

Approved

Date

3-31-1987
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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin L. Littlejohn at
Chairperson

1:30 /a.m./p.m. on March 25, 1987 in room 423-S of the Capitol.

All members were present except:

Representative O'Neal, excused

Committee staff present:

Bill Wolff, Research

Norman Furse, Revisor

Sue Hill, Committee Secretary

Conferees appearing before the committee:

Dr. Roger Carlson, Department of Health and Environment

Lois Scibetta, R.N. Ph.D., Executive Administrator, Ks. Board of Nursing

Aileen Whitfill, Department of Social Rehabilitation Services

Dr. Pat Schloesser, Department of Health and Environment/Acting Director of Div. of Health

Lila Paslay, Association of Retired Citizens of Kansas (ARC)

Kathy Johnson, interested parent

Yo Bestgen, Kansas Association of Rehabilitation Facilities (printed text only)

Marla Mack/ Chairperson for Coordinating Council on Early Childhood Developmental Services

Ann Allsbury, Department of Health and Environment

Jerry Slaughter, Kansas Medical Society

Ray Petty, Legislative Liaison/Advisory Committee on Employment of Handicapped

Dennis M. Cooley, M.D. (printed text only)

Chairman called meeting to order and announced final action on SB 64 would continue.

SB 64.

Meeting on March 23rd, 1987 was adjourned before final action was completed on SB 64.

Chair asked members to note a substitute motion had been made by Rep. Shallenburger, seconded by Rep. Amos to amend on line 045 after the word "children", add language, "of child abuse, neglect, and domestic violence". There was discussion in regard to amendment. Vote taken motion failed on voice vote.

Back to original motion to pass SB 64 favorably out of committee. Motion had been made March 23rd by Rep. Hassler, seconded by Rep. Buehler. Vote taken, motion carried.

Chairman asked members to note the revised agenda, and it appears necessary to call a committee meeting on adjournment of House on Friday in order that committee can work still more Senate Bills. Agenda has been delivered to offices of members.

Chairman called attention to SB 271. Hearings began.

Dr. Roger Carlson, Department of Health and Environment gave hand-out, (see Attachment No.1), for details. In 1981 requirement for premarital syphilis serology testing was abolished, and KSA 65-153f was amended to require prenatal syphilis testing be performed by laboratories approved by H.&E. Although recently there is concern regarding AIDS and associated virus, prenatal syphilis is the only test required by Kansas law. There is a need for continued approval of laboratories performing serological tests for syphilis. Congenital syphilis is a preventable disease if prenatal testing, treatment and surveillance programs are successfully carried out. A list of approved labs where surveillance activities can rely on for accurate lab data is essential. Additionally, standard lab methods are required as a part of the approval of laboratories. Current statutes requiring approval of persons performing serological tests are inconsistent with generally accepted laboratory management. If the proposed statutory changes are

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND ENVIRONMENT,
room 423-S, Statehouse, at 1:30 a.m./p.m. on March 25, 1987

Hearings continue on SB 271:

approved, we would like to recommend subsequent regulation changes which require serology laboratories to participate in an approved commercial proficiency program. This approach would insure the ability to monitor laboratory performance without the need to provide a redundant state proficiency program. This change would transfer some economic burden from the state health laboratory to the approved labs. The proposed changes would result in a more efficient lab approval program to insure the validity of serological tests required by law.

Hearings closed on SB 271.

Hearings began on SB 300:

Dr. Lois Scibetta, Executive Administrator, Ks. State Board of Nursing, (see Attachment No.2), for details of packet containing testimony and Annual Report. SB 300 relates to Mental Health Technicians and if adopted would give the Board of Nursing authority to adopt rules and regulations in order to administer Licensed Mental Health Technicians Act, new section (2) (C), lines 0044-0046. SB 300 would also permit the Board to define unprofessional conduct by rule and regulation. New Sec. (5), lines 0060-0061. These changes are essential and will allow the Board to carry out the intent of the Act. She recommended favorable passage, and answered questions, i.e., this request came about before the problems at Winfield Ks.; yes, we are in the process of investigating 2 or 3 situations at that facility. There was discussion on "in-competence", and "unprofessional conduct".

Hearings closed on SB 300.

