

MINUTES OF THE HOUSE KANSAS FUTURES COMMITTEE

The meeting was called to order by Chairman Carlos Mayans at 1:30 p.m. on February 21, 2002 in Room 526-S of the State Capitol.

All members were present except: Representative Karl Krehbiel - excused
Representative Brenda Landwehr - excused
Representative Gene O'Brien - excused
Representative Mike O'Neal - excused
Representative Valdenia Winn - excused

Committee staff present: April Holman, Legislative Research Department
Sherman Parks, Jr., Revisor of Statutes' Office
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:

Sharon Patnode, Assistant Secretary, Kansas Department of Health
and Environment (KDHE)
Bob St. Peter, M.D., President, Kansas Health Institute
Sally Finney, Executive Director, Kansas Public Health Association, Inc.
Carolyn Middendorf, M.S.N., R.N., Kansas State Nurses Association
Robert Day, SRS Director of Medicaid
Paula Marmet, Director, KDHE Bureau of Health Promotion
(Written Testimony) Ernest Kutzley, Associate State Director, AARP in Kansas

Others attending: See attached list

The minutes of the meeting held on February 19, 2002 were approved.

HEARING ON ESTABLISHMENT OF THE KANSAS HEALTH COMMISSION

Sharon Patnode endorsed the establishment of the new agency and offered KDHE's resources in accomplishing its mission. (See written testimony, Attachment 1.) Upon questioning about the 1998 Governor's Health Improvement Planning Commission report, Ms. Patnode acknowledged only recommendations for planning local health departments have been used to justify KDHE funding. She stated with legislative and executive branch support of the new Commission, the level of participation would be raised for all other interested entities. Representative DiVita noted during the study for the 1998 report she made several recommendations to KDHE that would change some outdated health care laws that still remain on the books.

Dr. Bob St. Peter, Kansas Health Institute, wholeheartedly supported the establishment of the Commission. He offered comments on its proposed organization and operation, stating the language as drafted is forward looking about prevention, health promotion, and health care disparities. Dr. St. Peter stated it is important to separate health from health care; and defined health as the state of an optimal physical, mental and social well being; whereas health care is the provision of services to either maintain or improve the health of individuals. (See testimony, Attachment 2.)

Dr. St. Peter directed attention to page of 5 of Attachment 2, which provides an approach to individual health improvement including: (1) access to health care services; (2) physical and social environments; (3) the genetic endowment; and (4) the behavior choices. Policies and interventions affect all of those things. He encouraged committee members to think about the goals and objectives to be established. The state should think carefully about the values and priorities it sets for health.

Noting that as an outside observer of the state's policy process and that of the private sector, it is not clear to him that there are established priorities and objectives for health improvement and maximizing health needs. A discussion from a broad population's perspective could be promising for the state.

In his written testimony, Dr. St. Peter offered several charts and diagrams for use in the committee's considerations, pointing out the charge on page 10 predicting the rise in 2010 to 16% of our national

CONTINUATION SHEET

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economy spent for health care. He challenged legislators to think about this investment and realize it is their constituents who pay for it. He stated it seems illogical to spend a greater proportion of our national economy without addressing the demands and efficiencies of health care. Dr. St. Peter closed with “the success of this proposal will be determined by (1) expertise made available to the Commission; (2) the political will of the Legislature, the Governor’s office, and other stakeholders; and (3) the resources made available for it.”

Ernest Kutzley, AARP in Kansas, forwarded written support of **HB 2905**. Pertinent to the intent of the bill is AARP’s strong “support for adequate baseline funding to create a solid foundation for this Commission; and at a minimum, the oversight process must be public and require evaluation of the health care implications of the transaction.” Also, he suggested representation on the Commission “should include mental retardation, developmental disabilities, and mental health arenas.” (See Attachment 3.)

Sally Finney, Kansas Public Health Association, Inc., reported the association’s support of **HB 2905** as an important step towards improving coordination among state agencies that deal with health issues. She noted directing “...the Commission to improve the state’s efforts in this area is critical if the state hopes to reduce the growing impact that disease has on our economy. Without political backing, the state will not be able to move forward.” (See Attachment 4.)

Carolyn Middendorf related the Kansas State Nurses Association’s wholehearted support of **HB 2905**, stating the Kansas Health Commission could be effective in forming public policy and health initiatives to improve the health of Kansans. The association offered amendments to the bill: (1) add the Insurance Commissioner’s office as an advisor; (2) that two members of the Commission be from the “health care provider” rather than the “medical community,” (3) that authority and staff support is made available to task forces or work groups as they are appointed; and (4) to prioritize the funding and operation of the Commission. (See Attachment 5.)

Robert Day, SRS Medicaid Director, noted that the Senate is actively engaged in reviewing the agency’s budget, and the House will soon be working on it. Mr. Day stated that he believes the state cannot continue to look at sustaining the huge increases of public health costs without determining a more concerted effort for wellness issues and how best to spend health care dollars. It is an issue that touches every state agency. He stated, too, that the initiation of agencies like a Kansas Health Commission will not bale anyone out of the \$400-600 billion crisis, but it will help as we should not pass this crisis onto to our children.

Mr. Day also stated he is frustrated with our ability to provide a coordinated, concerted effort for wellness. He indicated that if we do not revamp the way the wellness issue is approached, the state will spend many more dollars than is now spent.

Paula Marmet related KDHE’s wellness program that has just begun with weight watching as one of the components. She stated the importance of raising this as a policy issue is critically important and observed that people will not necessarily conform to a health lifestyle because it will help them in the future, but will conform if it is a more desirable lifestyle for them.

The hearing was closed.

The Chairman advised that the next meeting of the committee is on call.