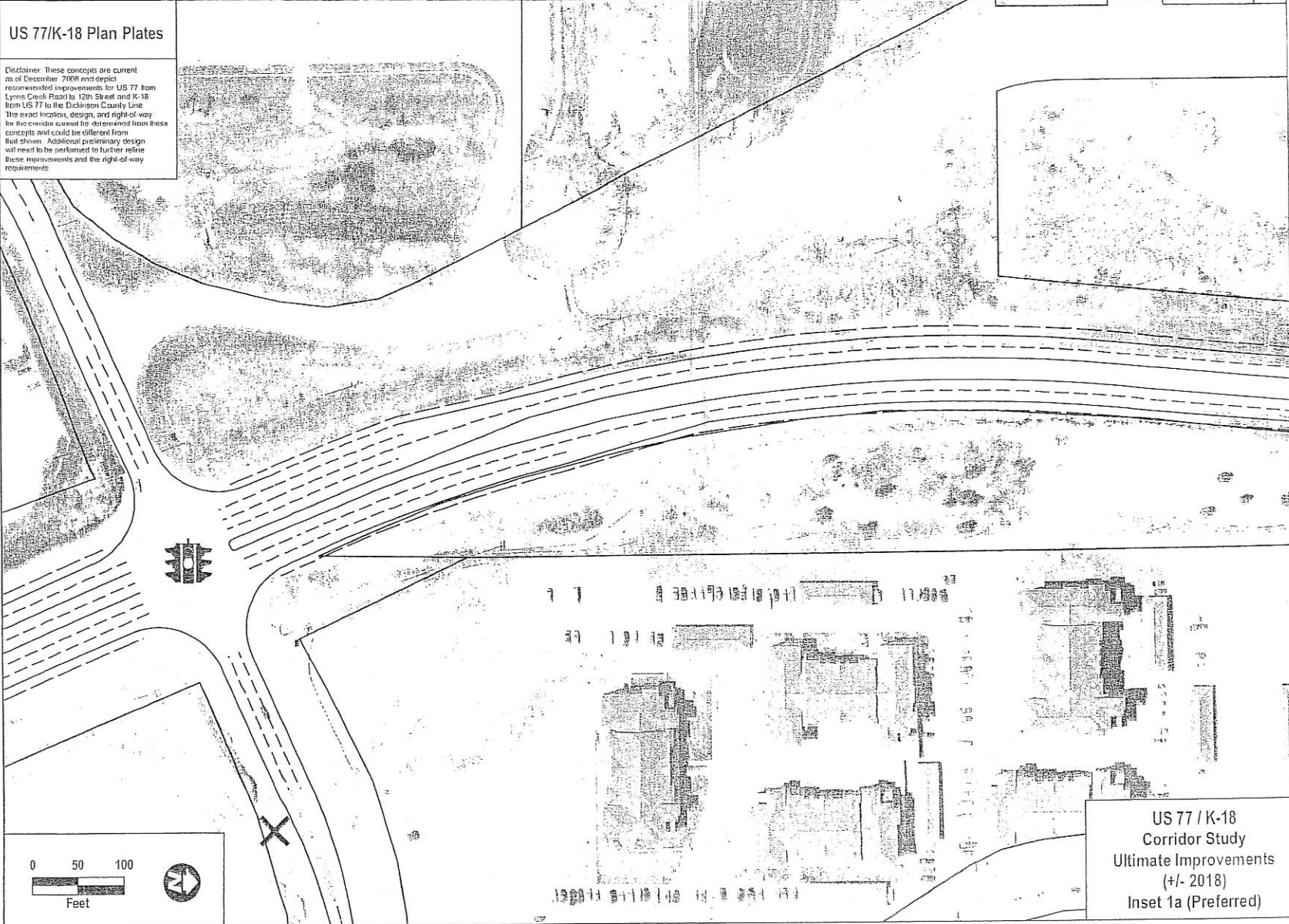


US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 3



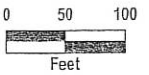
US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lynn Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further define these improvements and the right-of-way requirements.

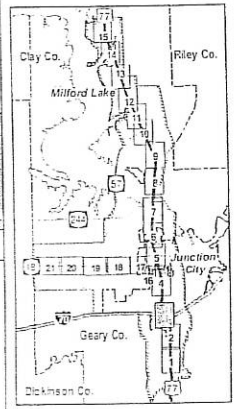


- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Pavement Removal
 - Bridge

- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
 - Parcel Boundaries
 - Corp of Engineers Limits
 - City Limits

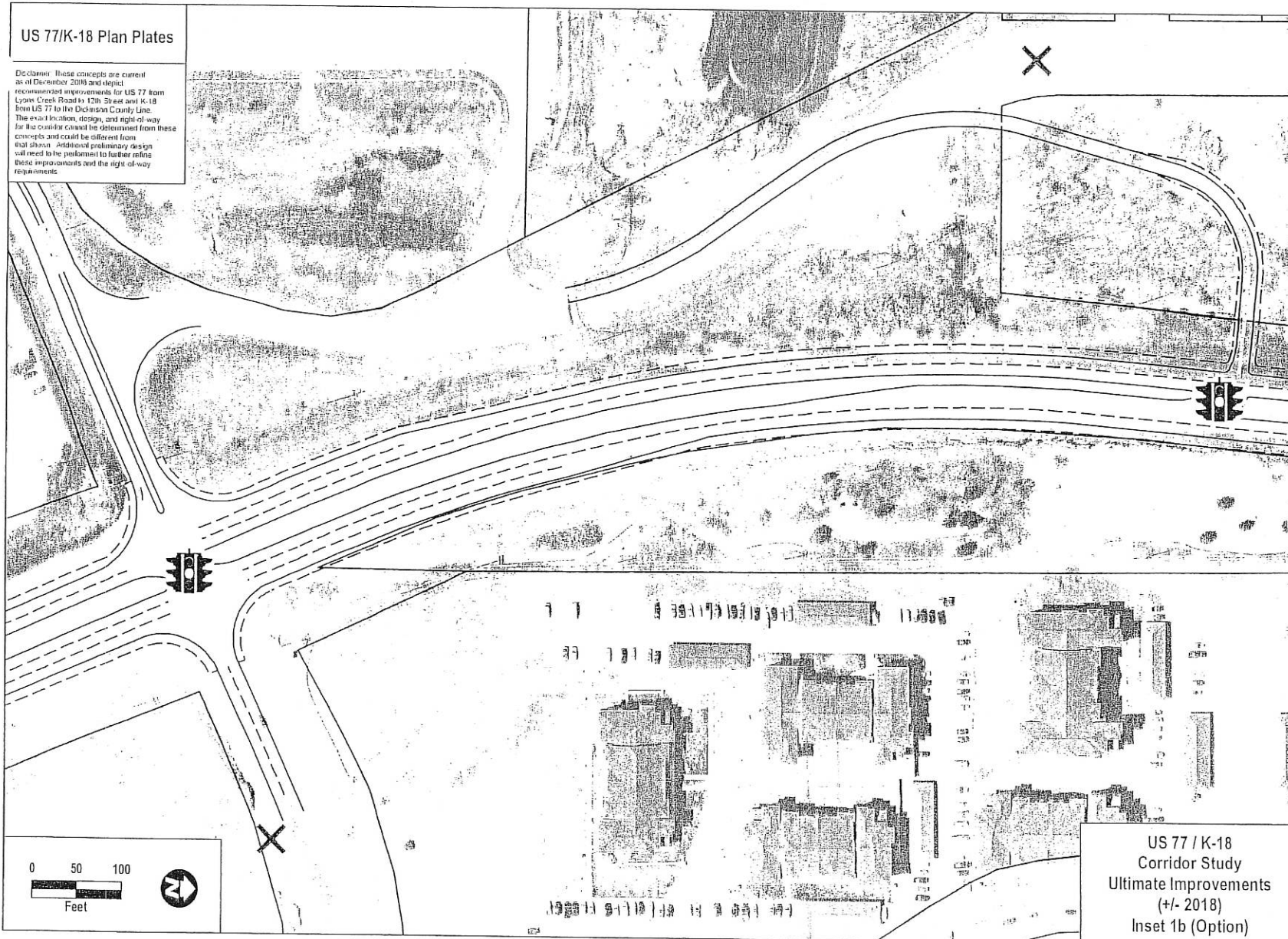


US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Inset 1a (Preferred)

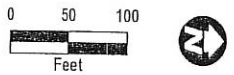


US 77/K-18 Plan Plates

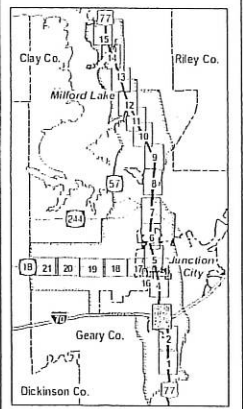
Disclaimer: These concepts are current as of December 2018 and depict recommended improvements for US 77 from Lyons Creek Road to 13th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Pavement Removal
 - Bridge
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Parcel Boundaries
 - Corp of Engineers Limits
 - City Limits

