



Kansas Health Policy Authority
Coordinating health & health care for a thriving Kansas

KHPA Board 2007
Health Reform Recommendations

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Goal of Health Reform in Kansas

To improve the *health* of Kansans –not just health insurance or health care – but the *health* of our children, our families, and our communities

Kansas Health Reform Overview

- 2005 and 2006: Creation of KHPA
 - Appointment of Board
 - Creation of vision principles and framework
- 2007: Creation of Health for All Kansans Steering Committee
 - Passage of SB 11:
 - Created premium assistance program
 - Outlined development of health reform options
- 2008: Debate Health Reform Options
 - Legislative debate

Requirements of SB 11

Shall consider as part of health reform in Kansas various Medicaid reform options including:

- **The experience of other states**
 - *Massachusetts, Missouri, Connecticut, Vermont, New Jersey*
- **Long term care**
 - *LTC Partnership announced October 2007*
 - *Support for home and community based services*
- **Waste, fraud and abuse**
 - *Appointment of Inspector General and begin financial auditing process for Kansas Medicaid program*
- **Health opportunity accounts**
 - *Pilot concept as part of Premium Assistance*
- **Tax credits**
 - *Support for purchase of tax advantaged health insurance; waiting for interim committee recommendations*
- **Vouchers**
 - *Not supported by Board; waiting for interim committee recommendations*
- **Premium Assistance**
 - *Designing program; RFP issued by end of year*

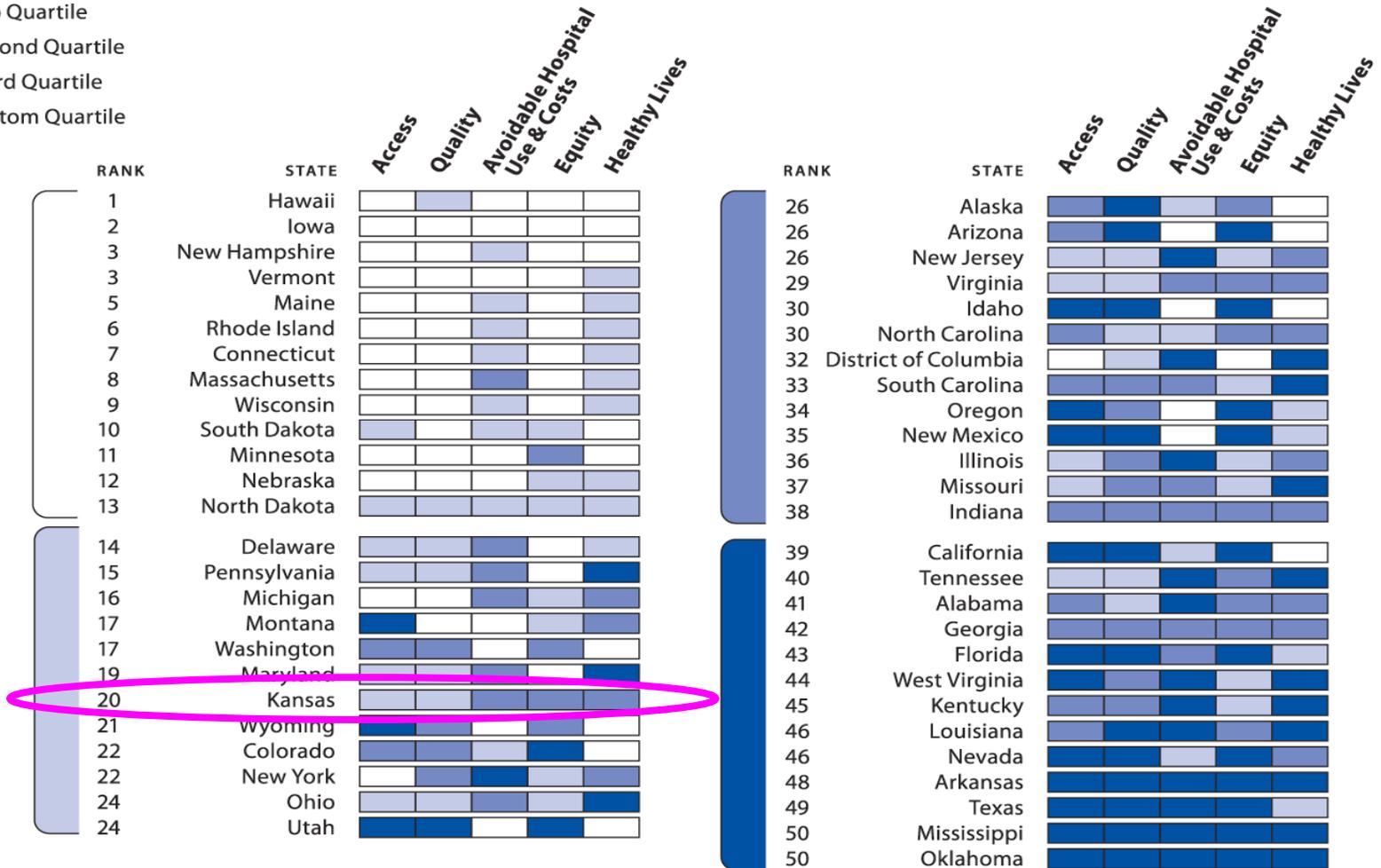
Requirements of SB 11

On November 1st, an analysis of health care finance reform options, including:

- **An analysis of a Kansas health insurance connector**
 - *Examined as part of Universal and Affordable plan models*
 - *Reform recommendations include a voluntary health insurance clearinghouse for small businesses*
- **A model for a voluntary health insurance connector**
 - *Affordable plan model*
- **Draft legislation for the proposed health care finance reform options**
 - *Legislative framework for recommendations being developed*
- **Shall develop and analyze other pertinent initiatives and policies designed to increase access to affordable health insurance and to otherwise promote health**
 - Reform recommendations for personal responsibility, medical homes, prevention, and affordable health insurance

Health in Kansas: Room for Improvement

State Scorecard Summary of Health System Performance Across Dimensions



SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

KHPA Reform Priorities

- Promoting personal responsibility (P1)
 - Responsible health behaviors
 - Informed purchase of health care services
 - Contributing to the cost of health insurance, based on sliding scale
- Prevention and medical homes (P2)
 - Focus on obesity, tobacco control, chronic disease management and incentives for primary care medical homes
- Providing and protecting affordable health insurance (P3)
 - Focus on small business, children, and the uninsured

Health Reform Options...

High Priority Policy Options
for the Three "Ps"

*Promoting Personal
Responsibility*

“We need to have a renewed focus on personal responsibility of health care. We cannot have a solution until we change our culture of miracle medicines.”

-- KC Chamber of Commerce Member

Summary: Personal Responsibility Policy Options (P1)

- **Improve Health Behaviors**
 - Encourage healthy behaviors by individuals, in families, communities, schools, and workplaces
 - Policies listed under P2 – pay for prevention
- **Informed Use of Health Services**
 - Transparency for consumers – health care cost & quality transparency project
 - Promote Health Literacy
- **Shared Financial Contributions** for the cost of health care
 - Policies listed under P3

P1 (1): Transparency for Consumers: Health Care Cost & Quality Project

- **Details.** Collect and publicize Kansas specific health care quality and cost information measures developed by stakeholders for use by purchasers and consumers.
- **Population Served.** All Kansans
- **Estimated Cost.** \$200,000 SGF (State General Fund) for Phase II of the Transparency project

