



KPHA E-NEWS UPDATE

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Legislative Update



If you don't want Restaurant Inspections to be moved from KDHE to the Department of Ag, please take action!

SB584 has a hearing this Tuesday in the House Ag Committee. This bill passed the Senate and now has a hearing in the other chamber. If it passes the House it will be on the way to the Governor. We have had several requests from members to help stop this legislation. Although it is not one of the top KPHA four priorities, our Legislative Issues and Action Chair, Leon Vinci, believes it is important and is asking for your help in stopping this bill. KPHA will be testifying on the bill, but we need members to contact their legislators and let them know we are opposing **SB584**. If one of the House Agriculture Committee members is your legislator, please send him/her an email with your opposition. In the subject line indicate your city address. Legislator get as many as

500 emails a day and try to make sure they read ones from their constituents. Below are the emails of all the House Ag Members. Putting your city in the subject line, "Opposition to **SB584** from (your town), KS" and sending it to the whole committee will let them all know would be best.

gatewood@house.state.ks.us; bowers@house.state.ks.us; svaty@house.state.ks.us; aurand@house.state.ks.us; wolfb@house.state.ks.us; powell@house.state.ks.us; faber@house.state.ks.us; light@house.state.ks.us; holmes@house.state.ks.us; knox@house.state.ks.us; palmer@house.state.ks.us; feuerborn@house.state.ks.us; fund@house.state.ks.us; flora@house.state.ks.us; lukert@house.state.ks.us; moxley@house.state.ks.us; schroeder@house.state.ks.us; grange@house.state.ks.us; williams@house.state.ks.us

Health Day at the Capitol a huge success!

Thanks to the many KPHA members who helped make this a success. [Click here](#) to see a few pictures and [here](#) for an Adobe Photo slideshow. Also, thanks to KUMC for sponsoring the Healthy Snacks and Unicare Health Plan of Kansas for sponsoring the lunches.

Legislative Health Forums being planned for April in celebration of National Public Health Week, Get Ready, and VISTA grant

Our VISTA Volunteers have been working diligently on getting KPHA Legislative Forums set up across the state. KDHE staff have been helping us with this effort!! If you are a County Health Director who has been selected to host a forum and you are having one, KPHA wants to thank you for all your help. So far, here are the cities where we will be having Health Forums:

Salina, Winfield, Garden City, Oakley, Atchison, Lawrence, Olathe. Ottawa, Chanute, Coffeyville, El Dorado, Emporia, Topeka! Watch for more information on the forums in the coming weeks!

New House subcommittee created to study health reform

Rep. Jeff Colyer, R-Overland Park, chairman of the new Health and Human Services subcommittee, held hearing this last Wednesday devoted to a staff briefing on the various health proposals that have been offered to date. The subcommittee reviewed elements of the health policy authority reform package that required and do not require funding. [Click here](#) to see KPHA's Testimony presented by President Janis Goedeke. We were asked indirectly by the Health Policy Authority to only testify on Health Literacy. Other health advocates testified on other aspects of their 21 Recommendations.

KC Star Editorial Statewide ban on smoking remains best choice

Lawmakers and others in the two-state area are irresponsibly failing to protect residents from the damaging health effects of smoking. Kansas legislators recently watered down a proposed smoke-free law. Kansas City bar owners want to derail a ban on the April 8 city ballot. And in Missouri, legislators aren't even seriously discussing the issue. So how are more reasonable elected officials handling this important matter? Look north. Last Thursday, Nebraska Gov. Dave Heineman signed into law one of the nation's toughest smoking laws. It will take effect in June 2009 and prohibit smoking in workplaces, restaurants, bars and casinos. Some business owners put pressure on Heineman to veto the bill, contending it would take away their rights. The governor said he took those pleas into account but signed the measure because "the public health concern is a critical one...." That's sound advice, but it's being ignored in Kansas right now. State lawmakers have been reviewing a law that would allow voters in each county to decide whether they want to approve a smoke-free law. It's a sop to the pro-smoking forces. A statewide law would be far more effective. Recently, some state Senate members tried to weaken the pending proposal, offering exemptions to bars and casinos. The anti-smoking forces in Kansas must not give up. They should work harder in the coming weeks to provide all Kansans with the same kind of smoke-free law that will protect Nebraska residents.

