



# Capitol Briefing



**My Committees**  
Taxation  
Transportation  
Economic Dev & Tourism  
Select Committee on Energy & Environment for the Future

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## Session News

**It was a full week of debate last week, spent almost entirely on the House floor.** Thursday's Session went from 9:00 a.m. to 10:30 p.m. and encompassed many controversial and challenging issues such as Immigration and Voter ID. I'll fill you in with more detail on those issues in the next issue. The Legislature's regular session will officially end this week. Until then, both House and Senate chambers will keep busy finishing debate on proposed legislation. Conference committees will also meet throughout this week to iron out differences between similar legislation passed by both chambers. The adoption of all conference committee reports will mark First Adjournment and must be completed by April 5<sup>th</sup> in order to keep the session within its 90-day allotment.

After First Adjournment, the Legislature will break for approximately a month. We will reconvene April 30 for a "wrap up" or "veto" session.

**The Kansas House of Representatives approved the Health Reform Act of 2008 last week,** an issue I have been eager to address. We have considered different proposals over the last several years to improve the state's health care system. Too many Kansans, however, still struggle to afford or access the health services they need.

The Legislature set the foundation for health care reform in 2007 with the passage of House Sub for Senate Bill 11. With input from various stakeholders across Kansas, the Kansas Health Policy Authority (KHPA) spent most of last year developing data-driven policy recommendations for comprehensive reform. Among their 21 recommendations, KHPA focused on providing and protecting affordable health insurance, paying for primary medical homes and promoting personal responsibility. I am proud to inform you that the Health Reform Act of 2008 implements many of KHPA's recommendations.

### ✓ **Premium Assistance Expansion**

To make health insurance more affordable for working Kansans, the bill expands the Kansas Healthy Choices program. Kansas Healthy Choices provides health insurance assistance to low-income families, integrating the poorest, childless adults into the health care system by providing them with subsidized access to private health care insurance. Premium assistance funds will increase from 37 to 50 percent of the Federal Poverty Level and will include access to a state procured plan, health opportunity accounts and employer-provided insurance.

### ✓ **Premium Only Cafeteria Plans**

Group health insurance providers will now be required to provide the option of establishing premium only cafeteria plans to businesses, who may then offer a premium only cafeteria plan to their employees. Premium only plans allow employees to pay for their share of the company-sponsored health insurance premiums with before-tax money. This reduces the cost of the employee share of premium by significant amounts, while also saving the employer FICA and Medicare taxes on these premium dollars.

✓ **Medical Homes**

The concept of a “medical home” provides consumers with increased access to health services, more information about self-management of health conditions and personalized help in navigating the complex health care system. Over time, this model of care will help control rising health care costs and transition to a “person centered” health care delivery philosophy.

The bill provides a statutory definition of a medical home. This definition is the first step to develop measures and standards that implement the concept into state-funded health programs such as Medicaid, HealthWave and the State Children’s Health Insurance Program (SCHIP).

✓ **Focus on Prevention and Personal Responsibility**

To truly reform health care in Kansas, our families and communities must fundamentally shift our approach to personal health. The Health Reform Act of 2008 not only expands health care access while reducing cost, it shifts our state’s entire medical philosophy with a focus on prevention and personal responsibility.

The bill funds access to health outreach to find eligible children who need to be enrolled in HealthWave and Medicaid. In addition, the bill provides funding for dental care for pregnant women. The Medicaid eligibility for pregnant women from 150 percent to 200 percent of federal poverty level and incorporate tobacco cessation services into this category. Finally, the bill would increase KDHE funding for cancer screening, colon, prostate, cervical and breast by \$4 million.

✓ **Laying the Groundwork for Future Reforms**

This legislation will not solve all problems directly associated with health care in Kansas. These changes will, however, make worthy progress in making health services more affordable and accessible. In preparation of additional reforms that will be needed in 2009 and beyond, this legislation will further study specific proposals that are not yet ready for implementation, including Medicaid reform, expanding affordable insurance, individual income tax modification and Inspector General penalties for Medicaid fraud.

