

Approved 2-9-88
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at
Chairperson

10:00 a.m./~~p.m.~~ on February 3, 1988 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research
Clarene Wilms, Committee Secretary

Conferees appearing before the committee:

Brenda Braden, Attorney General's Office
Dr. Richard Parker, Director, Bureau of Epidemiology, KDHE
Written testimony concerning AIDS from the Topeka Blood Bank

Brenda Braden from the Attorney General's office appeared before the committee as a proponent of SB-517. Ms. Braden stated that their office basically supported SB-517. However, concern was voiced that qualifying language was needed in the area of the laundry list of sexual crimes. Language tying to these crimes those instances in which the transfer of AIDS virus is likely or possible needs to be included. Line 0084 could include the victim and needs further qualification.

Dr. Richard Parker appeared in opposition to SB-517. Dr. Parker expressed concerns about the lapse of time prior to conviction in the area of testing certain prisoners. The Director further stated that the major emphasis should be placed on education and counseling. Attachment 1

Major points in the discussion that followed were:

1. The AIDS issue is a non-partisan issue
2. The AIDS issue must be addressed by the states.
3. SB-445 and SB-517 both have some merit.
4. Voluntary testing should be encouraged and wide spread education is necessary.
5. Education on AIDS at the time of marriage license application.
6. The area of intent to infect may need to be looked at and possibly referred to the Judiciary Committee.

Senator Bond made a motion that staff be instructed to draft legislation in the area of intent to infect. Senator Reilly seconded the motion. Discussion addressed the definite need to address the criminal aspects of a person who knows he has AIDS and knowingly infects another person. The motion carried.

The concensus of the committee was that a subcommittee was needed to further study SB-445 and SB-517 and other possible areas not covered in the present bills.

The Chairman appointed Senator Bond to chair a subcommittee on the AIDS issue. Senator Francisco, Senator Reilly, Senator Salisbury, Senator Hayden and Senator Anderson were appointed to the subcommittee. A subcommittee for HB-2504 was appointed with Senator Bond as Chairman with Senator Francisco and Senator Vidricksen as members.

Written testimony concerning HIV antibody testing was presented by the Topeka Blood Bank. Attachment 2

The meeting adjourned at 10:58 a.m. and will meet February 4, 1988.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE February 3, 1988

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

TERRY STEVENS

CITY OF TOPEKA

Lori Runnebaum

Washburn Student Social
Work Assn.

Justina O'Brien

WSSWA

Allen O'Sullivan

SRS

Larry Henderson

OJA, Supreme Court

Charles Cassin

K.U. Law School
CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS

KEITH R LANDIS

Atty General

Brenda Braden

KDHE

~~John M. ...~~

R. A. Parker

KDHE

D. RICHM

KADAM

Chip Wheelen

KMS

LAURIE HARTMAN

Ka. Bar Association

BOB BRADLEY

KS Assoc of Counties

Anthony Razo

Topeka Epilepsy Society, Inc.

STATE OF KANSAS



DEPARTMENT OF HEALTH AND ENVIRONMENT

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Mike Hayden, *Governor*

Stanley C. Grant, Ph.D., *Secretary*
Gary K. Hulett, Ph.D., *Under Secretary*

Testimony Presented to
House Public Health and Welfare Committee
by
The Kansas Department of Health and Environment

Senate Bill 517

This bill calls for testing of persons convicted of certain sex crimes. We do not support this because tests on the perpetrator are not useful in determining if transmission has occurred. Not all sex acts committed by an infected person will transmit the HIV virus all of the time. Because the perpetrator might become infected after committing the crime, and because some period of time might elapse before conviction, the information obtained would be of little value to the victim. The numbers would not be great (approximately 144 convictions per year) and the public health impact would be minimal.

The fundamental question is whether or not the victim has been infected. As an alternative, counseling and voluntary testing of the victim is recommended.

