

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Jan Meyers at
Chairperson

10 a.m. ~~pm~~ on February 16, 1984 in room 526-S of the Capitol.

All members were present ~~except~~

Committee staff present:

Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes Office

Conferees appearing before the committee:

Diane Bottorf, Kansas State Nurses Association
Jean DeDonder, KSNA, Emporia
Senator Tom Rehorn
Vickie Parra, Paralegal, Kansas City
Margaret Evans, Leawood
Ruth Schuler, K. U. Medical Center
Sue Lewis, K. U. Medical Center
Senator Paul Burke
Jerry Slaughter, Kansas Medical Society
Don Strole, Attorney, State Board of Healing Arts
Barbara Reinert, Women's Political Caucus

Others present: see attached list

SB 634 - concerning midwifery; providing for licensure of midwives

Due to lack of time, Diane Bottorf, KSNA, did not testify but submitted written testimony in opposition to SB 634 because the bill sets unclear standards for the registration and practice of midwifery; nurse midwifery will soon be a viable option for consumers; and use of the credentialing process established by SHCC is ignored. (Attachment #1).

Jean DeDonder, Emporia, and member of KSNA, testified in opposition to SB 634, and distributed testimony stating that it defines "licensed midwife" as a person other than a physician, surgeon, or certified nurse-midwife; it has the potential to misrepresent the qualifications of the certified nurse-midwife; and it will not provide for safe quality health care. (Attachment #2). She stated that with this bill more confusion will exist and the potential for misrepresentation is great.

Written testimony opposing SB 634 was submitted by Jan Noyes, Emporia, representing KSNA; Rose Mary Russell, RN, representing KSNA; Joan Denny, Topeka; and Dr. Lois Scibetta, KSBN. (Attachments #3, 4, 5, 6).

Senator Meyers concluded the hearing on SB 634.

SB 598 - patients suffering from breast cancer required to be given certain information

Senator Meyers introduced Senator Rehorn, who stated that this bill is an effort to prevent some catastrophic experiences in the lives of people, and it provides that in breast cancer a surgeon must provide a patient with written information setting forth all of the options a patient has. He then introduced people from out of town who wished to be heard on the bill.

Vickie Parra, Paralegal, Kansas City, testified in support of SB 598, and

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
 room 526-S, Statehouse, at 10 a.m. ~~pm~~ on February 16, 1984

stated that she has seen the full impact of a mastectomy, and the destruction it can cause. She added that unnecessary emotion and physical pain can be avoided if one has been educated and told the truth. Women have been lead to believe that a mastectomy was necessary to save their lives. There is a very great need for the passage of this bill, according to Ms. Parra. She cited her experiences with these cases, and said that all of these women were told that a mastectomy was a simple procedure and they would never have to worry again about breast cancer. Doctors advised them to have the mastectomy with reconstruction. Problems resulting from this surgery are scars, painful and hard breasts, disfigurement and pain. She urged passage of this bill and said that women should be informed and given an alternative.

Margaret Evans, Leawood, testified in support of SB 598, and submitted testimony relating her own experience in having a mastectomy. (Attachment #7).

Ruth Schuler, K. U. Medical Center, testified in support of SB 598 and submitted testimony relating her experience in having two mastectomies and reconstruction, and urged the committee to allow women to have the opportunity of knowing about an alternate choice by requiring doctors to inform their patients of the newest procedures. (Attachment #8).

Sue Lewis, Department of Radiation Therapy, K. U. Medical Center, read a letter from Dr. Ronald L. Stephens, Professor of Medicine, and Director of the Division of Clinical Oncology at the K. U. Med Center, urging support for SB 598. Dr. Stephens stated in his written testimony that this bill would serve to mandate that a surgeon seeing a patient at least outline alternative/managements to include surgical removal of the cancer alone without total mastectomy, associated with skilled and appropriate radio-therapy treatment. (Attachment #9).

SB 623 - requiring certain treatment information be given to patients suffering from breast cancer

Senator Meyers introduced Senator Burke who stated that his interest in the subject was prompted by an article in the Kansas City paper. (Attachment #10). He said he had received several calls from women urging him to become active in their cause.

Jerry Slaughter, KMS, said they agree to support this bill and submitted an amendment to SB 623 stating that "the board shall develop and distribute to persons licensed to practice medicine and surgery, a standardized summary of the alternative and efficacious methods of treatment which, when given to the patient shall constitute compliance with the requirements of this section". He said KMS feels that this amendment will provide protection to both physicians and patients, and with this amendment SB 598 and SB 623 are very similar. (Attachment #11).

Don Strole, attorney with the State Board of Healing Arts, said he has not had an opportunity to submit these bills to the entire board, but he generally agrees with the concept. He pointed out some ambiguity in both bills and suggested a clarifying amendment which refers to any abnormality of the breast tissue, rather than to "breast cancer".

Senator Meyers asked Mr. Strole to discuss this after the committee hearing with Norman Furse, Revisor of Statutes, to determine the language needed.

Barbara Reinert, Women's Political Caucus, Topeka, testified in support of SB 598 and SB 623, and submitted testimony stating that they support the concept and spirit behind these two bills and feel that by adopting the amendment proposed by KMS, they can send a strong message to the medical profession. (Attachment #12).