Hearings began on SB 301:

Aileen Whitfill, Department of SRS gave hand-out, (see Attachment No.3), for details. SB 301 was developed in response to concerns of Coordinating Council on Early Childhood Developmental Services, which includes SRS. Data was lacking on the numbers and types of services needed for young handicapped infants and preschool children. SB 301 will provide H&E with ability to collect unduplicated aggregate data on handicapped and chronically ill children. This information can be used for planning purposes. This information is needed to target dollars to the development of appropriate services. SRS also supports this measure as a preventive approach. She asked for support of SB 301.

Dr. Pat Schloesser, Acting Director of Div. of Health, gave hand-outs, (see Attachments 4-A,4-B), for details. She called attention to (4-B) that details who is eligible for, and what services are being made available. Coordinators names and phone numbers appear thereon. She stated dr. Walker, Secretary of H&E participated in work on changes proposed in SB 301. If approved, this bill will provide for reporting of information to be used for planning, research, and service development by requiring physicians to identify children with handicaps. However, unless parental consent is obtained, no information can be collected.

Ann Allsbury, Department of H&E answered questions along with Dr. Schloesser, i.e., fiscal note is only \$1500 for printing and mailing forms. Discussion ensued in regard to encouraging physicians to do reporting, but only with parental consent.

Lila Paslay, Chairperson for Retarded Citizens, is pleased that SB 301 contains the provision which allows physicians to report diagnosis of children with handicaps to Secy. of H&E, with permission of parent/guardian. This will also provide protection of rights of family and result in discussion between physician and parent/guardian she said. Data collection will help greatly in planning programs. (see Attachment No.5).

Kathy Johnson, parent of daughter with Cerebral Palsy spoke of the early care and education benefits to her daughter and of their gratitude. Early care and early therapy are vital. These services help children progress more rapidly. SB 301 will provide necessary information so that all children born with a disability can receive these services. Adequate safeguards to confidentiality for those concerned are adequately provided.

(Attachment No. 6)

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 /4:44/p.m. on March 25, 1987

Hearings continued on SB 301:

Mrs. Johnson answered questions, i.e., yes, the physician is a good source for helping to locate available services; yes, available services are less obtainable, and often parents and children must drive many miles for care and therapy; yes, collecting data is good first step in trying to help families with children with handicaps.

Yo Bestgen, Kansas Association for Rehabilitation Facilities was unable to present her testimony in person, see (Attachment No. 7), for details of printed testimony.

Marla Mack, Chairperson for Coordinating Council on Early Childhood Developmental Services gave hand-out, (see Attachment No.8), for details. As a parent of a child who received early intervention services, I know first hand the difference it can make in the level of skills a youngster can attain. She has an 11 year old son with Downs Syndrome. Task Force findings indicate early identification of children with handicaps is inadequate, thus causing too many needless delays in services and treatment. This is also causing much anguish for families. If SB 301 is passed, physicians, (with parental consent) will be required to report children with handicaps and adequate planning and services can be made. She emphasized parental rights are extremely important, and SB 301 provides adequate protection for those who choose not to provide this information to the state. She urged for support. She answered questions; perhaps there could be language in the bill to say that if a parent does desire information they could inform the physician, then they could be contacted; yes, I feel this legislation will serve as a tool to educate physicians about the need for early care and services.

Ann Allsbury and Dr. Schloesser again answered questions.

Jerry Slaughter, Kansas Medcial Society spoke to SB 301, saying if SB 301 passes, there will be 16 separate laws of reporting that physicians must comply to. Many pediatricians are now reporting. Literature for physicians to have available for parents would help. He answered questions, i.e., yes there are gray areas, and what "conditions" do you want reported perhaps needs to be made more clear; yes, SB 301 is better legislation than was before the committee last year in regard to this situation; survey results may be less than ideal as a means of reporting.

Ray Petty, Legislative Liaison, Ks. Advisory Committee on Employment of Handicapped, gave hand-out, see (Attachment No.9) for details. He support SB 301, and states the bill will enable the department of H&E to develop a database on disabled children under the age of 6 years. This database will be an invaluable tool in planning services to meet needs of these children. It has been recognized the importance of transitional planning for public education is vital. This program will be inexpensive, so benefits will outstrip costs almost immediately.

Hearings closed on SB 301.

