

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 February 25, 2009, in Room 784 of the Docking State Office Building.

Committee Members: All members were present except Representatives Siegfried, Hermanson, Schwab and Otto.

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:

Cathy Harding, Kansas Association for the Medically Underserved ([Attachment 1](#))
Tina Payne, Kansas Association for the Medically Underserved ([Attachment 2](#))
Dr. Don Brada, Wichita Center for Graduate Medical Education ([Attachment 3, 4](#))

Others attending:

See attached list.

Vice Chairman Crum called the meeting to order and guided the meeting. Chairman Landwehr was present.

Cathy Harding, Executive Director, from the Kansas Association for the Medically Underserved (KAMU) provided the committee with information on the Safety Net Clinics in Kansas ([Attachment 1](#)). KAMU members share a mission of providing needed health care services for all people regardless of their ability to pay. There are 41 Safety Net Clinics in Kansas that provide primary medical care to nearly 170,000 underserved Kansans. National data from the Federally Qualified Health Centers (FQHC's) demonstrates the cost effectiveness of safety net clinics - overall medical expenses for health center patients are 41% lower (\$1,810 per person annually) than for patients seen elsewhere. In the case of Medicaid patients alone, the total cost per patient nationally is \$1,000 less per year. Kansas Safety Net Clinics saw an increase of \$2.5 million in FY 2009. That \$2.5 million is projected to result in 8,100 new patients for this fiscal year. This will result in 74 new jobs for Kansans in those clinics. Every dollar allocated to Kansas Safety Net Clinics results in almost \$10 in additional health care services for underserved Kansans. The current rate of uninsurance in Kansas is approximately 20% lower than the rate for the entire U.S.

Summary:

Use of prevention and early detection services declines 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
Overweight and alcohol consumption are serious health risks across markets and income groups
Largest portion of smokers are in the poverty level - cost does not stop smoking
Individuals in low-income households report poorer health status than those in better off households
The prevalence of chronic disease increases as household incomes decline
Age adjusted death rates in the Pittsburg market are significantly higher than those for other markets

A facility does not need to apply for funding on a yearly basis. The health care is first, the paperwork is second for Medicaid patient.

Tina Payne, Executive Director from KAMU's Health Ministries Clinic in Newton, Kansas provided information on their medical and dental home for the underserved ([Attachment 2](#)). Their services range from prevention to acute care to chronic disease management. Just like FQHC's, Health Ministries Clinic must provide medical, dental and mental health care for anyone regardless of insurance status or ability to pay. Health Ministries Clinic does not receive Federal grant funds to offset the cost of serving the uninsured. Cost-based reimbursements are available for Medicaid and Medicare encounters, making those sectors of the patient population self-sustaining. In 2008, Health Ministries Clinic provided medical services for 2,353 patients - double the number served in 2006 (1,173). An average of 112 new patients walked through the door each month. The recent trends have shown a sharp increase daily with new patients. The mounting need

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presents a precarious budget position for Health Ministries Clinic. Services are not free of charge. 8% of those visiting their facility have private health insurance. Suspending services is not an option. Dedication to the mission and making a difference in the lives of the underserved is the motivating force for the existing staff.

Dr. Don Brada from the Wichita Center for Graduate Medical Education (WCGME) provided an update on the programs (Attachments 3, 4). WCGME is a public-private consortium consisting of three entities: The University of Kansas School of Medicine - Wichita (KUSM-Wichita), Via Christi Regional Medical Center and Welsey Medical Center. WCGME has been in existence for 20 years and it provides the necessary graduate medical education which allow physicians to practice medicine. Dr. Brada provided data pertinent to the Accreditation cycle, resident origins, graduates, location/careers for graduates, and resident practice locations. To maintain accreditation and quality programs in Wichita and Salina, two funding issues must be addressed: accreditation mandates and reduced medicare GME funding. The Accreditation Council for Graduate Medical Education (ACGME) has increased accreditation standards so that protected time for faculty research, teaching and administration is now required. Wichita is a clinical campus that needs to become more academically oriented. Budgets and a fact sheet about WCGME were provided to the committee. WCGME is looking for additional sources of income.

Representative Crum made a motion to approve the minutes for January 26, 27, 19, and February 3rd. Representative Slattery seconded the motion. The motion was carried and were approved.

The next meeting is scheduled for February 26, 2009.

The meeting was adjourned at 3:15 p.m.