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
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Senator Meyers inquired if some physicians are not already offering alternatives. Vickie Parra said she thinks there may be some who are; however, it is a problem which needs to be addressed.

Senator Johnston moved that the amendment proposed by KMS, which would call for a standardized summary, be adopted. Senator Morris seconded the motion.

Senator Hayden made a substitute motion that the revisor develop language to make it mandatory that this information be given to the patients. Senator Johnston seconded the motion and it carried.

Senator Francisco said he would like to propose an amendment which would require information be given to all patients, and not just cancer patients.

Senator Meyers wondered if the amendment proposed by Senator Francisco might make the bill more difficult to pass, and suggested asking the committee to introduce another bill addressing this proposal.

Senator Francisco moved that a separate bill be introduced to extend this concept. Senator Johnston seconded the motion and it carried.

Senator Morris moved that SB 623 be reported favorably, as amended. Senator Johnston seconded the motion and it carried.

Senator Morris moved that the minutes of February 10 and 14, 1984, be approved. Senator Vidricksen seconded the motion and it carried.

The meeting was adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-16-84

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

NAME AND ADDRESS	ORGANIZATION
Chas Hall 5270 West Dr. #2 Topeka	Washburn Nursing School
Barbara Wendland 3349 SE Tecumseh Rd. Tecumseh	Washburn School of Nursing
Anne Harvey 1828 NW 38 Topeka KS	KALM
Opie Harper CAM	Holistic Birth & Growth Center
Elizabeth Carlson	Board of Healing Arts
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Don Stule	Bd of Healing Arts
JEFF J. SAUHLTER	K. MEDICAL SOCIETY
Dr Lois R. Scibetta	KSBON
Rui M. M. M.	Sen. Higgins
Lynelle King	Ks State Nurses Assn
Tom Rehman	Senate
Jeanne Bottoff	KSNA
Jean DEDONDER 2002 CASA LOMA EMPORIA, KS	KSNA
Marilyn Brast Lawrence	KINH
Barbara Remert Topeka	KWP Caucus
Margaret Evans Leeward Co.	
Ruth Schuler 5924 NW 51 Parkville Mo.	Alternate Choice Support Group KUMC Med Care
JAMES M. BARNETT 7092 98th KCKS	B of B Sen Fwd
VICKI PAMPA KCKS	B+A CAMPUS
Sue Lewis 9928 W 51 Terrace Merriam KS 66203	Alternate Choice Support Group/KUMC
Shaun Leatherman Topeka	Ks Health Care Assn
Shirley C. Quinn "	Ks Assn OSTEOPATHIC MED

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE _____

(PLEASE PRINT)
NAME AND ADDRESS

Terry Humphrey

ORGANIZATION

Planned Parenthood

KSNA

the voice of Nursing in Kansas

Statement of the Kansas State Nurses' Association
by Diane Bottorff, R.N., Assistant Director
Before the Senate Public Health and Welfare Committee
February 16, 1984

In Opposition to SB 634 "Midwives"

Madam Chairwoman and members of the committee, my name is Diane Bottorff, and I am Assistant Director of the Kansas State Nurses' Association, the professional organization for registered nurses in Kansas.

First of all, let me state that SB 634 is not a nursing bill. It concerns the practice of midwifery by lay persons, not by professional nurses midwives.

With all due respect to the bill's sponsor, Sen. Rehorn, my neighbor in Kansas City and my senator, I speak on behalf of KSNA in opposition to SB 634. Sen. Rehorn tells me he is attempting to assist a group from his area who are interested in an alternative to the traditional in-hospital childbirth.

KSNA recognizes that consumers are looking at options other than the traditional one for childbirth. While acknowledging this, we urge consumers to choose options which rely heavily on prenatal and post-natal care and screening by competent professionals. KSNA's solution to the desire for a different type of childbirth provider is the certified nurse midwife. Nurse midwives are well qualified professionals who offer a humane approach to childbearing families. KSNA is working in conjunction with the State Board of Nursing to establish the legalization of nurse midwifery in Kansas.

The legislature passed SB 13 last year which allows for the practice of nurse midwives (along with other categories of nurses practicing in advance roles). Nothing in the law would prevent nurse midwives from doing home deliveries. Rules and regs for the advanced practice of nurses, including nurse midwives, are being finalized and are expected to go into effect this spring. At that time, the services of nurse midwives will be a viable option. KSNA encourages consumers and the legislature to help us make the climate within the state more conducive to the practice of nurse midwifery. One suggestion to facilitate this would be the establishment of an educational program

Atch.
7

for nurse midwives within one of the schools of nursing at Wichita State University or the University of Kansas.