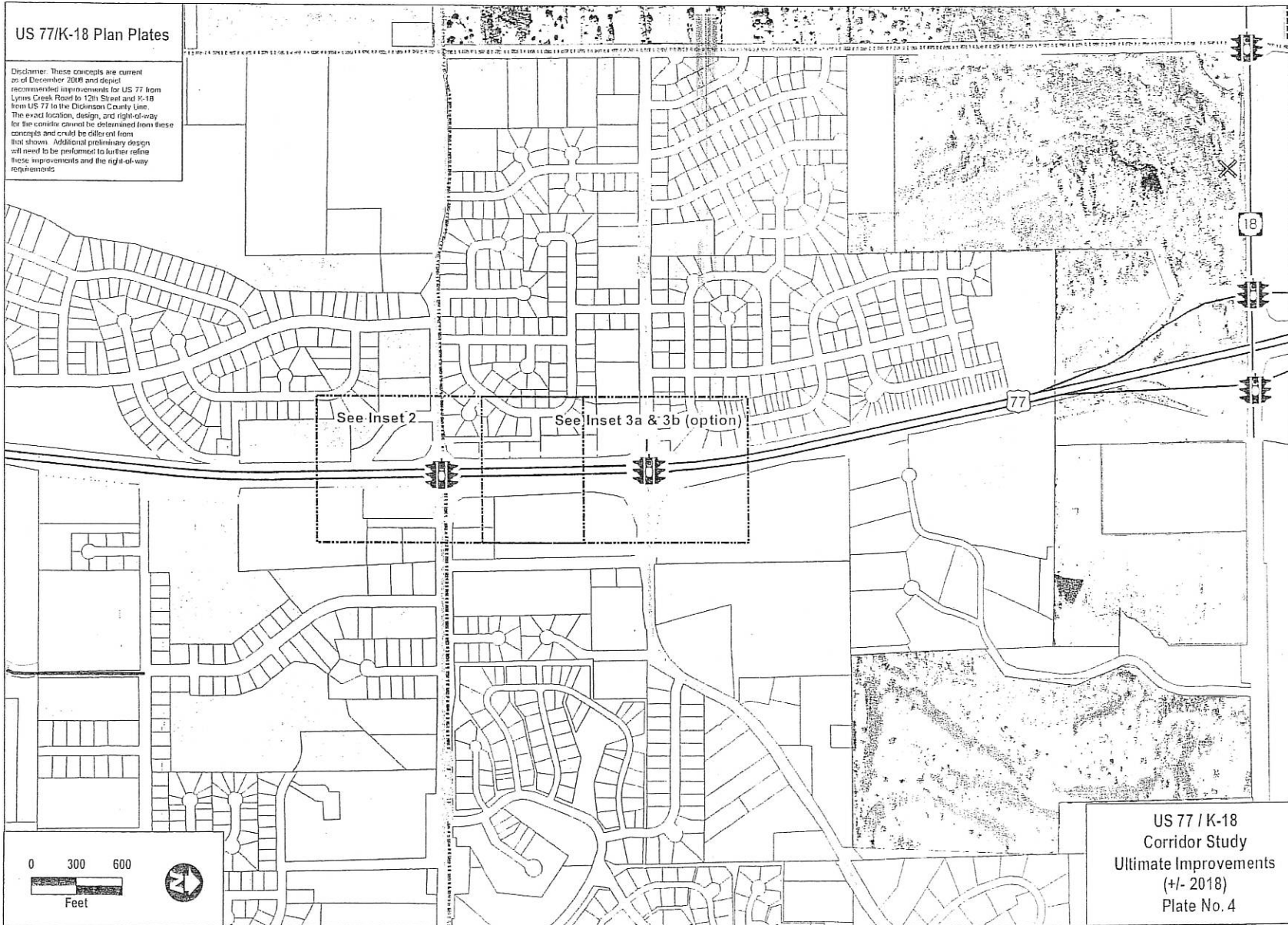


US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Inset 1b (Option)

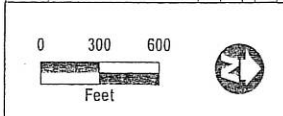


US 77/K-18 Plan Plates

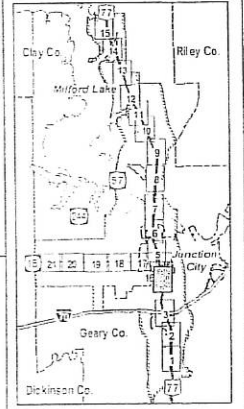
Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lynns Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits



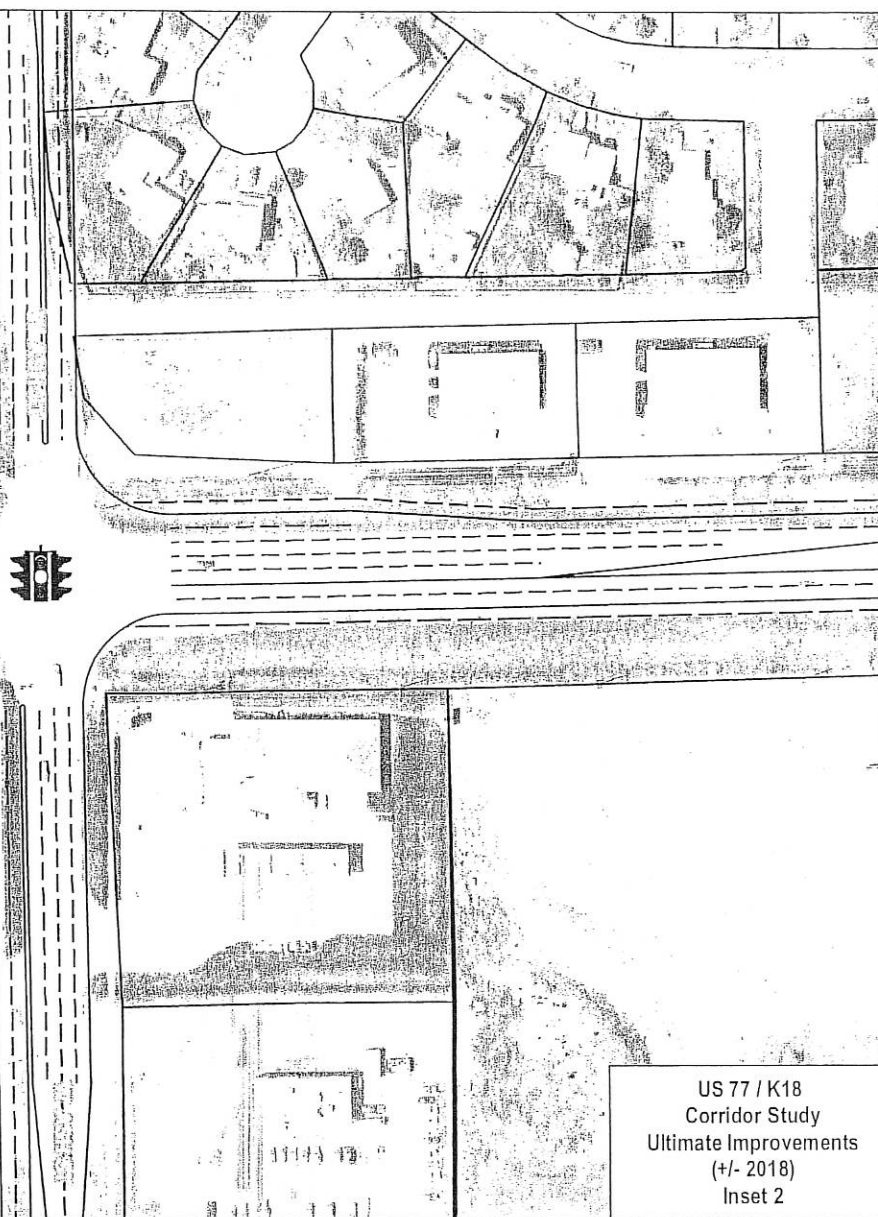
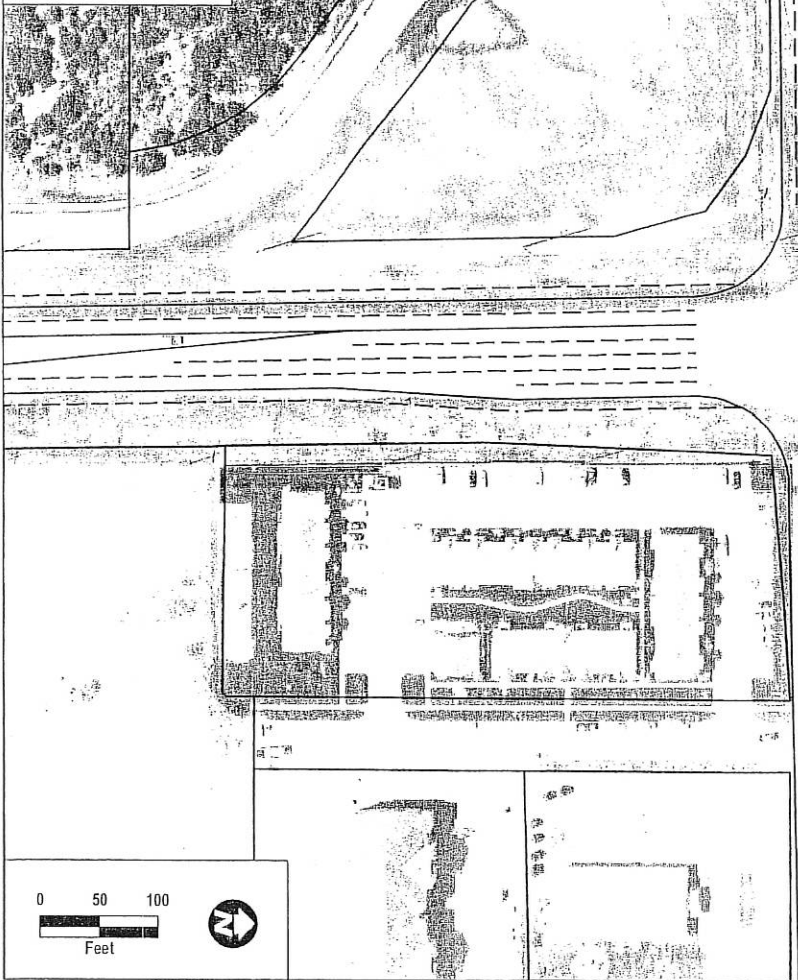
US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 4



8-29

US 77/K-18 Plan Plates

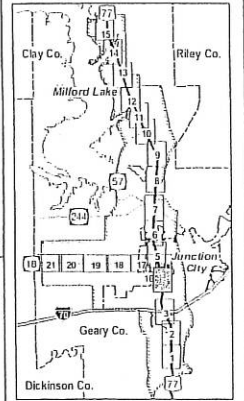
These concepts are current of December 2008 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Pavement Removal
 - Bridge
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Boundaries**
- Parcel Boundaries
 - Corp of Engineers Limits
 - City Limits

