



KPHA E-NEWS UPDATE

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Legislative Update

The AHA-KS group met last Friday and discussed the legislative agenda for this next week. Also discussed were the plans for the Health Day at the Captiol for next year and adding a new task of finding funding to hire a "research writer" in addition to Elizabeth Webb, the Washburn Law student who has been tracking this year's legislation and wants to do this again next year. [Click here](#) to read the most recent notes from the meeting. [Click here](#) to see the Activity report.

Sebelius Chides Lawmakers Over Pace of Health Care Reform

By John Hanna - Associated Press Writer
Tuesday, March 20, 2007

Topeka - Democratic Gov. Kathleen Sebelius said Monday that the Republican-dominated Legislature is moving too slowly on health care issues, but GOP leaders argued they're making some progress on market-based reforms.

Sebelius criticized legislators most for not embracing her \$4 million proposal to extend state health coverage to all children under age 6, an idea she also advanced unsuccessfully last year. She also called in January for legislators to draft a plan to eventually bring universal health insurance coverage to Kansas. "I'm very disappointed that neither the House nor the Senate so far has stepped up to the plate and made the commitment to insure all Kansas children," she told reporters. "I say, 'Let's go. Let's roll up our sleeves and insure all kids.'"

She made her remarks on the 71st day of lawmakers' annual session, out of 90 scheduled, when neither the House nor the Senate has considered any major health care legislation.

However, her comments came the same day a Senate committee endorsed a proposal that moves the state toward forming a clearinghouse through which Kansans would buy insurance. Also Monday, a task force recommended several health care initiatives to the Kansas Health Policy Authority that could be pursued this year.

Many Republicans don't like her proposal, which is designed to see that no child under 6 is uninsured. It would expand the Medicaid program for poor families and a health insurance program for children of working families.

"What's her plan, other than more socialized medicine?" asked Sen. Susan Wagle, R-Wichita, chairwoman of her chamber's Health Care Strategies Committee. "Her plan is more handouts."

Sebelius proposed spending an additional \$4 million in state funds to expand Medicaid and the program for children of working families to all children under 6 and matching those dollars with \$6 million in federal funds. But both the House and the Senate Ways and Means Committee didn't include the money in their proposed \$12 billion budgets for the fiscal year beginning July 1.

Republicans, particularly in the House, have said such an expansion could prove far more expensive than advertised.

"Simply expanding Medicaid is not health care reform," said Sen. Jim Barnett, R-Emporia, a physician who ran unsuccessfully against Sebelius last year. "That's why her proposal has gone so slowly - and has failed."

Last year, as a candidate, Barnett proposed establishing a state "connector" through which groups and individuals would buy health insurance. Policies would be owned by individuals, who could take them from job to job.

Insurance companies balked at the idea, arguing it would increase premiums.

The bill endorsed Monday by Wagle's committee would have the Health Policy Authority study that issue to see whether costs actually would rise. Legislators created the authority in 2005 to study health issues in-depth and make policy recommendations.

"We'll move on it this summer and have a package here next year," Wagle said. Sebelius acknowledged that the health authority is working on various proposals and that work on health care issues has been slowed by getting different parties, including consumers and employers, to buy into ideas.

But she added, "It's a little slower than I would like."

REP. MARTI CROW'S NEWSLETTER COMMENTS ON HEALTH CARE:

Governor Scolds Legislature About Health Care

Gov. Sebelius said today legislators are moving too slowly on health care issues and criticized them for not embracing her proposal to extend state health care coverage to all children under age 6. In her State of the State address in January she called on lawmakers to enact a plan this year to eventually bring universal health insurance coverage to Kansas. She also renewed her push for her initiative to expand the Medicaid program for poor families and the HealthWave program for working families so that all young children are insured. She expressed disappointment that neither the House nor the Senate has stepped up to the plate and made the commitment to insure all Kansas children. She urged the legislature to "roll up our sleeves and insure all kids."

Gov. Sebelius proposed spending an additional \$4 million in state funds to expand Medicaid and HealthWave to all children 5 and under and matching those dollars with \$6 million in federal funds. Neither the House Appropriations nor the Senate Ways and Means Committee includes the money in their proposed \$12 billion budgets for the fiscal year beginning July 1.