Most nurse midwife educational programs require a bachelor's degree for entrance and offer a master's degree at their completion. Following completion of this course, the nurse midwife is eligible to be examined and certified by the American College of Nurse Midwives. KSNA has grave concern about the lack of specific educational requirements for midwives in this bill. If you will examine this bill closely you will note that the requirements for licensure of lay midwives (lines 0086-0097) are not specific as to the type of educational program or apprenticeship which would be acceptable. Those granted a provisional license (line 0088) are not required to submit proof of any type of education or training. It appears that a person would not even need a high school diploma or its equivalent to qualify to take the licensing exam for midwifery. We believe that an injustice is being done to consumers if the state legitimizes a category of providers whose credentials are questionable. As mentioned previously, last year legislation providing for the practice of nurse midwives in Kansas was passed. KSNA would like to see nurse midwifery have an opportunity to become developed and utilized within the state before further consideration is given to the recognition of another class of provider with lesser qualifications.

One reason cited by the proponents for wanting to use midwives is the family centered care they provide. Nurse midwives use an approach which involves family members as well as the mother and baby. They are involved throughout the antepartum, intrapartum and postpartum periods providing education, counseling, monitoring and referral when indicated. In fact, nurse midwives have been instrumental in challenging some of the traditional childbirth practices and in bringing about changes.

One final point relates to the delegation of the registration process to the Dept. of Health & Environment. This disregards one step in the usual process by which new categories of health workers seeking recognition are credentialed. That is the mechanism established by the State Health Coordinating Council (SHCC). After making their review, SHCC recommends to another body, in this case Health & Environment, whether or not a new category should be recognized and credentialed. Another consideration related to the establishment of a new category of providers is the cost of setting up the regulatory council, the examination, and the whole licensing process itself.

In summary, KSNA asks you to oppose SB 634 for the following reasons: 1) the bill sets unclear standards for the registration and practice of lay midwifery which offers little protection for the public; 2) nurse midwifery will soon be a viable option for consumers; 3) use of the credentialing process established by SHCC is ignored.

#2 2.16.84

Statement of Kansas State Nurses Association by Jean DeDonder before the Senate Public Health and Welfare Committee. February 16, 1984.
RE: S.B. 634 Lay Midwives

Madame Chairperson, and Committee Members:

I am Jean DeDonder from Emporia and I speak as a member of K.S.N.A., the official professional organization for nurses. I have been an R.N. practicing in the field of obstetrics since 1976; I received my master of nursing degree in maternal health in 1979. Currently I work on a federal grant at a health department coordinating health care services for pregnant teens, teen mothers, and their infants.

I speak in strong opposition to S.B. 634 for the following reasons. First, I refer to line 0029 and 0030 of the bill. It defines "licensed midwife" as a person other than a physician, surgeon, or certified nurse-midwife. Those other three professionals are highly trained, specialized individuals. Yet this bill would allow a lay person to make medical diagnosis and act accordingly, for under this bill, the "licensed midwife" determines what constitutes normal vs. abnormal labor, a major decision which requires expertise that the "licensed midwife" probably does not have.

Second, this bill has the potential to misrepresent the qualifications of the certified nurse-midwife. Consumers are often confused by terms and titles already within the health care field. With this bill for "licensed midwives" more confusion will exist and the potential for misrepresentation is great.

Third, I refer to Section 9, part b. This bill states that the "licensed midwife" should not attend a childbirth unless transportation is available for the transfer of the mother or newborn infant to a medical facility. Who decides what distance is safe for transporting? Is 16 miles safe? Is 5? Who decides how many minutes it will be before permanent damage is done to the newborn or the mother? This bill will not provide for safe quality health care.

This bill will compromise the quality of health care as well as the safety. I urge you to oppose this bill and protect the rights of health care consumers in the state of Kansas and their unborn children.

Atch. 2

KSNA

the voice of Nursing in Kansas

Statement of Kansas State Nurses Association by Janice Noyes before the Senate Public Health and Welfare Committee. February 15, 1984.
Re: S.B.634 Lay Midwives.

Madame Chairperson, and Committee Members:

I am Jan Noyes from Emporia and I represent the Kansas State Nurses, the official professional organization for nurses.

K.S.N.A. speaks in strong opposition of SB634. I am and have been a registered nurse for twelve years. For the past seven years I have worked directly with obstetric patients and with women's health care in a private obstetrician's office. In September of 1982, I was certified as an obstetrical and gynecological nurse practitioner by the Nurses Association of the American College of Obstetricians and Gynecologists. I am also actively involved in women's health care at Lyon County Family Planning Clinic.

In considering what thoughts I wanted to convey in this statement, I found myself first looking at the nurses role in the child-bearing cycle.

Giving nursing care to expectant families includes not only considering the physical needs of the mother and fetus, but also envelopes the psycho-social needs of the mother, father and siblings. Therefore, nurses involved in the care of obstetrical patients must be knowledgable of current methods of treatment and care. The nurse also assumes the role of teacher, counselor, informer about options available and risks possible, monitor of the physical care and a recognizer of the signs of early trouble in pregnancy.

The nurse must use all her knowledge of all body systems and functions to give the highest quality, safest care to both mother and fetus.

K.S.N.A. opposes the licensure and recognition of lay midwives as proposed in SB634. We feel the passage of this bill would be a definite digression away from safe, quality care for expectant mothers and fetuses.

