

*Coordinating health & health care
for a thriving Kansas*



KHPA Testimony on SB 493 to the Senate Judiciary Committee

February 12, 2008

Marcia Nielsen, PhD, MPH
Executive Director
Kansas Health Policy Authority



The Purpose of Health Reform

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



Quality and Efficiency

Affordable, Sustainable Health Care

Access to Care

- Health Insurance Status
- Health Professions Workforce
- Safety Net Stability
- Medicaid Eligibility
- Health Disparities

- Use of HIT/HIE
- Patient Safety
- Evidence based care
- Quality of Care
- Transparency (Cost, Quality, etc.)

- Health insurance premiums
- Cost-sharing
- Uncompensated Care
- Medicaid/SCHIP Enrollment
- Health and health care spending

KHPA: Coordinating health & health care for a thriving Kansas

- Physical Fitness
- Nutrition
- Age appropriate screening
- Tobacco control
- Injury control

- Open Decision Making
- Responsible Spending
- Financial Reporting
- Accessibility of Information
- CMS Cooperation

- Council Participation
- Data Consortium
- Public Communication
- Community/Advocacy Partnership
- Foundation Engagement

Health and Wellness

Stewardship

Public Engagement

<u>SRS</u>	<u>KDHE</u>	<u>KDOA</u>	<u>KID</u>
<ul style="list-style-type: none"> •Mental Health • LTC for Disabled •Substance Abuse 	<ul style="list-style-type: none"> •Health Promotion •Child, Youth & Families •Consumer Health •Health & Environ. Stats •Local & Rural Health 	<ul style="list-style-type: none"> •Aged •Institutional Care •Community Care 	<ul style="list-style-type: none"> •Private Health Insurance •Business Health Partner.



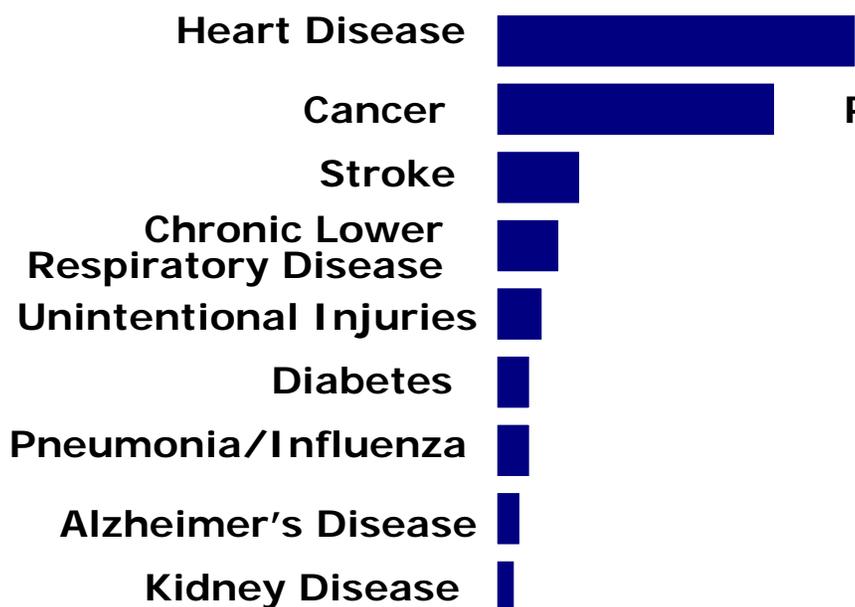
Moving Towards Health Reform in 2007

- **Kansas Legislature:**
 - Legislators tasked KHPA with addressing ways to improve health care access and the general health of all Kansans (SB 11)
- **Stakeholder Input:**
 - Formed *Health for All Kansans Steering Committee*
 - Formed Health Reform Advisory Councils
 - Held 22-City Listening Tour on health reform
- **Health Reform:**
 - KHPA Board delivered health reform options to Kansas legislature on November 1, 2007