Chair drew attention to bill action.

Rep. Buehler moved to pass SB 271 out of committee favorably, seconded by Rep. Harder, no discussion, vote taken, motion carried.

Rep. Neufeld moved to pass SB 300 favorably out of committee and have it placed on Consent calendar, seconded by Rep. Blumenthal, no discussion, motion carried.

Rep. Pottorff moved to pass SB 301 favorably out of committee, seconded by Rep. Amos, no discussion, motion carried.

Meeting adjourned.

Additional testimony presented to the Committee in written form from Dennis M. Cooley, M.D., Topeka, Kansas. (Attachment No. 10)

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on SB 271.

Presented to House Committee on Public Health and Welfare

on March 25, 1987.

This is the official position taken by the Kansas Department of Health and Environment on SB 271.

The current syphilis serology approval program was established in 1975 to implement KSA 65-1, 107(a)(b). At that time there were requirements for both premarital (KSA 23-301) and prenatal syphilis serology testing (KSA 65-153f). In 1981 the requirement for premarital syphilis serology testing was abolished and KSA 65-153f was amended to require that prenatal syphilis serology tests be performed by the state health laboratory or a laboratory approved by the department of health and environment. Although there have been some recent discussions about the AIDS associated virus, prenatal syphilis serology testing is the only test presently required by Kansas law.

There is a need for continued approval of laboratories performing serological tests for syphilis. Congenital syphilis is a preventable disease if prenatal testing, treatment and surveillance programs are successfully carried out. A list of approved laboratories upon which surveillance activities can rely on for accurate laboratory data is an essential link. Additionally, standard laboratory methods are required as a part of the approval of laboratories.

The current statute requiring the approval of persons performing serological tests is inconsistent with generally accepted laboratory management. There are no requirements under Medicare approval or CLIA (Clinical Laboratory Improvement Act of 1967) licensure for approving persons for specific tests.

*pph/w
Attm #1
3-25-87*

Laboratories currently burdened by many regulations need not have the additional burden of requiring approval of specific personnel for syphilis serology testing. This will allow laboratories greater flexibility in their personnel assignments without jeopardizing their "full approval" status as a laboratory.

The current approval of serologic technicians is based upon satisfactory performance in evaluating unknown proficiency specimens provided by the Department of Health and Environment. If the proposed statutory changes are approved, we would recommend subsequent regulation changes which would require serology laboratories to participate in an approved commercial proficiency program. This approach would insure the ability to monitor laboratory performance without the need to provide a redundant state proficiency program. This change would transfer some economic burden from the state health laboratory to the approved laboratories.

Currently there are 89 laboratories approved for one or more test methods. There are 258 persons currently approved for the various methods of serological testing for syphilis. Of the 89 laboratories presently approved, 11 are currently enrolled in an approved commercial proficiency program for syphilis serology. The cost of the approved commercial proficiency programs vary from \$166/year to \$252/year.

In summary, the proposed statutory changes would result in a more efficient laboratory approval program to insure the validity of serological tests required by law.

The Department of Health and Environment strongly supports SB 271.



KANSAS STATE BOARD OF NURSING

900 SW Jackson, Suite 551-S
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Marvin Littlejohn, Chairman and
Members of the House Public Health & Welfare Committee

FROM: Dr. Lois Rich Scibetta
Executive Administrator

DATE: March 25, 1987

RE: Senate Bill 300

Thank you Mr. Chairman, and Members of the Committee for this opportunity to comment on Senate Bill 300.

Senate Bill 300 relates to the Mental Health Technicians and it gives the Board the authority to adopt rules and regulations in order to administer the Licensed Mental Health Technicians Act. (New Section (2)(C) lines 0044-0046.)

In addition, the Bill will permit the Board to define unprofessional conduct by rule and regulation. (New Section (5), lines 0060-0061.) These changes are essential and will allow the Board of Nursing to carry out the intent of the Act.

The Board of Nursing recommends that SB 300 be reported out favorably for passage.

Thank you for your consideration. I will be happy to respond to questions.