The governor made the same proposal last year. Republicans, particularly in the House, have resisted the Democratic governor's idea, fearing it could prove far more expensive than advertised.

With the Legislature in the 71st day of its 90-day annual session today, neither the House nor the Senate have considered any major health care legislation. A task force did plan to make recommendations to the Kansas Health Policy Authority on steps lawmakers could take this year toward universal coverage. Also, the Senate Health Care Strategies Committee planned to discuss studying the creation of a state clearinghouse through which consumers would purchase their health insurance, an idea Sen. Jim Barnett, R-Emporia, advanced in his unsuccessful gubernatorial campaign against Sebelius last year.

A House task force also is meeting and could have proposals later this week. Its chairman, Rep. Jeff Colyer, R-Overland Park, a plastic surgeon, said one of its goals is allowing Kansans to set aside dollars tax-free to pay health expenses. House Speaker Melvin Neufeld, R-Ingalls, dismissed the Democratic governor's criticism, saying Republican leaders are working with the Health Policy Authority, established in 2005 to examine policy issues in-depth and make recommendations.

A Major Loss



Various Pressures Finally Have Led to the Departure of the Kansas University Hospital's Top Executive

J-W Editorial

Tuesday, March 20, 2007

Irene Cumming's decision to resign as president and chief executive officer of Kansas University Hospital is not a big surprise, considering the abuse she absorbed from KU Medical Center Executive Vice Chancellor Barbara Atkinson, KU Chancellor Robert Hemenway and Gov. Kathleen Sebelius.

Cumming became CEO of the hospital in 1996 after serving as its chief financial officer since 1994. The hospital was in bad shape in terms of the number and excellence of its doctors, staff and patients. Staff morale was very low, and its perceived excellence in the minds of greater Kansas City residents was suffering.

Today, it is the best hospital in Kansas City! Its patient load is growing each year, it enjoys a solid financial base and it provides great support for the KU medical school both in the quality of training it provides to residents and in the dollars it provides to the school. Cumming helped build a true winner and model for other hospitals, particularly those with close historical ties to a medical school.

However, money and egos entered the picture, and medical school administrators thought they were entitled to more money from the hospital.

A year or so ago, a couple of Kansas City business and philanthropic leaders (Irv Hockaday and Bill Hall), several St. Luke's Hospital boosters, Hemenway and Atkinson, with the encouragement of several people associated or identified with the Stowers Institute, devised a plan to force an affiliation between the KU Medical Center and St. Luke's. The planning was done in secrecy, and Cumming and the KU Hospital were deliberately left out of the discussions.

Although the giveaway was supposed to be signed and sealed before the current session of the Kansas Legislature, the timeline was delayed after the plan became public. Then, it was supposed to be approved in early February. However, because of concerns voiced by the public, legislators, KU Hospital and medical school staff members, the details of an affiliation agreement are yet to be worked out. There has been a lot of talk about "concepts," but legislators and the Kansas Board of Regents have not been shown a specific plan.

When Cumming learned of the plan to provide medical residents for St. Luke's, the KU Hospital offered \$400 million to the medical school over a 10-year period to maintain a close working relationship between the two KU entities.

Atkinson turned down the offer in favor of a very soft, iffy offer of around \$150 million from some Kansas City leaders, saying there were too many strings attached to the KU Hospital offer. As it is, the plan calls for \$150 million to be handed over to the Kansas City Community Foundation or the Kansas City Life Sciences group, which will decide who gets what.

Had Cumming remained, she and her associates could have built the hospital into a true center of excellence. However, many pressures combined to lead to her departure: from the Kansas City Civic Council, Hemenway and Atkinson; the negativity that was building; a phony March 31 deadline suggested by the Stowers Institute; and the phony threat that if KU didn't cooperate, St. Luke's and Stowers would turn to Washington University in St. Louis for a similar affiliation.

An indication of how bitter Hemenway, Atkinson and new Provost Richard Lariviere are in their anger and dislike of Cumming was exposed Monday in a vote of the hospital board on a severance package for Cumming. The vote was 8-3 in favor of the package, with Hemenway, Atkinson and Lariviere opposed.