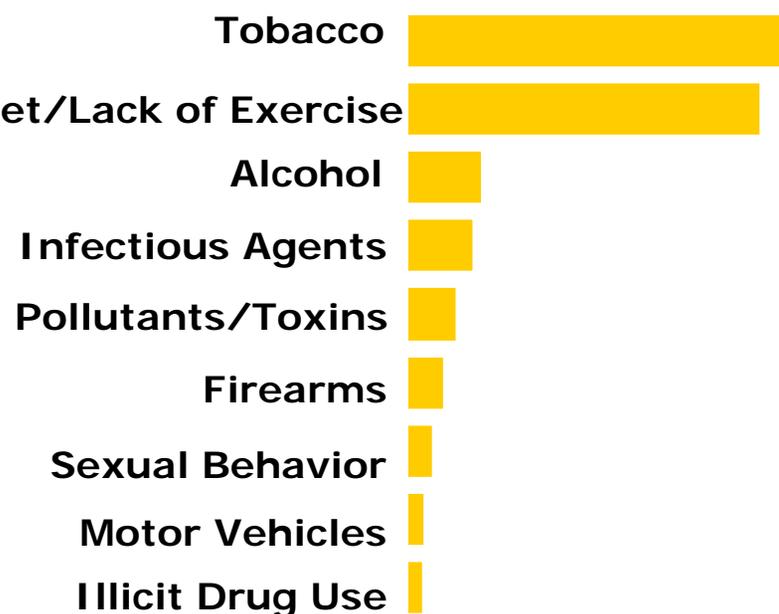
Causes of Death United States, 2000

Leading Causes of Death*



Percentage (of all deaths)

Actual Causes of Death†



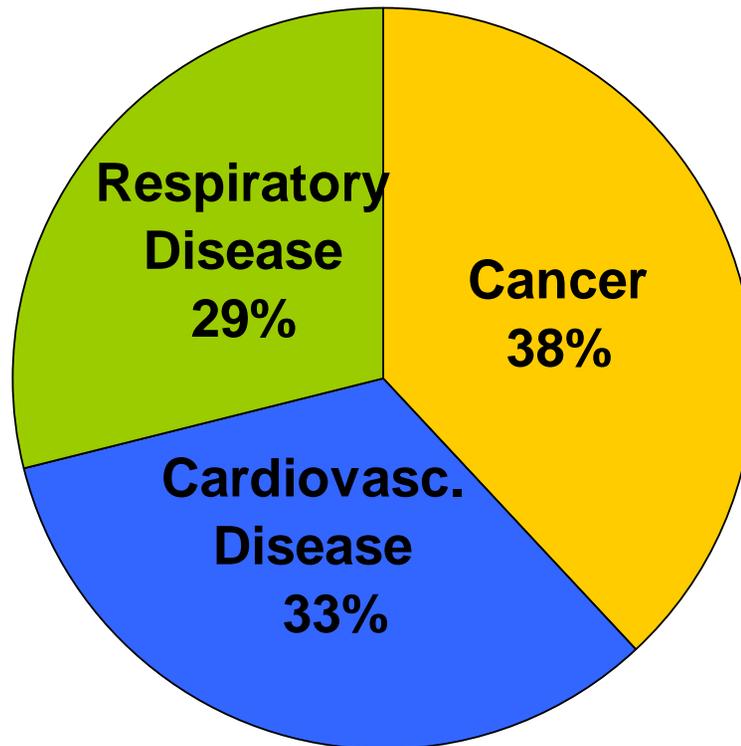
Percentage (of all deaths)

* 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.