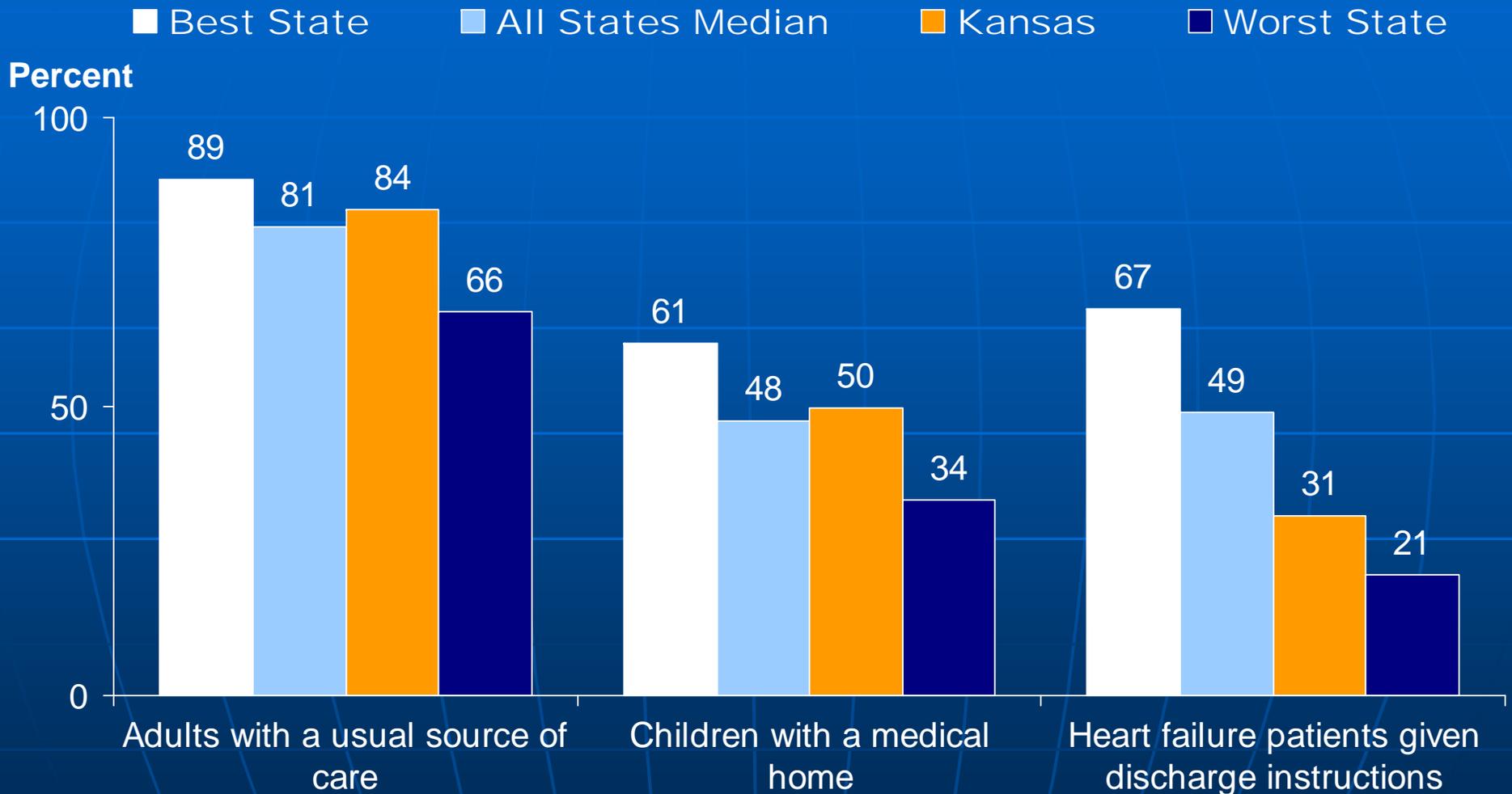
P1 (2): Promote Health Literacy

- **Details.** Collect and publicize Kansas specific health care quality and cost information measures developed by stakeholders for use by purchasers and consumers.
- **Population Served.** Medicaid and HealthWave enrollees under care of these providers
- **Estimated Cost.** \$250,000 SGF for pilot program with Medicaid and HealthWave providers

Promoting Medical Homes

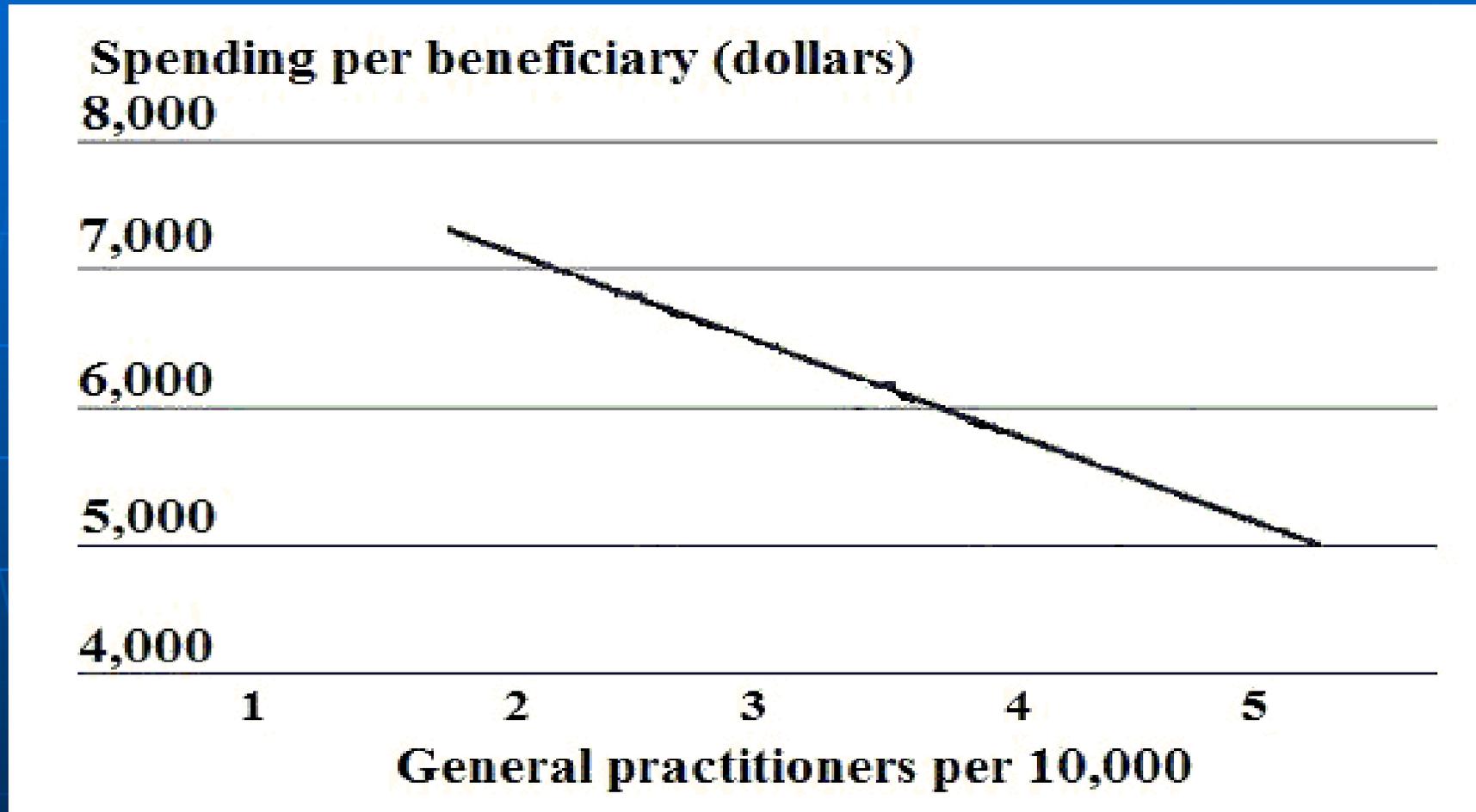
QUALITY: COORDINATED CARE

State Variation: Coordination of Care Indicators



DATA: Adult usual source of care – 2002/2004 BRFSS; Child medical home – 2003 National Survey of Children’s Health; Heart failure discharge instructions – 2004-2005 CMS Hospital Compare SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

Primary Care as it Relates to Cost



Source: Baicker K, Chandra A. Health Aff (Millwood) 2004;Suppl Web:W4-184-97

Summary: Medical Home Policy Options (P2)

Promote “Medical Home” Model of Care

- Define medical home
- Increase Medicaid provider reimbursement for prevention/primary care
- Implement statewide Community Health Record
- Promote insurance card standardization

P2 (1): Define Medical Homes

- **Details.** Develop statutory/regulatory definition of medical home for state-funded health programs (Medicaid, HealthWave, State Employee Health Plan).
- **Population Served.** All beneficiaries of state-funded health care plans.
- **Estimated Cost.** Planning process should incur minimal costs to KHPA

P2 (2): Increase Medicaid Provider Reimbursements

- **Details.** Increased Medicaid & HealthWave reimbursement for primary care and prevention services.
- **Population Served.** Beneficiaries and providers in Medicaid and HealthWave programs.
- **Estimated Cost.** \$10 million AF (All Funds); \$4 million SGF

Background: Medicaid Payments in Kansas

- On average, physicians in KS are reimbursed at 83% of maximum allowable Medicare rates
- Proposal would include a review of -- and increase in -- reimbursement for preventive and primary care services that promote a medical home model of care (specific CPT codes).

“It’s difficult for a provider to code for Medicaid for obesity counseling. Insurance won’t pay for it. They pay for the diabetes but not the counseling and so people won’t come to the doctor until they have the chronic disease because they have to pay the doctor bill themselves.”

