

MINUTES OF THE SENATE HEALTH CARE STRATEGIES COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at 1:30 P.M. on January 28, 2008 in Room 136-N of the Capitol.

Committee members absent: Senator David Haley, excused
Senator Mark Gilstrap, excused

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

Conferees appearing before the committee: Ms. Laura Green, Director, Kansas Compassionate Care Coalition
Ms. Shelly Gehshan, Senior Program Director, National Academy for State Health Policy
Mr. Andy Snyder, Policy Specialist, National Academy for State Health Policy
Dr. Andrew Allison, Ph.D. Deputy Director, Kansas Health Policy Authority

Others in attendance: Please see attached guest list

Introduction of Bills

Upon calling the meeting to order, Chairperson Wagle introduced Ms. Laura Green, Director, the Kansas Compassionate Care Coalition to request introduction of the Kansas Medical Marijuana Defense Act . The bill would provide a medical marijuana defense for persons who were arrested for the offensive possession of marijuana providing they could bring a written certification from a licensed physician on the debilitating medical condition of the person being charged and the physician's recommendation that marijuana would alleviate the effect of the disease and/or the condition.

As there were no questions of Ms. Green, the Chair said that she was open for a motion. Senator Brungardt made the motion to introduce the bill. It was seconded by Senator Journey and the motion passed by all but one. Senator Schmidt requested that her nay vote be recorded.

Presentation on Kansas Health Reform: Options for Adding Dental Benefits

The Chair then introduced Ms. Teresa Schwab, Executive Director, Oral Health Kansas who began her testimony with a little background regarding Oral Health Kansas which was part of the Consumer Councils that the Health Policy Authority created to get input for the health reform recommendation. She stated that along with the United Health Ministry Fund, Oral Health Kansas commissioned the National Academy for State Health Policy to put together a detailed report on ways they could include dental benefits in this health reform discussion. No written testimony was offered.

Ms. Schwab then introduced Ms. Shelly Gehshan, Senior Program Director, National Academy for State Health Policy, who testified why it is important to include oral health benefits in health care reform. She went on to say that poor health is an infectious and chronic disease that is transmittable from mother to child and that adults have fewer options in the dental care safety net than children do. She offered slides of how Kansas was when compared to the rest of the country, including the first three states that tried to offer comprehensive health care reforms. Ms. Gehshan concluded by explaining the link between chronic disease and oral health. A copy of her testimony is (Attachment 1) attached.

Ms. Gehshan then introduced Mr. Andy Snyder, Policy Specialist, National Academy for State Health Policy, who offered three approaches the States can take:

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1. Use Medicaid as a vehicle for providing dental benefits;
2. Offer a private dental insurance product; or.
3. Combine Medicaid and private insurance in a “connector”.

He went on to say these options were based on the dental options that are available to Kansas State employees and federal employees. Mr. Snyder proceeded to go through the details of these plans, including costs and how they are allocated between state and enrollees. And concluded by offering, “everything you could do if you didn’t have the money” for dental insurance. A copy of his testimony is ([Attachment2](#)) attached.

Also offered in their folder is a booklet entitled, “Kansas Health Reform: Options for Adding Dental Benefits, September, 2007” which is filed in Chairperson Wagle’s office.

The Chair thanked both conferees and asked for questions from the Committee. Senators Barnett asked if they had some outcome data for states who have paid for Medicaid coverage to see the results, benefits, etc. from the states. Chairperson Wagle mentioned they would be interested in the report when it comes out.

Presentation on the Premium Assistance Plan

The next order of business was the presentation on the premium assistance plan. The Chair called on Dr. Andrew Allison, PhD, Deputy Director, Kansas Health Policy Authority, who began his testimony with an introduction of the Kansas Health Choices, a new health insurance program created by the legislature in 2007 that provided private health insurance to very low income Kansas families. He offered insurance options under Kansas Healthy Choices, its implementation schedule, and its Premium Assistance Program (Statutory authority and Legislative history.) He explained the Kansas Health Choices Options:

- 1, Employer sponsored private health insurance;
2. State procured private health insurance; and,
3. Piloting health opportunity accounts (HOA).

Dr. Allison concluded by listing some advantages of the Kansas Health Choices/Premium Assistance (ex. Access to care, support for safety net, and use of Federal and private funds) saying by taking advantage of new Federal options to offer limited benefit packages, Kansas is able to offer more of a transitional program that has the look, feel, and operation of private coverage. A copy of his testimony and a Premium Assistance Fact Sheet are ([Attachment 3](#)) attached.

The Chair then asked for questions of the Committee about the basic designs. Senators Schmidt wanted to know if the CMS responds to the RFI or the RFP? Referring to page 5 under the heading “How does Kansas Healthy Choices differ from a Medicaid expansion?”, Senator Barnett asked for specific examples of how we are going to save money and is that accounting for administrative cost on the part of the State to establish and maintain the Premium Assistance Program and is prescription medicine covered? He went on to ask, “So for people with Kansas Healthy Choice coverage are going to have limited choice for particular prescription medicines or will pharmacists be accepting a lower rate, how does that work out?”

Adjournment

As it was going on Senate session, the Chair announced that they would continue the presentation and discussion tomorrow. The meeting was adjourned. The time was 2:35 p.m.

The next scheduled meeting is Tuesday, January 29, 2008.

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