Medicaid reform bill targets smokers, obese

By Dave Ranney
KHI News Service

TOPEKA, Feb. 26 — A key player in the state's health reform debate has introduced a bill that would reduce benefits for Medicaid recipients who don't quit smoking, lose weight or adopt healthy lifestyles. Rep. Jeff Colyer, R-Leawood, is proposing that Medicaid recipients who smoke, are obese or abuse drugs be required to enroll in wellness programs.

Recipients would then have two years to either show progress or face significantly scaled back coverage. After three years, those who had not showed progress would be dropped from the Medicaid program. The proposals are similar to controversial changes made recently in West Virginia's Medicaid program, though West Virginia's plan does not include a provision for completely dropping an individual's coverage if they fail to show progress in three years.

It is unclear whether federal officials would let the state cut benefits to Medicaid recipients who failed to meet the bill's requirements. The federal government foots the bill for the majority of Medicaid costs and sets most of the rules dealing with the program.

"My guess is there would be quite a bit of difficulty," gaining federal approval, said Barb Langner, policy director for the Kansas Health Policy Authority. But Colyer said he was confident federal officials would allow it. "There have been conversations to that effect," he said.

Penalties

Langner said the penalties the bill proposes for Medicaid recipients who either choose not to enroll in wellness programs or who fail to show adequate progress represent a different approach than the health policy authority board has taken in its 21-point health reform plan also being considered by the Legislature.

"The board has always advocated — whether it be for Medicaid recipients, state employees, or the general public — for giving people the tools for leading healthy lifestyles," Langner said. "But there's been no discussion about penalties."

The bill — **House Bill 2934** — would require that doctors certify the progress of Medicaid patients enrolled in wellness programs, which in essence asks physicians to make determinations that could reduce their own payments from the program.

Colyer, a plastic surgeon, said that unless Medicaid recipients are somehow held responsible for their health, legislators are likely to balk at calls for expanding the scope of the program, which costs the state about \$2.6 billion a year.

“We need to have some confidence in the Medicaid program,” he said. “If you want to see an expansion of Medicaid, it needs to work in a way that the Legislature has confidence in. This is one way to do that.

“What this does is it rewards personal responsibility,” Colyer said of his bill, which was introduced by the House Appropriations Committee.

Whether the limitations on benefits the bill proposes would apply to the children, pregnant women, senior citizens, and people with disabilities who make up most of the state’s Medicaid population is unclear.

In Kansas, childless adults who are neither pregnant nor disabled are not eligible for Medicaid. A parent is eligible for Medicaid if their household income is below 37 percent of the federal poverty guideline — about \$543 a month for a single parent and two children.

The KHPA reform plan would extend state-subsidized insurance to childless adults making up to 100 percent of poverty beginning in 2011. It would pay for that program expansion with an increase in the tax on cigarettes and tobacco products. However, several legislators have said they are opposed to both the proposed tax increase and the plan to cover more poor adults.

Colyer is a member of the Health for All Kansans Steering Committee, which helped the health policy authority develop its reform plan. He said his new proposal is meant to complement not compete with that plan.

“We’re not going to fix everything in health care in one year,” Colyer said. “We have to do it over several years. This bill, I think, puts us much farther down the road so that we can do more next year.”

Paul Johnson, a Kansas Catholic Conference lobbyist who advocates for the poor, welcomed Colyer’s initiative.

“Personal behavior has to be part of the plan,” he said. “It has to change. I know that most people think smoking and tobacco are the most important things to address, but I have to say diet is just as important, maybe more so.”

Johnson, who’s also an advocate for sustainable agriculture, questioned if legislators would be willing to adequately fund the wellness programs.

“We’re talking about very hands-on programs for thousands of people,” he said.

