

Kansas Health Policy Authority Testimony

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by:
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Testimony on House Bill 2591

Thank you, Mr. Chairman and members of the Committee. I am Marcia Nielsen, Executive Director of the Kansas Health Policy Authority. I would like to briefly share with the committee my perspective and concerns about HB 2591. I would encourage you to oppose this legislation in its current form.

Although I am very pleased that significant attention is being paid to the importance of providing affordable access to health care in Kansas, I do not support this legislation in its existing form. Based on our rapid read of the bill, the legislation is surprisingly broad in nature and convoluted in approach. There are a number of moving parts with large implications for low income Kansans and to my knowledge there is very little impact analysis or cost information for the bill. Moreover, there is internal inconsistency between sections that make it difficult to understand the intent of the legislation. There are also a number of issues that the Center for Medicare and Medicaid Services (CMS) would find troubling and unlikely to approve. While this legislation does bring up some interesting and innovative ideas that I would be willing to explore in a collaborative fashion, this bill was not created in a collaborative process. I am unaware of stakeholder input into this legislation, and my agency has not been a participant in crafting it.

In providing this perspective, I believe it would be helpful if the committee were provided with some information about the Health for All Kansans Steering Committee that began meeting in early February of this year. Attached to this testimony are a number of documents that outline the charter given to the Steering Committee by the KHPA Board. As you will see, the steering committee included four legislators and several board members. Consensus was achieved on a short term package for this legislation session (attached) as well as a longer term road map to health reform for next year, which was embodied in the revised version of SB 309. The full KHPA voted to endorse both proposals at our Board meeting on Tuesday of this week. The short term legislative package was introduced in the Senate Ways and Means Committee and here in the Appropriations Committee yesterday.

I am proud of the collaborative process we developed, which were held in a series of public meetings and with significant feedback from the legislative leadership and the Governor's office. Our plan and timeline for broad health reform will be developed *this year* with the input from a wide array of stakeholders through the Advisory Councils recently adopted by the KHPA Board. All health policy options that will be developed will include an independent economic analysis in order to help legislators understand (a) the costs of any proposals (to the state, to the federal government, employers, and individuals) and (b) who will gain access to health insurance as a result of the policy option. This is the kind of information that policymakers need and deserve before advancing health reform plans for the state – Kansas specific policy requires Kansas specific information and input.

One example of the critical problems created by the bill is a requirement that the Kansas Health Policy Authority submit nine different waivers to CMS. However, there is no description of those waivers, what they are supposed to do, how they are supposed to work, and what the goals of each waiver would be. CMS waivers, as described in materials provided to you in your packet this afternoon, require a substantial amount of work to develop, implement, and evaluate. The State of Kansas provides services through Medicaid waivers to low income individuals who are frail and elderly, are victims of head injuries, have mental retardation/developmental disabilities, as well as physical disabilities. It is unclear how those waived services fit into this legislation. It is also unclear how the 15 – 40% of residents in long-term care facilities would currently “qualify” for long term care insurance.

I believe that the requirements of this legislation might cause one to question why the KHPA was created. We were given the mandate to coordinate health and health care for the state using data driven health policy. Although we are only in our ninth month of existence and have not yet been given the resources to adequately staff our agency, we have advanced a short term package of health reforms with our Board members and members of the legislature as a down payment on health reform this year. I ask that you continue to support the Kansas Health Policy Authority and give us an opportunity to do the job that you have asked us to do and oppose this legislation.

Thank you, I am happy to stand for questions.