

75-7424. Same; health care finance reform options; reports; policy analysis and development; federal funding; reinsurance. (a) The department of health and environment shall analyze and develop health care finance reform options with the goals of (1) financing health care and health promotion in a manner that is equitable, seamless and sustainable for consumers, providers, purchasers and government, (2) promoting market-based solutions that encourage fiscal and individual responsibility, (3) protecting the health care safety net in the development of such options, (4) facilitate purchasing of health insurance, and facilitating access to private sector health insurance by small businesses and individuals.

(b) The department of health and environment shall identify and analyze policies that are designed to increase portability, to increase individual ownership of health care policies, to utilize pre-tax dollars for the purchase of health insurance, and to expand consumer responsibility for making health care decisions.

(c) The department of health and environment shall obtain economic and actuarial analyses by an entity or entities that are recognized as having specific experience in the subject matter of all health care finance reform options proposed under subsection (a) to determine (1) the economic impact of proposed reforms on consumers, providers, purchasers, businesses and government and (2) the number of uninsured Kansans who have the potential to receive coverage as a result of the options proposed under subsection (a).

(d) The department of health and environment shall investigate and identify possible public funding sources, including medicaid and other federal programs, specifically including possible waivers to specific federal program requirements.

(e) In collaboration with the United States department of health and human services, the department of health and environment shall investigate (1) the development and availability of federal affordable choices initiatives funding, (2) waiver and funding opportunities under the federal deficit reduction act of 2005, public law 109-171, and (3) waivers under the federal health insurance flexibility and accountability demonstration initiative to expand health services to low income populations.

History: L. 2007, ch. 177, § 2; L. 2012, ch. 102, § 46; July 1.