***Health care bill at a glance:***

- ✓ Mandates insurers that offer group health insurance the option of establishing a premium only cafeteria plan
- ✓ Employers that provide health insurance coverage may offer a premium only cafeteria plan
- ✓ Extend state continuation of coverage period from 6 to 18 months for nonprofit medical and hospital service corps, accident and sickness insurance, Medicare provider organizations
- ✓ Allows a “health benefit plan” that would include a section 125 plan which offers the option of receiving coverage through an HDHP/HSA
- ✓ Amends law to require KHPA to study expanding participation in the plan and providing for subsidization of premiums, including accessing federal grants and program
- ✓ Increases the maximum lifetime benefit from \$1 million to \$3 million
- ✓ Requires state employer contribution to any HSA plan to state employees to be equal to the state’s employer contribution to any fully insured plans to state employees
- ✓ Creates “safety net clinics,” located within a Medicare-certified hospital, nursing facility or home health agency
- ✓ Contractors convicted of fraud, waste, abuse or illegal acts that have caused Kansas to pay fines or reimburse the federal government more than \$1 million are not eligible for any state Medicaid contracts, with certain exceptions

- ✓ Adds the Commissioner of Education to the KHPA board as a non-voting, ex-officio member
- ✓ Defines a “medical home” to mean “a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence- based primary and preventative care, and to coordinate the patient’s health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner
- ✓ Directs a study of issues of health care workforce, health care transparency and medical errors
- ✓ Assigns the Joint Committee on Health Policy Oversight to oversee the implementation and operation of the children’s health insurance plans created under this act, including the assessment of the performance-based contracting measurable outcomes
- ✓ Transfers the Small Employer Cafeteria Plan Development Program and the Association Assistance Plan grants and loan programming from the Department of Commerce to KHPA
- ✓ Medicaid Reform Study
- ✓ Affordable Commercial Insurance Study

**Studies increasingly indicate that dental care during pregnancy is of the utmost importance. As part of the Health Reform Act of 2008, more women will receive dental health coverage while expecting.**

Poor oral health compares- and may even exceed- risks associated with smoking or heavy drinking while pregnant. Blood flow increases by 30 to 50 percent during pregnancy, which makes bacteria in the gum line more susceptible to growth. Increased blood flow- in addition to elevated hormone levels- escalates a woman’s risk of pregnancy gingivitis, or gum disease. Studies indicate that approximately 50 percent of women suffer from pregnancy gingivitis. Benign growths in swollen gums known as “pregnancy tumors” also frequently appear in expecting women. Periodontal disease is also frequently diagnosed in pregnant women, which is a more serious type of gum disease.

Even if carried to term, a baby’s risk of low birth weight significantly increases if the mother has gingivitis. A study at the University of North Carolina showed that women with gum disease are seven times more likely to deliver significantly prematurely than women with healthy gums. Researchers believe that the bacteria that causes periodontal disease enters the bloodstream through the mouth. The body naturally responds to this infection by producing prostaglandins, which also signals labor to begin.

Premature and low birth weight babies are susceptible to significant and costly long-term complications. This risk can be easily reduced by regular, preventative dental care. Dental care lowered pre-term birth by six times that of women with poor, untreated oral conditions. This serious problem is highly preventable and will hopefully be significantly reduced by the new provision of the health care reform package, which now extends dental coverage to expecting mothers.

**The House Social Services Budget Committee introduced a bill last week designed to expand funding to community based services.** House Substitute for Senate Bill 365 establishes a nine-member Home and Community Based Services Oversight Committee to track individuals moving from institutional care to community settings. Savings accrued from these transitions would go into two savings funds- one for the frail elderly, the other for people with disabilities. The savings would fund additional openings in

community based care. Allocating the money into separate funds will ensure the Department of Social and Rehabilitation Services and the Department of does not use that money in other budgets.

