Approved: 02/12/09
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on January 21, 2009, in Room 136-N of the Capitol.

All members were present.

Committee staff present:
Nobuko Folmsbee, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the committee:
Cathy Harding, Executive Director, Kansas Association for the Medically Underserved

Others attending:
See attached list.

Senator Barnett recognized Ms. Lougene Marsh from Emporia who is the director of the Flint Hills Community Health Center.

Senator Barnett called upon Susan Kang, Kansas Department of Health and Environment, who requested introduction of three bills: the first bill proposes the elimination of sunset clause contained in the current statute related to the lead poisoning program, the second bill provides for immunity from liability for lay rescuers using an automated external defibrillation device (AED), and the third bill provides for a perinatal HIV prevention act for all pregnant women. Senator Schmidt moved conceptual introduction of all three bills; Senator Wysong seconded the motion. The motion passed.

Senator Schmidt moved introduction of a bill to prohibit self-service tobacco sales in Kansas. Senator Brungardt seconded the motion; the motion passed.

Cathy Harding, Executive Director of the Kansas Association for the Medically Underserved, presented information relative to Safety Net Clinics in Kansas (Attachment1). Ms. Harding discussed the importance of supporting these clinics, especially during times of economic recession.

The access challenge in Kansas includes shrinking health insurance, inequities in the distribution of health insurance, underinsurance, the distribution inequities of the health care workforce, and the current safety net does not have the capacity to serve all needy Kansans. The problem of providing access to low-income underserved people deals with geography, workforce, cost, and health improvement. The goal is to expand the primary care safety net so that it is geographically and financially accessible to every Kansan who is currently without a medical home, and to be able to provide a comprehensive range of primary health care services including medical care, oral health care, and mental health care. A graphic of eight geographic regions within the state of Kansas was reviewed (modeled according to existing hospital regions). Ms. Harding discussed the need (demand) and the interrelation of need characteristics. Findings included population decreases, rural areas with increased rates of elderly populations, languages in the home impact health literacy, and poverty is directly correlated to decreased access to care. Discussion also was heard related to the Pittsburg, Kansas market possessing poverty rates more than 25% higher than most other Kansas markets.

Behaviors such as tobacco usage, alcohol consumption and rates of obesity were discussed. Findings indicate prevention and early detection services decline with household incomes. Use of preventive services across income is lowest in the Garden City, Hays/Denver, and Pittsburg markets. Behavioral health risks increase as household income declines, and overweight and alcohol consumption are health risks across all Kansas markets and income groups.

Ms. Harding presented information related to how safety nets perform in terms of access points. In addition, an in-depth discussion was heard on Safety Net provider Sites, Federal Qualified Health (FQHC) Clinics, and FQHC and FQHC Look-Alike Main Sites in relation to geographic locations of identified primary and

secondary retail sales markets in Kansas.

Information was presented indicating 186,230 Kansans are uninsured, there are 520,330 potential safety net users and 169,535 actual users leading to challenges matching local need to local capacity, addressing workforce shortages, providing access to specialty care, obtaining capital for infrastructure improvement, financing health care services, and acquiring resources for health information technology (HIT) development. Access strategies include creation of a coordinated plan comprised of all stakeholders and expanding the capacity of the primary care safety net.

Committee members requested information as to why Riley County presents as an outlier related to its uninsured, non-elderly population, the mean and median income for Kansans during the same data collection period for which information was presented, and what challenges exist for accessing specialty care.

Ms. Harding responded that she was unaware of any specific reason why Riley County has such a high rate of uninsured, non-elderly. Several verbalized that it might be related to its student population and/or a low-wage area experiencing population growth. Ms. Marsh and Ms. Harding provided several examples of specialty care access challenges. Ms. Harding indicated she would follow up and provide a response to Senator Colyer's question related to the mean and median income rate.

Chairman Barnett indicated the hearing on Safety Net Clinics would continue on January 22, 2009, and suggested Ms. Harding return with a 5- to 10-year legislative plan for Safety Net Clinics.

The meeting was adjourned at 2:32pm