LRS:vmd

P.H.W.
Attn. #2
3-25-87



STATE OF KANSAS

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

ROBERT C. HARDER, SECRETARY

STATE OFFICE BUILDING
TOPEKA, KANSAS 66612-1570

Kansas Department of Social & Rehabilitation Services
Robert C. Harder, Secretary
Testimony
Senate Bill 301
House Public Health and Welfare
March 25, 1987

Mr. Chairman and members of the Committee, thank you for allowing me to outline the Kansas Department of Social and Rehabilitation Services support of S.B. 301. This bill was developed in response to the concern of the Coordinating Council on Early Childhood Developmental Services -- which includes SRS -- that data were lacking on the numbers and types of services needed for young handicapped infants and preschool children. Senate Bill 301 will provide Health and Environment with the ability to collect unduplicated aggregate data on handicapped and chronically ill children. This information can be used for planning purposes and is needed to target limited dollars to the development of appropriate services for these young children in Kansas.

SRS also supports this measure as a preventive approach. Studies have shown that early intervention can reduce the need for lengthy and costly services at a later time.

I will be glad to answer any questions regarding SRS support of this measure.

By: Aileen C. Whitfill
Executive Assistant for
Policy and Program Development

PAW
Attn #3
3-25-87

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON Senate Bill 301

PRESENTED TO: House Public Health and Welfare Committee
March 25, 1987

This is the official position taken by the Kansas Department of Health and Environment on Senate Bill 301.

BACKGROUND INFORMATION:

In June, 1983 Governor Carlin formed a task force on preschool children with handicaps. The thirteen appointees received testimony from citizens and service providers across the state and conducted other research on the needs of preschool children with handicaps and their families. Based on information received, the task force submitted its recommendations to the Governor in March, 1984. In April, 1984 the Governor appointed a Cabinet Subcommittee on Early Childhood Developmental Services that was instructed to implement the recommendations of the task force.

One of the recommendations of the task force was for the development of a statewide strategy for the early identification and follow-up of at risk or developmentally delayed children. The concept of early identification and follow-up was also endorsed by members of the general public who attended six town meetings held throughout the state in September, 1985.

The rationale for collecting this information is to aid in coordinating the services of preschool children with handicaps throughout the state. Sound research clearly shows that early intervention results in significant movement from special education into regular education, and regular education costs less.

Based on Kansas 1984-85 figures, serving a child with a handicap from birth through age 18 is estimated to cost \$71,033. The costs are higher when intervention begins at age 3 -- \$72,157. The costs accelerate to \$79,663 when intervention waits to age 6. The cost difference between beginning at age 3 and waiting until age 6 is \$7,507 per child.

When facing a similar proposal, the Colorado legislature asked for an analysis of the financial payoffs. The study displayed amazing results: in three years time, cost savings would begin to be realized. Analysis showed that approximately one-third of the children entering kindergarten each year would no longer need special education. This obviously results in a net savings of tax dollars.

Senate Bill 301 provides for the reporting of information to be used for planning, research and service development by requiring physicians to identify children who have handicaps. Unless parental consent is obtained, no information is collected.

*PJRW
Attn #4-A
3-25-87*

DEPARTMENT'S POSITION:

The Department supports Senate Bill 301 as does the Interagency Coordinating Council on Early Childhood Developmental Services which is comprised of the Departments of Health and Environment, Social and Rehabilitation Services, Education, Administration, and the Board of Regents.



**WHO IS INVOLVED IN THE
EARLY IDENTIFICATION AND
INTERVENTION PROJECT?**

The project has been developed by staff of the Crippled and Chronically Ill Children's Program, located in the Kansas Department of Health and Environment.

The project is also part of the Kansas Network for Young Children, known as "Make a Difference", that involves staff of the Kansas Departments of Health and Environment, Education, Social and Rehabilitation Services, Administration, and the Kansas Board of Regents.

In addition to services offered regularly by these departments, the "Make a Difference" project supports a toll-free information line (1-800-332-6262) where **anyone** can obtain information on services offered throughout Kansas for children with handicaps and their families.

"Make a Difference" also supports four Regional Services Coordinators who work directly with physicians and families to overcome obstacles to the child's treatment and education.