Institutional care provides an invaluable service to Kansas and is still the most appropriate option for a wide variety of seniors and individuals with disabilities. Community settings are not designed to impede on institutional service, but rather to increase options for consumers and their families. Also, community based services cost much less than institutional care. The savings that result from transitioning consumers to community based care will help expand those services across the state.

Other provisions in the bill would:

- Eliminate long standing waiting lists for the developmentally disabled by 2012
- Prevent waiting lists for the frail elderly and people with physical disabilities or traumatic brain injuries
- Increase attendant care workers' salaries

Over the next four years, the initiative could lead to an additional \$106 million in state funds spent on community services. **The bill coincides with “Money Follows the Person,” a federal initiative that rewards states for reducing their reliance on institutional care.**

**Make Sure You Get Your 2007 Federal Economic Stimulus Payment:** Beginning in May, the IRS will send one-time economic stimulus payments to more than 130 million households across America. Most eligible for a stimulus payment will receive it automatically, but only if they file a 2007 federal income tax return. To qualify, taxpayers must have a valid Social Security number, \$3,000 of income and file a 2007 federal tax return. IRS will take care of the rest. Eligible individuals will receive up to \$600 (\$1,200 for married couples), and parents will receive an additional \$300 for each eligible child younger than 17.

Filing a return is the only way for the IRS to determine if you qualify, how much you qualify for and where to send the money. Those who fail to file an income tax return will not receive a check. The IRS has provided resources for the millions of retirees, disabled veterans and low-wage workers usually exempt from filing a tax return who must do so with little hassle. Please do not let a little paperwork stand between you and your stimulus payment. Visit [www.irs.gov](http://www.irs.gov) before April 15 and complete the Form 1040A or 1040. The IRS website will walk you through the process easily.

Economic stimulus payments will be disbursed starting May 2. Those filing tax returns and opting for direct deposit will receive their stimulus payments first. Stimulus payments will be sent according to a schedule based on the last two digits of a taxpayer's Social Security number. For married couples filing jointly, the first number on the return will determine when the payment will be sent.

For more information on the economic stimulus payments, please visit the Economic Stimulus Information Center at: <http://www.irs.gov/>.

**Our House Transportation Committee moved forward on enacting a graduated driver's license system last week through House Substitute for Senate Bill 294, though some expressed disappointment with the bill's provisions and were concerned that it makes insignificant change in current law.**

This legislation developed to increase the amount of supervised training time teenage drivers in Kansas receive before they are allowed drive on their own. Under current law, a teenager may receive an instructor's permit at age 14 and a restricted license at age 15. After turning 16, a teenager may apply for an unrestricted driver's license at any time, but only after completing a driver's education course or a driver's test administered by the license bureau.

The bill, approved by my House Transportation committee on a voice vote, did not change the current minimum age requirements for young drivers to obtain farm, instructional or restricted driving permits. Also unchanged, 15-year-old drivers may apply for a restricted license only for driving to and from school and work. New provisions of the bill include regulations for a "second stage" of the restricted phase for those between ages 16 and 17. The bill would impose the following new stipulations in addition to current provisions of the law:

- Driver with a restricted license has a curfew of midnight
- Driver with a restricted license and under age 17 may not use wireless devices while driving
- Driver with a restricted license may have no more than three passengers who are not siblings in the car while driving

Advocates of stricter regulations for young drivers preferred the original bill approved by the Senate last year. It would have increased the minimum ages at which a teen could apply for a driver license, prohibited teen driving after 9 p.m., restricted the number of passengers a teen could transport and banned the use of wireless devices while driving. Advocates for the original "graduated driver licensing" proposals said they would continue to press for these tighter restrictions.