Hemenway and Atkinson have been eager to get rid of Cumming for some time. Who her replacement will be is a major question. Will they decide to hire a "yes" person who will agree with everything Hemenway, Atkinson, St. Luke's, Hall and Hockaday want? Will Sebelius load the hospital board with members who will follow the wishes of Hemenway and Atkinson, or will the hospital have a president who is strong,

independent and committed to doing what is best for the hospital, the medical school and the state of Kansas?

Many involved in the medical school, hospital and St. Luke's mess think it's time for a housecleaning on both sides of 39th Street and Rainbow Boulevard and maybe in Lawrence.

They predict that many doctors will seriously consider leaving the hospital and medical school, that several members may resign from the hospital board and that other dominoes may fall. How will state legislators view the Cumming resignation, and will they demand to see any suggested affiliation agreement before it is finalized?

Cumming's resignation is a major loss. She deserves the thanks and appreciation of Kansans for the superior job she has done in rebuilding the KU Hospital. It was weak and struggling when she took over, and she is leaving it as a strong and highly respected hospital. She is quick to say she had a highly talented staff - an "absolutely outstanding senior team" - and she is hopeful someone from within this team will be selected as her successor.

Unfortunately, the selection more likely will be based on whom Hemenway and Atkinson will be most comfortable with, not necessarily on who would make the best hospital president and CEO.

ARTICLES FROM KHI NEWS SERVICE



Health for All Committee Drops Dependent Bill from Reform Package

By Jim McLean
KHI News Service

TOPEKA, March 19 - A package of health reform initiatives set for approval Tuesday by the Kansas Health Policy Authority no longer includes a proposal to extend the period that parents can cover dependent children on their health insurance policies.

The Health for All Kansans Steering Committee, which includes members of the KHPA board, legislators and other state officials, dropped the proposal from a list of reform initiatives it wants legislators to approve before the close of the 2007 session.

The proposal, similar to **Senate Bill 243**, would allow parents to cover their dependant children until they are age 25. The current cut-off age is 23. **SB 243** would have extended coverage to age 26.

"I know there are some very powerful interests that are opposed to it," said Joe Tilghman, chairman of the steering committee and member of the KHPA board. "Insurance providers have some concerns."

A representative of Kansas Blue Cross Blue Shield testified at an earlier legislative hearing that the proposal could increase premium costs and might cause employers to stop offering dependant coverage.

Republican Insurance Commissioner Sandy Praeger said small businesses also had concerns about the proposal.

Ned Holland, a human relations executive for EMBARQ, a Kansas City-based telecommunications company, was the only member of the steering committee to publicly question the decision to drop it from the list of recommendations.

"I've got to tell you that responsible employers already do that. I do that," Holland said.

Early in the legislative session the proposal seemed to be gathering momentum as policymakers searched for ways to reduce the number of young adults who are uninsured.

Approximately 138,000 of the estimated 300,000 Kansans who lack health insurance are between the ages of 18 and 34.

Tilghman said the health policy authority and legislative committees would continue to study the dependant coverage idea. He said it could resurface as part of the health policy authority's "long-term" reform plan, which is expected to be finished by November.

Senate Bill 243 was endorsed by the Senate Public Health and Welfare Committee on Feb. 21. It was then routed through a so-called exempt committee to keep it alive past a legislative deadline, but has yet to be brought to a vote on the Senate floor.

-Jim McLean is a staff writer for KHI News Service, which specializes in coverage of health issues facing Kansans. He can be reached at jmclean@khi.org or at 785-233-5443, ext. 110.

Revamped Senate Health Reform Plan Endorsed by Two Committees

By Mike Shields
KHI News Service

TOPEKA, March 19 - A bill aiming to make 2008 the big year for health care reform in Kansas was approved Monday by the Senate Public Health and Welfare Committee.

That favorable vote came only minutes after a revamped **Senate Bill 309** also was endorsed by the Health for All Kansans Steering Committee, which was meeting a block away but almost simultaneously with the legislative committee.