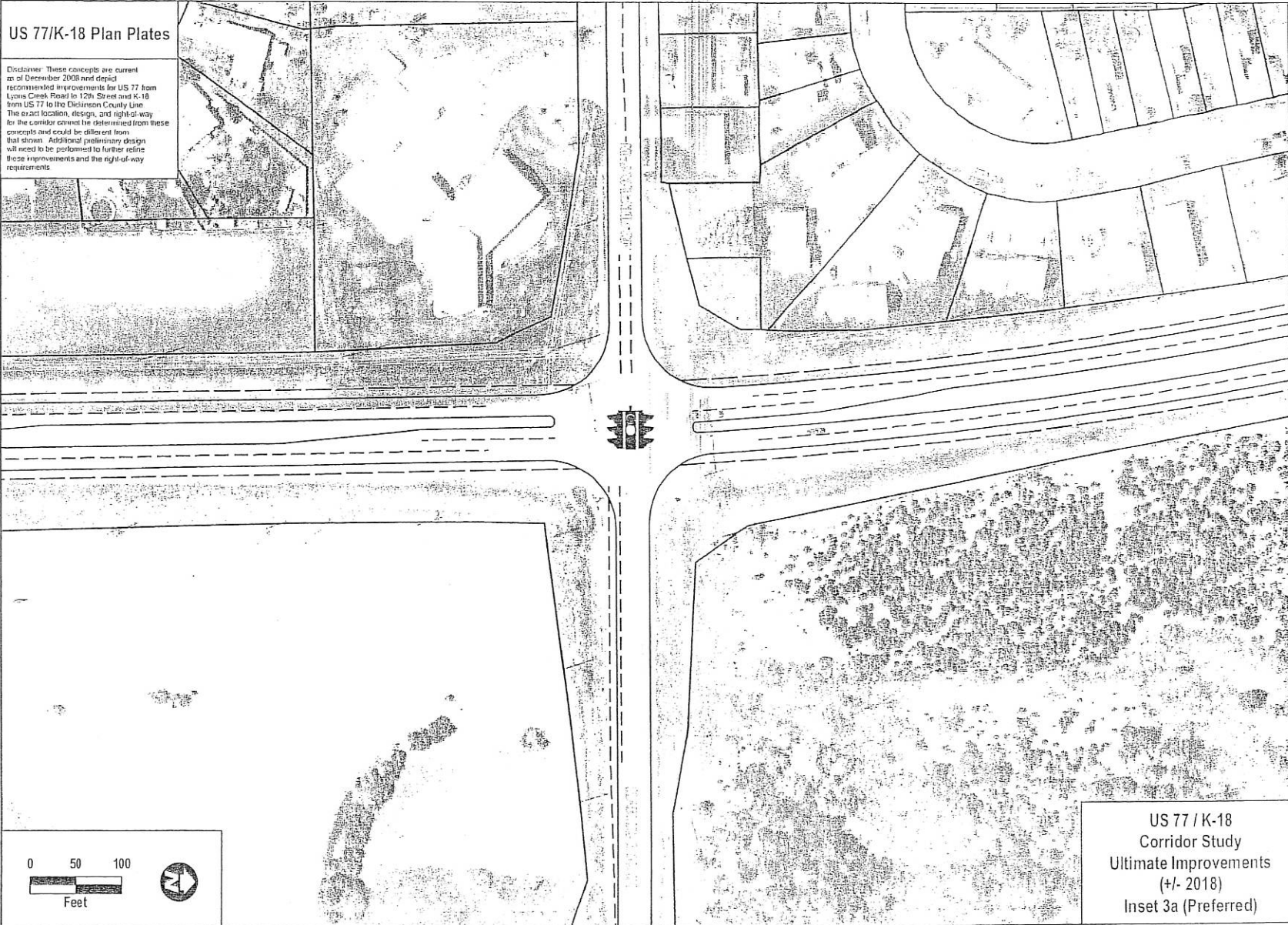


US 77 / K18
Corridor Study
Ultimate Improvements
(+/- 2018)
Inset 2



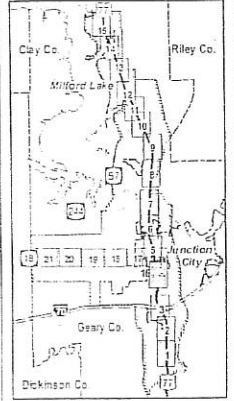
US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



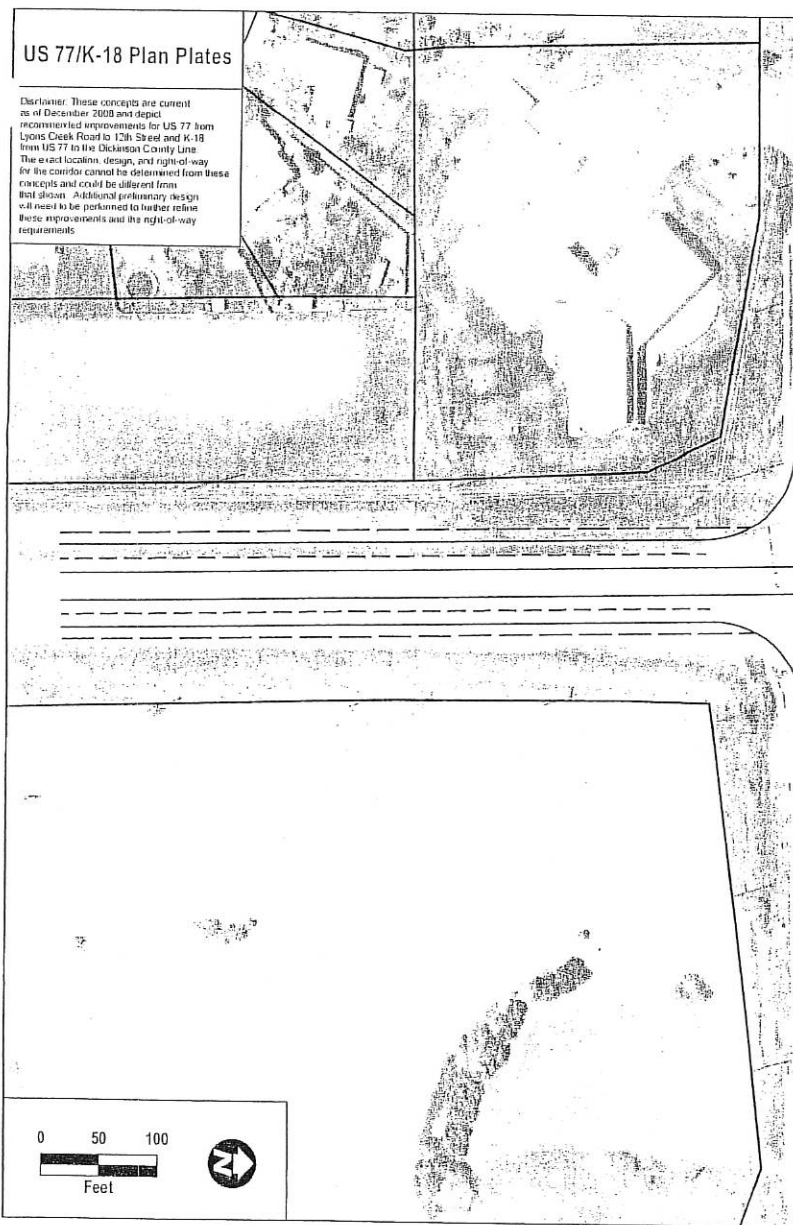
- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Pavement Removal
 - Bridge
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
 - Parcel Boundaries
 - Corp of Engineers Limits
 - City Limits

US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Inset 3a (Preferred)



US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and its right-of-way requirements.

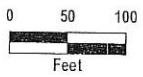


US-77/K-18 Mainline

- 4 Lane Section
- 2 - 3 Lane Section
- Pedestrian Connection
- Future Access Removal
- Pavement Removal
- Bridge

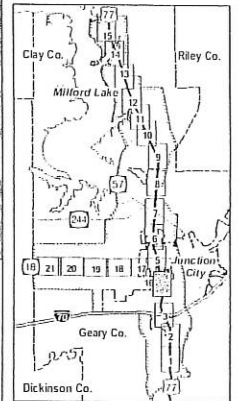
Parallel Road Network

- Arterial
- Collector
- Local Road
- New Roadway (All Types)
- Parcel Boundaries
- Corp of Engineers Limits
- City Limits



Right In - Right Out

US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Inset 3b (Option)



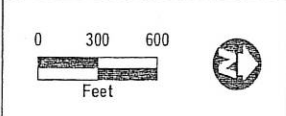
8-31

US 77/K-18 Plan Plates

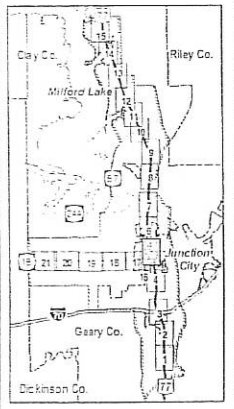
Disclaimer: These concepts are current as of December 2018 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from final design. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
- 2-3 Lane Section
- Pedestrian Connection
- Future Access Removal
- Opportunity Access Removal (Grandfathered Access)
- Pavement Removal
- Bridge
- Proposed Right of Way
- Parallel Road Network**
- Arterial
- Collector
- Local Road
- New Roadway (All Types)
- Parcel Boundaries
- Corps of Engineers Limits
- City Limits