The coordinators and the counties they serve are:

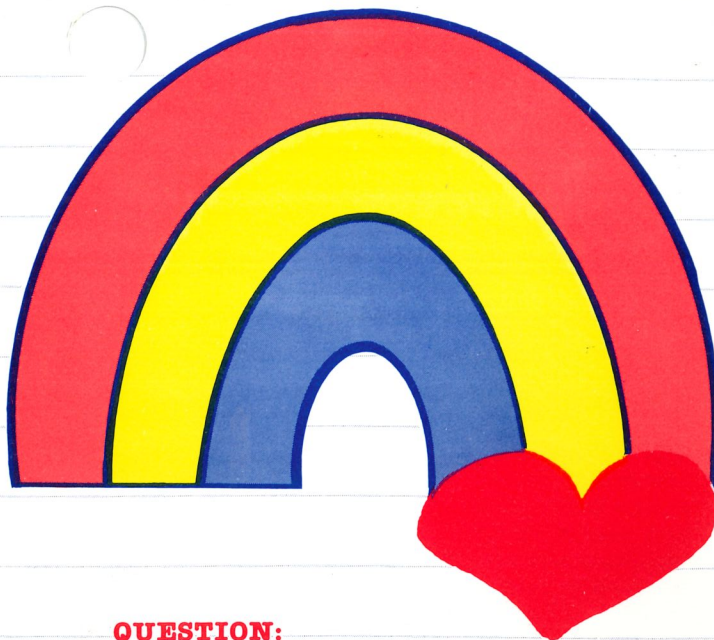
Michele Brungardt, Hays
St. Anthony's Hospital, Hays, Ks. 67601
1-800-332-6262
Serving: Ellis, Norton, Osborne, Phillips, Rooks, Russell, Smith

Sue Harris, Newton
Northview Development Center
14th and N. Duncan, Newton, Ks. 67114
1-800-332-6262
Serving: Harvey, Marion, McPherson, Sedgwick (excluding Wichita)

Sharon Hixson, Colby
Northwest Kansas Educational Service Center
210 S. Range, Suite 126, Colby, Ks. 67701
1-800-332-6262
Serving: Cheyenne, Decatur, Gove, Graham, Logan, Rawlins, Sheridan, Sherman, Thomas, Trego, Wallace

Nancie Linville, Deerfield
U.S.D. 216, Deerfield, Ks. 67838
1-800-332-6262
Serving: Clark, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Lane, Meade, Morton, Ness, Scott, Seward, Stanton, Stevens, Wichita

**TOLL-FREE NUMBER
STATEWIDE FOR INFORMATION:
1-800-332-6262**



QUESTION:

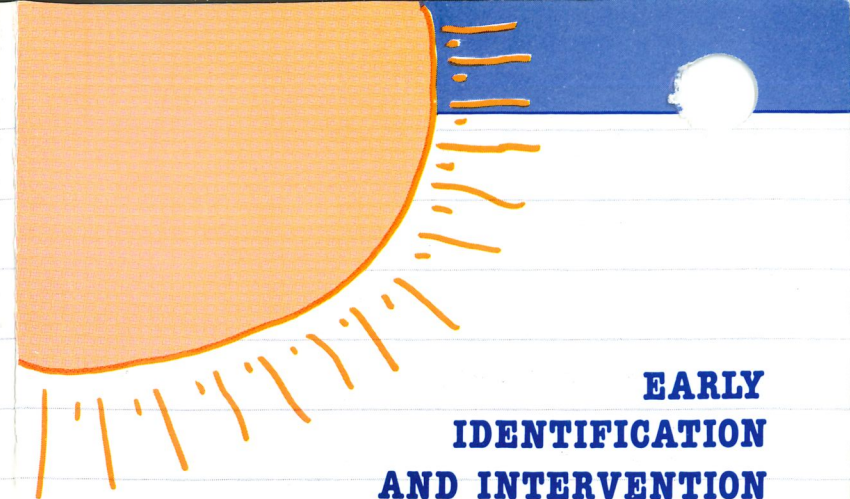
True or false? The earlier a handicap is found and treated, the better the chances that it can be eliminated or reduced, and the lower the human and financial costs, both to those directly affected and to society as a whole.

ANSWER:

True, in most cases. A child who is likely to develop or has a handicapping condition can often be helped more effectively if the condition is discovered in the early years. The Early Identification and Intervention Project works closely with parents, the child's physician, school personnel, and others who care for the child to help locate services, financial assistance...any resources that can aid the child's development.