In my own experience, I have many times seen what looks to be a normal pregnancy very suddenly become a high risk situation endangering both mother and fetus. The signs of impending trouble are often so subtle as to be unrecognizable or so sudden as to be disastrous. These situations (toxemia, eclampsia, sudden bleeding, premature labor) required immediate medical intervention to sustain the mother and baby.

The same is true of normal deliveries- the mother who will not stop bleeding after delivery and requires multiple transfusions of blood components, the woman in labor who suddenly becomes dangerously hypertensive or convulses, the newborn who becomes distressed unexplainably during labor and delivery- all these situations again require professional judgement and action for a safe outcome.

Although K.S.N.A. is aware that consumers are looking for alternative methods of birthing, we feel that licensing of lay midwives is not a safe alternative. Quality and safe care is the right of every expectant family and we believe this available only through professionally educated persons with a broad background of knowledge in the health care sciences.



February 15, 1984

Statement of Kansas State Nurses' Association by
Rose Mary Russell, R.N., M.N.
before the Senate Public Health and Welfare Committee

Subject: Opposition to SB634 - Lay Midwives

While aware of the desire of consumers for a birthing alternative, we believe nurse midwifery to be a safer option. The established need, role, and preparation of the nurse midwife supports and encourages optimum health care for those seeking this alternate birth delivery. The question that presents is if the consumer is receiving optimum care from a lay-midwife?

In 1980, the U.S. maternal mortality rate was 6.9/100,000 live births and infant mortality rate 8.4/1,000 live births for infants under 28 days of age. While most pregnancies and deliveries conclude with a successful outcome there are intrapartal circumstances that may alter this outcome. These circumstances may demonstrate an abrupt or insidious onset that necessitates immediate and accurate assessment and intervention. These interventions may be the administration of oxygen or suctioning. For example, during labor compression of the umbilical cord can create periods of fetal hypoxia which may necessitate aggressive infant intervention during and after delivery. The knowledge and understanding of the principles for various interventions aids in a successful outcome. Unless appropriate intervention is implemented short or long term sequela may follow. This could be delayed cognitive and motor development. The infant who survives all hazards and is born alive, should have every chance of surviving to healthy maturity. I believe this chance is optimized with those capable of assessing and intervening based on educational knowledge and expertise.

We would like to see the nurse midwife role become well established in Kansas (once the ARNP regs go into effect on a temporary basis this spring)

Atch. 4

before assessing consumer's desires or needs for other services. There is also concern about granting a provisional license to lay midwives without requiring them to meet any educational requirements. Is this advocating consumer right to optimum health care?

Honorable Chairman and Members of the Committee:

Since I could not appear in person I appreciate being heard via this written testimony.

I have appeared before this committee many times before in support of the Advanced Registered Nurse Practitioner bill, which encompassed the practice of certified nurse-midwives. Now I am presenting testimony in opposition to legislation which would license lay midwives. I would like to clarify this apparent contradiction. I believe individuals have the right to choose their health care provider including child-birth attendant and should have the opportunity to choose the place of birth. I also believe that when an individual states he/she is licensed in a specific profession, there is the implication that this individual has completed a formal education program which was approved and directed by experts in that field. It further implies that this individual has passed an examination prepared by experts in the field and properly validated according to educational standards. In an area of clinical practice supervised clinical practice is also implied by licensure. Thus the public can be assured that a licensed person has had proper preparation for the service he is providing and by clinical and written examination has demonstrated appropriate skills and knowledge base.

This bill does not give the public this assurance. There is not a specified course of study, no specific clinical supervision, and no assurance that the exam will be written by those with the skills and expertise in midwifery and education so the exam will be properly validated. The public will have no assurance that any one licensed under this legislation has the necessary knowledge and skills to care for a woman in childbirth. The individual so engaged may be a very safe and competent, but meeting the criteria in this legislation does not insure that.

Atch. 5 Penny -

As I said before I believe individuals, poorer or affluent have a right to choices in health care. If they choose an unlicensed childbirth attendant, then they are taking the responsibility to explore this individuals knowledge and skills as best they can, knowing they may be assuming a risk. But if the state licenses these individuals they are falsely assuring the public of the individuals abilities.

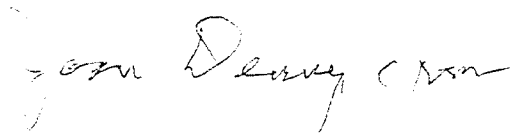
I find it very ironic that this state still has not fully recognized certified nurse-midwives who have formal education beyond their nursing education, which includes carefully supervised clinical practice and who must pass a nationally certified examination, yet is considering a bill which sets no specific standards or education for individual without even a nursing background.

Some say this bill would allow more choices to the poor. But there are other avenues, such as expanding the choices of care medicaid will cover. Now it is limited to hospital births only, even though there are other choices with competent medical care.

Though in some areas lay midwives serve a great need and some do so with great skill and appropriate medical backup, this bill would not enforce this high standard. For these reasons I am opposed to this bill.

Thank you for your time and attention.