House Bill 2934 also would:

- Create tax breaks for people who buy individual health insurance policies and cannot pay their premiums with pre-tax dollars.

- Require small employers whose workers contribute to their health insurance to see that those contributions are paid with pre-tax dollars.
- Require insurers to give small businesses the option of high deductible policies coupled with health savings accounts.
- Extend former employees' access to their former employers' health insurance from the current six months to 18 months.
- Appoint an interim committee to study ways to lower health care costs and expand coverage.
- Restrict eligibility for medical assistance to adults who are U.S. citizens, or, in the case of children, legal aliens.
- Raise the maximum lifetime coverage available through the state-run high-risk pool to \$3 million. It's now \$1 million.

Colyer said he was aware of a "couple of children" who currently are covered by the high-risk pool and whose health care costs are fast approaching \$1 million.

"The lifetime cap hasn't been adjusted in more than a decade," he said.

Colyer said he wasn't sure how much the tax credits and other incentives would cost the state. Two bills now before the Senate Financial Institutions and Insurance Committee — Senate Bills **540** and **564** — include tax-break incentives similar to those in Colyer's bill.

House Bill 2934 was introduced Friday. A hearing has not yet been scheduled.

State spending Web site launched

People who want more information on how their tax dollars are spent by Kansas have a new online resource called KanView.

The Web site provides information on state spending, revenue sources, numerous reports and state debt.

The address is www.accesskansas.org/kanview/index.html.

Legislative News From Rep. Crow

HEALTH CARE REFORM SEEMS STALLED

Two major parts of state health care reform appear to be in serious jeopardy and other proposals seem to be stalled. A proposed statewide smoking ban was bottled up in committee, and a 50-cent increase in the cigarette tax appears headed to the legislative bone yard. The two measures were promoted by the Kansas Health Policy Authority as key components of a package of 21 reform proposals. Gov. Sebelius said that the cigarette tax and the smoking ban would do more for health care costs in the future than any other two measures that we could pass, and those seem to be right now on life support at best. Senate Majority Leader Derek Schmidt, R-Independence, agreed. "I think the cigarette tax is (dead). The smoking ban is on life support and fading fast," Schmidt said.

The proposed tax increase would raise the state cigarette tax from 79 cents per pack to \$1.29 per pack. Health officials have argued that the increase would help offset the damage caused by cigarette smoking in Kansas — 4,000 deaths and \$930 million in health care costs each year. The tax increase also would produce a stream of revenue for future expansion of health coverage.

The proposed smoking ban is having trouble getting out of committee with strong opposition coming from business owners across the state. That bill would require a vote Nov. 4 in every county to determine whether to ban indoor smoking in restaurants and some other public places. Bars, casinos and tobacco shops would be exempt.

TRACKING PRESCRIPTIONS

Last week, the Senate unanimously passed a bill to create a program to track prescriptions filled in Kansas. **SB 491** asks the Board of Pharmacy to create a prescription monitoring program and also creates two task forces. One task force would study whether "vet hopping," or patients visiting veterinarians to get drugs for themselves, is a problem. The second task force would examine whether medicines used to make methamphetamine, such as allergy medicines containing pseudoephedrine, should be classified as controlled substances.

On the Senate floor, Sen. Jim Barnett, R-Emporia, who also is a physician, praised the measure, calling it "an important piece of legislation on public safety." Some supporters have said the program could have helped spot potential problems with Haysville osteopath Stephen Schneider, who faces federal charges related to prescribing pain medicine. Schneider, who is in jail awaiting trial in U.S. District court, had his license suspended Jan. 29 by the state Board of Healing Arts. He is facing 34 criminal counts involving the distribution of prescription medicines. The monitoring program would create a database that records each time a pharmacist fills a prescription in the state.

Prescribers and pharmacists would be able to determine whether a patient was "doctor shopping," or visiting several prescribers to get multiple prescriptions.