--Emporia Provider at Flint Hills
Community Health Center

P2 (3): Implement Statewide Community Health Record

- **Details.** Design Statewide Community Health Record to promote coordination and exchange of health information for state funded health programs (Medicaid, HealthWave, State Employee Health Plan)
- **Population Served.** Beneficiaries of state funded health care plans
- **Estimated Cost.** Between \$2-3 million AF, Costs dependent on scope of project (number of sites and users)

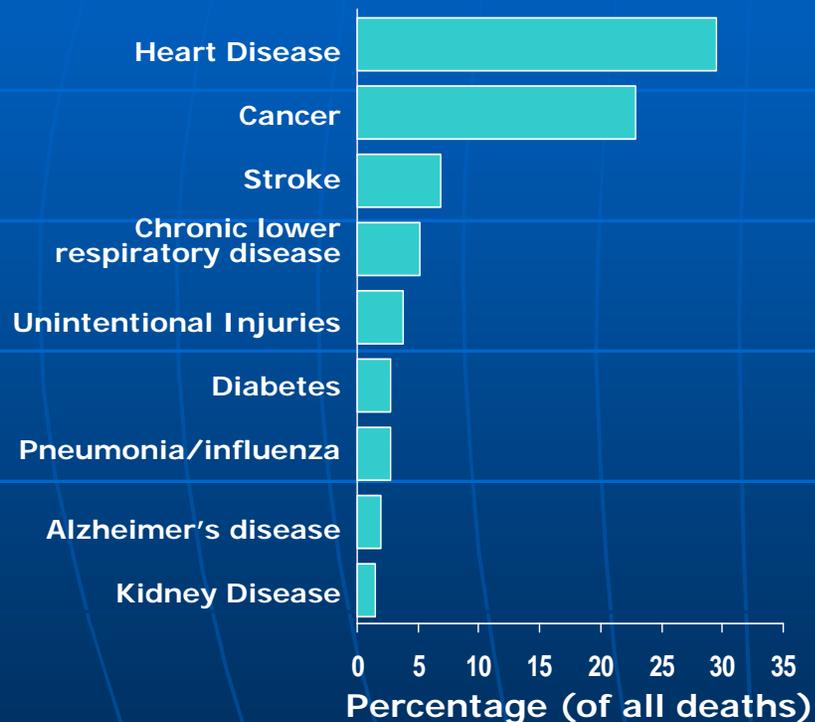
P2 (4): Promote Insurance Card Standardization

- **Details.** Adopt recommendations from Advanced ID Card Project for state-funded health programs
- **Population Served.** Kansans who qualify and are enrolled in state funded health care plans
- **Estimated Cost.** \$172,000 All Funds for FY 2009

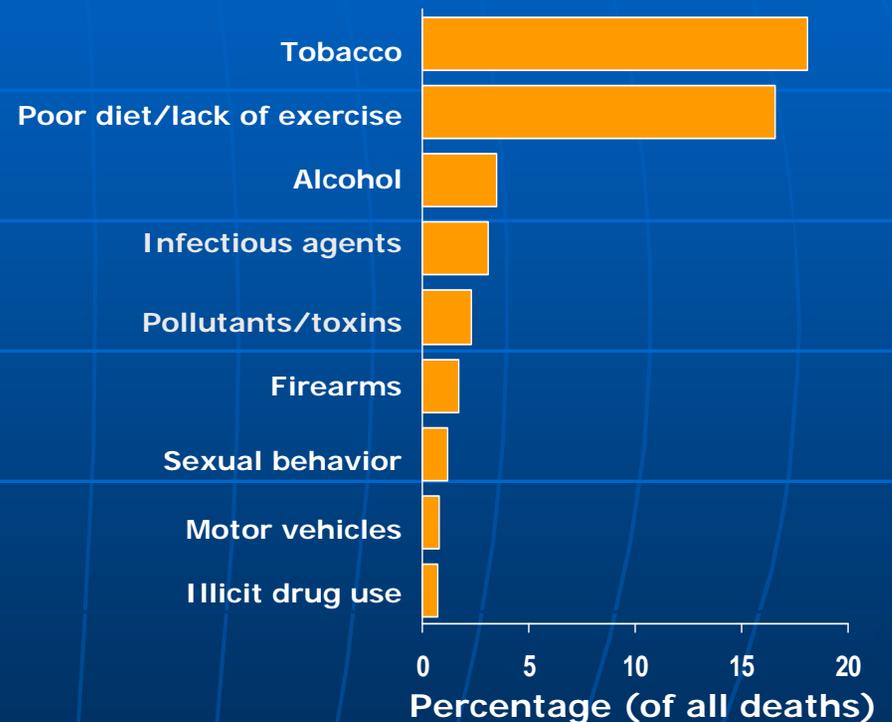
*Paying for Prevention:
In families and communities*

Causes of Death United States, 2000

Leading Causes of Death*



Actual Causes of Death†



* National Center for Health Statistics. Mortality Report. Hyattsville, MD: US Department of Health and Human Services; 2002

† Adapted from McGinnis Foege, updated by Mokdad et. al.

Summary: Pay for Prevention Policy Options (P2)

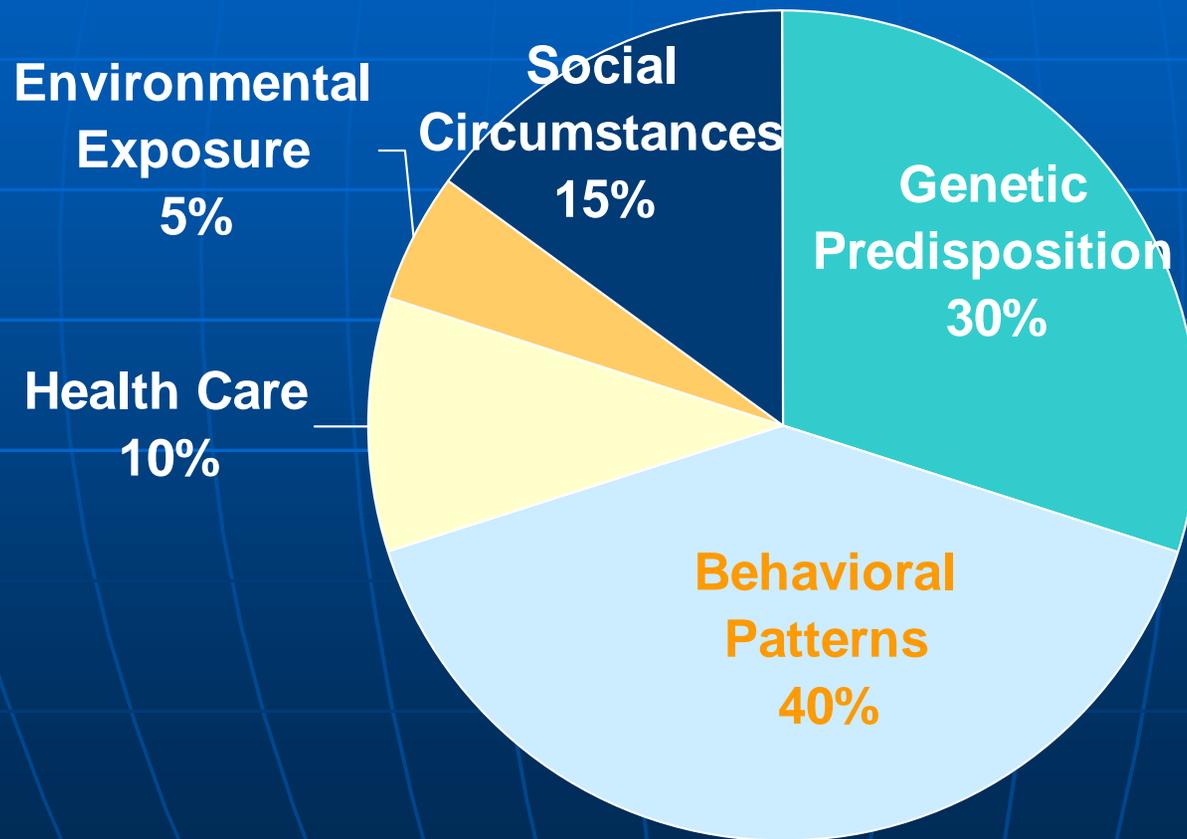
- **Healthy Behaviors in Families & Communities:**
 - Increase tobacco user fee
 - Statewide Smoking ban in public places
 - Partner with community organizations
- **Healthy Behaviors in Schools:**
 - Include Commissioner of Education on KHPA Board
 - Collect information on health/fitness of Kansas school children
 - Promote healthy food choices in schools
 - Increase physical education

Summary: Pay for Prevention Policy Options (P2 Cont.)

- **Healthy Behaviors in Workplaces:**
 - Wellness grant program for small businesses
 - Healthier food options for state employees
- **Additional Prevention Options:**
 - Provide dental care for pregnant women
 - Improve tobacco cessation within Medicaid
 - Expand cancer screenings

Determinants of Health Status

Proportional Contribution to Premature Death



Source: Schroeder SA. N Engl J Med 2007;357:1221-1228

“The most pressing issue is people taking responsibility for living healthy lifestyles. It’s not a health care crisis. It’s a health crisis.”

-- Winfield health care provider

P2 (5): Increase Tobacco User Fee

- **Details.** Institute an increase in the tobacco user fee of 50¢ per pack of cigarettes and impose an excise tax on all smokeless tobacco products.
- **Population Served.** Total Kansas population
- **Estimated Cost.** Provides annual revenues of \$51.9 million

Background: Tobacco Use in Kansas

- Kansas adult smokers – 20% current smokers
- KS High School Students – 21% current smokers, 15% currently use smokeless tobacco
- KS Middle School Students – 6% current smokers

Background: Cost of Tobacco in Kansas

- Causes 4,000 deaths annually in Kansas
- Costs \$930 million in health care costs yearly; \$196 million in Medicaid program alone
- Increase of 10% for pack of cigarettes will decrease tobacco use by 4%
- Majority (64%) of Kansas adults support an increase in tobacco user fee (Sunflower Foundation Poll, 2007)

“Everyone is in favor of a higher tax on tobacco. [A] smoking ban is the single most important thing we can do to improve health, making it as expensive as possible or limiting the locations there are available [for smoking].”