Sincerely,


Joan Denny, MD

46- 2-16-84



KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Jan Meyers, Chairperson, and Members of the
Senate Public Health and Welfare Committee

FROM: Lois Rich Scibetta, Ph.D., ^{R.N.}
Executive Administrator

DATE: February 14, 1984

RE: Senate Bill 634

Thank you Madam Chairman. I appreciate the opportunity to comment on Senate Bill 634. This Bill has been introduced for the last three sessions, and has been consistently opposed by the Board of Nursing. The Board is opposed to the licensure of lay mid-wives.

The Board believes that lay mid-wives have made important contributions in the country, however it cannot recommend the licensure of this group. With the rural nature of the state of Kansas, the possible complications which might occur during delivery require physician back-up assistance, to offer the mother and child the best possible care. Hospital facilities must be available. Lay mid-wives would not have access to the hospital.

The Board of Nursing hopes to provide certification for qualified nurse mid-wives who apply as Advanced Registered Nurse Practitioners this Spring. These mid-wives would function under established medical protocols in cooperation with physicians.

Thank you for this opportunity to speak on behalf of the Board. I will be happy to answer any questions which you may have. Thank you.

Atch. 6

#7-2-16-84

When my doctor found a lump in my breast, and it was confirmed by mammogram, he told me there was a more than 50% chance it was malignant. He recommended we make an appointment for a biopsy. He explained that if it was malignant I should have a mastectomy. When I asked why a mastectomy, he said, "To save your life."

I had heard, with horror, the stories of women who went for a biopsy and woke to find a breast removed, and the thought was a nightmare to me. I told him I could not accept that and he suggested I take some time to think about it, as it was slow growing and a month wouldn't make that much difference.

I had seen articles in magazines and newspapers about alternatives to mastectomy but had not read them as I couldn't believe it would ever happen to me. Now I had to find out more about it, and I didn't know where to start. I couldn't see how calling lists of doctors would help as I was afraid they would tell me the same thing. I had just been married and was surrounded by love and understanding, but it was one of the loneliest times I have ever experienced, because it had to be my decision and I didn't know which way to go.

Fortunately I happened to see an article in the January 1981 Consumer Reports magazine entitled "Breast cancer: The Retreat from Radical Surgery" which is the best thing I have yet read in brief form about the subject. But it didn't tell me who to see. Finally I called the American Cancer Society in Kansas and the woman I spoke to suggested the KU Medical Center. There I found intelligent, caring and factual answers to my question and had lumpectomy, radiation treatment, and the iridium implant.

I was fortunate in several ways. My doctor didn't pressure me to make an immediate decision. I was able to find some information in accessible publications. There was an agency I could reach where I could talk about my problem without feeling coerced. But all this time, and terrible mental stress would not have been necessary if my doctor could have given this information to me immediately and let me make my decision at once. Fortunately my delaying caused no problem, but it could have if I had waited too long.

Atch. 7

I feel it is extremely important that this information be made available to all women who might be so frightened they would delay too long in making a decision, or perhaps do nothing, and lose everything.

In 1978, I had chronic digestive system problems. After doctoring for several months, I entered the hospital in January, 1979 for tests and was given a clean bill of health. On January 18, I was dismissed from the hospital. On January 22 as I went to bed, I discovered lumps in my right breast. I saw a doctor in ~~the~~ afternoon of January 23, was advised to go straight into the hospital and had surgery the following morning. I was not given any choices or time for a second opinion. When I woke up from the anesthesia, I asked if I had had a mastectomy. The answer was "We got it all". It took a day or two to find out the Truth, a modified radical mastectomy.

In the hospital situation, life was okay, no one noticed by lack of a breast, but then I went home and out into the world. You cannot wear a prosthesis immediately, and, well, it was terribly difficult just going to the mailbox, feeling like a 'freak'. I had a very difficult time finding any support group in which I could talk about my feelings. Sure, there is Reach to Recovery, where you get one hospital visit, from there you are on your own. I finally found the 'Encore' group at the YWCA. I was a group of 'one'.

In time I had a second mastectomy and re-construction. Only after I became a student in Radiation Therapy did I find out about the Alternate Choice. What a relief! Now I know that my sisters, daughters, and friends do not necessarily have to go through the "HELL" with no choice that I did. I know every case cannot be cured by lumpectomy, but it is a beginning. I urge you to allow women to have the opportunity of knowing about the alternate choice, by requiring that Doctor's inform their patients of new procedures that have been proven effective, and been in use for years in many hospitals in Kansas.

Please don't force women to go through the agony and physical and mental strain that I did. Many of us loose our husbands in the ordeal,

too, when they cannot stand the sight of our mutilated bodies, give the men a fair chance too.

It is acceptable to be seen in public with an arm or leg missing, but how many women have you seen in public places with a breast obviously missing. Give us the chance to make a decision we have to live with.

Wendell Phillips

#9- 2-16-84



THE UNIVERSITY OF KANSAS

Department of Internal Medicine
Clinical Oncology
College of Health Sciences and Hospital
39th and Rainbow Blvd., Kansas City, Kansas 66103
(913) 588-6029
February 13, 1984

Senators Rehorn and Burke
State House
Topeka, Kansas

Dear Senators:

As a medical oncologist, I have an opportunity to see patients seeking a second opinion even for the primary management of breast cancer. Although the majority of my practice is in the management of later stages of breast cancer, I do work closely with the surgeons and radiotherapists at the University of Kansas who are in a position to provide alternative forms of primary treatment for this disease.