Law enforcement would also be able to access the information in limited cases with a subpoena. Sen. Phil Journey, R-Haysville, added the subpoena component to ensure people's privacy is protected. The measure also includes training for doctors, pharmacists and law enforcement on using the program. Right now, Kansas is one of 15 states without a prescription monitoring program.

The measures now advances to the House. [Back to top](#)

KUMC Student Survey Results

Email below sent from KPHA member, Dr. Kimber Richter's students who completed a health reform survey:

Hello!

To all of you who completed the survey - THANK YOU!!! We were able to tabulate some very interesting results. Many of you requested access to our results. We have a few options for you:

1) You can view the survey (with results!) online for the next three days. Use the following link: <http://www.kumc.edu/~kimber>

surveymonkey.com/sr.aspx?sm=Oyy7Bsd1wosD1R_2fVfHelb2iNbtAqJ_2fsb1d1kzGBLPFo_3d

2) If you would like a copy of the results, we have PDF versions of the results along with word documents of the comment responses that we would be happy to email to you.

3) If you would like a copy of our results and conclusions, we could happy to email you our powerpoint presentation (complete with charts, graphs, and all sorts of fun stuff!).

To prevent cluttering inboxes, I'll only send the PDF, word documents, and power points if you request them. Please feel free to email me (soberhelman@kumc.edu) and I will send you any of the documents you would like. I'll be graduating in May but will leave access to all of these documents with Leslie Sullivan. If you would like any of them in the future, please email her at lsulliv1@kumc.edu.

We also had some questions regarding the KHPA reform recommendations.

You can find the recommendations along with lots of other information on the KHPA's website at <http://www.khpa.ks.gov/HealthReformHome.htm>.

Again, thank you for your interest and thank you so much for completing the survey!

Thanks!

Sara, John, Onnie, and Cordell
soberhelman@kumc.edu. [Back to top](#)

Dr. Kim Richter Fulbright Report

Below is a report written by Dr. Kimber Richter who received a Fulbright Scholarship Grant to Portugal:

I worked with the Universidade Nova de Lisboa, Escola Nacional de Saúde Pública (ENSP) to help health care providers, hospitals and city departments of health gear up for a new nation-wide indoor smoking ban that was just weeks away. The law banned smoking in most public places and required all health providers to deliver smoking cessation programs but allocated no additional funds for implementation. In Portugal, there is no publicly funded telephone quitline, wait lists for physician-delivered treatment range from weeks to months, quit-smoking medications are not covered by the National Health Service, and over-the-counter nicotine replacement costs 3 times as much as in the U.S. Hence, city officials and healthcare providers were excited about the opportunities the ban would create, but also concerned about how they would meet new demands for treating and preventing tobacco use. The highlight of my trip was a session with Healthy Cities of Portugal, a World Health Organization (WHO) initiative. The turnout, much larger than expected, included 70 leading health officials from cities all over the country. We discussed low-cost ways that cities could encourage eating establishments, worksites, and citizens to choose the most health-promoting options when the ban goes into effect (to be a smoke-free establishment, to quit smoking, to support the ban by asking others to not smoke in smoke-free areas). I framed the ban as an opportunity, not a burden, and focused discussion on how to use it to improve the health environment. Then attendees brainstormed strategies for Portuguese cities. Two terrific ideas included 1) not granting permits for tobacco kiosks within a certain distance of schools and 2) urging restaurant patrons to suggest, through entries in comment books, that restaurants and bars to go smoke-free.

Restaurants are required by law to maintain and submit comment books to health authorities—apparently they will do anything to comply with comments. I tried to learn about Portuguese civic structures, decision making processes, culture, and history during my trip. But being naive was not necessarily bad. It stopped me from dictating strategies, because I didn't know what the possibilities, or barriers, were. I enjoyed a number of other formal and informal meetings during my stay. My host, Luis Saboga-Nunes of ENSP, introduced me to the Director of Tobacco Control for Portugal, who shared some of her hopes, fears and plans for the new tobacco control policies that Portugal is implementing as signatory to the WHO Framework Convention on Tobacco Control. I discussed my hospital's inpatient tobacco treatment program with staff from 3 hospitals. Last, I met with a project director at the European Monitoring Center for Drugs and Drug Addiction, which monitors drug use and drug treatment across the E.U. On my off-time, I got to see 2 of 3 hallmarks of Portuguese popular culture (*Fado* and *Fatima*, but no *Football*). I also visited stunning examples of Moorish, Gothic, Manueline, and Baroque architecture. It was a terrific experience, and I made a number of connections that promise to become new and exciting collaborations. [Back to top](#)