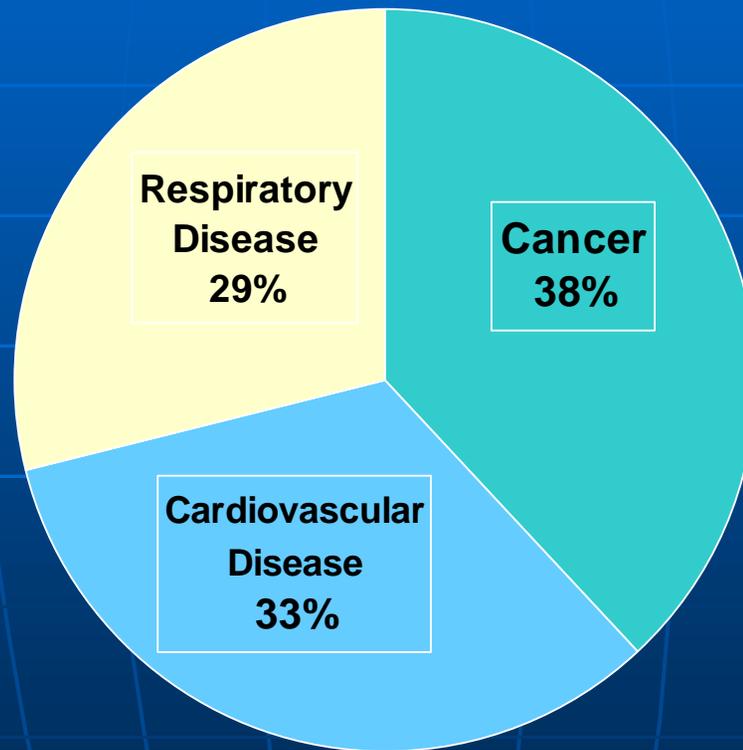
--Consumer at Community Health Center of SE Kansas in Pittsburg

P2 (6): Statewide Ban on Smoking in Public Places

- **Details.** Enact a statewide smoking ban in public; coupled with Governor's Executive Order requiring that all state agencies hold meetings in smoke-free facilities.
- **Population Served.** 1.4 million working adults in Kansas
- **Estimated Cost.** No cost to the State; limited evidence of other cost implications

Tobacco Related Deaths in Kansas

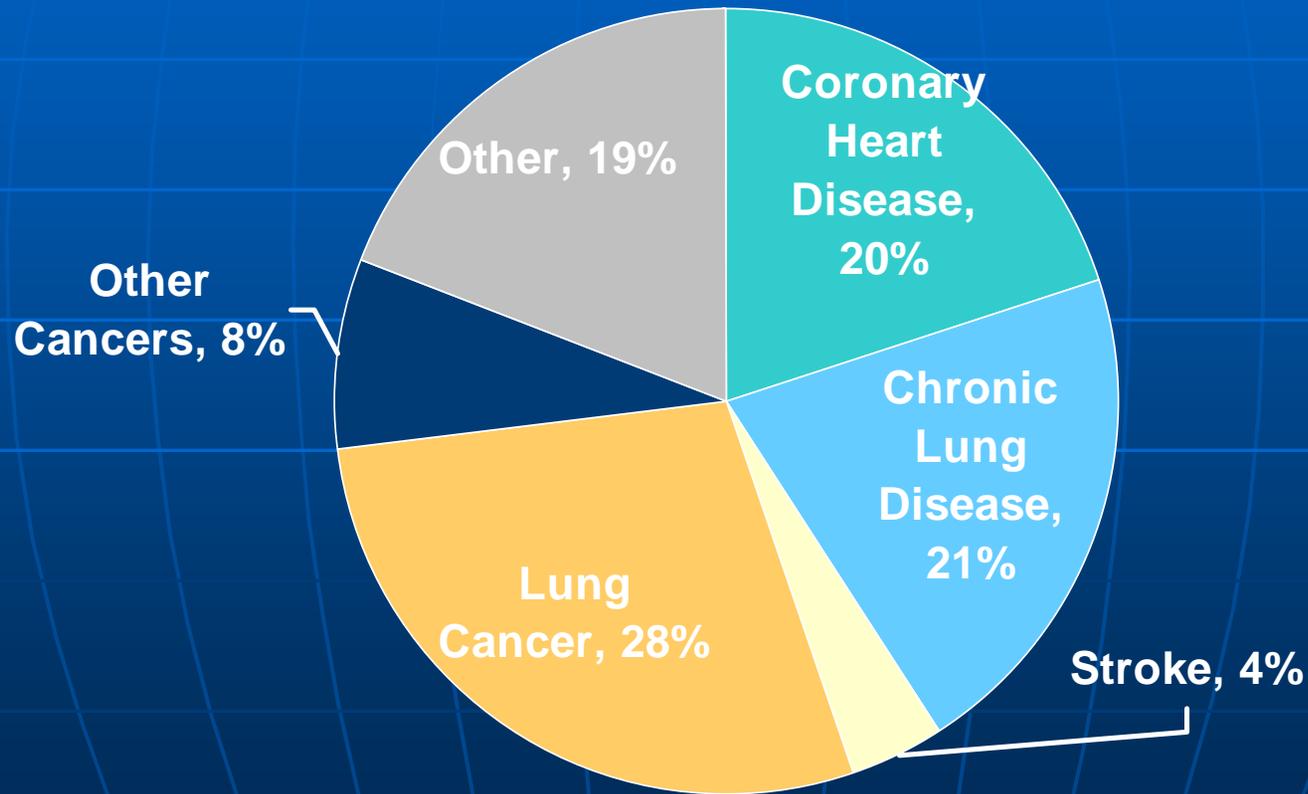
Average of 3,900 Deaths per Year
in Kansas due to Smoking



Source: Smoking Attributable Morbidity, Mortality and Economic Cost, CDC

Tobacco Related Deaths in U.S.

Average of 438,000 Deaths per Year in the U.S. Due to Smoking



Source: CDC, MMWR 2005; 54(25): 625-8.

Impact of Secondhand Smoke

- *Smoking is the #1 preventable cause of death in Kansas*
- In US, 126 million nonsmokers are exposed to secondhand smoke
- US children most at risk; 60% of ages 3-11 are exposed to secondhand smoke
- In KS, 28% of workers are NOT protected by worksite nonsmoking policies

P2 (7): Partner with Community Organizations

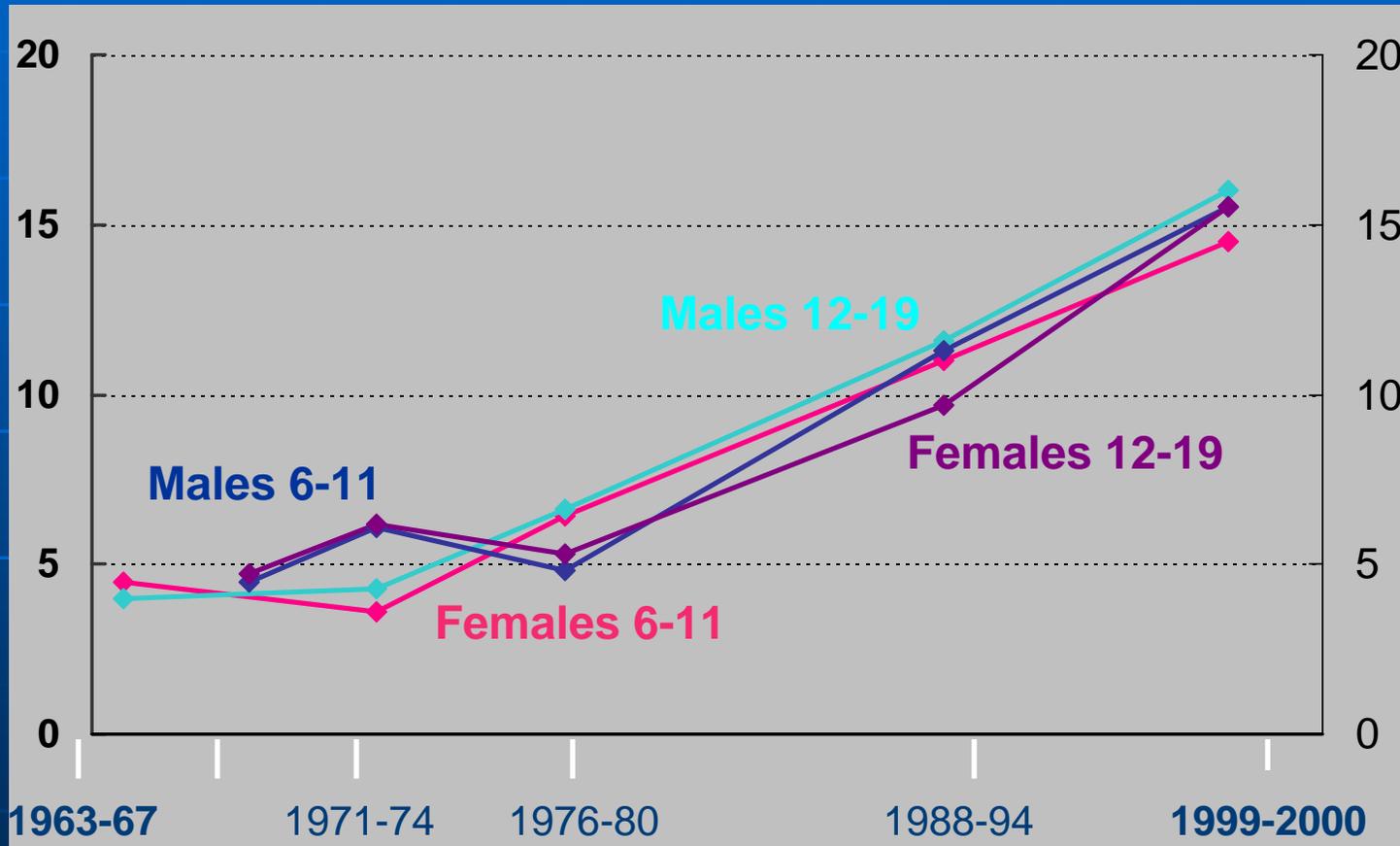
- **Details.** Expand the volume of community-based health and wellness programs through partnerships between state agencies and community organizations.
- **Population Served.** All residents and visitors to the State of Kansas.
- **Estimated Cost.** Costs dependent upon scope of project (number of organizations).