I am in support of your proposed Senate Bill #598. In essence, this bill would serve to mandate that a surgeon seeing a patient at least outline alternative managements to include surgical removal of the cancer alone without total mastectomy, associated with appropriate and skilled radiotherapy treatment. At this time, our own primary radiotherapy treatment at the University of Kansas is about as busy as it can be, and part of the problem that may come from such an enactment is the relative rarity of properly trained radiotherapists. This is a skill that has to be taught specifically and is not uniformly applied by everyone in this state who is currently administering radiotherapy. It should be understood by the proponents of this bill that availability of this very sophisticated skill will not be uniformly available throughout the state. Despite this limitation, I think the bill is reasonable in that at least it requires a surgeon to present this possibility of going to a center where this technique is well developed.

If I can help in any other way, don't hesitate to contact me.

Sincerely yours,

Ronald L. Stephens, M.D.
Professor of Medicine
Director, Division of Clinical Oncology

RLS/sjv

Rec'd. 9

February 16, 1984

To the Honorable of the Legislature.

In 1961, I was diagnosed as having cancer. I was fortunate enough to have doctors who were aware of treatment by chemotherapy - at that time a totally experimental form of treatment - and who guided me to the National Cancer Institute.

In 1981, I was diagnosed as having breast cancer. Because of my previous experience, I was informed enough to research all treatments for breast cancer before I agreed to any treatment for myself.

I chose to have a biopsy, followed by radiation therapy and a partial mastectomy.

I am convinced that the surgeon who performed my biopsy would have performed a mastectomy at the time if I had not refused this procedure in advance.

The purpose of my story, which has been very condensed, is to very strongly urge you to vote in favor of the Informed Consent Law.

I was aware (knowledgable) and did my own research. There are too many patients who are unaware of alternative methods of treatment for breast cancer and you, as legislators owe these people the right to be informed of all forms of treatment that are available to them.

Mrs. Beverly Mallin
7921 Dearborn Circle
Prairie Village, Kansas
66208

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

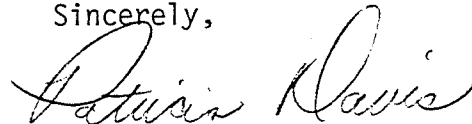
Senator Rehorn:

Recently, I underwent breast cancer surgery and radiation treatment; and am still on chemotherapy. I was very fortunate in choosing a surgeon who told me about all the different methods of treatment available to me.

However, not all women are or have been lucky enough to have been so informed.

I firmly believe every woman should be informed of all alternatives and methods of treatment relating to breast cancer.

Sincerely,

A handwritten signature in cursive script that reads "Patricia A. Davis". The signature is written in dark ink and is positioned above the typed name and address.

Patricia A. Davis
9940 Goddard
Overland Park, KS 66214

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

Senator Rehorn:

I am in favor of the above bill being passed, and firmly believe that every woman should be told of all methods of surgery and/or treatment relating to breast cancer.

Sincerely,

Elizabeth L. Schreiner
12505 W. 108th TERR.
OVERLAND PARK, KS. 66210

I absolutely believe women must be fully informed of all options prior to deciding their course of treatment for Breast Cancer,

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

Senator Rehorn:

I am in favor of the above bill being passed, and firmly believe that every woman should be told of all methods of surgery and/or treatment relating to breast cancer.

Sincerely,

James J. Rehorn
65 Q 26th
K.C., Ks 64602

I WOULD LIKE TO WORK WITH YOU AT
KANSAS CITY HALL [CITY PLANNING DEPT]. I
STRONGLY APPRECIATE YOUR EFFORTS IN THIS
MATTER.

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

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Sincerely,

Mary K. Hill
2111 Michigan St.
Glendale, Ks 66602

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

Senator Rehorn:

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Sincerely,

Beverly Condit
12874 W 161
Overland Park Mo 66210

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

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Sincerely,

Frank Johnson
SPRING HILL, KS

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

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Sincerely,

Ann Murphy
13708 Stillwell Rd
Beane Springs, Ka 66012

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

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Sincerely,

Caughnicle Kusman
9916 Knox Drive
Overland Park, KS
66212

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

Senator Rehorn:

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Sincerely,

Elizabeth Meyer
9317 Gillette
Geneva, Mo 66205

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

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Sincerely,

Reta Hendrix
9201 Mastin
Overland Park, Ks
66212

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

Senator Rehorn:

I am in favor of the above bill being passed, and firmly believe that every woman should be told of all methods of surgery and/or treatment relating to breast cancer.

Sincerely,

Wm L. Sargent
8217 W. 1st St
Overland Park, Mo
66212

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

Senator Rehorn:

I am in favor of the above bill being passed, and firmly believe that every woman should be told of all methods of surgery and/or treatment relating to breast cancer.