Emerging Leaders

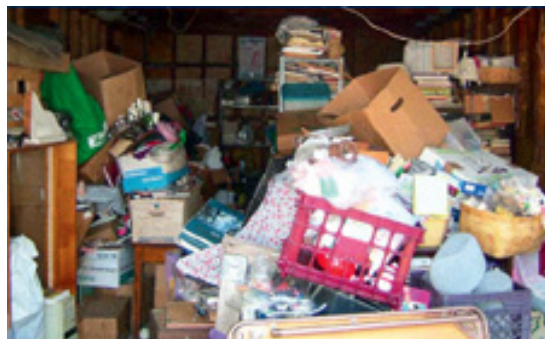
Institute: Public Health in Action for Life Long Learning

ARE YOU INTERESTED IN COLLABORATION? ARE YOU INTERESTED IN LEADERSHIP?

Then the Center for Public Health Practice invites you to participate in the 2008 Emerging Leaders Institute, a collaborative project between University of Illinois at Chicago, School of Public Health and the Heartland Center, located at St. Louis University, School of Public Health. The year long fellowship will begin in May 2008. This exciting program is designed to introduce new and upcoming leaders in critical skills necessary to advance the public health mission into the community and outside of the agency. By working with outside partners, Fellows begin to build professional networks and to learn the tools of collaborative leadership. Cutting-edge content, national public health experts, and innovative projects provide a unique learning experience. By learning the tools of collaborative leadership, Fellows begin to develop the individual and organizational relationships that build and sustain public health practice.

The Deadline to apply for this program is April 11, 2008. If interested, please contact Rani Saxena at rmishra@uic.edu for a brochure and an application. We are excited and challenged by the opportunity to provide this unique training to Public Health Professionals. We hope you share our enthusiasm by applying to this new program and/or referring someone who you think will benefit from this innovative training. [Back to top](#)

Upcoming Conference on Hoarding



KPHA's newly appointed Elder Issues Section Chair, Annette Graham has been keeping KPHA represented at many Aging related meetings. She has agreed to represent KPHA on the Aging and Mental Health Coalition. In addition she is keeping us informed on trainings for public health interested in senior issues. An upcoming one is on Hoarding. [Click here](#) for the brochure. [Back to top](#)

News on the KPHA Fall Conference from Chair, President Elect, Sonja Armbruster

Sharing Your Best Practices at the 2008 KPHA Annual Conference, September 16-18, 2008

The Kansas Public Health Association (KPHA) conference committee invites all members of the public health community to share your research, experiences and best practices with others at the 2008 KPHA Conference.

There are **two** ways to share your work.

First, there will be **10 oral presentation breakout sessions** at the conference. These may be presentations by an individual or team, or you could create a panel to share the 60 minute presentation time frame. This is a great way to share expertise and inspire others by sharing your work. Evaluations from previous conferences show that these presentations are critical to the success of the conference and we all want to learn from the experiences of our neighbors and friends in public health.

Second, researchers, practitioners and students are invited to share their work via **scientific posters** which will be on display throughout the two day conference. These posters will be evaluated at the conference for significance, clarity, content, quality and uniqueness. Thanks to support from the Kansas Health Foundation, a trip to APHA (a stipend of \$1500 to support expenses for registration, hotel, and airfare) will be awarded to the best poster in each category (researcher, practitioner and student).

[Click here](#) to find the *call for presentations* is due to Sonja Armbruster by May 15 th; and [click here](#) for the *call for posters* is due to Melissa Armstrong by July 15th.

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