The two committees have each been on track to approve the bill for at least the past two weeks. **SB 309** began as the most sweeping reform proposal of the current legislative session but ran into early and stiff resistance from the state's largest health insurance companies and small business groups. After hitting those political roadblocks, its chief sponsor, Sen. Jim Barnett, R-Emporia, and others on the Health for All Kansans Steering Committee began the task of morphing the bill into a promise of big things to come.

The Health for All Kansans Committee was created after Gov. Kathleen Sebelius in January challenged legislators and the Kansas Health Policy Authority to come up with a plan this year for "universal coverage." Instead, the committee approved a list of six items for possible legislative action this year and

SB 309, which looks to the years ahead for more consequential reforms.

Here's what the new language in the bill calls for:

By Nov. 1, 2007, the Kansas Health Policy Authority is to deliver to the governor and legislative leaders health care finance reform options, including analysis of a health care connector or exchange as proposed by Barnett in the original **SB 309** and also a connector model that relies upon voluntary participation. Barnett's original connector model required participation of all those currently uninsured or a \$10,000 escrow to cover medical expenses. The authority also shall "develop and analyze other pertinent initiatives and policies" designed to increase access to affordable insurance.

The health policy authority is to consider the recommendations of its advisory committees in preparing its recommendations.

The plans prepared by the health policy authority shall serve the following goals:

- o Financing health care in a way that is "equitable, seamless and sustainable for consumers, providers, purchasers and government."
- o Promote "market-based" solutions that encourage fiscal and individual responsibility.
- o Protect the health care safety net.
- o Facilitate pooling and purchasing of health insurance.
- o Facilitate access by small businesses and individuals.

The bill also instructs the health policy authority to find possible public funding, including Medicaid waivers through the federal Deficit Reduction Act and the federal "health insurance flexibility and accountability demonstration initiative."

It also requires the authority to work with the state insurance commissioner to analyze the potential for reinsurance and state subsidies for reinsurance as ways to reduce price volatility in the small group market.

Steering Committee chairman Joe Tilghman told fellow committee members that the health policy authority would pursue the course of action set out for it by the new **SB 309** even if the bill fails to win full legislative approval.

"But that doesn't mean we don't care about this," Tilghman said. "It sends a very powerful signal," if legislators approve it, letting Kansans know policymakers in Topeka are serious about major health care reform.

Health insurance lobbyists who fought the original **SB 309** told members of the Senate Public Health and Welfare that they now favor the bill. There were no opponents.

The Senate committee approved the new language without question or comment.

-Mike Shields is a staff writer for KHI News Service, which specializes in coverage of health issues facing Kansans. He can be reached at mshields@khi.org or at 785-233-5443, ext. 123

Despite Protests, House Subcommittee Speeds Big Health Reform Plan to House Floor

By Mike Shields
KHI News Service

TOPEKA, March 22 - Unswayed by strong and colorful protest from the director of the Kansas Health Policy Authority, a House appropriations subcommittee on Thursday voted out a 58-page, health-care reform bill that aims to eliminate Medicaid in Kansas as it currently exists.

And because of a procedural move by the subcommittee, what survived for less than 24 hours as **House Bill 2591** will now go straight to the House floor as Senate Bill 11. The Senate bill was stripped of its original language, **HB 2591** was substituted, and the measure was shipped out on the last day of the panel's regularly scheduled meetings.

The bill is a lengthy and complex proposal, the writing of which wasn't complete before late Wednesday afternoon. A hearing on it was hastily called Thursday in the subcommittee chaired by Rep. Bob Bethell, R-Alden. So quickly was the bill turned that only a handful of people had time to read it, let alone give it in-depth analysis.

Among those who protested the speed with which the bill was handled were health policy authority director Marcia Nielsen and two Democratic members of the subcommittee, Reps. Jerry Henry of Cummings and Barbara Ballard of Lawrence.

"I can't criticize it because I haven't had time to read it," Ballard said. "We barely got on the train and it's moving so fast I can't even plant my feet."

At least a couple of people who testified on the bill, including Jerry Slaughter of the Kansas Medical Society, said they hadn't had time to prepare the written testimony that usually accompanies proposed legislation. Slaughter said the medical society was "vitaly interested in reform" but he told members he couldn't comment specifically on the bill without more time to study it.