Anyone may call a toll-free number to obtain information on services, assistance and resources offered in Kansas for handicapped children and their families.

1-800-332-6262



**EARLY
IDENTIFICATION
AND INTERVENTION
PROJECT**

*...building
healthier
tomorrows*

**A project of the
Crippled and
Chronically Ill
Children's
Program**

OUR GOALS

The Early Identification and Intervention Project was developed to prevent or alleviate the development of handicaps in children, to serve children with handicaps and their families, and to gather information to aid long-range planning.

We seek to...

- Identify preschool children who are at risk for or who have mental retardation, a handicapping condition or chronic illness
- Document their specific problems
- Assist doctors and other professionals in referring children and families to appropriate services by operating a toll-free telephone line that has information on services throughout the state
- Follow up to make certain the children are receiving the appropriate services and help eliminate any barriers, if necessary
- Help coordinate the efforts of the various service providers; encourage them to share information
- Evaluate the services being received for cost, efficiency, and effectiveness
- Analyze the need for services for the purposes of long-range planning and future funding

WHICH CHILDREN SHOULD BE IDENTIFIED FOR THE PROJECT?

We encourage doctors to notify us when any of the factors listed below is apparent in a newborn or when a child is determined to have mental retardation, a handicap or chronic illness.

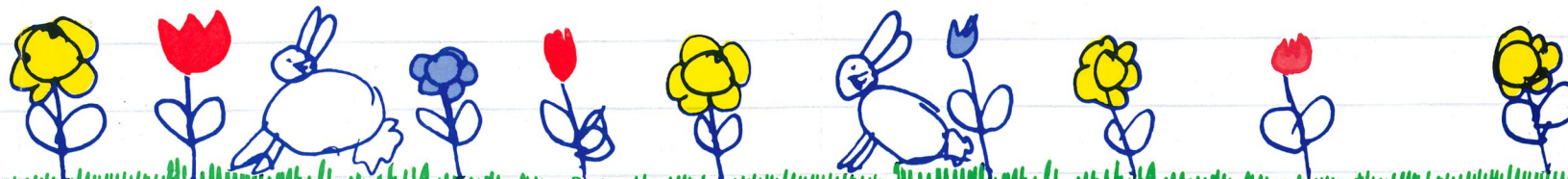
The child's case will be documented only by a formula identification number that includes the following: the child's first, middle and last initials; the month, day and year of the child's birth; the mother's county of residence at the time of the child's birth; child's sex; birth order of multiples or "1", if single; and race.

The child's family will not be contacted nor will the child be identified unless the primary care doctor requests such assistance from the Early Identification and Intervention Project.

The purpose of this reporting is to document need in order to plan and obtain funding for services throughout the state.

- Abnormal neurological exam (hypotonia, hypertonia)
- Apnea—Infant requiring monitoring after discharge for presumed problems in the control of breathing
- Auditory impairment—Infant documented or perceived to be at risk based on factors such as:
 - family history
 - prenatal intrauterine infection
 - congenital malformations involving the head or neck
 - birth weight < 1,500 grams (approximately 3 lb., 5 oz.)
 - hyperbilirubinemia at level requiring exchange transfusion
 - bacterial meningitis
 - severe asphyxia that is indicated by a five-minute Apgar ≤ 3 and failure to institute spontaneous respiration by ten minutes plus hypotonia persisting to two hours of age

- Birth weight < 1,500 grams
- Central nervous system problems (infections—documented meningitis or encephalitis, intracranial hemorrhage, seizures)
- Congenital anomalies—Defects that develop in utero and which may result in a handicapping condition
- Five-minute Apgar < 7
- Maternal age < 15
- Maternal multipara and age < 20
- Metabolic disorders (hyperbilirubinemia, hypoglycemia)
- Prenatal intrauterine infection (toxoplasmosis, rubella, cytomegalovirus, herpes, syphilis)
- Respiratory distress (CPAP or mechanical ventilation)
- Size inappropriate for gestational age (< 5th percentile, > 95th percentile)
- Visual impairment—Infant documented or perceived to be at risk based on factors such as:
 - family history of ocular anomalies (congenital glaucoma, congenital cataracts, strabismus, severe refractive error)
 - birth weight < 1,500 grams
 - Respiratory Distress Syndrome (Hyaline Membrane Disease)
 - intraventricular hemorrhage
 - congenital malformations involving the head
 - neonatal infections
 - asphyxia that is indicated by a five-minute Apgar ≤ 3 and failure to institute spontaneous respiration by ten minutes plus hypotonia persisting to two hours of age
 - meningitis
 - albinism
 - prenatal rubella or herpes



THE ASSOCIATION FOR
RETARDED CITIZENS OF KANSAS, INC.