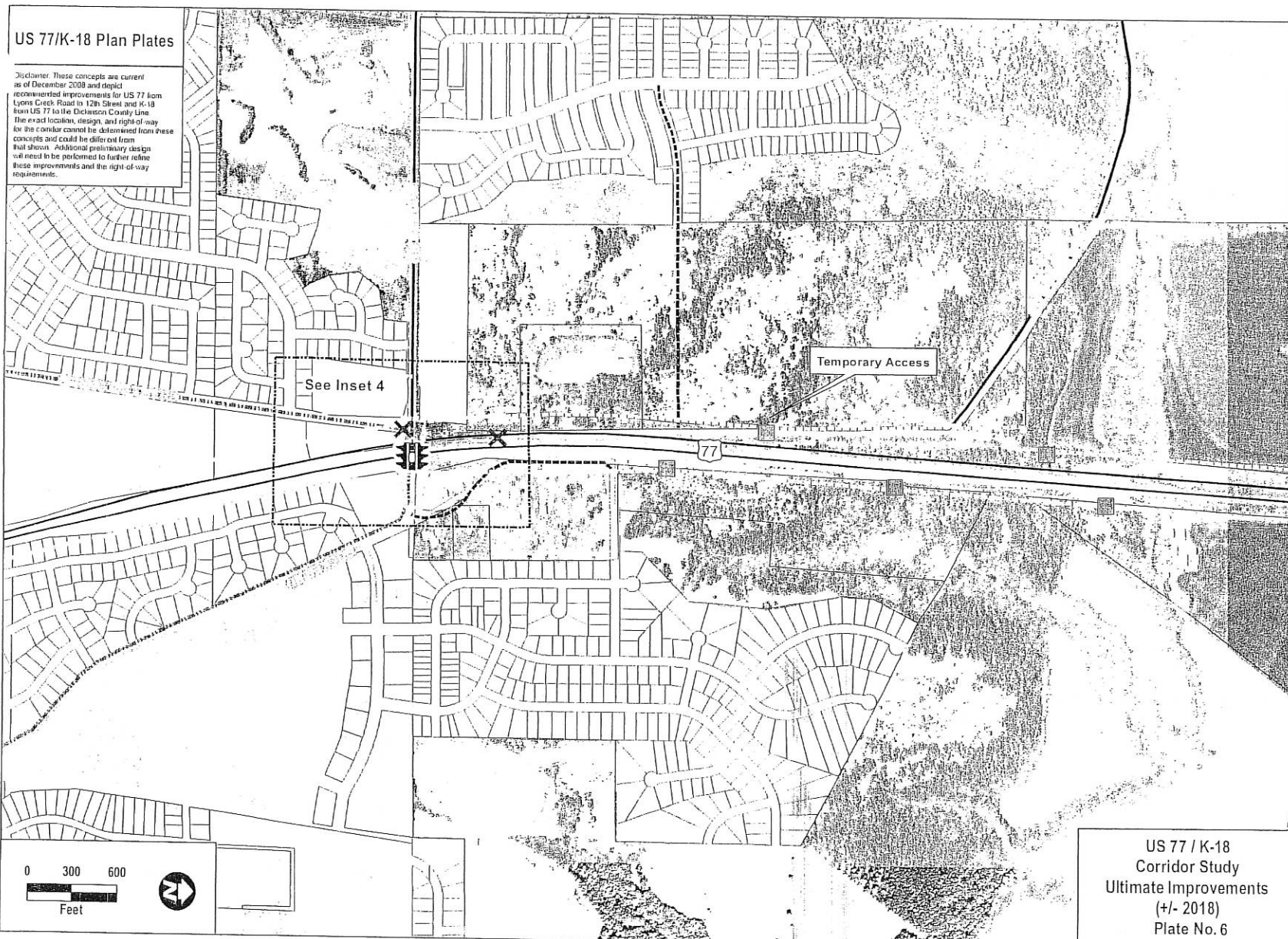


US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 5

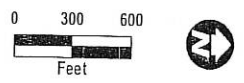


US 77/K-18 Plan Plates

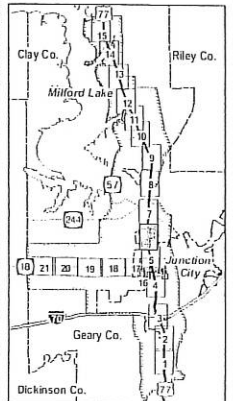
Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickason County Line. The exact location, design, and right-of-way for this corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
 - 2 - 3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Other Symbols**
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits



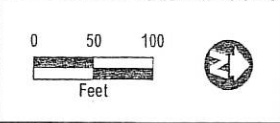
US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 6



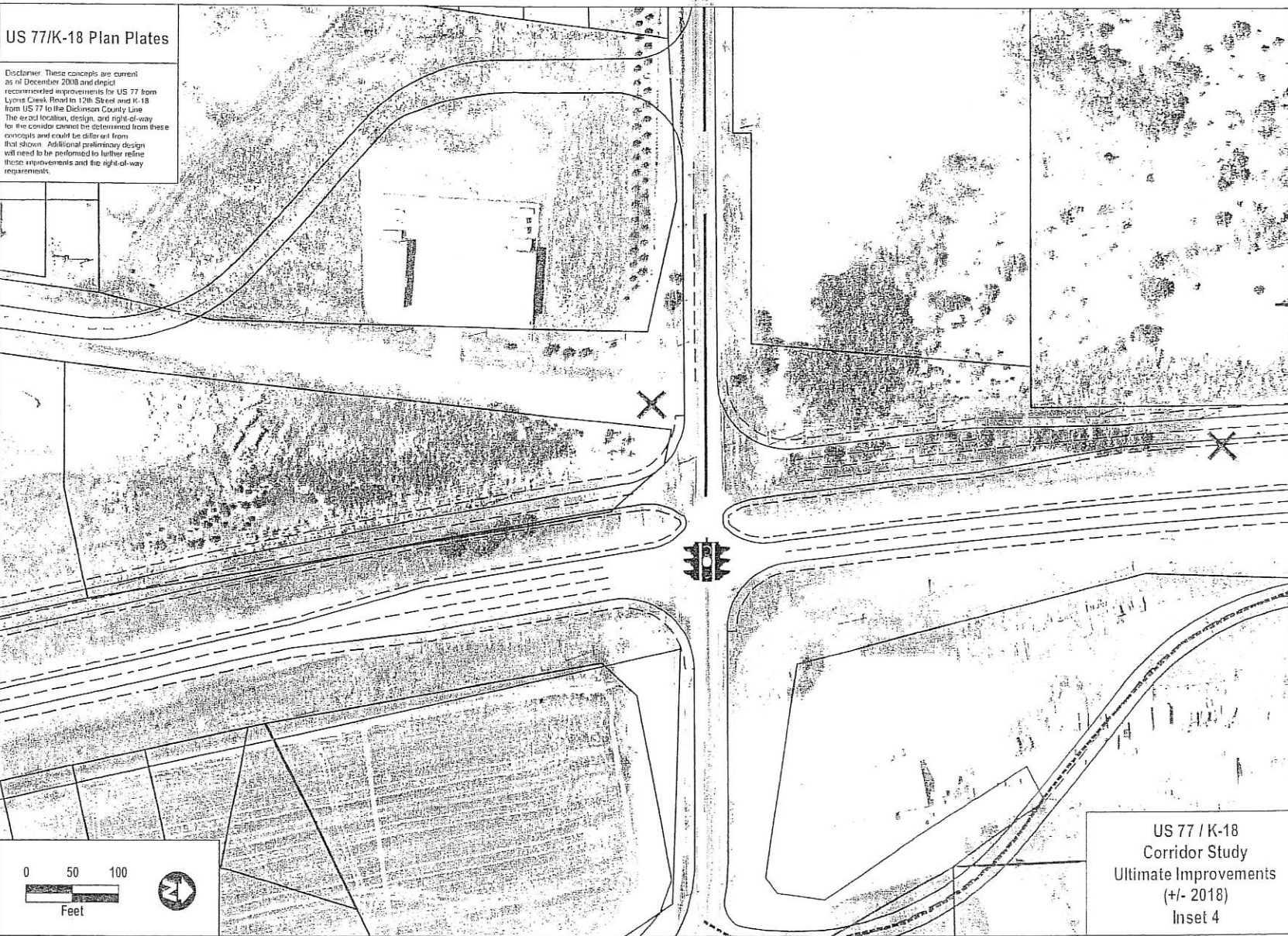
8-33

US 77/K-18 Plan Plates

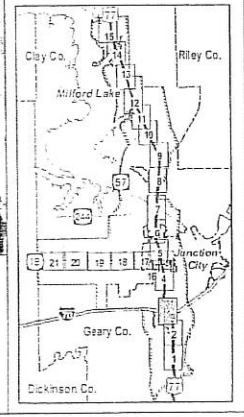
Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Pavement Removal
 - Bridge
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
- New Roadway (All Types)**
- Parcel Boundaries
 - Corp of Engineers Limits
 - City Limits

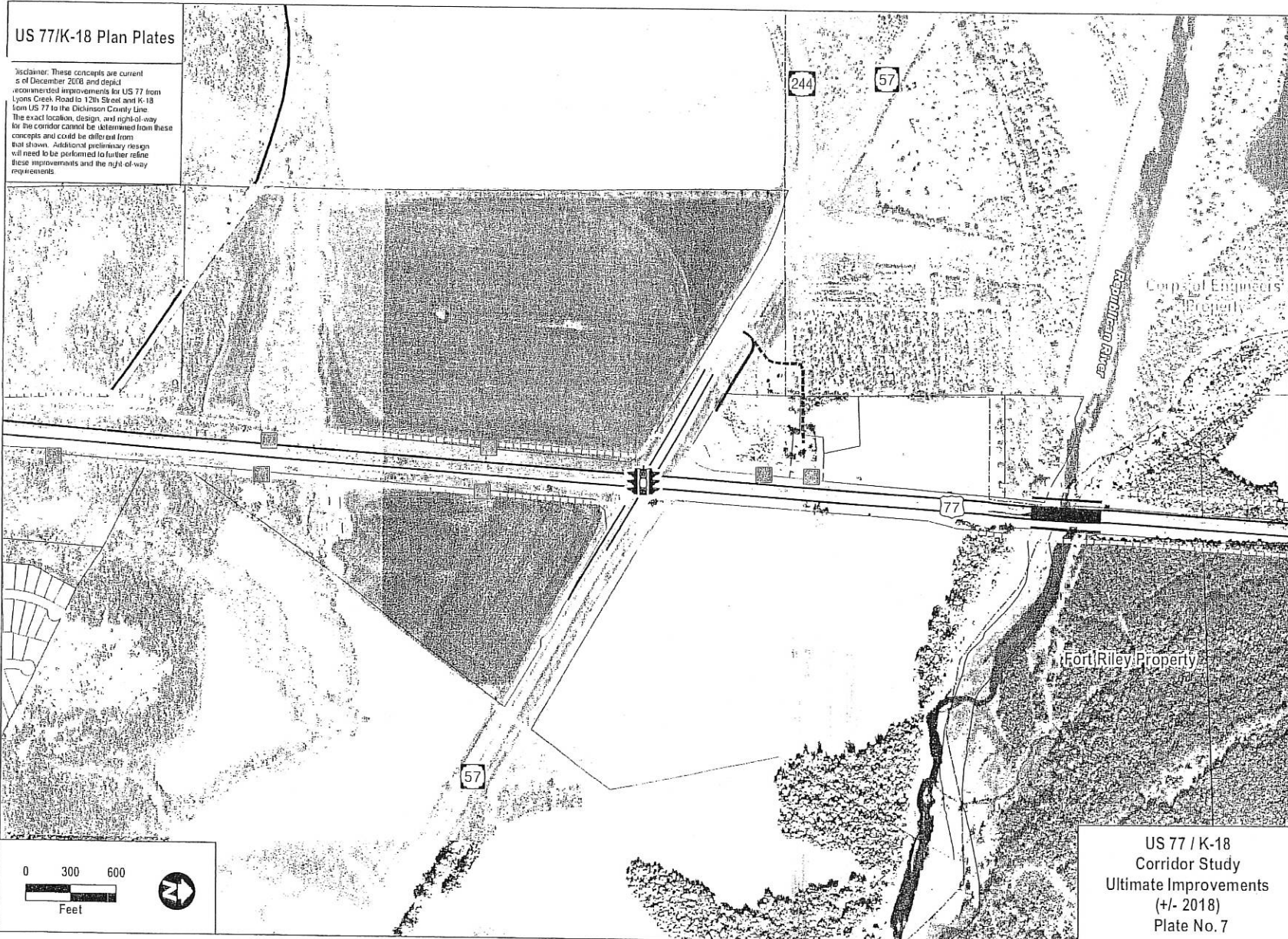


US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Inset 4



US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2018 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.