Nielsen urged members to vote down the bill, calling it "too fast, too big, too secret," comparing it to the doomed health care reform plan of President Bill Clinton.

She also called the bill "surprisingly broad and convoluted" and said she was dismayed to have only been made aware of it the night before the committee heard it.

Among other things, she said, the bill asked too much of the fledgling health policy authority, the agency created by the Legislature to study and propose health care policy. It also oversees the state's Medicaid program and the state employee health plan.

"We can walk and chew gum, swim the backstroke and juggle," she said. "But we cannot walk, chew gum, swim the backstroke, juggle and do the Macarena at the same time."

One committee member later asked her what the Macarena was, and Nielsen obligingly demonstrated a couple steps of the once-popular Latin dance. But that failed to turn the committee's majority who heard Rep. Jeff Colyer, R-Overland Park, one of the bill's chief authors, promise that the measure offered a first step or "potential framework" for a lengthy reform process certain to involve much discussion.

"We're not stepping off a cliff here, we're stepping out," Rep. Peggy Mast, R-Emporia, a member of the

subcommittee said.

Colyer was chairman of the House GOP health task force, which spent the session crafting a reform package. Mast was the vice chairman. House Republican leaders held a press conference weeks ago announcing they had a reform plan but details of it just began emerging this week.

What is now **Senate Bill 11** is the apparent centerpiece of that reform package, which Colyer said would change Medicaid here along lines recently adopted in Oklahoma and Florida.

The bill's main goal is to replace Medicaid with commercial or private insurance or other programs for those currently reliant on the government program. Its key elements include:

- o Instructing the health policy authority to pursue up to nine federal Medicaid waivers in major and costly program areas including long-term care and children's health insurance.
- o A private insurance exchange or connector, but with no mandated participation.
- o Initiatives aimed at promoting small business association health insurance plans.
- o It also lifted the language of substitute **Senate Bill 309**, the health policy authority's "roadmap" for long-term health care reform.
- o Premium assistance for low-income Kansans.

-Mike Shields is a staff writer for KHI News Service, which specializes in coverage of health issues facing Kansans. He can be reached at mshields@khi.org or at 785-233-5443, ext. 123.

Anti-thimerosal Bill Heard in Committee but Won't Advance This Year

By Sarah Green
KHI News Service

TOPEKA, March 22 - The first bill filed this year may have had one of the last hearings in the Kansas Senate.

The Senate Public Health and Welfare Committee Thursday afternoon heard **Senate Bill 1**, which would phase out the use of mercury-based preservatives used in vaccines.

Sen. Dennis Wilson, R-Overland Park, and Senate Minority Leader Anthony Hensley of Topeka, introduced the legislation after hearing from parents concerned about news of a potential connection between thimerosal, the mercury-based preservative, and autism in children.

"I would ask you to consider this: If there is one chance in a million that this could be happening, would you want to take that chance with your family?" Wilson said in his testimony.

Opponents to the legislation said the scientific evidence supporting the claims was shaky at best.

"To date there has been no good evidence that associates thimerosal and autism or any illnesses," said Dr. Jo-Ann Harris, a pediatrician who specializes in infectious diseases at the University of Kansas Medical Center, who noted that the Centers for Disease Control and Prevention and the American Academy of Pediatrics continue to recommend the use of vaccines that contain thimerosal. "But the myth still persists."

The Centers for Disease Control and Prevention have found no link between thimerosal and autism. "There is no conclusive evidence that any vaccine or vaccine additive increases the risk of developing autism or any other behavior disorder. Rather, evidence is accumulating of lack of any harm resulting from exposure to vaccine containing thimerosal as a preservative," the CDC noted on their online fact sheet concerning thimerosal.

However, vaccine manufacturers have found other ways to manufacture certain vaccines without using the preservative. Thimerosal is used in some vaccines, including some for influenza that are distributed in multi-dose vials. It prevents bacteria from growing inside the vial as multiple needles draw the vaccine.

Hensley and Wilson worked with the Kansas Department of Health and Environment to amend the bill; the amendments were briefly discussed but no action was taken on the amendment or on the bill.

