

SESSION OF 2013

**SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2025**

As Amended by Senate Committee on Public  
Health and Welfare

**Brief\***

HB 2025 would amend existing law to rename and expand the scope of the Joint Committee on Home and Community Based Services and update statutory references to be consistent with ERO No. 41. Among the amendments to the scope and organization of the Committee, the bill would:

- Include oversight of KanCare;
- Rename the Committee as the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight (Committee);
- Make membership changes;
- Increase the number and timing of meeting days;
- Expand the information required to be provided to the Committee for consideration and inclusion in the Committee report and the committees to which the Committee report would be provided;
- Allow for professional services requested by the Committee; and
- Allow the Committee to make recommendations and introduce legislation as deemed necessary in performing its functions.

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

To reflect changes made by Executive Reorganization Order Number 41 (ERO No. 41, 2012 Session), the bill also would remove references to the Secretary of Social and Rehabilitation Services and change references to the Department on Aging and the Secretary of Aging to the Kansas Department for Aging and Disability Services and the Secretary for Aging and Disability Services, respectively.

Technical amendments also would be made.

### ***Expanded Scope***

Specifically, the bill would provide for the following:

- In addition to existing statutory oversight, the Committee would be required to monitor and study the implementation and operations of:
  - Home and Community Based Service (HCBS) programs;
  - Children’s Health Insurance Program (CHIP);
  - Program for All-Inclusive Care of the Elderly (PACE); and
  - State Medicaid programs, including, but not limited to, access to and quality of services provided and any financial information and budgetary issues.

Further, state agencies would be required to provide the Committee with data and information on KanCare programs, including, but not limited to, pay for performance measures, quality measures and enrollment and disenrollment in specific plans, KanCare provider network data, and appeals and grievances made to the KanCare Ombudsman.

### ***Committee Membership***

The Committee membership would increase from nine to 11 members of the Legislature appointed as follows:

- Two members of the House Committee on Health and Human Services appointed by the Speaker of the House of Representatives;
- One member of the House Committee on Health and Human Services appointed by the House Minority Leader;
- Two members of the Senate Committee on Public Health and Welfare appointed by the President of the Senate;
- One member of the Senate Committee on Public Health and Welfare appointed by the Senate Minority Leader;
- One member of the House Committee on Appropriations appointed by the Chairperson of that committee;
- One member of the Senate Committee on Ways and Means appointed by the Chairperson of that committee;
- One member of the House Committee on Appropriations appointed by the ranking minority member of that committee;
- One member of the Senate Committee on Ways and Means appointed by the ranking minority member of that committee; and
- One member of the House of Representatives appointed by the House Majority Leader.

### ***Committee Meeting Days***

On the call of the Committee chairperson, the Committee would be required to meet at least once when the Legislature is in session and at least once during each of the second, third, and fourth calendar quarters. Existing law requires at least four meeting dates each year, at the call of the Committee chairperson. Six members, instead of the five members currently required, would constitute a quorum.

The Legislative Coordinating Council would be allowed to provide for professional services requested by the Committee.

### ***Committee Report***

In addition to submission of the Committee report to the President of the Senate and the Speaker of the House of Representatives, as presently required, the Committee report also would be submitted to the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare. Beyond the current statutorily required information to be included in the Committee report, the bill would require the report to include, but not be limited to, the following information on the KanCare Program:

- Quality of care and health outcomes of individuals receiving state Medicaid services under KanCare, as compared to the provision of state Medicaid services prior to January 1, 2013;
- Integration and coordination of health care procedures for individuals receiving state Medicaid Services under KanCare;
- Availability of information to the public about the provision of state Medicaid Services under KanCare including, but not limited to, accessibility to health services, expenditures for health services,

extent of consumer satisfaction with health services provided, and grievance procedures, including quantitative case data and summaries of case resolution by the KanCare Ombudsman;

- Provisions for community outreach and efforts to promote public understanding of KanCare;
- Comparison of caseload information for individuals receiving state Medicaid services prior to January 1, 2013, to the caseload information for individuals receiving state Medicaid services under KanCare after January 1, 2013;
- Comparison of the actual Medicaid costs expended in providing state Medicaid services under KanCare after January 1, 2013, to the actual costs expended under the provision of state Medicaid services prior to January 1, 2013, including the manner in which such cost expenditures are calculated;
- Comparison of the estimated costs expended in a managed care system of providing state Medicaid services under KanCare after January 1, 2013, to the actual costs expended under KanCare after January 1, 2013; and
- All written testimony provided to the Committee regarding the impact of the provision of state Medicaid services under KanCare upon residents of adult care homes.

In developing the Committee report, the Committee also would be required to consider the external quality review reports and quality assessment and performance improvement program plans of each managed care organization providing state Medicaid services under KanCare. The Committee report would be required to be published on the official website of the Kansas Legislative

Research Department (KLRD).

The bill further states that Committee members would have access to any medical assistance report (MAR) and caseload data generated by the KDHE Division of Health Care Finance (HCF) and to any report submitted by HCF to the Centers [for] Medicare and Medicaid Services of the United States Department of Health and Human Services.

The Committee would be allowed to make recommendations and introduce legislation as it deems necessary in performing its functions.

### **Background**

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Crum. The KDHE Secretary and representatives of the Kansas Department for Aging and Disability Services, Kansas Action for Children, Kansas Advocates for Better Care, Kansas Health Consumer Coalition, and Oral Health Kansas testified in favor of the bill at the hearing before the House Committee on Health and Human Services. Written testimony in favor of the bill was provided by representatives of the Office of the Lieutenant Governor, AARP Kansas, American Cancer Society, Amerigroup, Association of Community Mental Health Centers of Kansas, End the Wait Campaign, Kansas Association for the Medically Underserved (KAMU), Kansas Hospital Association, Kansas Independent Pharmacy Service Corporation, LeadingAge Kansas, Sunflower State Health Plan, and UnitedHealthcare Community Plan of Kansas. There was no opponent or neutral testimony provided on the bill.

The House Committee on Health and Human Services amended the bill to change the name of the Committee and its membership; add topics to be monitored and studied, meeting days, committees to which the Committee report would be submitted, and the information to be included in the

report; provide for publication of the Committee report on KLRD's website; expand the information to be made available to the Committee; allow for Committee recommendations; and replace agency names to coincide with changes made by ERO No. 41. Technical amendments also were made.

The House Committee of the Whole amended the bill. The amendment would change the effective date of the bill from publication in the *Kansas Register* to publication in the statute book.

The Senate Committee on Public Health and Welfare amendment reduces the required number of Joint Committee meeting days during the legislative session from at least three meetings to meeting at least once during the session.

The fiscal note prepared by the Division of the Budget on the original bill states the Office of Legislative Administrative Services indicated the Joint Committee on HCBS Oversight held two one-day meetings during 2012 at a cost of \$4,466.82. The estimate provided for one two-day meeting of the new larger committee is \$7,955, so passage of the bill would increase legislative expenditures. However, because the number of meeting days is unknown, an exact fiscal effect cannot be estimated. Any fiscal effect associated with the bill is not reflected in *The Governor's Budget Report for FY 2014*.