Approved 2-17-88
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./pxm. on February 9, 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:

Dick Hummel, Kansas Health Care Association
Dennis Moore, District Attorney, Johnson County
James McHenry, Executive Director, Kansas Commission for Prevention of Child Abuse
Jeanetta Issa, Executive Director, Johnson County Coalition for Prevention of Child Abuse Julia H. Dory, School Social Worker, Shawnee Mission Public Schools, Johnson County Kansas
Robert Barnum, Commissioner, SRS, Youth Services
Written testimony, SB-445 - Elizabeth Taylor, Executive Director, Kansas Association of Local Health Departments

The chairman called the meeting to order and requested approval or correction of the minutes for February 1, 2, 3, 4 and 5, 1988. Senator Bond made the motion to accept the minutes as presented. Senator Morris seconded the motion and the motion carried.

Dick Hummel appeared before the committee to request a bill that would amend K.S.A. 59-2902 and repeal the existing section. The amendment contains numerous definitions pertaining to usage in the proposed amendment. Attachment 1

Senator Morris moved that the committee accept this bill. Senator Bond seconded the motion and the motion carried.

The chairman announced that a bill to correct the omission of podiatrists from SB-35 last year would be introduced and invited any committee members interested in adding their name to do so.

Senator Bond spoke briefly on SB-557 stating that the bill provides for multidisciplinary teams for investigation purposes. It would enable school nurses, teachers, those who have the child's trust to be involved in the investigation. Without outside imput SRS is sometimes unable to gain the child's confidence and cooperation.

Dennis Moore appeared in support of SB-557. Mr. Moore stated that the proposed amendments would recognize and permit the child protection worker and SRS to designate members of a multidisciplinary team for purposes of investigating or recommending provision of services in certain cases of alleged abuse of a child. The proposed amendments also require that any member of the multidisciplinary team sign a confidentiality agreement with standards as strict or stricter than the requirements presently in our law. Under this proposal, the child protection worker could benefit from consulting with other persons who have regular contact with the child, such as school teachers, counselors, school nurses, CASA workers and others. Attachment 2

James McHenry appeared and stated his support of SB-557. Mr. McHenry testified that the concept of using multidisciplinary teams has been

widely adopted across the United States. Sixteen states now require such teams and an additional 13 states allow such teams to be formed as of 1985. Therefore the figures have possibly risen in the past 2 years. The Kansas Committee for Prevention of Child Abuse recognizes that child abuse cannot always be prevented but in cases where abuse is reported the intervention strategy should be prompt and effective. Attachment 3

Jeanetta Issa testified in support of SB-557. Ms. Issa stated that the key phraseology of these amendments maintain authority to designate team members with SRS and that the multidisciplinary team concept is structured to meet the needs of a specific child. The multidisciplinary team could be an ever changing mix of community professionals, all bound by the confidentiality of the "child in need of care" code. Many members may interface with a number of different children, while some members may be called upon for only one single child. Attachment 4

Julia Dory told the committee of her experiences as a school social worker. Ms. Dory supported SB-557 because no matter how thorough, dedicated and competant the SRS child protection worker is in completing an investigation, they suffer under time constraints. Often the school has critical information that often is not sought out during the investigation. Attachment 5

The chairman announced that the AIDS subcommittee will meet tomorrow, February 10, 1988, at 4 p.m. in Room 254.

It was also announced that the conference committee on SB-264, Division of Assets, will meet at 8 a.m. February 10, 1988, in Room 526-S.

Commissioner Robert Barnum appeared in support of SB-557. Mr. Barnum stated that the passage of this bill would allow crucial decision making on abuse, neglect and sexual abuse situations to be shared. This can lead to better decision making and reduces the emotional drain on the child protection worker. Additionally, the team become advocates for the child and family by promoting interagency coordination in the provision of services. In addition to the benefit to children and their families it would improve professional relationships by eliminating the barriers to communication. Attachment 6

During discussion following the testimony it was ascertained that some language change in two areas is needed. The question of immunity of participants on the multidisciplinary team and the question of those who choose not to participate. There will be no penalty - they will be asked but not required.

