

Approved: _____
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 p.m. on March 5, 2009, in Room 784 of the Docking State Office Building.

All committee members were present.

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Reed Holwegner, Kansas Legislative Research Department
Janet Grace, Committee Assistant

Conferees appearing before the Committee:

Mary Lou Davis, Board of Cosmetology ([Attachment 1](#))
Representative Lana Gordon, ([Attachments 2, 3, 4, 5](#))
Porscha Waggle, ([Attachment 6](#))
Linda Kenney, Bureau of Family Health, Kansas Department of Health and Environment ([Attachment 7](#))
Charlotte Buchanan, Kansas Diabetic Association ([Attachment 8](#))
Catherine Mangiaracina, Registered Dietitian ([Attachment 9](#))
Melissa Rodriguez, Parent of a PKU child ([Attachment 10](#))
Dr. Brenda Issa, Pediatric PKU Clinic KU-Wichita ([Attachment 11](#))
Marlee Carpenter, Kansas Association of Health Plans ([Attachment 12](#))
Bill Sneed, American's Health Insurance Plans ([Attachment 13](#))

Others attending:

See attached list.

Chairman Landwehr called the meeting to order.

HB 2243-Cosmetology board fees.was passed from the Health and Human Services Committee to Appropriations and it pertained fees. HB 2359 - Cosmetology board written renewal examination information booklet. HB 2359 is HB 2243 without the fees.

Hearing on **HB 2359 - Cosmetology board written renewal examination information booklet.**

Mary Lou Davis, Board of Cosmetology, provided the committee with the provision from **HB 2243** and the costs for practitioner renewal and monthly notice reminders with on-line renewal implementation. ([Attachment 1](#))

Representative Crum moved to report HB 2359 favorably and place on the consent calendar. Representative Morrison seconded the motion. The motion carried.

Hearing on **HB 2344 - Insurance coverage for special dietary formulas.**

Representative Gordon provided proponent testimony for **HB 2344** ([Attachments 2, 3, 4, 5](#)). The issue is the need for children to obtain special elemental formulas to sustain life. Insurance companies will pay for the formula during hospital stays, but they will not while the child is at home. This legislation is patterned after that in several other states that are requiring insurance companies to cover special dietary formulas essential to life. It seems that needing this type of formula prescribed by a physician is no different than someone needing insulin or other prescription drugs which would be covered by insurance.

Melissa Calderwood, Legislative Research, provided background information on the bill and answered the committee's questions. It is commonly considered an insurance mandate. Melissa is searching for states other than Illinois that have this type of bill. There are an estimated 16 children in Kansas with this disorder, an estimated 1 in every 10,000 is diagnosed each year.

Dick Carter offered to answer any questions for the proponents-written testimony from Charlotte Buchanan, Catherine Mangiaracina, Melissa Rodriguez, and Dr. Brenda Issa.

CONTINUATION SHEET

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Porscha Waggle, parent who was the impetus for this bill, provided proponent testimony for **HB2344**. (Attachment 6) The formula is an amino acid-based elemental formula. Her attachment contains the symptoms of Eosinophilic Gastrointestinal Disorder (EGID) and the need for insurance companies to cover the cost of formulas when not in the hospital. Ms. Waggle answered questions from the committee pertaining to the costs of the formula, and why the insurance company will not pay for the formula (it is a food) that is vital for 16 children in Kansas with this disease. There are several other diseases that such legislation will help. Other states are considering similar legislation.

Lasanna Waggle, mother of Porscha Waggle, provided proponent testimony for this bill. (No written testimony)

Beverly Bernadi, owner of Bernadi Dance Studio, provided proponent testimony for this bill. (No written testimony)

Representative Morrison informed the committee that 32 states are considering and/or have this bill in place. He urged the committee to do the same.

Linda Kenney, Bureau of Family Health, Kansas Department of Health and Environment (KDHE), discussed the screening that started July, 2008. (Attachment 7) KDHE now screens for all 25 metabolic disorders including PKU, though not for EGID. Two years ago the cost of formulas increased as did the number of people on them. They asked the legislature for additional funding, which they received from the Children's Initiative Fund. Ms. Kenney discussed with the committee the side effects if the formula was not provided which include retardation, a nursing home care, and eventually death.

Written testimony in support of **HB 2344** was provided by: Charlotte Buchanan, Kansas Diabetic Association (Attachment 8)

Catherine Mangiaracina, Registered Dietitian, **HB 2344** (Attachment 9)

Melissa Rodriguez, parent of a PKU child (Attachment 10)

Dr. Brenda Issa, Pediatric PKU Clinic KU-Wichita (Attachment 11)

Marlee Carpenter, Executive Director of the Kansas Association of Health Plans (KAHP), provided opponent testimony for **HB 2344** (Attachment 12). KAHP opposes this bill and reviews it as a mandate requiring health insurance reimbursement for dietary formulas. Every health insurance mandate is brought to the legislature with good intention, but as additional mandates have been enacted, health insurance companies have become limited in the types of lower costs plans they can offer. Mandates place additional requirements upon health insurance companies in Kansas and limit their ability to offer new, innovative, and lower costs health insurance products for Kansas citizens.

Bill Sneed, Legislative Counsel for America's Health Insurance Plans (AHIP) spoke in opposition of this legislation which would mandate that all accident and health group and individual policies would be required to pay for special dietary formulas, including the treatment for phenylketonuria and amino acid based elemental formulas ordered by a physician. (Attachment 13) AHIP is uncertain why this mandate is needed. Two years ago, AHIP, along with others worked with the KDHE regarding additional funding for newborn screening. It was AHIP's understanding that there was necessary funding for dietary formulas for eligible individuals. There are two different coverages for in-the-hospital and outside-the-hospital which is covered by a drug coverage; price is the issue. It is a food, not a medically prescribed formula. This is for the state to address not private industry to address, one answer would be to have KDHE buy the formula in bulk and provide it to the families that need it. Insurance companies reject a formula for a diagnosed problem based on pricing, the committee feels this is an issue, it is then an overall health issue that the state should spend tax dollars (KDHE) to take care of. The Committee asked Mr. Sneed to explain why some diagnoses should be paid by the state and others should be under private industry. Industry contends that it should be provided for by the state-by price.

Representative Morrison read a letter from Sandy Praeger, Insurance Commissioner, about the word "formula" to better clarify the issue discussed today. Formula is a food, not a prescription. There needs to be a distinction between food and medically-prescribed formulas.

CONTINUATION SHEET

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The Chairman closed the hearing on **HB 2344**.

The next meeting is scheduled for March 10, 2009.

The meeting was adjourned at 3:00 p.m.