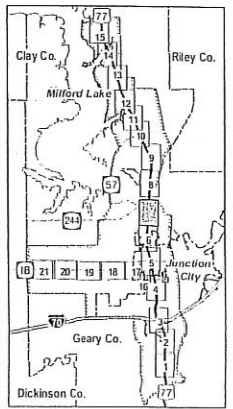


- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Other Symbols**
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits

8-35



US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 7

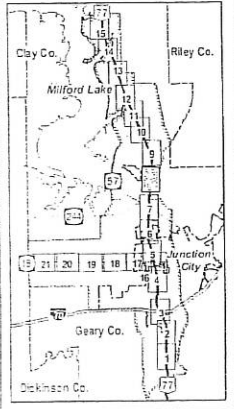


US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2018 and represent recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 along US 77 in the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



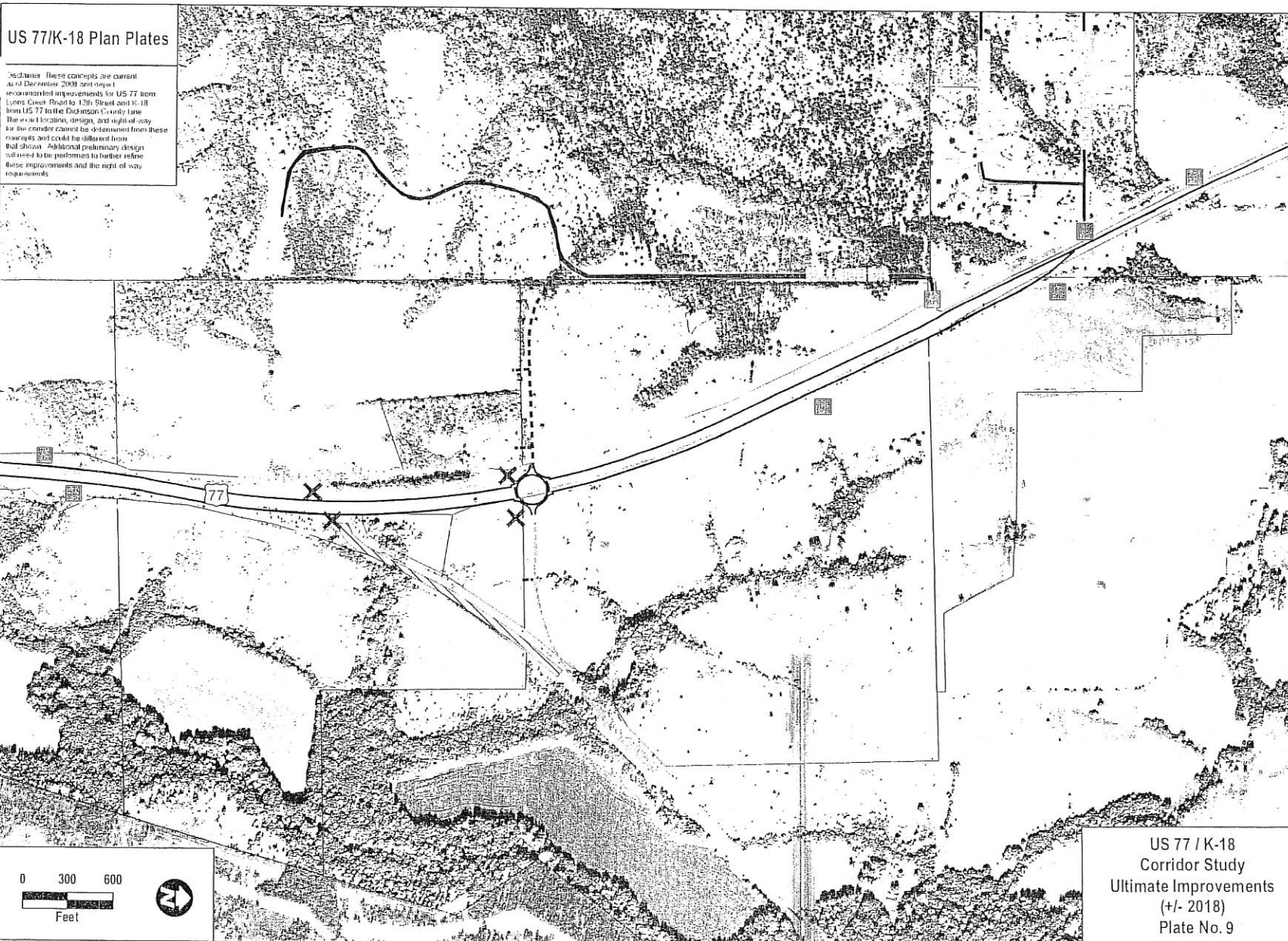
- US-77/K-18 Mainline**
- 4 Lane Section
 - 2 - 3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Other Symbols**
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits



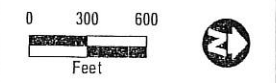
US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 8

US 77/K-18 Plan Plates

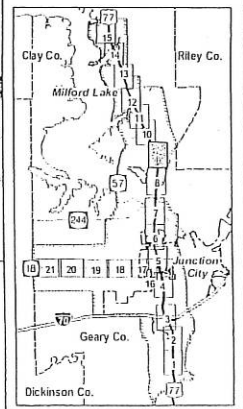
Disclaimer: These concepts are current as of December 2009 and subject to recommended improvements for US 77 from Lane's Creek Road to 17th Street and K-18 from US 77 to the Dickinson County line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be altered from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
 - 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
 - Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
 - Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits



US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 9



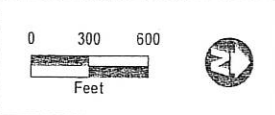
8-37

US 77/K-18 Plan Plates

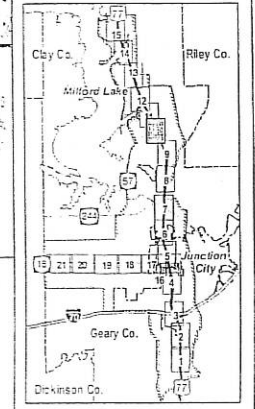
Disclaimer: These concepts are current as of December 2018 and represent recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
 - 2 - 3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Other Symbols**
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits

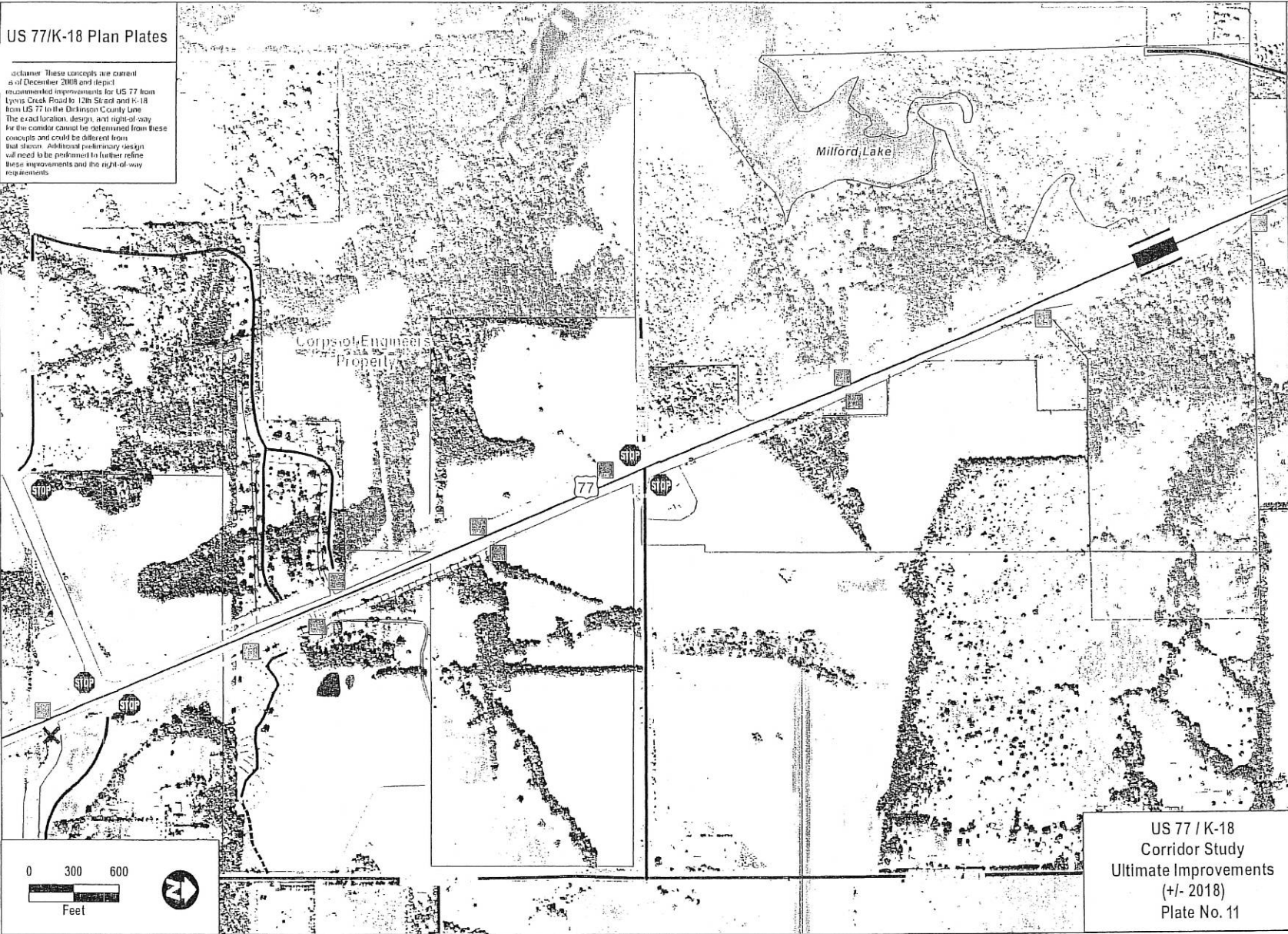


US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 10

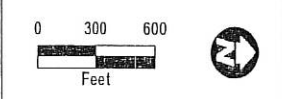


US 77/K-18 Plan Plates

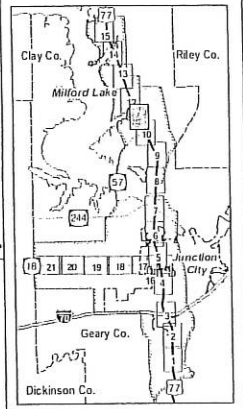
Disclaimer: These concepts are current as of December 2018 and depict recommended improvements for US 77 from Lyvis Creek Road to 17th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Other Symbols**
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits



US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 11



8-39

US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.