Smoking Kills Kansans

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





Tobacco Costs Kansans

- **Smoking is the #1 preventable cause of death in Kansas**
 - Causes 4,000 deaths annually in Kansas
 - Estimated 54,000 Kansans currently younger than 18 years old will die prematurely due to smoking
- **All Kansans pay for smoking-related health care services**
 - Health care costs due to smoking are over \$7 per pack of cigarettes, most of which is paid by non-smokers
 - Costs \$927 million in health care costs yearly; \$196 million in Medicaid program alone
 - Annually costs taxpayers \$582 per household to pay for government expenditures on smoking-related health care services



Secondhand Smoke Impacts Kansans

- **Secondhand Smoke Kills**
 - In Kansas, estimated 220-630 people die every year due to secondhand smoke and smoking while pregnant (includes adults, children, and infants)
- **Exposure to Secondhand Smoke**
 - In US, 126 million nonsmokers are exposed to secondhand smoke
 - Estimated 161,000 Kansas children are exposed to secondhand smoke at home
 - More than one in four workers are NOT protected by worksite non-smoking policies in Kansas



Tobacco Use in Kansas: Starting Young

- **Adolescents (50% of smokers begin by age 14)**
 - Middle Schools:
 - 6% current smokers
 - High Schools:
 - 21% current smokers
 - 15% currently use smokeless tobacco
- **Adults**
 - 20% are current smokers



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 ability to pay the cost of health insurance, based on ability to pay
- **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 businesses, children, and the uninsured



Priorities: Systems Reform and Better Health

Transforming Medical Care	Improving Public Health	Expanding Affordable Insurance
<ul style="list-style-type: none"> •Transparency project: health care cost and quality •Health literacy •Medical home definition •Medicaid provider reimbursement •Community Health Record (HIE) •Form standardization 	<ul style="list-style-type: none"> •Increase tobacco user fee •Statewide smoking ban •Partner with community organizations •Education Commissioner •Collect fitness data in schools •Promote healthy foods in schools •Increase physical fitness •Wellness for small businesses •Healthier food for state employees •Dental care for pregnant women •Tobacco cessation in Medicaid •Expand cancer screening 	<ul style="list-style-type: none"> •Aggressive outreach and enrollment of eligible children (target population: 20,000) •Premium assistance for low income adults without children (target population: 39,000) •Small business initiatives (target population: 15,000 young adults and 12,000 employees of small businesses)



Movement for Public Smoking Bans

- **United States:**
 - Over 20 states have statewide smoking bans that include restaurants and bars (Midwest: CO, IL, MN, OH)
 - Four additional states have implemented statewide smoking bans for restaurants, but not bars (FL, ID, LA, NV)
- **Kansas:**
 - Around 20 Cities/Counties in Kansas have already implemented smoke-free ordinances



Smoke-Free Laws Don't Hurt Businesses

- Evidence that smoke-free laws do not harm businesses
 - New York 1996 Economic Study found no impact on sales tax receipts in bars and restaurants after smoke-free bans implemented
 - 2004 Harvard Study found smoke-free ordinances in Massachusetts did not affect meals or alcoholic beverage excise tax sales
- Independent studies find no negative impact to businesses
- Studies funded by tobacco industry are the only studies to find negative impacts on businesses



Smoking Bans Improve Health Outcomes

- **Helena, MT:**
 - Implemented public smoking ban for Helena in 2002
 - Study found 40% reduction in heart attacks after implementation of the ban (British Medical Journal, 2003)
- **New York:**
 - Statewide Clean Indoor Air Act implemented in 2003
 - Outlawed smoking in bars, restaurants, and other public spaces
 - Smoking ban reduced hospital admissions for heart attacks by 3,813 in 2004 (American Journal of Public Health, Sept. 2004)

Summary

- KHPA Board supports a statewide smoking ban
- KHPA Board to meet in mid-February to discuss SB 493
- Movement towards implementing public smoking bans
 - Evidence that bans do not hurt businesses
 - Evidence that bans improve health outcomes and reduce need for medical care services

*Coordinating health & health care
for a thriving Kansas*



<http://www.khpa.ks.gov/>