Sincerely,

Patricia Spindberg
2411 N. 39th St.
Topeka, KS 66606

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

Senator Rehorn:

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Sincerely,

Laurel Gray
6569 W. 49th St.
Mission, KS 66202

February 15, 1984

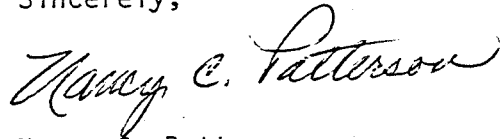
Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

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I am in favor of the above bill being passed, and firmly believe that every woman should be told of all methods of surgery and/or treatment relating to breast cancer.

Sincerely,

A handwritten signature in cursive script that reads "Nancy C. Patterson".

Nancy C. Patterson
12117 W. 76th. St. #305
Lenexa, KS 66216

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

Senator Rehorn:

I am in favor of the above bill being passed, and firmly believe that every woman should be told of all methods of surgery and/or treatment relating to breast cancer.

Sincerely,

Linda Henderson
12310 W 68
Shawnee KS 66216

February 15, 1984

Senator Rehorn
State Senate Building
Topeka, Kansas

RE: SENATE BILL NO. 598

Senator Rehorn:

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Sincerely,



2-15-84

Senator Rehorn

#10
2-16-84

By Lisa Massoth
A Member of the Staff

When Patricia Teter found a lump in her breast last May, she was sure it was cancer. She was just as sure that she did not want to have her breast surgically removed. When a physician told Mrs. Teter she had no other choice, she cried all the way home.

After pulling herself together, Mrs. Teter, 41, decided not to accept that treatment and began a search for alternatives. She found one and avoided a mastectomy and the emotional anguish that often accompanies major surgery.

Since then, Mrs. Teter, who lives in Callao, a town of about 400 in northeast Missouri, has campaigned to require physicians to inform their breast cancer patients of all treatment options.

Her efforts have paid off. Today members of the Missouri State Medical Association and the Missouri chapter of the American Cancer Society are meeting in Jefferson City to plan a voluntary statewide educational campaign to inform women who have breast cancer of their options.

Mrs. Teter is not advocating her method of treatment for everyone; she simply wants women to be able to make an informed choice. She had a lumpectomy (removal of the lump), followed by a series of radiation treatments and placement of a radioactive implant in the breast continuously for almost 40 hours. Many physicians consider this treatment experimental.

Mrs. Teter found the lump by accident when she got into bed on a spring night eight months ago. She lay on her back, and her husband, Tommy, a 41-year-old farmer with a boyish grin, draped his arm across her chest. She flinched, surprised by a sore spot in her left breast. She felt the spot and discovered the lump.

"I think I knew right then what it was," Mrs. Teter said.

Three days later her family physician examined her and said he thought the lump was a harmless cyst that would go away. Ten days later he discovered that the lump was a hard mass, possibly malignant, and would have to be removed.

After she found the lump, Mrs. Teter, a librarian at Northeast Missouri State University in Kirksville, checked out a book called *The Breast*, by Dr. Oliver Cope, a Boston surgeon. Dr. Cope wrote



Patricia Teter and her husband, Tommy, of Callao, Mo., discuss the steps that Mrs. Teter took last year to find an alternative to the traditional mastectomy performed for breast cancer.

that radiation therapy was as effective as a mastectomy in treating some breast cancers.

Although radiotherapy as a treatment for breast cancer has been around for decades, mastectomy became the more accepted treatment because it was available first and because the rate of recurring cancers was much lower, said Dr. Ronald Stephens, division director for clinical oncology at the University of Kansas Medical Center.

For years the Halsted radical mastectomy was the norm. This procedure removed the breast, the axillary (armpit) muscles and the major chest muscles.

Currently the standard treatments for breast cancer are the modified radical

mastectomy — which removes the breast, axillary lymph nodes and sometimes a small chest muscle — and the total mastectomy with axillary dissection, which removes the breast and some or all of the axillary lymph nodes.

Newer procedures in the treatment of breast cancer include drug therapy and a quadrantectomy, which consists of removal of the quarter of the breast containing the tumor, the axillary lymph nodes and some chest muscle.

Judging from the size of the tumor and whether the cancer has spread, a physician chooses the method that removes the malignant tissue and that offers the least chance of recurrence.

When Mrs. Teter entered a hospital in

Brookfield, Mo., to have the lump removed, she balked at signing the authorization papers, which said she would have a lumpectomy, a test to see whether the lump was malignant and a possible mastectomy.

"I wouldn't have known when I woke up whether I'd lost my breast or not," she said. "I think that's horrendous."

An attendant retyped the papers, leaving off the part about a mastectomy. When Mrs. Teter awoke after surgery, her husband told her that the lump, which was a little more than one-half inch in diameter, was malignant.

"It was probably the hardest thing I've ever done," she said. See WOMAN, Page D-5, C-1.

Arch. 10

Woman spurs bid for breast cancer education program

Continued from Page B-3

"I've done," Mr. Teter said.

At the urging of her doctor, Mrs. Teter went to a physician in Columbia, Mo., for treatment.

"I don't know if he was tired or had had a bad day or what," Mrs. Teter said. "He was very brusque with me."