Corps of Engineers Property

Milford Lake

Fort Riley Property

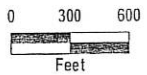
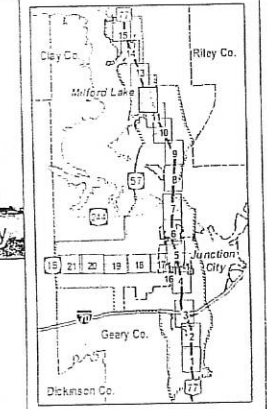
US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 12

US-77/K-18 Mainline

- 4 Lane Section
- 2-3 Lane Section
- Pedestrian Connection
- Future Access Removal
- Opportunity Access Removal (Grandfathered Access)
- Pavement Removal
- Bridge
- Proposed Right of Way

Parallel Road Network

- Arterial
- Collector
- Local Road
- New Roadway (All Types)
- Parcel Boundaries
- Corps of Engineers Limits
- City Limits



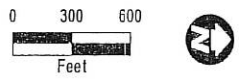
US 77/K-18 Plan Plates

Notes: These concepts are current as of December 2006 and depict planned improvements for US 77 from Lynn Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



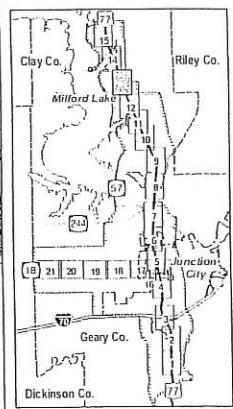
- US-77/K-18 Mainline**
- 4 Lane Section
 - 2 - 3 Lane Section
 - Pedestrian Crossing
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
 - Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits

8-41



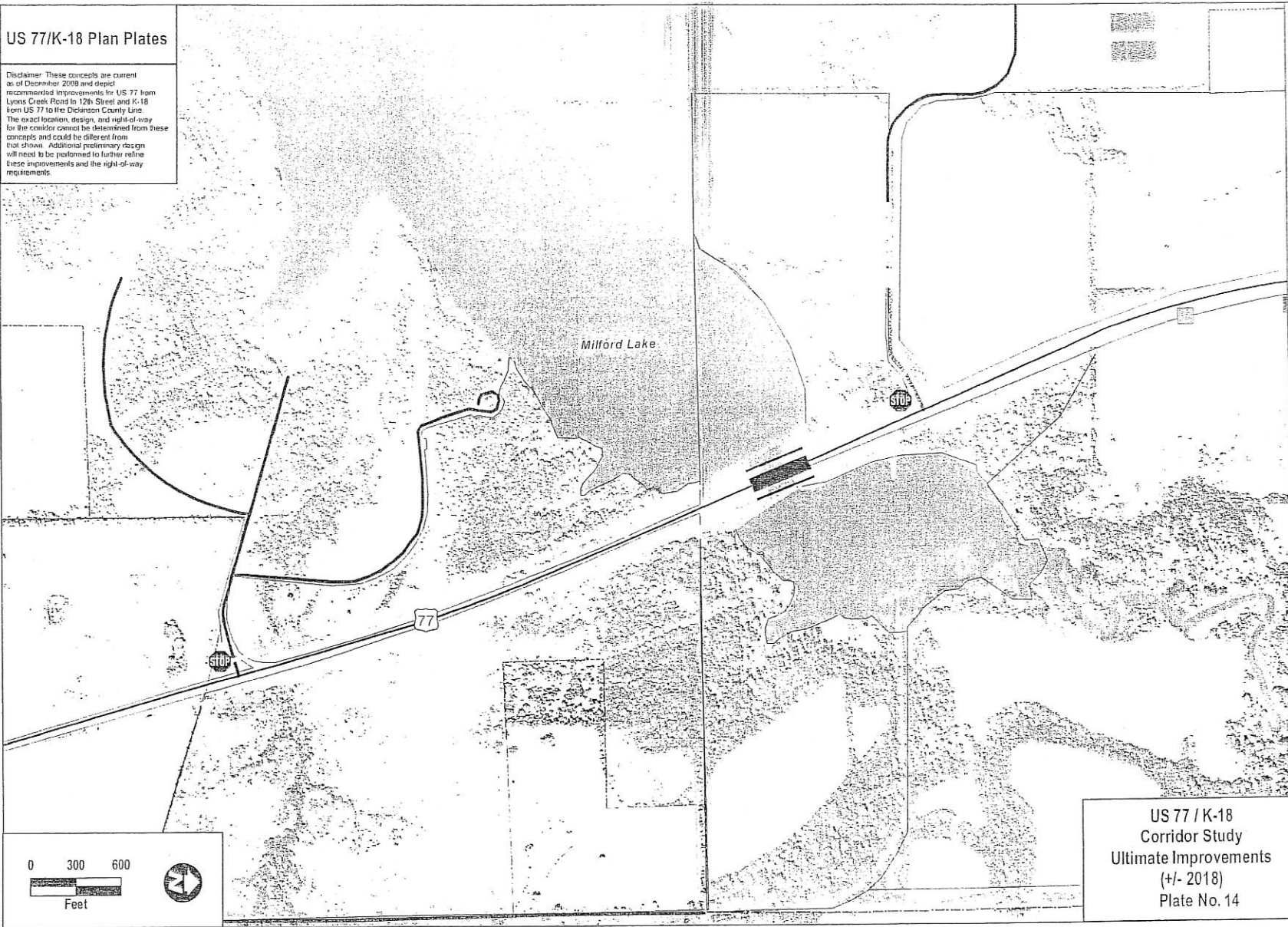
Fort Riley Property

US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 13

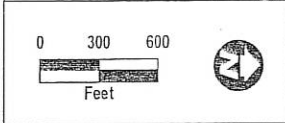


US 77/K-18 Plan Plates

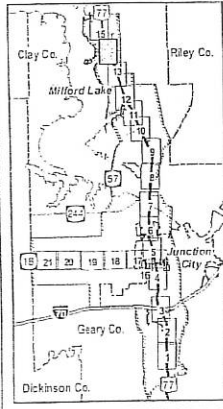
Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lyness Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
- New Roadway (All Types)**
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits

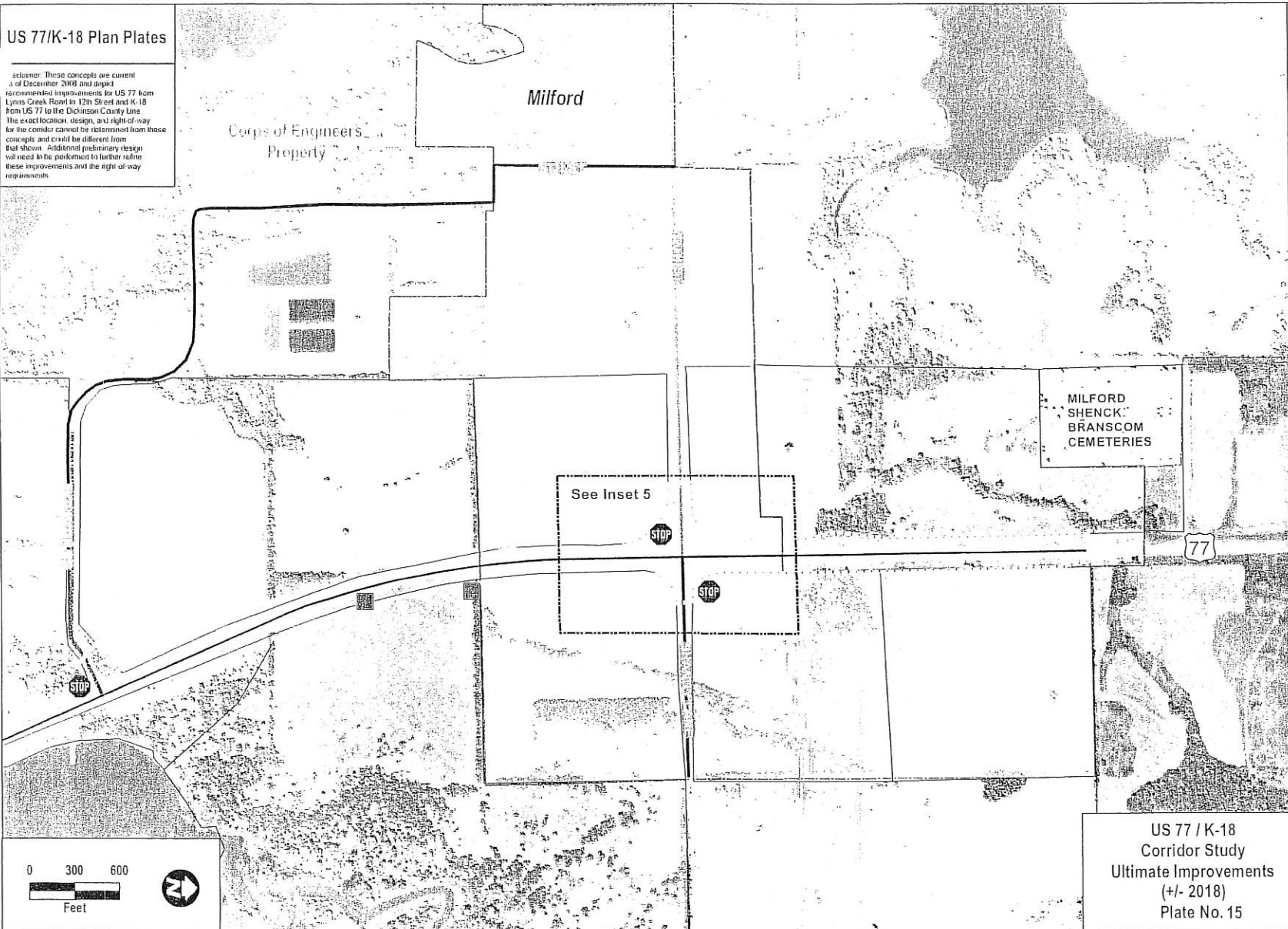


US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 14

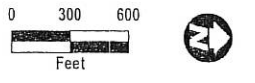


US 77/K-18 Plan Plates

Warning: These concepts are current as of December 2008 and do not represent recommended improvements for US 77 from Lyman Creek Road to 12th Street and K-18 from US 77 to the Dickinson County line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
 - 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
 - Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Parcel Boundaries
- Corps of Engineers Limits
- City Limits