*Paying for Prevention:
In Schools*

U.S. Trends for Overweight Children and Adolescents

Percent

Percent



Note: Overweight is defined as BMI \geq gender- and weight-specific 95th percentile from the 2000 CDC Growth Charts for the United States. Source: National Health Examination Surveys II (ages 6-11) and III (ages 12-17), National Health and Nutrition Examination Surveys I, II, III and 1999-2000, NCHS, CDC.

“I have kids enrolling and being monitored already for cholesterol problems. We know what that means later down the road when they start having heart problems.”

--Garden City Provider at Mexican American Ministries:

Background: Overweight Students in Kansas

- Percent of **overweight students** for 2004-2005 school year:
 - Elementary School: 17%
 - Middle School: 15%
 - High School: 12%
- Percent **at-risk for becoming overweight**:
 - Elementary School: 15%
 - Middle School: 17%
 - High School: 13%

Source: 2004-2005 Kansas Child Health Assessment and Monitoring Project (K-CHAMP). Kansas Dept of Health and Environment; Office of Health Promotion. Accessed on October 9, 2007 at <http://www.kdheks.gov/bhp/kchamp/data.html>.

Background: Childhood Impact of Being Overweight/Obese

- Since 1980, the percentage of overweight young persons has **more than tripled**.
- Obesity has become the **second greatest threat to children's long-term health**.
- Childhood overweight is **associated with multiple health-related consequences** such as psychosocial problems, cardiovascular disease, asthma, hepatic steatosis, sleep apnea, and type 2 diabetes.
- By 2020, 1/4th of every health care dollar will go towards **paying for obesity related treatments**.

Source: Centers for Disease Control and Prevention, Division of Nutrition; Physical Activity and Obesity; National Center for Chronic Disease Prevention and Health Promotion.

P2 (8): Include Commissioner of Education on KHPA Board

- **Details.** Expand the KHPA Board to include an ex-officio seat for the Kansas Commissioner of Education.
- **Population Served.** Kansas school children.
- **Estimated Cost.** No cost.

P2 (9): Collect Health/Fitness Information on KS Students

- **Details.** Support the establishment of a state-based surveillance system to monitor trends of overweight, obesity, and fitness status on all public school-aged children in Kansas.
- **Population Served.** Kansas school children – 465,135 K-12 students enrolled in 2006-2007 school year
- **Estimated Cost.** Schools would incur some indirect costs for staff training and BMI measurement.

Background: Why Measure BMI?

- Childhood obesity measured through self-reporting surveys in Kansas
- Lack of data on at-risk populations - programs **unable to appropriately target most vulnerable populations** in cost-effective manner
- BMI data essential for **assessing effectiveness of public health interventions**
- More than 80% of public school & school district staffs **support collection of BMI**

P2 (10): Promote Healthy Food Choices in Schools

- **Details.** Adopt policies that encourage Kansas school children to select healthy food choices by competitively pricing and marketing these foods and restricting access to foods with little or no nutritional value.
- **Population Served.** Kansas school children – 465,135 K-12 students enrolled in 2006-2007 school year
- **Estimated Cost.** Implementation of this policy will reduce revenue generated by sale of these food items.

Background: Competitive Food Restrictions

- **Kansas School Wellness Policy Model Guidelines for Nutrition**
 - Recommendations to improve nutritional quality of all foods and beverages available to students at school
 - Address competitive pricing and promotion of healthy foods and portion size limitations
 - Restrict access to foods of minimal nutritional value
- **Proven Impacts of Model Guidelines**
 - Reduce amount of soda consumed per week
 - Increase purchases of fruits, vegetables, and low-fat foods
 - Reduce overall energy intake

Background: Kansas Schools & Nutrition

■ Foods Available in Schools¹

- Almost 45% of K-12 schools offer a la carte lunch items.
- Just under 60% of K-12 schools and 90% of high schools have vending machines.

■ Nutrition of Students²

- Percent of students who eat the recommended 5 fruits & vegetables each day –
 - Elementary School: 19%
 - Middle School: 22%
 - High School: 18%

Sources: ¹Kimminau, K.S. One Piece of the Childhood Obesity Puzzle: Kansas Public Schools. Kansas Health Institute Issue Brief. 2006. 20: 1-4. ²2004-2005 Kansas Child Health Assessment and Monitoring Project (K-CHAMP). Kansas Dept of Health and Environment; Office of Health Promotion. Accessed at <http://www.kdheks.gov/bhp/kchamp/data.html>.

“I’m impressed with the new wellness push in schools by getting the pop machines out of the schools. It’s a nice push. As a science teacher, I try to push good health habits. We need to show the kids how to better themselves with their habits, showing kids the right ways to eat and to eat healthy meals.”

Congregation Member of the Atchison
United Methodist Church

P2 (11): Increase Physical Education

- **Details.** Strengthen physical education requirements and expand Coordinated School Health (CSH) programs.
- **Population Served.** Kansas school children
– 465,135 K-12 students enrolled in 2006-2007 school year
- **Estimated Cost.** \$8,500 per participating school; KDHE has requested \$1.8 million SGF for FY 2009 for the CSH program.

Background: Physical Education & Activity in Kansas Schools

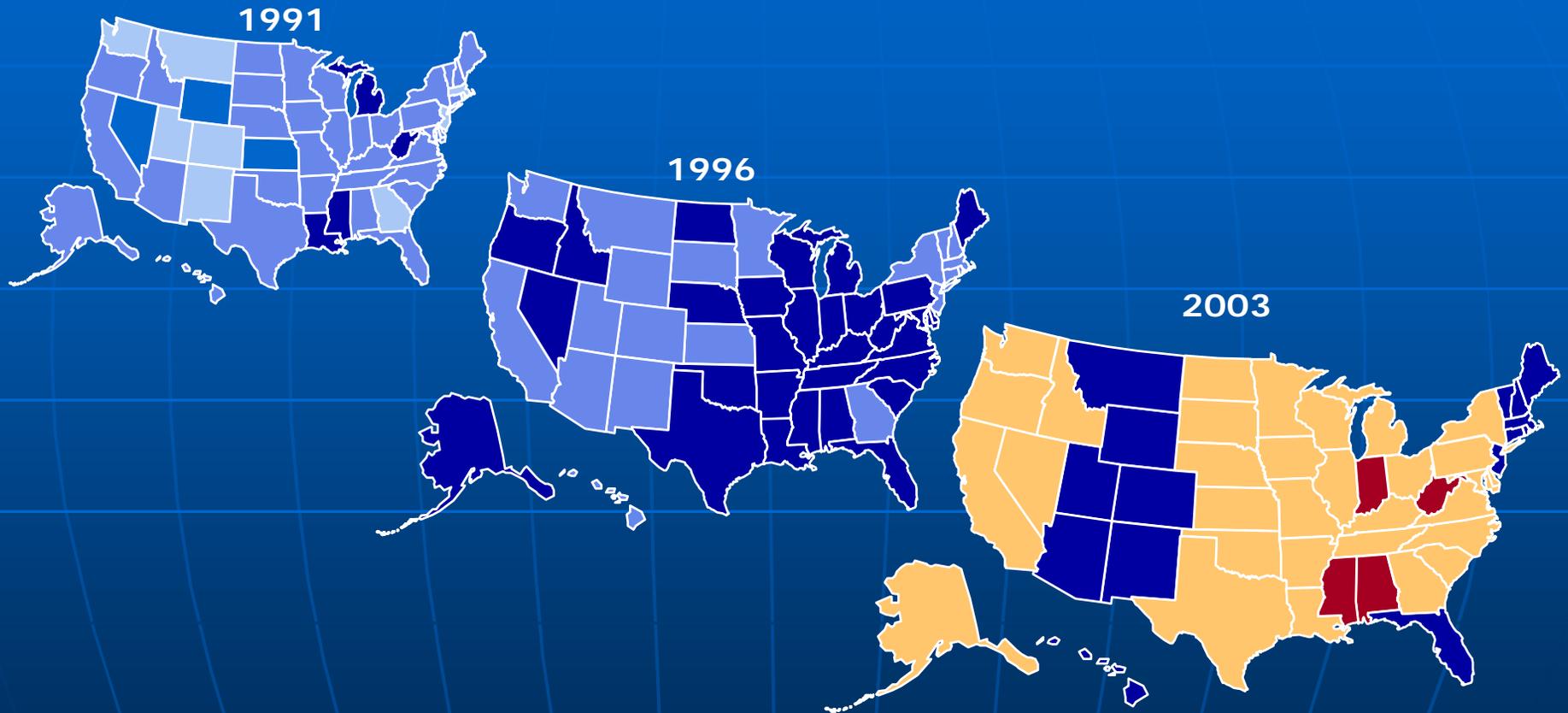
- Students NOT meeting recommended levels of physical activity:
 - Elementary School: 39%
 - Middle & High School: 43%
- Students NOT enrolled in daily PE classes:
 - Elementary School: 77%
 - Middle & High School: 54%
- Students NOT exercising or playing sports for 20 minutes during PE class:
 - Elementary: 27%
 - Middle & High School: 11%