Proponents of stricter regulations argue for higher minimum driving ages because research proves that 14-year-olds do not- in general- possess the judgment needed to be responsible drivers. By waiting an additional year, teens have more time to mature and have a better chance of maintaining a safe and accident-free driving record. According to Kansas Action for Children, 46 other states have implemented graduated drivers licensing programs.

Several legislators on the House Transportation Committee expressed reservations about changing the age requirement for an instructor's permit from 14 to 15. Opponents raised important concerns about the proposal, citing both Kansas' rural logistics and the its farming heritage. Families in rural communities across the state have long opted to teach their children to drive early for the specific purpose of obtaining a farmer's permit. Because farming is a family business and important part of Kansas culture, teenagers in these communities learn to drive trucks and operate machinery at a young age so they may actively participate in family farm life.

**In 2007, the Legislature established the Grandparents as Caregivers program in an effort to ease the financial burden placed on grandparents who undertake the responsibility of raising their grandchildren. Last week, the House proposed to expand the Grandparents as Caregivers Act by removing the requirement that a grandparent possess legal custody of a grandchild in order to participate in the program.** Instead of requiring legal custody, the bill would only require that a grandchild reside with the grandparent.

According to the Kansas Department of Social and Rehabilitation Services, approximately 17,900 grandparents raise their grandchildren in Kansas. The Grandparents as Caregivers program is an effort to recognize grandparents for their commitment to family while also helping ease the financial burden that comes with childrearing. The program provides financial assistance on a monthly basis to grandparents or qualifying relatives raising children. Eligible grandparents may receive \$200 per grandchild, set a maximum of \$600 per month.

To qualify for the program, the individual must be the grandparent or qualifying relative, live with the child, be 50 years of age or older and have an annual household income of less than 130 percent of the federal poverty level.

For more information about the Grandparents as Caregivers program, please contact Kansas SRS 888.369.4777 or visit [www.srskansas.org/ISD/ees/grandparents\\_caregivers.htm](http://www.srskansas.org/ISD/ees/grandparents_caregivers.htm).

**The House of Representatives took two steps last week to further advance Kansas' efforts to secure a \$450 million federal research facility in Manhattan.** By passing Senate Concurrent Resolution 1624, the House joined the Senate in urging the federal government to seriously consider Kansas as the host state for the new National Bio and Agro-Defense Facility (NBAF).

NBAF is a critical national investment. The facility will help protect human and animal health from both naturally occurring and intentionally introduced disease threats. Kansas offers an ideal environment for this research. As a world leader in bioscience with an exceptionally well-qualified workforce, Kansas is committed to partnering with the federal government to support biosecurity.

As part of their commitment, the Legislature authorized issuance of up to \$105.0 million in revenue bonds for the purpose of supporting a capital improvement project relating to NBAF. The legislation would require the Kansas Bioscience Authority to approve any such capital improvement project, including infrastructure related improvements, such as electrical, heating and cooling in a central utility plant. The Kansas Bioscience Authority would receive the net proceeds from bond sales for making expenditures in support of the capital improvement project.

Kansas is one of six finalists being considered as the site for NBAF. The proposed site for locating the National Bio and Agro-Defense Facility (NBAF) is on the campus of Kansas State University, immediately adjacent to the Biosecurity Research Institute (BRI). The bonds would fund projects including land acquisition, road grading, parking, security fencing, and a dedicated central utility plant – which is standard for bio-containment laboratories. The U.S. Department of Homeland Security estimated that the cost for infrastructure improvements to build the NBAF in Kansas would be up to \$105.0 million.

NBAF would put Kansas at the forefront of several exciting enterprises relating to public and animal health. This legislation is intended to strengthen the state's bid on the facility. It is estimated that the project would create up to 1,500 new jobs during the construction phase of the project. The facility would employ 250-350 people once fully operational. It is also estimated that the facility would lead to approximately \$1.5 billion in direct and indirect economic output over 20 years.

For more information on Kansas' efforts to secure NBAF in Manhattan, visit <http://www.nbafinkansas.org/>.