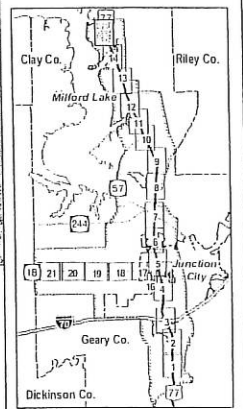


See Inset 5

MILFORD SHENCK BRANSCOM CEMETERIES



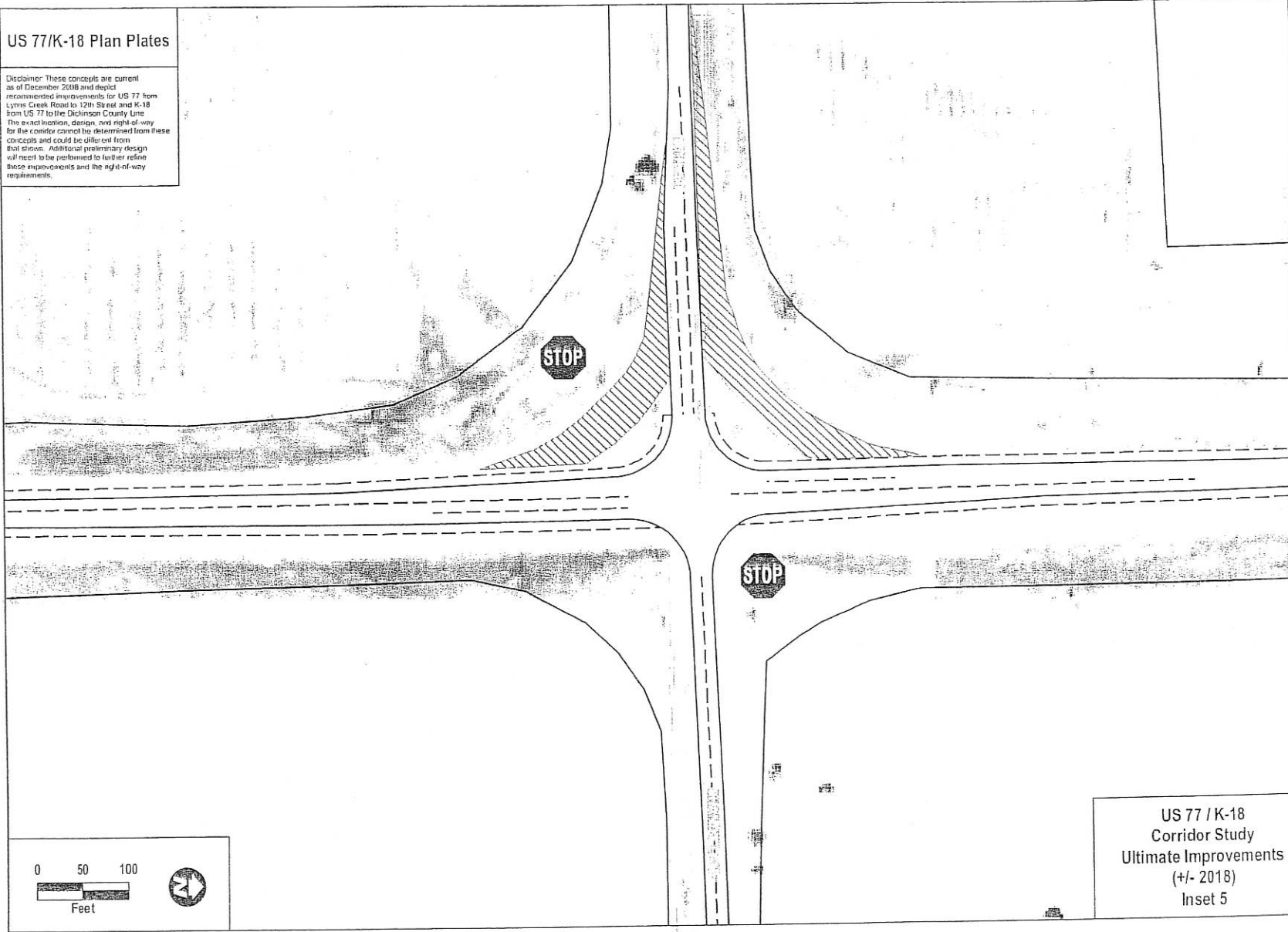
US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 15



8-44

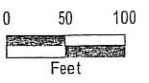
US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lytle Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.

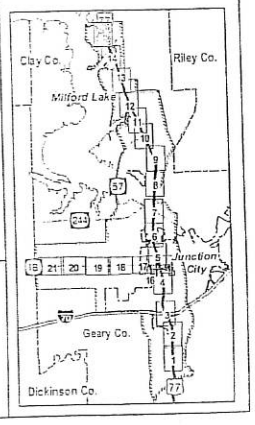


- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Pavement Removal
 - Bridge

- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
 - Parcel Boundaries
 - Corp of Engineers Limits
 - City Limits



US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Inset 5

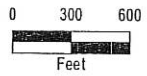


US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2008 and depict anticipated improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.

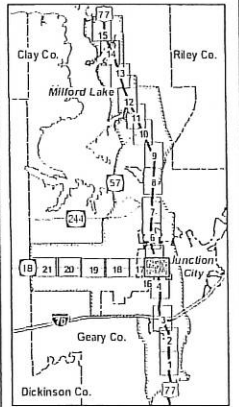
Junction City Middle School

Quarry



- US-77/K-18 Mainline**
- 4 Lane Section
- 2-3 Lane Section
- Pedestrian Connection
- Future Access Removal
- Opportunity Access Removal (Grandfathered Access)
- Pavement Removal
- Bridge
- Proposed Right of Way
- Parallel Road Network**
- Arterial
- Collector
- Local Road
- New Roadway (All Types)
- Parcel Boundaries
- Corps of Engineers Limits
- City Limits

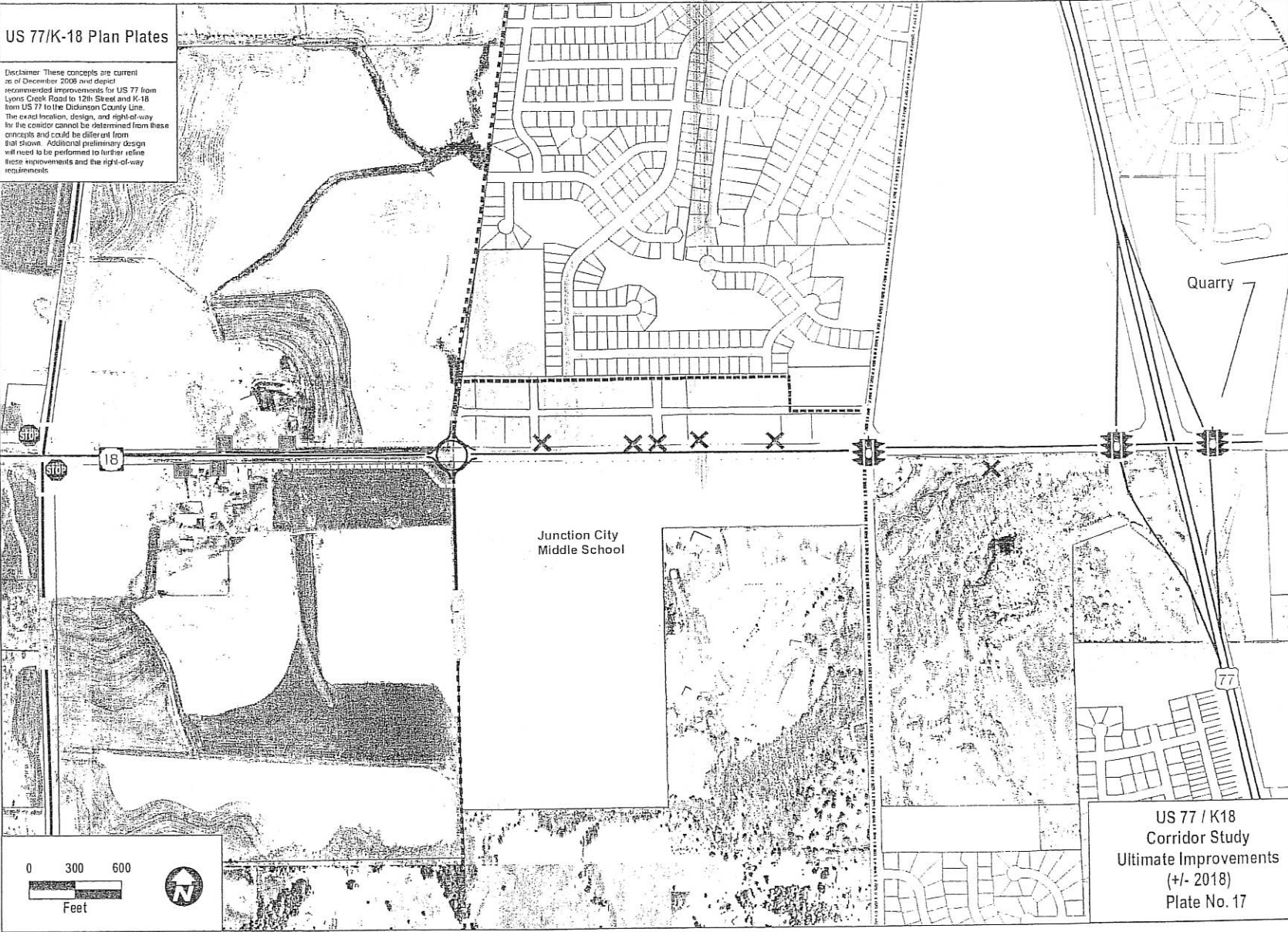
US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 16



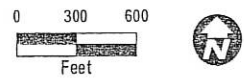
8-45

US 77/K-18 Plan Plates

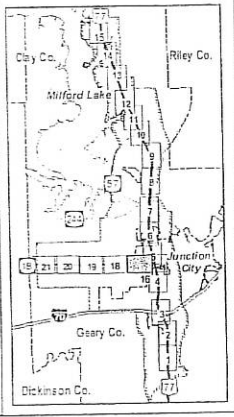
Disclaimer: These concepts are current as of December 2008 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline**
 - 4 Lane Section
 - 2 - 3 Lane Section
 - Pedestrian Crossing
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
 - Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Parcel Boundaries
- Corps of Engineers Limits
- City Limits



US 77 / K18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 17



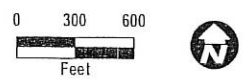
US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2018 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these proposals and the right-of-way requirements.