Source: 2004-2005 Kansas Child Health Assessment and Monitoring Project (K-CHAMP). Kansas Dept of Health and Environment; Office of Health Promotion. Accessed on October 9, 2007 at <http://www.kdheks.gov/bhp/kchamp/data.html>.

*Paying for Prevention:
In the Workplace*

Obesity Trends* Among U.S. Adults BRFSS, 1991, 1996, 2003

(*BMI ≥ 30 , or about 30 lbs overweight for 5'4" person)



P2 (12): Wellness Grants for Small Businesses

- **Details.** Develop a community grant program to provide technical assistance and startup funds to small businesses to assist them in the development of workplace wellness programs.
- **Population Served.** Kansas employees of small firms.
- **Estimated Cost.** \$100K SGF for pilot project.

Background: Small Employers in Kansas

- US 2000 Census: Industry employment by size
 - Total KS Employees – 67,900
 - Under 100 Employees – 79%
 - Total KS Businesses –
 - 1 to 4 Employees – 41.5% (28,144)
 - 5 to 9 Employees – 16% (10,892)
 - 10 to 19 Employees – 10.3% (6,969)
 - 20 to 99 Employees – 11.5% (7,833)

P2 (13): Healthier Food Options for State Employees

- **Details.** Expand healthy food choices in state agency cafeterias and vending machines.
- **Population Served.** Approximately 45,000 state employees
- **Estimated Cost.** Costs not available.

Background: Obesity and Nutrition in Kansas

- 2/3 of Adults are Overweight or Obese In Kansas (2006)
 - 36% of adults were overweight
 - 26% of adults were obese
- Nutrition in Kansas
 - 23% adults consumed less than 5 servings of fruits and vegetables in 2000
 - Decreased to less than 20% in 2005

*Paying for Prevention:
Additional recommendations*

“When it comes to chronic illness and prevention, you have to have a plan before [your body] can fail. You have to change your attitudes about the way you’re approaching things. A lot of what I’m hearing is serving the people once they are sick. The focus needs to come back to prevention and helping them before they are sick.”

Consumer at the Center for Health and Wellness in Wichita

EQUITY

Lack of Recommended Preventive Care by Income and Insurance

Percent of adults age 50+ who *did not* receive recommended preventive care

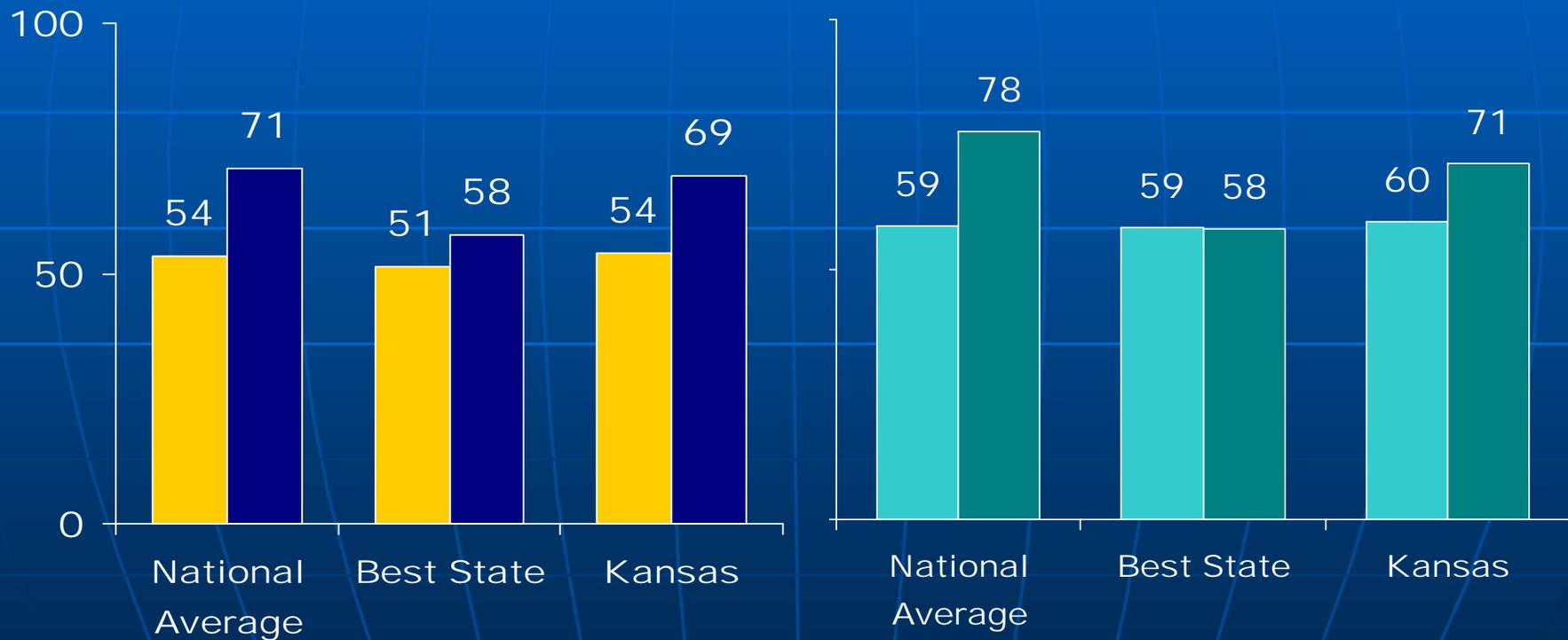
By income

By insurance

■ >200% of poverty ■ 200% of poverty or less

■ Insured

■ Uninsured



Note: Best state refers to state with smallest gap between national average and low income/uninsured.

DATA: 2002/2004 BRFSS. SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

P2 (14): Dental Care for Pregnant Women

- **Details.** Include coverage of dental health services for pregnant women in the Kansas Medicaid program.
- **Population Served.** Pregnant women enrolled in Medicaid
- **Estimated Cost.** \$1.2 million AF;
\$500K SGF

Background: Preventing Premature Infants

- March of Dimes reports average premature birth costs as much as \$500K over the lifetime of a child.
- Cost savings of preventing just a few of these births would easily cover the cost of the benefits.

P2 (15): Improve Tobacco Cessation within Medicaid

- **Details.** Improve access to tobacco cessation programs in the KS Medicaid program to reduce tobacco use, improve health outcomes, and decrease health care costs.
- **Population Served.** Approximately 84,000 Medicaid beneficiaries who smoke.
- **Estimated Cost.** \$500K AF; \$200K SGF for annual costs

Background: Smoking in Kansas

- **Cessation.** 49% of KS adult smokers attempted to quit, but failed in 2004
- **Attributable Deaths.** 3,900 in KS
- **Costs.** Medicaid paid \$196 million in 2004 for smoking attributable health care costs.
- **Medicaid Coverage.**
 - KS covers Chantix for 24 weeks/year
 - Does not cover many medications (Zyban, Gum's, Patch, Inhaler, Nasal Spray)
 - Does not cover group, individual, or phone counseling

P2 (16): Expand Cancer Screenings

- **Details.** Increased screenings for breast, cervical, prostate, and colon cancer through expansion of the Early Detection Works (EDW) Program.
- **Population Served.** 7,500 women (for Breast/Cervical screenings); 6,100 men (for Prostate cancer screenings); 12,000 Kansans (for Colorectal cancer screenings)
- **Estimated Cost.** KDHE has requested \$6.7 million SGF for FY 2009 to cover the cost of expansion for all three cancer screenings.

