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21-point plan isn't the only health issue awaiting lawmakers

By Mike Shields
KHI News Service

TOPEKA, Jan. 14 — The health policy authority's 21 recommended reforms won't be the only health issues put before legislators this session.

Reps. Jeff Colyer, R-Overland Park, and Peggy Mast, R-Emporia, are working on a Medicaid reform plan they said will be distinct from anything included in the health policy authority's recommendations.

"It will be a true Medicaid reform, not a Medicaid expansion," said Colyer, who has been critical of some planks in the health policy authority's package.

Colyer and Mast said they weren't certain yet when their plan would be unveiled or whether it would gain full support from the House GOP caucus.

"Stay tuned," Colyer said.

On Friday, the House GOP caucus announced it had a health care agenda that all members have signed off on. Full details weren't available, but that agenda includes:

- Support for various, unnamed parts of the health policy authority plan. The caucus is divided on the plan's call for a tobacco tax increase and statewide smoking ban.
- Tax incentives for small businesses that offer Section 125 plans to their workers
- Uniform tax treatment for health related expenses
- And extension of the state COBRA policy from six to 18 months.

House Speaker Melvin Neufeld, R-Ingalls, said the caucus had not included in its agenda expanded screenings of newborns for treatable maladies, but he said he expected that would be passed by session's end nonetheless. He also said it was possible the House would approve some changes in small group health insurance law in ways meant to improve access.

In the Senate, Sen. Jim Barnett, R-Emporia, chairman of a key health committee, said he would push for greater resources for the state's safety net clinics and solutions to the problem of too few pharmacists and other health care workers. He also said he would seek ways to better control the growth of health care costs.

"I greatly appreciate the efforts and recommendations put forth by the health policy authority," Barnett said "but I believe we need a greater effort at cost control. The uninsured problem we have is largely a symptom of the high cost of health care, so I think we need to look much further and have a more robust discussion about controlling costs. I personally believe we waste enough money to take care of all the uninsured."

The Kansas Association for the Medically Underserved, which represents the state's 34 safety net clinics, told members of the House and Senate budget committees it has a multi-million dollar plan that would expand services to between 9,944 and 18,889 more low-income Kansans.

Included in the KAMU request package:

- \$5.1 million for additional patient visits
- \$2.5 million for capital improvement projects
- \$504,000 for outreach workers to help patients apply for Medicaid or HealthWave
- \$200,000 for recruiting doctors, dentists, nurses and other professionals
- \$300,000 to provide technical assistance for clinics that do not receive federal assistance

"From my standpoint, the importance of the safety net clinics is broadly recognized (among legislators) and appreciated," Barnett said. "Knowing that we can't solve everything in one year at the state level alone makes safety net clinic capacity important."

Dental care

Teresa Schwab, executive director of Oral Health Kansas, a 200-member coalition, said the group's highest priority for the 2008 session is to expand comprehensive dental coverage to all adults who qualify for Medicaid. She said while the group strongly supports the health policy authority's proposal to expand coverage for pregnant women, that doesn't go far enough.

She said she gets several calls a week from poor adults who need dental care but can't afford it. Currently Medicaid only provides emergency dental coverage, mainly tooth extractions.

"These are people who are in desperate pain," Schwab said. "We want to make sure that dental is at the table during these (reform) discussions."

-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.

212 SW Eighth Avenue, Suite 300, Topeka, Kansas 66603-3936 | Phone: (785) 233-5443 | Fax: (785) 233-1168 | mailbox@khi.org
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