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SHAWNEE, KANSAS 66203 • (913) 268-8200

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Wichita

VERGINIA LOCKHART
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Wichita

HEATHER CLUBE
Past President
Wichita

BRENT GLAZIER
Executive Director

March 25, 1987

TO: Rep. Marvin Littlejohn, Chairman
Members of the Public Health and
Welfare Committee

FROM: Lila Paslay, Chairperson
Legislative Affairs

RE: SB 301

The Association for Retarded Citizens of Kansas is in support
of SB 301.

We are especially pleased to note that it contains the provision
which allows physicians to report the diagnosis of children with
handicaps to the Secretary of Health and Environment with the per-
mission of the parents or guardian. We believe this will provide
protection of the rights of the family and, hopefully, will result
in discussion between the physician and the parents or guardian.

We do know that such a data collection system can be of assistance
in the planning for programs for preschool children with handicaps.
At at time when it is imperative that every dollar be used wisely,
this information will be of value.

We urge you to vote this bill favorably out of committee.

PH & W
3-25-87
attm # 5

TO: House Committee on Public Health and Welfare

FROM: Kathy Johnson, Parent, and Resource Coordinator
for Families Together, Inc.

RE: Senate Bill No. 301

Mr. Chairman and Members of the House Committee on Public Health and Welfare:

I am the parent of a five year old daughter with Cerebral Palsy. We have been very fortunate to have recieved services throughout her initial three month hospitalization at K.U. Medical Center, and then in an Early Infant Stimulation Program at the Capper Foundation. She is presently in a kindergarten class at the Capper Foundation and recieves Physical Therapy, Occupational Therapy, Speech, and Recreational Therapy. I strongly believe that without these services she would not have made the progress that she has made today.

My goal as a parent has always been to ensure proper health and stimulation for my daughter. I feel Senate Bill 301 will provide the necessary information so that all children born with a disability can recieve these absolutely vital services when they are most needed. I feel that adequate safeguards to confidentiality for the child and family have been included in this bill and I would urge you to support this bill.

PAW
3-25-87
attm #6



Kansas Association of Rehabilitation Facilities

Jayhawk Tower • 700 Jackson • Suite 802
Topeka, Kansas 66603 • 913-235-5103

TO: HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE
FROM: KANSAS ASSOCIATION OF REHABILITATION FACILITIES
RE: SB301 - REPORTING OF CERTAIN HEALTH CONDITIONS OF PRESCHOOL
CHILDREN TO SECRETARY OF HEALTH AND ENVIRONMENT
DATE: MARCH 24, 1987

1.0 Position Statement

- 1.1 Kansas Association of Rehabilitation Facilities supports SB301, Reporting of Certain Health Conditions of Preschool Children to Secretary of Health and Environment.
- 1.2 Currently there is no requirement for physicians to report children ages 0-5 who have conditions that indicate the existence of mental illness, mental retardation, a handicap or chronic disease. Therefore there is no systematic way to collect information or plan for and make available services to these children and their families.

2.0 Justification

- 2.1 The system would insure early identification of diagnosed health conditions. If early intervention was available, the impact of certain health conditions could be reduced.
- 2.2 Early identification and intervention would reduce costs of long term programs or services. Many preschool children would need fewer or perhaps no special education services.
- 2.3 The reporting system would provide needed information to assist families in planning for services.
- 2.4 Data and information gathered would also be useful for research purposes and long range planning.

attm
P.H.W.
#7
3-25-87

TO: House Public Health and Welfare Committee

FROM: Marla Mack
Parent and Chairperson for Coordinating
Council on Early Childhood Developmental Services

RE: SB 301

Chairperson and Members of the House Public Health and Welfare Committee:

As a part of the original Governor's Task Force and now as the Chair of the Coordinating Council on Early Childhood Developmental Services, I can state with confidence that the earlier developmental services for handicapped children can be initiated, the more successful the outcome from those services from a fiscal and human standpoint. Research and my own experiences support this conclusion.