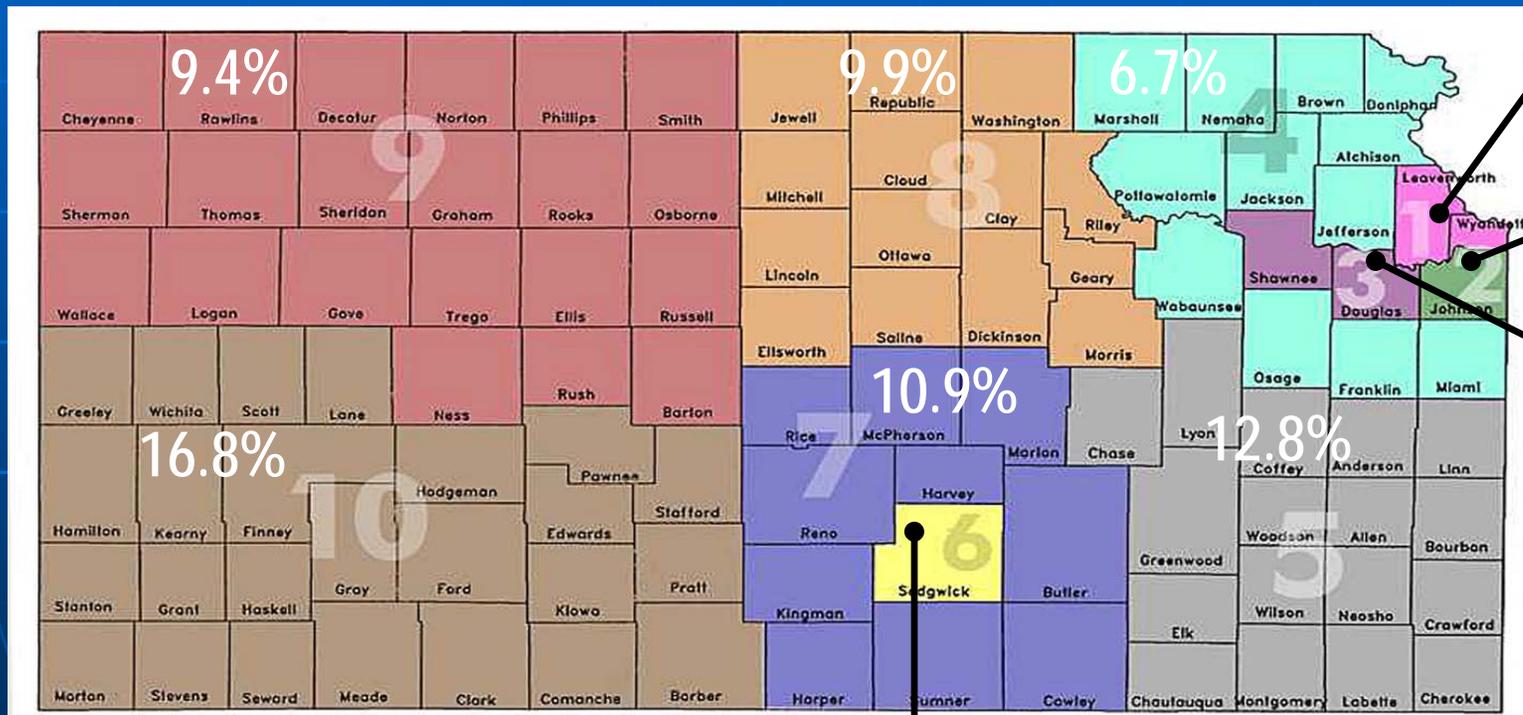
Background: Cancer in Kansas

- **Breast and Cervical Cancer**
 - Nearly 400 women die annually
 - Access to timely screening could prevent 60-120 of those deaths
- **Prostate Cancer**
 - Most common cancer among men
 - Over 1,800 cases annually diagnosed
 - 250 men die each year
- **Colorectal Cancer**
 - Average of 550 persons die each year
 - CDC indicates that routine screening can reduce deaths by 60%

*Providing and Protecting
Affordable Health Insurance*

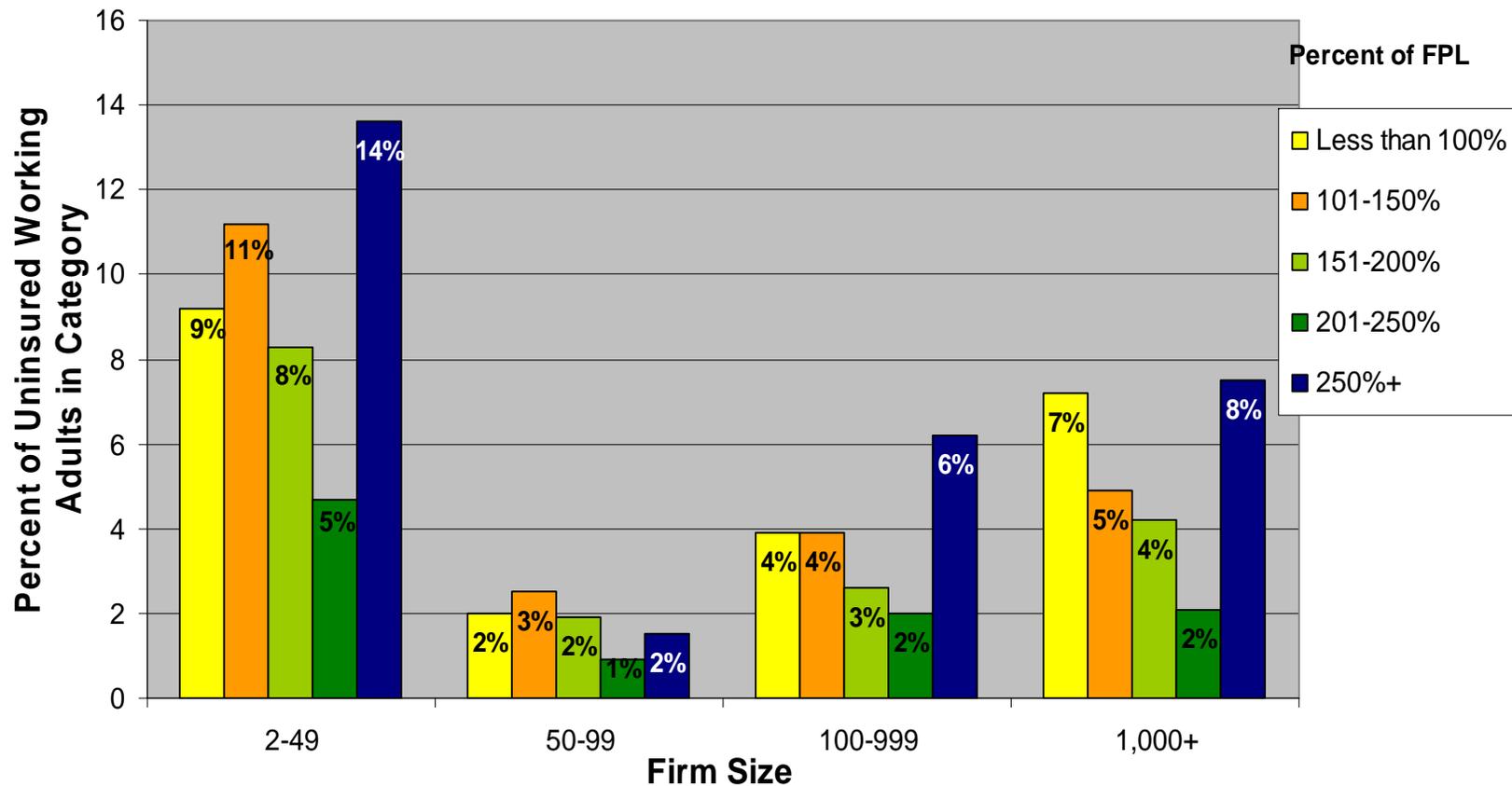
Uninsured Kansans Under Age 65, by Region

Total Uninsured in Kansas: 10.5%



Uninsured Working Adults by Firm Size

Distribution of Uninsured Working Adults (19-64),
by Firm Size and Poverty Status