Sen. Jim Barnett, R-Emporia, said there were too many questions and concerns from the committee to take a vote this session. Thursday was the last day of hearings for his committee. The bill will remain alive until next session, he said.

This was Hensley and Wilson's second attempt to introduce the bill. The previous version died last year with no action taken.

-Sarah Green is a staff writer for KHI News Service, which specializes in coverage of health issues facing Kansans. She can be reached at sgreen@khi.org or at 785-233-5443, ext. 118. [Back to top](#)

Still Time to Register! 2nd Annual Governor's Public Health Conference



According to KPHA member, Linda Frazier, there are approximately 180 already registered for the Spring Conference in Hutchinson. KPHA is helping with this conference and have partnered with KDHE to track the registrations payments. The schedule of events is exciting and full of great educational opportunities, and super networking at wonderful social events. Hutchinson is a great place to bring the family. Since public health works so hard most days of the year, you should treat yourself and get some R&R and great education. Register today! [Click here](#) for the brochure. [Back to top](#)

KPHA Fall Conference, Chair Janis Goedeke, Working on a Great Fall Conference

If you are in public health the two conferences that have the highest attendance in Kansas and bring together the most people to network with are the Spring Conference and the Fall Conference. KDHE puts together the Spring Conference and KPHA puts together the Fall Conference. Incoming President Janis Goedeke, Health Director for Crawford County, has been working on an excellent agenda for the Fall Conference. She has arranged for an excellent keynoter from Oklahoma to discuss the Oklahoma Public Health response to the bombing and we also have APHA President, Debbra Klein Walker on board to be at the Conference. This year's Fall Conference will be held in Wichita at the Hyatt. Past KPHA Director, Cyndi Treaster is chairing the Session Speakers Committee. If you are interested in presenting be sure to let Cyndi know: Cynthia Treaster (ctreaste@kdhe.state.ks.us).

Conferences take a lot work to plan. As a KPHA member you can become involved in the planning! Anyone who has participated in planning a conference knows that with the work comes the opportunity to get to know some very influential people. There are lots of tasks, including picking up the National Speakers from the airport and getting a special opportunity to have a one on one conversation with them to learn so much about their role in public health. You never know how opportunities can arise-the saying, "it's who you know that counts", can lead to career building. So, if you are inclined to do some networking, make contact with Janis and let her know that you are willing to devote some time and effort into the planning of the Fall Conference. Below are the Committee Chairs for this year.

Name	Sub-Committees (Chairs in bold type)
Ed Kalas	Breakout/Vendors
Melissa Armstrong	Posters
Sonja Armbruster	Breakout Co Chairman
Ellen Averett	Breakouts
Ed Garner	Breakouts
Heather Henke	Breakouts/registration
Debbi Baugher	Breakouts/registration
Eldonna Chestnut	Breakout Co Chairman/registration
Suzanne Hawley	KPHLI Coordination
Barbara Mitchell	Breakout
Cindy Mullen	Breakout
Dana Shapland	Breakout
Melissa Wachendorfer	LM
Martha Froetschner	Breakout
Shirley Orr	KPHLI Coordination/Awards
Elaine Schwartz	Marketing, Vendors
Barbara Berry	Breakouts
DENTAL	
Patricia Dunlap	Resigning!!!
Holly Whitlock	Continuing Education
Jamie Katz	Posters
Cyndi Treaster	Audio Visual
Alice Weingartner	Raffle/Silent Auction
Gloria Vermie	Raffle/Silent Auction

Janis Goedeke

Conference Chair

You can email Janis at jgoedeke@crawfordcohd.org to let her know you'd like to help. [Back to top](#)

New "Members Only" Section on the KPHA Website



If you haven't checked it out already, the KPHA website contains a "Members Only" feature for special benefits to our members. One example is the Video, "Day in the Life of Public Health," that was uploaded with permission from KPHA members, the Kansas Health Foundation. Another feature is a Membership Director with the listing and contact information of our members. If you would like to view the Video and other special public health materials, just go to www.kpha.us and click on the Members Log-in on the Home Page at the top, and **enter KPHA in the user ID and kpha4me for the password.** (The Newsletter we sent had a mistype in the password, and if you tried it, we apologize for the inconvenience). [Back to top](#)



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