As a parent of a child who received early intervention services, I know first hand the difference it can make. I have an 11 year old son with Downs Syndrome. I attribute the advanced level of his skills, especially in the language and pre-vocational areas, to the early home based intervention program we were able to secure for him.

Unfortunately, one of the findings of the Task Force indicated that early identification of handicaps in Kansas is inadequate. These inadequacies are the cause for too many children experiencing needless delays in services and treatment and far too much anguish for their families.

With the passage of SB 301, physicians (with parental consent) will be required to report children with handicaps which will allow for adequate services and planning for our children. I want to emphasize that parental rights are an extremely important consideration for me. I believe this bill provides adequate protection for those parents who choose not to provide this information to the State and also provides protection for parent confidentiality.

As Chair of the Interagency Coordinating Council on Early Childhood Developmental Services and as a parent who has seen the positive effects of early identification and intervention I urge your support of SB 301.

PHW
3-25-87
Attn. #8

**ADVISORY COMMITTEE ON EMPLOYMENT
OF THE HANDICAPPED**1430 S.W. Topeka Avenue, Topeka, Kansas 66612-1877
913-232-7828 (V/TDD) 567-0828 KANS-A-N

John Carlin, Governor

Larry E. Wolgast, Secretary

Testimony in support of Senate Bill 301
Presented to the House Public Health and Welfare Committee
by Ray Petty, Legislative Liaison, KACEH
March 25, 1987

Senate Bill 301 sets up a reporting mechanism which will enable the department of health and environment to develop a database on disabled children under six years of age. This database will be an invaluable tool in planning services to meet the needs of these children. Recent recognition of the importance of transitional planning - a concept which is most commonly applied to special education students preparing to exit the public education system - has heightened awareness of our lack of information about the incoming student population.

Senate Bill 301 requires physicians to report children with handicapping conditions to the secretary of health and environment, provided that parental permission has been obtained. The confidentiality of this information is thoroughly safeguarded. Neither the identity of the physician making the referral nor the identity of the children or their parents will be revealed to end-users, specifically including the department of education, which is to my mind the most obvious consumer of the database. Any research utilizing this database is subject to the same strict confidentiality requirements.

KACEH supports this bill because it makes good sense to know what the future is bringing. Just like a roadmap, this database will enable public agencies to develop sounder policy, based more on estimate and less on guesstimate. Instead of operating in the dark and responding in crisis mode ("What are we going to do now?" and "If we had only known . . ."), we can increase rational planning and begin saying, for example: "Mr. or Mrs. Superintendent, you should plan on enrolling five deaf preschoolers in 1988 and three more in 1989 . . . better start considering the availability of sign-language interpreters in your district now."

And since the program will be so inexpensive, benefits will outstrip costs almost immediately. Low cost added to high yield make S. 301 a very attractive package. Please report S.B. 301 favorable for passage and support it with your votes on the floor.

a:sb301h

*P.H.W.
attn# 9
3-25-87*



Pediatric Associates

Complete Health Needs of Infants • Children • Adolescents

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March 23, 1987

Dear Senator Littlejohn:

This is a letter of support for Senate Bill No. 301. I am a member of the Executive Committee of the Kansas Chapter of the American Academy of Pediatrics and also a member of the Medical Council of the Kansas Perinatal Care Program. Both groups have endorsed this bill. I am also a private practice pediatrician so this bill will have an impact on me. I want to heartily support this bill personally. The reporting of medically diagnosed conditions will be an aid in patient management and the continued development of services for handicapped children throughout the state.

I feel that the two potential problems that can arise from such legislation have been accounted for. The first is confidentiality of information, which will be guaranteed. The second is the right of the primary care physician to be in charge of the patient's management. Anyone who has dealt with handicapped children knows the difficulty in managing the many facets of care that these patients require. This bill will help the primary care physician in organizing these various disciplines and, in the long run, will benefit the child.

In summary, I urge you to support Senate Bill No. 301.


DENNIS M. COOLEY, M.D.

P.H.W.
attm. #10
3-25-87