The Columbia doctor told her that the only safe thing to do was perform a mastectomy. Period. She asked about the radiation therapy Dr. Cope advocated, but the physician said that no one in Missouri could offer that treatment and that it would leave the breast shriveled and deformed.

"I was just devastated," Mrs. Teter said.

When she got home that night Mrs. Teter, on an impulse, called Dr. Cope at his home in Boston. He said that she was probably a good candidate for radiotherapy and referred her to a physician in Manhattan, Kan., Dr. George S. Dascom.

Dr. Dascom said her cancer had not spread, and he referred Mrs. Teter to a radiotherapist at St. Francis

Hospital and Medical Center in Topeka. In June, Mrs. Teter started six weeks of daily, 15 minute radiation treatments, and in August she had the interstitial implants — radioactive tubes inserted into the breast for 32 hours — as a final precautionary measure to wipe out any sign of cancer.

"You don't feel anything," Mrs. Teter said. The only aftereffect she experienced was a little redness around the treated area.

Since she had the radiotherapy, Mrs. Teter has discovered how interested women are in breast cancer treatments.

"A lot of women, after I had this done, would come up to me and very quietly ask me about my treatment," she said. "I don't want women with a golf ball size tumor to think they can get by without surgery and getting a breast removed, because they can't. But for a few lumps, it's great."

Mrs. Teter said her cancer is completely gone, at least for now, but she will probably have to have regular checkups for the rest of her life.

Because of her experience with the Columbia physician and because other women are curious but don't know

where to get information, Mrs. Teter decided to call her state senator, David Doctorian, a Macon Republican, to ask about introducing legislation.

"I think you should have your alternatives presented to you, and then you decide what you want to do," she said.

At least two states, California and Wisconsin, already have laws requiring physicians to inform patients about treatment options. The California law deals specifically with breast cancer; the Wisconsin law is broader.

Mr. Doctorian, who serves on the committee for public health, mental health, developmental disabilities, welfare, Medicaid and consumer protection, spoke with someone from the Missouri State Medical Association. The result is the meeting today between the executive staff of the Missouri chapter of the American Cancer Society and the medical association to plan an educational program for breast cancer patients.

"I would hope that between us we could start developing a brochure explaining the various alternatives and make it available in doctors' offices, county health offices and at re-

quest," said C.C. Swarcus, the assistant executive secretary of the medical association.

Mr. Swarcus said the two groups would not ask for legislation until they tried the voluntary program.

Mrs. Teter is not bitter about her experience. But she is pushing for the educational program because she wants women with breast cancer to know that they may have options to a mastectomy.

"I need to do something to help other people," she said. "It's my duty."

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0083 tion shall not be used in any other administrative or judicial
0084 proceeding.

0085 (l) Had a license to practice the healing arts revoked, sus-
0086 pended, or limited or had other disciplinary action taken, or an
0087 application for a license denied, by the proper licensing author-
0088 ity of another state, territory, District of Columbia, or other
0089 country.

0090 (m) Violated any lawful rule or regulation promulgated by
0091 the board or violated any lawful order or directive of the board
0092 previously entered by the board.

0093 (n) Failure to report or reveal the knowledge required to be
0094 reported or revealed under K.S.A. 1983 Supp. 65-28,122.

0095 (o) *Failure to inform a patient suffering from any form of*
0096 *breast cancer of all alternative, effective methods of treatment*
0097 *of which the licensee is knowledgeable, including surgical, ra-*
0098 *diological or chemotherapeutic treatments or combinations of*
0099 *treatments and the risks associated with each of these methods.*

0100 Sec. 2. K.S.A. 1983 Supp. 65-2836 is hereby repealed.

0101 Sec. 3. This act shall take effect and be in force from and
0102 after its publication in the statute book.

The board shall develop and distribute to persons licensed to practice medicine and surgery, a standardized summary of the alternative and efficacious methods of treatment, which when given to the patient shall constitute compliance with the requirements of this section.

February 16, 1984

I am Barbara Reinert, lobbyist for the Kansas Women's Political Caucus; speaking on Senate Bills 598 and 623.

Time was, when physicians had so much more education than the rest of us, that we grew accustomed to accepting their care and their decisions virtually without question.

While we always suspected that they wrote out prescriptions in a universally undecipherable handwriting in latin, so that we couldn't figure out what potions we were getting; we trusted them.

And, we still do trust them.

However, thanks to our educational levels, our curiosity, and the media explosion, we have access to all sorts of information as the broadening range of medical and surgical procedures. We can read about different treatments for breast cancer in everything from "Woman's Day" to "MS Magazine" to "The New England Journal of Medicine."

If we seem to be challenging the medical profession with our bits and pieces of information, perhaps we are. But we are not questioning the skill, the art, the science in the practice of medicine and surgery; we are challenging the doctors to show more trust in us and in our capacities to sort through the range of options for treatment and share fully in decisions which seriously affect the lives of our friends; our sisters; our daughters; us.

We support the concept and the spirit behind these two bills. Perhaps, by adopting the substitute language offered of the Kansas Medical Society, we can send a strong message to the profession that serves us all.

Thank you

Atch. 12