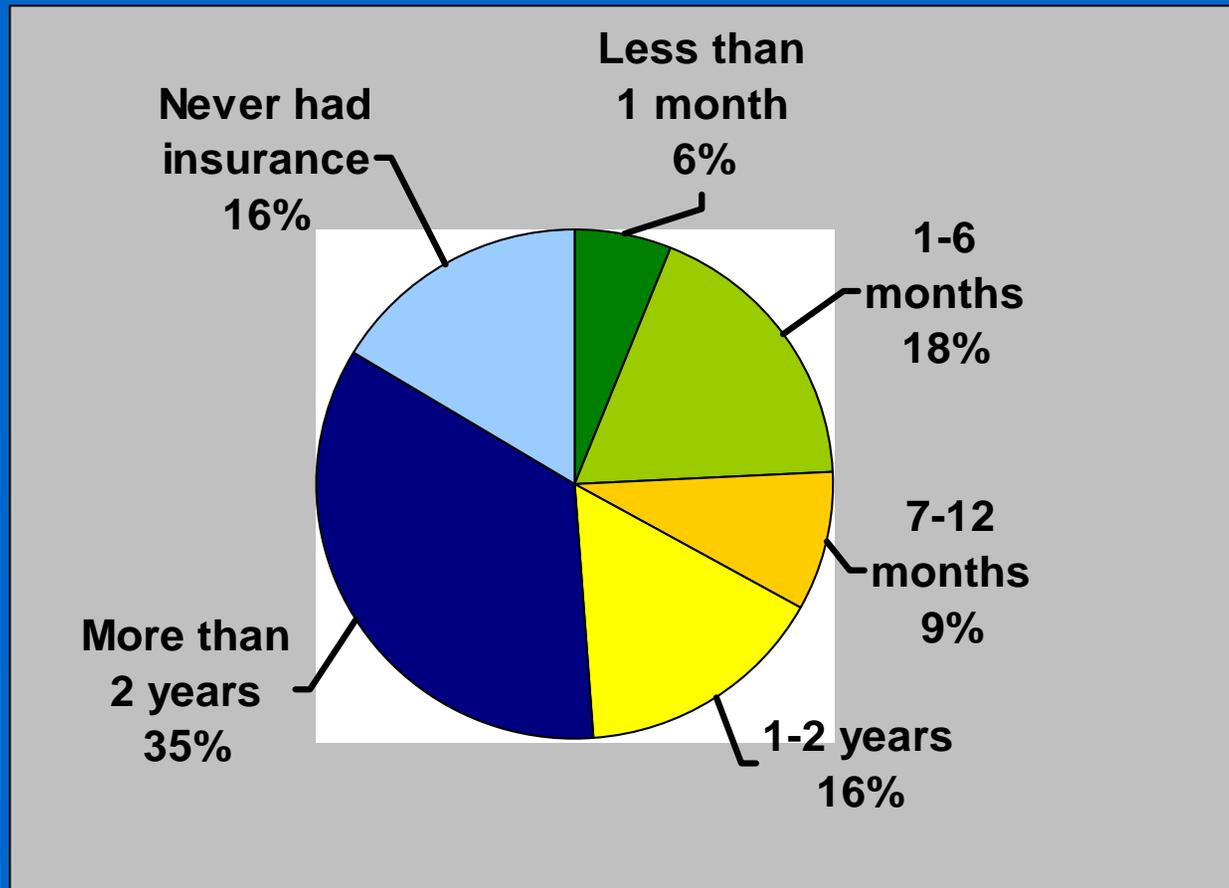


Source: Calculations by Abt Associates Inc. based on Kansas Health Insurance Survey, August 2001.

“Many gamble. Can you forego health insurance in order to buy land, or farming equipment, or feed [your] family? Many families know it’s not responsible, but they are forced to make that decision.”

--Reno County farmer

Length of Time Without Health Coverage: Uninsured Kansans Under Age 65



Summary: Provide & Protect Affordable Health Insurance Policy Options

- “Updated Sequential Model”
 - Expand private insurance for low-income Kansans through premium assistance: **Kansas Health Choice**
 - Improve access to coverage for Kansas children, with specific targets for enrollment
 - Increase affordable coverage for solo business owners and other small businesses

Background: Access for Low-Income Childless Adults

- Currently, childless adults in KS are NOT eligible for public health insurance
- Many work in settings where health insurance is not offered or they are unable to afford premium costs
- Proposal extends coverage to adults who earn less than \$10,200 per year

P3 (1): Expand Insurance for Low-Income Kansans

- **Details.** Expansion population for the premium assistance program – Childless adults earning up to 100% FPL (\$10,210 annual income)
- **Population Served.** Estimated 39,000 low income Kansas adults.
- **Estimated Cost.** \$56 million SGF

“I put off gallbladder surgery for 15 years until I had a job that offered health insurance. I lived in pain for a long time.”

--Patient from the Silver City Health Clinic in Kansas City (Safety Net)

Background: Low-income Children in Kansas

- Currently, public health insurance is available for children under 200% FPL (less than \$41,300 for a family of four)
- About 20% of eligible children are NOT enrolled
- Need aggressive marketing, enhanced outreach, and streamlined enrollment.
- Inability to meet targets will “trigger” additional action by the KHPA to include consideration of insurance mandates

P3 (2): Access to Care for Kansas Children

- **Details.** Aggressive targeting and enrollment of children eligible for Medicaid & HealthWave; includes specific targets and timelines for improved enrollment.
- **Population Served.** Estimated 20K Medicaid & HealthWave eligibles
- **Estimated Cost.** \$14 million SGF

“We have 62 employees [and] we cannot find affordable health insurance. We watch real carefully [for] legislation that is out there to help small businesses. Some kind of help or incentives would be helpful for insurance so that we can give our employees coverage.”

-- Wellington Small Business Owner

P3 (3): Affordable Coverage for Small Businesses

■ Details

- Encourage Sec. 125 plans
- Develop a “voluntary health insurance clearinghouse”
- Define small group market and provide reinsurance: obtain grant funding for further analysis
- Young adult policies—dependent coverage age extension and development of targeted young adult insurance products
- Pilot projects – support grant program in the Dept of Commerce for small business health insurance innovations

■ **Population Served.** Estimated 12K small business owners and employees; 15 K young adults

■ **Estimated Cost.** Cost of reinsurance provision \$1million SGF; other provisions cost subject to design decisions

Financing Health Reform

- Increase in tobacco user fee – other financing outlined
- Hidden tax in Kansas – cost shifting
 - As much as 7%
- Cost containment - built in majority of proposals

Promoting Personal Responsibility - Policies Aimed at Cost Containment

- **Restructure insurance products to increase personal responsibility for health care; (NCSL):**
 - Includes recommendations aimed at sharing financial responsibility for the cost of care and personal responsibility for health status.
- **Require public posting of prices for specified common procedures and tests (NCSL);**
 - Includes recommendations aimed at consumers through the health care cost and quality transparency project and improved health literacy.
- **Promoting consumer directed health care (KFF);**
 - Includes recommendations aimed at consumer engagement in health through transparency, health literacy, and the premium assistance program.

Promoting Medical Homes & Paying for Prevention - Policies Aimed at Cost Containment

- Increase the use of electronic medical records and other information technology (KFF);
 - Includes recommendations for a statewide community health record with e-prescribing and disease management components for enrollees in Medicaid, HealthWave, and the State Employee Health Benefit Plan.
- Reduce the use of emergency room visits for non-emergency care (NCSL);
 - Includes recommendations aimed at promoting a medical home and coordination of care in the Medicaid and HealthWave programs.
- Reduce Medicaid cost shifting by increasing Medicaid reimbursement to providers enough to pay actual costs (NCSL);
 - Includes recommendations aimed at increasing reimbursement for Medicaid prevention and primary care services.
- Reducing variation and disparities in health care practices across regions and providers (KFF);
 - Includes recommendation to utilize a standardized health insurance card format for Medicaid, HealthWave, and the State Employee Health Benefit Plan.

Promoting Medical Homes & Paying for Prevention - Policies Aimed at Cost Containment

- **Continue to Promote Childhood Immunizations (NCSL);**
 - Includes recommendations aimed at increasing reimbursement for immunization visits for the Medicaid and HealthWave programs.
- **Raise the state's tobacco and/or alcohol tax (NCSL);**
 - Includes recommendation to increase the tobacco user fee and tobacco excise tax in Kansas in order to curb smoking, improve health outcomes, and help to fund expansions in access to health care services.
- **Ban cigarette smoking in all public places (NCSL);**
 - Includes recommendation to ban smoking in all public places in Kansas.
- **Require daily physical education for grades K-12 with a minimum of 30 minutes of moderate activity (NCSL);**
 - Includes recommendation for increasing physical education in Kansas schools.
- **Require vending machines in schools to offer healthy foods and beverages or ban the sale of unhealthy foods (NCSL);**
 - Includes recommendations to limit unhealthy foods and beverages in Kansas schools.
- **Invest in good oral health (NCSL);**
 - Includes recommendation to provide dental services to pregnant women on Medicaid.
- **Invest in prenatal care (NCSL);**
 - Includes recommendation to provide dental services to pregnant women on Medicaid.
- **Invest in cancer screening and education (NCSL);**
 - Includes recommendation for expanding cancer screening for the Early Detection Works program in Kansas.

Providing and Protecting Affordable Health Insurance - Policies Aimed at Cost Containment

- **Maximize federal funding for services that are reimbursable through Medicaid (NCSL);**
 - Includes recommendation to expand the premium assistance program for low income adults without children, which would provide health insurance to an additional 39,000 Kansans.
- **Expand the state's child health program (NCSL);**
 - Includes recommendation to increase enrollment in Medicaid and HealthWave through aggressive outreach and enrollment targets, with "triggers" for additional policy action, including the consideration of mandates for health insurance. This will help to enroll an estimated 20,000 children.
- **Change the financing of the "high-risk" or "uninsurable" pool to spread the costs over all employers (NCSL);**
 - Includes recommendation to include re-insurance for the very small business market place. Reforms aimed at the small business market will provide affordable health insurance to an additional 12,000 Kansans.
- **Implement disease management in high-risk pools (NCSL);**
 - Includes recommendation to develop re-insurance specifically for those with high cost illness and implement disease management programs.

“In advancing these recommendations to the Governor and legislature, the KHPA Board focused on improved health for Kansans, first and foremost. We hope that this health reform package -- with recommendations for promoting personal responsibility, encouraging prevention, and advocating the use of medical homes, together with significant improvements in access to health insurance -- offer meaningful, actionable health reform”.

-- KHPA Board 2007 Health Reform
Recommendations



Kansas Health Policy Authority
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