**The House of Representatives officially approved House Substitute for Senate Bill 226 last week, a revised version of the 2007 Kansas Funeral Privacy Act.** The bill establishes a 150-foot buffer from churches, funeral homes and cemeteries one hour before and two hours after funeral services.

The 2007 Kansas Funeral Privacy Act instructed the Kansas Attorney General to legally challenge the law to determine its constitutionality before taking effect. The Kansas Supreme Court ruled that this process is improper, making the law invalid. The court ruling made no findings regarding the substantive provisions of the statute.

The House of Representatives approved the bill at a vote of 123-0. It will now advance to the Senate for consideration.

**Last week marked the end of House standing committee meetings for 2008.** For the remainder of the session, the House will only consider legislation as an entire body. Any bills that fail to pass or get re-referred to committee are essentially "killed" for the year, but could still come back in amendment form when other bills are debated on the House Floor or when added in House-Senate Conference Committee discussions.

This summer, the Legislative Coordinated Council will meet to form House Interim Committees. These committees will meet from mid-summer until December.

## Student Pages Visit



**On March 19th, I Sponsored Five More Student Pages.** They all did an excellent job and worked really hard during a very busy legislative session. Thank you to all of them and to their parents, too.

**Pictured L to R: Bobbie Morrie, Garrett Owen, Matt Chipman, Anna Torchia and Drake Smith**

## USEFUL STATE NUMBERS AND RESOURCES

The following list of numbers will lead you to a variety of state and federal resources. You can find these- as well as many others- online at <http://da.state.ks.us/phonebook>.

<b>Adjutant General:</b> 785.274.1001	<b>Department on Aging:</b> 800.432.3535	<b>Attorney General:</b> 785.296.2215
<b>Better Business Bureau:</b> 785.232.0454	<b>Child/Adult Abuse Hotline:</b> 800.922.5330	<b>Child and Family Services:</b> 785.296.4653
<b>Commerce:</b> 785.296.3481	<b>Consumer Protection:</b> 800.432.2310	<b>Crime Tip Hotline:</b> 800.572.7463
<b>Crime Victim Assistance:</b> 800.828.9745	<b>Driver's License Bureau:</b> 785.296.3963	<b>Gov. Kathleen Sebelius:</b> 800.748.4408
<b>Kansas Health Wave:</b> 800.792.4884	<b>Highway Road Conditions:</b> 800.585.7623	<b>Housing Hotline:</b> 800.752.4422
<b>Insurance Hotline:</b> 800.432.2484	<b>Kansas Lottery:</b> 785.296.5700	<b>Legislative Hotline:</b> 800.432.3924
<b>Mental Health Services:</b> 888.582.3759	<b>Department of Revenue:</b> 877.526.7738	<b>School Safety Hotline:</b> 877.626.8203
<b>Social Security:</b> 800.772.1213	<b>State Capitol Tours:</b> 785.296.3966	<b>Taxpayer Assistance:</b> 800.259.2829
<b>Tax Refund Status:</b> 800.894.0318	<b>Teacher Certification:</b> 785.296.2283	<b>Unclaimed Property:</b> 800.432.0386
<b>Unemployment:</b> 785.296.5074	<b>Vital Statistics:</b> 785.296.1405	<b>Voter Registration:</b> 785.296.4561
<b>Welfare Fraud Hotline:</b> 800.432.3913	<b>Workers' Comp:</b> 800.332.0353	<b>Workforce Center:</b> 785.235.5627

## Keep In Touch

Please feel free to contact me with your additional comments and questions. My office address is Room 49, Docking State Office Building, Topeka, KS 66612. You can reach me at (785) 296-7698 or call the legislative hotline at 1-800-432-3924 to leave a message for me. Additionally, you can e-mail me at [rardin@house.state.ks.us](mailto:rardin@house.state.ks.us). You can also follow the legislative session online at [www.kslegislature.org](http://www.kslegislature.org).  
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