The definition of "AIDS Test" is technically inexact (there is no laboratory test for AIDS; there is, however, a test which detects the presence of antibody against the HIV in blood and is therefore presumptive of the presence of infection but not of disease).

Presented by:
Richard L. Parker, DVM, MPH
Director, Bureau of Epidemiology
February 3, 1988



TOPEKA BLOOD BANK

Dear Legislator,

As you know, the legislature is considering the enactment of appropriate laws to help control the AIDS epidemic. Many of the proposed bills have included directives for blood banks. Our position is that legislation regarding HIV-1 antibody testing in blood centers is not needed given the already strict guidelines in force by accrediting organizations and the federal government.

I understand the State's concern for proper legislation in regard to AIDS, but I urge you to look closely at what is already being done by blood providers in Kansas. As an industry, we have been continually refining the HIV screening and testing measures since 1983. *The blood supply is safer than it has ever been.* Today, any case of HIV infection through a transfusion is not due to a lack of safety measures, but instead, to the limits of technology.

The safety of the blood supply continues to be a major concern to many people. Growing interest in preventing the transmission of HIV (the AIDS virus) has prompted blood banks to adopt many safety measures aimed at stopping the spread of this killer disease.

Every time a person comes to a blood center to donate, he *must* read information on AIDS. This information identifies what types of behaviors increase a person's risk for AIDS. Several times in the literature, the donor is told not to donate if he could be characterized as someone at risk for carrying HIV. The information is written at a 10th grade level so high school-aged donors would be able to understand it.

After reading the information on AIDS the donor must answer a medical history questionnaire. The questionnaire asks whether the donor read the AIDS information. A following question asks the donor whether he is in a risk group for AIDS. Another question lists the many symptoms of AIDS and asks the donor whether he has experienced any of them. A "yes" answer on the latter questions exclude the donor from giving blood.

Following the medical history survey, the donor must sign a statement verifying he read the AIDS information and he is not a member of a risk group.

The donor must also use a "safety check." With the use of bar code stickers, the donor is given an opportunity to confidentially let the blood center know whether he feels his blood is safe for transfusion. If the donor chooses a "No, Don't Use" sticker, the computer system will flag the unit number of the donation. No blood products bearing that number are permitted out of the blood bank for distribution to hospitals.

Before the donation begins, a qualified nurse or phlebotomist reviews the donor's medical record and asks the donor many of the questions he has already seen and answered. This ensures that a donor who has difficulty reading understands all important questions. The nurse also scans the donor medical form for completeness. If the donor fails to complete any portion of the form he will not be allowed to donate until it is complete.

After the donation is made, the blood is tested. All donations are tested for HIV antibody using the ELISA test. If a blood sample tests positive, the test is repeated in duplicate (two tests on the same sample done simultaneously). If two of the three tests are positive, the sample is repeatedly reactive, and the donation and all of the products made from it are destroyed. The sample is sent out for a Western Blot (confirmatory) test. Only blood from donors who do not test positive on the ELISA test is used for transfusion. Each specimen is tested regardless of the donor's previous HIV antibody test status.

All repeatedly reactive/Western Blot confirmed donors are notified and counseled in a confidential manner. They are permanently ineligible to donate. Donors who are repeatedly reactive but Western Blot negative are monitored on future donations. All their donations are discarded until they become eligible to re-enter the donor pool using the FDA guidelines for re-entry. If they continue to have repeatedly reactive HIV antibody tests, they are notified and are permanently ineligible to donate.

I urge you not to hastily enact legislation on HIV antibody testing for blood centers given the high standards already set forth by the American Association of Blood Banks, American Red Cross and the Food and Drug Administration. To enact legislation that would be pre-empted by blood banking accrediting organizations and the FDA would not cause the state of Kansas to be regarded as a leader in this area.

Sincerely,

Jane Mackey
President
JM/jah

February 1, 1988

Senate Public Health & Welfare
February 3, 1988
Attachment 2