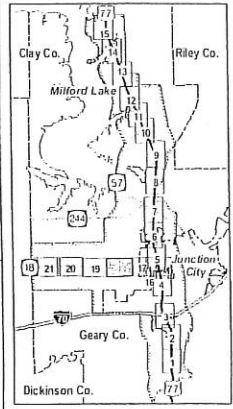


- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits

8-47

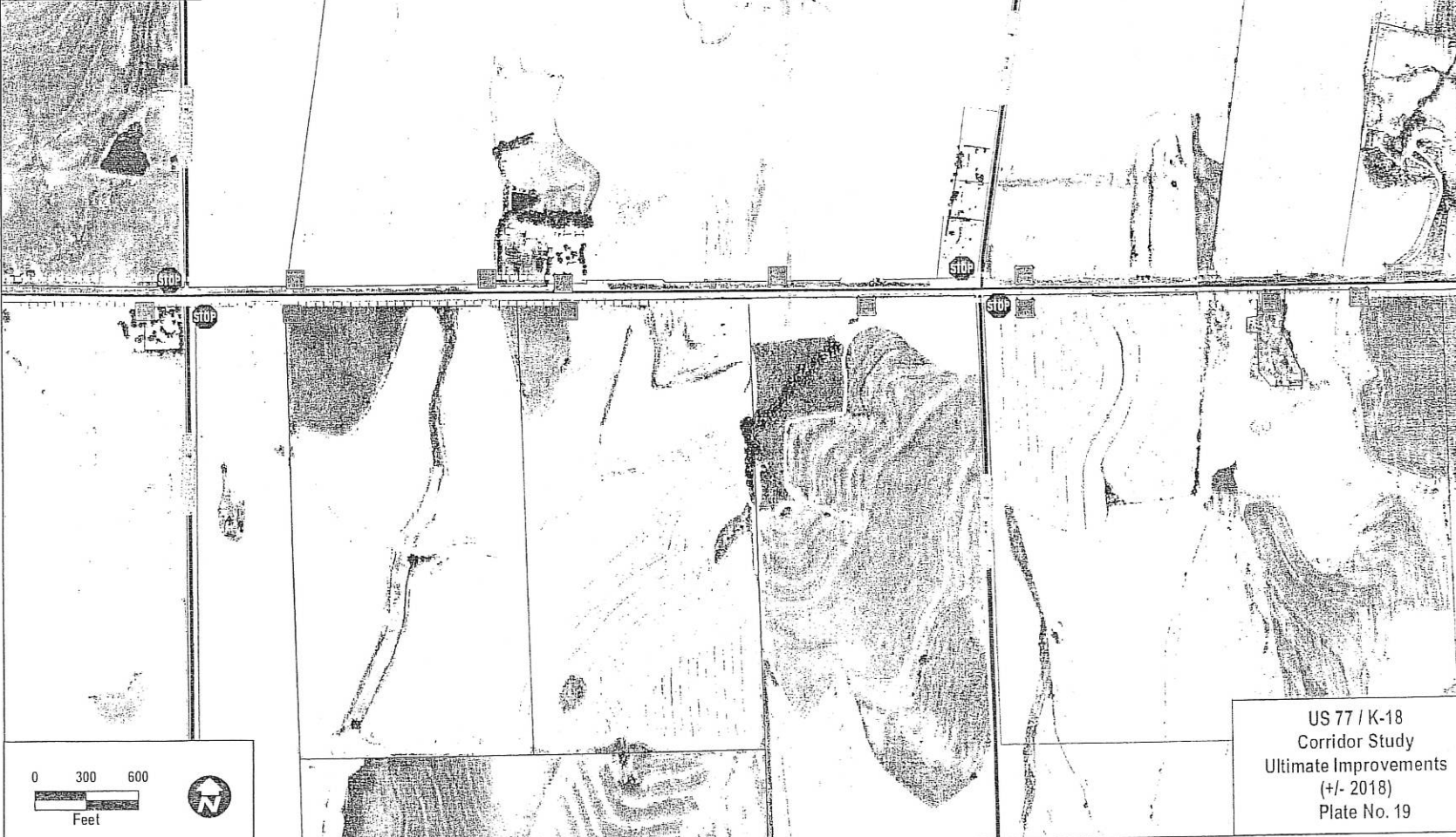


US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 18

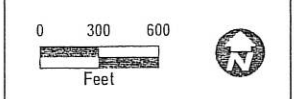


US 77/K-18 Plan Plates

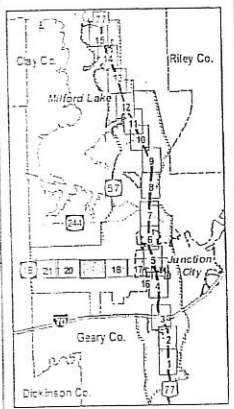
Disclaimer: These concepts are current as of December 2016 and depict conceptual improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.



- US-77/K-18 Mainline
 - 4 Lane Section
 - 2 - 3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network
 - Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
 - Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits



US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 19



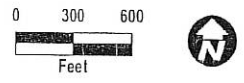
US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2018 and do not represent recommended improvements for US 77 from Lyons Creek Pkwy to 12th Street and K-18 from US 77 to the DeAnson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further refine these improvements and the right-of-way requirements.

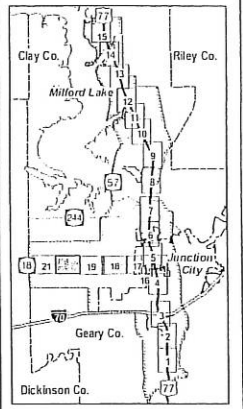


- US-77/K-18 Mainline**
- 4 Lane Section
 - 2 - 3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
 - New Roadway (All Types)
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits

8-A9



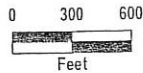
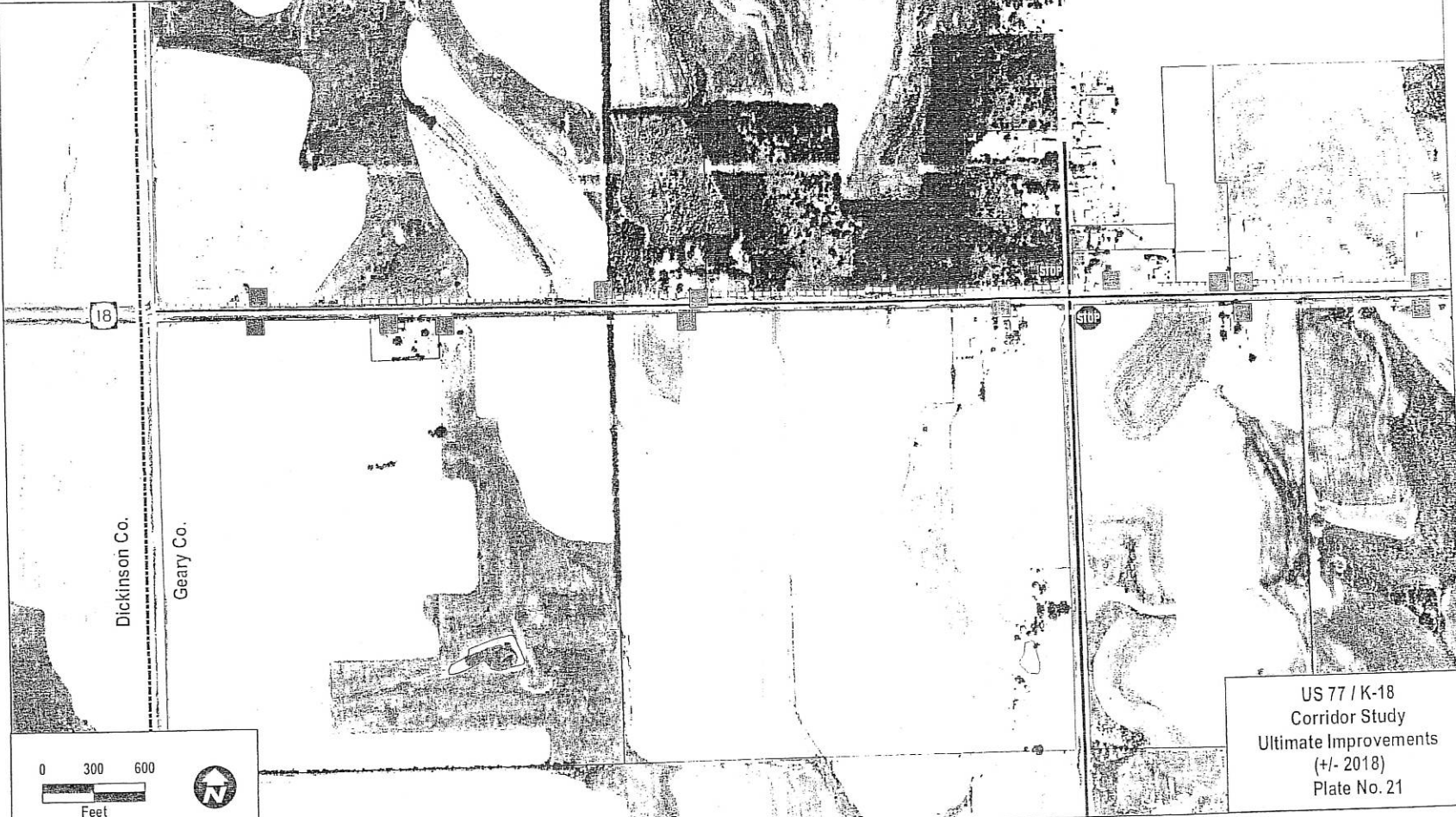
US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 20



US 77/K-18 Plan Plates

Disclaimer: These concepts are current as of December 2018 and depict recommended improvements for US 77 from Lyons Creek Road to 12th Street and K-18 from US 77 to the Dickinson County Line. The exact location, design, and right-of-way for the corridor cannot be determined from these concepts and could be different from that shown. Additional preliminary design will need to be performed to further define these improvements and the right-of-way requirements.

- US-77/K-18 Mainline**
- 4 Lane Section
 - 2-3 Lane Section
 - Pedestrian Connection
 - Future Access Removal
 - Opportunity Access Removal (Grandfathered Access)
 - Pavement Removal
 - Bridge
 - Proposed Right of Way
- Parallel Road Network**
- Arterial
 - Collector
 - Local Road
- New Roadway (All Types)**
- Parcel Boundaries
 - Corps of Engineers Limits
 - City Limits



US 77 / K-18
Corridor Study
Ultimate Improvements
(+/- 2018)
Plate No. 21

