



Testimony to Senate Committee on Public Health and Welfare

SB 160 - Local Health Department Accreditation

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Chairwoman Pilcher-Cook and Members of the Committee:

We appreciate this opportunity to present testimony in support of SB 160. This bill is necessary to preserve the absolute ability of state and local governments to oversee health departments. Once enough local departments achieve outside accreditation, it would be very simple for new federal grants or other programmatic funding to require some form of accreditation. This is simply another way of putting pressure on state and local officials to accede to federal wishes.

In short, I trust the wisdom of our state and local leaders to more effectively manage the facilities covered by SB 160. They are more than capable of operating hospitals that are amongst the best in the country without an accreditation board's stamp of approval. At first blush it may seem odd to prevent them from seeking accreditation to demonstrate this trust but, I think in the long run it may prove wise. If history is any guide, the federal government will co-opt accreditation efforts to suit their own goals, however well intentioned.

Of course, efforts by health departments, or other government entities, to achieve recognition and even accreditation are undertaken with the best of intentions. Kansans and our elected officials are absolutely right to want high standards and the most effective, efficient care that can be offered. Unfortunately, we have several examples under which the best intentions of local officials have essentially been usurped by others with seemingly good intentions at the federal level.

Federal "maintenance of effort" (MOE) requirements in special education and Medicaid are only two of the most obvious examples. It is very easy to see how a given form of accreditation would require some level of MOE. Once again, this would be done with the best of intentions, but may ignore on-the-ground experience in which MOE is a secondary concern because of an innovative delivery method that is helping patients achieve better health outcomes or special needs students achieve higher levels of success.

The U.S. Supreme Court's ruling on the Affordable Care Act (ACA) offers some solace in federal coercion of state action. The Court's ruling in overruling a mandated Medicaid expansion was one of the few bright spots in entire ruling. However, new federal grants or existing grants that are rewritten to comply with the ACA ruling may very likely require certain forms of accreditation that open themselves to federal intervention in our local hospitals.

The Supreme Court ruling on the ACA offers some protection against federal coercion of state action, but that protection is not absolute. If SB 160 is not exactly a bill regarding federalism than it may best be described as federalism insurance.