

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 13, 2007 in Room 526-S of the Capitol.

All members were present.

Committee staff present:

Norman Furse, Revisor's Office  
Melissa Calderwood, Legislative Research  
Mary Galligan, Legislative Research  
Patti Magathan, Committee Assistant

Conferees appearing before the committee:

Michael Tanner, Director Health & Welfare Studies, CATO Institute

Others Attending:

See Attached List.

The Committee heard a presentation on Health Care Reform from Michael Tanner, Director, Health and Welfare Studies of the CATO Institute, Washington, DC. In developing health policy it is vital to keep in mind one pertinent fact: for all its problems, the United States offers the highest quality health care in the world.

It is important, therefore, that any reform of the health care system, either nationally or here in Kansas, not destroy those things that make our health care system so effective—individual choice and free markets. You should avoid the temptation to increase government regulation and control over the state's health care system. All national health care systems ration care.

There are clearly problems with the United States and Kansas health care systems that need to be addressed. There are too many Kansas who lack health insurance, which presents a problem for the state. When an individual without health insurance becomes sick or injured, he or she still receives medical treatment. Such treatment is not free, with the cost simply shifted to those with insurance or more often to taxpayers.

States are generally exploring three possible and equally problematic avenues toward achieving universal coverage.

First is to have the government pay for health care, by leaving the basic system intact while expanding government subsidies to low-income individuals and other groups by increasing eligibility for entitlement programs or through Medicaid reforms.

A second approach is to impose a mandate on employers. This involves requiring all employers over a certain size to either provide their workers with health insurance or pay taxes to a government program that will insure those workers.

Mandating individuals to have insurance is a third approach but would probably not work. This is a significant infringement on individual liberty and decision making, not to mention practical difficulties of enforcement and compliance.

A combination of employer/employee mandated insurance being called the "connector" is an approach recently developed in Massachusetts. A connector would allow individuals and workers in small companies to take advantage of the economies of scale in terms of administration and risk pooling. The Connector would not actually be an insurer but would function as a clearinghouse to match customers with providers and products.

It is sadly true that the keys to health care reform lie in federal, not state, legislation. Be extremely careful to make sure that impatience does not push Kansas into taking steps that will ultimately make the problem far worse. (Attachments 1, 2 & 3)

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on February 13, 2007 in Room 526-S of the Capitol.

Chair Landwehr announced that we wouldn't work **HB2174** today due to some unanswered questions.

Chair Landwehr opened the floor to work **HB2009** - Vaccinations by pharmacists to persons of any age., and **HB2097** - Administering of vaccines by pharmacists, pharmacy students and interns to persons age five and older and announced that we would work both bills together.

Representative Hill explained that **HB2009** and **HB2097** were very similar. **HB2009** eliminated the existing age requirement from statute, which received substantial objection. For that reason he would recommend leaving the age requirement as it is in current statute and taking no action on this bill.

Representative Hill also noted that **HB2097** added a provision for students who have been trained and had also attempted to lower the age requirement to 5 years or older. The age reduction had met with substantial objection. For that reason he would recommend leaving the age requirement as it is in current statute and motioned to amend **HB2097** to change five years to 18 years. Motion carried. Representative Hill then made a motion, seconded by Representative Morrison, to pass **HB2097** favorably as amended. Motion carried. Representative Hill will carry the bill.

Chair Landwehr then announced that we would work **HB2098** - Defining certain terms relating to human cloning.

Representative Mast moved that this bill be recommended favorable for passage. Motion seconded by Representative Kiegerl.

Representative Flaharty made a motion to table **HB2098**, which was seconded by Representative Storm. Voice vote was unclear so division was called. Vote was Aye 9, Nay 10. Motion failed.

Back on the motion to pass **HB2098** favorably, vote was Aye 11 and Nay 9. Motion passed. Following are Representatives who asked that votes be recorded as opposing the bill. They were Representatives Flaharty, Storm, Hill, Ward, Garcia, Trimmer, Neighbor, Tietze, and Holland. Representative Mast will carry the bill.

Meeting was adjourned. Next meeting will be Feb. 14 at 1:30.