Approved: January 28, 2011

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Landwehr at 1:30 p.m. on January 19, 2011 in Room 784 of the Docking State Office Building.

All members were present except:
Representative Brian Weber – excused

Committee staff present:
Norm Furse, Office of the Revisor of Statutes
Katherine McBride, Office of the Revisor of Statutes
Martha Dorsey, Kansas Legislative Research Department
Dorothy Noblit, Kansas Legislative Research Department
Jay Hall, Kansas Legislative Research Department
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:
Dr. Bob Moser, Acting Secretary, Kansas Department of Health & Environment
(Attachments 1 and 2)

Others attending:
See attached list.

Dr. Bob Moser, Acting Secretary of the Kansas Department of Health and Environment and State Health Officer, presented an overview of the department (Attachment 1) and a copy of the KDHE 2010 Annual Report (Attachment 2).

In addition to himself, the other primary contacts are Aaron Dunkel, Deputy Secretary and Kari Bruffett, Policy and External Affairs. The department is currently organized into one administrative section and two divisions – Health and Environment. There are nine Bureaus within the Health Division and he will serve as the State Health Officer overseeing the operations of the Health Division as well as serve as the KDHE Secretary. The Division of Environment has six Bureaus within it. There are six district offices across Kansas and two outreach offices that help to carry out the KDHE programs.

Dr. Moser provided a listing of the following 2010 legislation which had an impact on KDHE programs or regulatory activity:

- Kansas Indoor Clean Air Act - **HB 2221**
- Child Care Licensing – **HB 2356**
- Background Check for Employees and Use of Vital Statistics for Maternal and Child Health – **HB 2454**
- Radon Certification Law – **SB 531**
- TB Evaluation Requirements and Prevention & Control Plans for Postsecondary Educational Institutions – **SB 62**
- Licensure of Audiologists – **SB 62**
- HIV Screening for Pregnant Women and Newborn Children – **SB 62**
- Administration of Vaccine by Pharmacists – **HB 2448**
- Prohibiting Texting While Driving – **SB 300**
- Primary Seat Belt Law – **HB 2130**
- Smoke Management Plan – **SCR 1623**

The short term goal is to assess ongoing programs and how they address the current KDHE goal "To protect the health and environment of all Kansans by promoting responsible choices" as well as how they address Governor Brownback's Road Map for Kansas.

Long term goals include:

1) To prepare for aligning KHPA services and programs into KDHE with a goal to continuing to provide services to those that are currently enrolled. Specific goals are:
   - the effective purchasing and administration of health care
   - improved coordination through KDHE programs and other agencies and partners, including a focus on healthcare workforce development

- health promotion and disease prevention oriented public health strategies based on continuing state and community health assessments
- disease management based on provider-led evidence-based guideline development and implementation
- development and implementation of a robust health information exchange network to support providers, improve patient safety and care, and reduce costs eventually. The ultimate goal is evidence-based policy making and the key to accomplish this is through centralized data collection and analysis.

2) For KDHE, develop a strategic plan based on the findings of ongoing state health and environmental assessments to determine priorities to address, indicators to monitor, and quantifiable goals to obtain.
   - Implement Program Performance Management – A grant from the CDC has been obtained to start this process within KDHE and there are opportunities for additional funding for implementation costs. The program goal is to systematically increase the performance management capacity of public health departments to ensure that public health goals are effectively and efficiently met.
   - Program Intent:
     - Improve the quality, effectiveness and efficiency of the public health infrastructure that will support public health service and program delivery.
     - Support systems-wide public health system changes that categorical programs cannot do alone.
     - Improve the networking, coordination, standardization, and cross-jurisdictional cooperation for efficient delivery of public health services.
   - Similar ongoing efforts related to strategic efforts is the Multi-State Learning Collaborative-3 (MLC-3). In early 2008, sixteen states, including Kansas, were selected through a competitive review to lead a national initiative to advance accreditation and quality improvement efforts in public health departments. The MCL-3 Project is funded by the Robert Wood Johnson Foundation and administered through the National Network of Public Health Institutes. In Kansas, the MLC-3 Project was developed through a partnership between the Kansas Health Institute (KHI), Kansas Department of Health and Environment, and the Kansas Association of Local Health Departments (KALHD). The Kansas MLC-3 Project will work with the University of Kansas, Area Health Education Center to facilitate mini-collaboratives and share best practices across the state with two of these already planned over the three year grant program. One program will focus on maternal and child health with the target to reduce infant mortality by increasing the number of women who receive first trimester prenatal care. The second, which will benefit local health departments and communities, is the community health assessment.

3) Improve Collaboration – Public Health at the local level is more than just the county health department nurse and staff. There are many groups within a single community who are important to the local public health system and population health, yet we haven't been very effective in the past capitalizing on similar efforts by sharing resources across interests. To meet the patient's healthcare needs, care coordination must include all providers, locations and resources including local health departments, local primary care providers, specialists, hospital facilities, home health facilities, hospice, pharmacists, and social workers - essentially, any healthcare entity that touches on any aspect of the patient's healthcare. Effective care coordination requires understanding each team member's role and responsibility at the time of the patient encounter, and a clearly defined flow of accurate information between team members. Smaller communities and practices may not have the resources to develop effective care management or quality improvement programs, but the role of the Kansas health information exchange and current efforts ongoing in many programs can be structured to support this shift in disease care to health management.

Dr. Moser believes many of the programs that currently exist under KDHE and KHPA, as well as other initiatives across the state, such as the Health Information Exchange and the Patient Centered Medical Home, can be leveraged as we redesign the Kansas health care system. None of this will occur unless all stakeholders are willing to sit down with open minds and discuss and work on how healthcare in Kansas

should look and operate 5 to 10 years down the road. Together, we can find a Kansas solution to fragmented health care delivery and improve our state health care systems.

The Chair gave the committee members the opportunity to ask questions.

There was a question as to KDHE's responsibility concerning the Health Information Exchange. Dr. Moser indicated he was not sure exactly where it will fit within the organizational structure but it will definitely be a key component of the organization. Concerning the Early Innovator Award that Kansas has applied for, it was his understanding it would come through the Kansas Insurance Department. The infrastructure would be built, which could eventually be outsourced to other states and be an income producing item.

There was discussion concerning the Clearinghouse backlog. Dr. Moser stated his goal is to provide patient services and confirmed the need to have staffing to effectively manage the number of applications received, including when an influx of applications is received.

Concerning presumptive eligibility, he said the goal of the state is to have the flexibility to address our state's issues. Presumptive eligibility is one method of addressing the backlog issue. It is important to have the right guidelines and the associated checks and balances to control possible abuse.

Concerning the need to reduce budget expenses, Dr. Moser indicated there will need to be a program review and a determination as to which programs are most important, which ones are statutorily required, etc. Once these have been identified, then the department will review the remaining programs to determine if they still serve the goals and mission of the organization.

Chairperson Landwehr expressed her appreciation for his presentation and encouraged committee members to share their suggestions and thoughts with Dr. Moser.

Chairperson Landwehr asked if there were any bill introductions and there were none.

The next meeting is scheduled for January 24, 2011.

The meeting was adjourned at 2:00 p.m.