Written testimony was presented to the committee concerning SB-445 and SB-517, the AIDS bills, to clarify reporting on AIDS diagnosed patients by Elizabeth Taylor, Executive Director, Kansas Association of Local Health Departments. (Attachment 7)

The meeting adjourned at 11:03 a.m. and will meet February 10, 1988, at 10 a.m. in Room 526-S.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE ~~January~~ February 9, 1988

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
KEITH R LANDIS TOPEKA	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Dennis Moore Olathe	D.A. Johnson Co.
Julia M. Day Overland Park	Shawnee Mission Public Schools - School Social Worker
Jim McHenry Topeka	KS. Comm. for Prevention of Child Abuse
Jeanetta Isom Jo. Co.	Jo. Co. Coalition for Prev. Child Abuse
Dick Hummel	Ks Health Care Assn
Lewis Allen	KHCA
Ken Babb Topeka	KALPFCA

_____ BILL NO._____

BY _____

AN ACT concerning the care and treatment of mentally ill persons; exempting adult care homes from the provisions therein; amending K.S.A. 59-2902, and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 59-2902 is hereby amended to read as follows:

59-2902. Definitions. When used in this act:

(a) "Conditional release" means release of a patient who has not been discharged but who is permitted by the head of the treatment facility to live apart from the treatment facility pursuant to K.S.A. 59-2924 and amendments thereto.

(b) "Discharge" means the final and complete release from treatment by either an order of a court pursuant to K.S.A. 59-2923 and amendments thereto or a treatment facility.

(c) "Head of the treatment facility" means the administrative director of a treatment facility or such person's designee.

(d) "Involuntary patient" means a mentally ill person who is receiving treatment under order of a court of competent jurisdiction.

(e) "Lacks capacity to make an informed decision concerning treatment" means that the person, by reason of the person's mental disorder or condition, is unable, despite conscientious efforts at explanation, to understand basically the nature and effects of hospitalization or treatment or is unable to engage in a rational decision-making process regarding hospitalization or treatment, as evidenced by inability to weigh the possible risks and benefits.

(f) "Law enforcement officer" means any sheriff, regularly employed deputy sheriff, state highway patrol officer, regularly employed city police officer or a law enforcement officer of any county law enforcement department.

(g) "Likely to cause harm to self or others" means that the person:

(1) Is likely, in the reasonably foreseeable future, to cause substantial physical injury or physical abuse to self or others or substantial damage to another's property, as evidenced by behavior causing, attempting or threatening such injury, abuse or damage; or

(2) is substantially unable, except for reason of indigency, to provide for any of the person's basic needs, such as food, clothing, shelter, health or safety causing a substantial deterioration of the person's ability to function on the person's own.

(h) "Mentally ill person" means any person who:

(1) Is suffering from a severe mental disorder to the extent that such person is in need of treatment;

(2) lacks capacity to make an informed decision concerning treatment; and

(3) is likely to cause harm to self or others.

No person who is being treated by prayer in the practice of the religion of any church which teaches reliance on spriritual means alone through prayer for healing shall be determined to be a mentally ill person unless substantial evidence is produced upon which the district court finds that the proposed patient is likely, in the reasonably foreseeable future, to cause substantial physical injury or physical abuse to self or others or substantial damage to another's property, as evidence by behavior causing, attempting or threatening such injury, abuse or damage.

(i) "Patient" means a person who is a voluntary patient, a proposed patient or an involuntary patient.

(j) "Physician" means a person licensed to practice medicine and surgery as provided by the Kansas healing arts act or a

person who is employed by a Kansas state hospital or by an agency of the United States and who is authorized by either government to practice medicine and surgery.

(k) "Proposed patient" means a person for whom an application pursuant to K.S.A. 59-2913 and amendments thereto has been filed.

(l) "Psychologist" means a certified psychologist, as defined by K.S.A. 74-5302 and amendments thereto.

(m) "Restraints" means the application of any devices, other than human force alone, to any parts of the body of the patient for the purpose of preventing the patient from causing injury to self or others.

(n) "Seclusion" means the placement of a patient, alone, in a locked room, where the patient's freedom to leave is restricted and where the patient is not under continuous observation.

(o) "Severe mental disorder" means a clinically significant behavioral or psychological syndrome or pattern associated with either a painful symptom or serious impairment in one or more important areas of functioning and involving substantial behavioral, psychologic or biologic dysfunction. "Severe mental disorder" does not include a condition which is caused by the use of chemical substances or for which the primary diagnosis is antisocial personality.

(p) "Treatment" means any service intended to promote the mental health of the patient and rendered by a qualified professional licensed or certified by the state to provide such service as an independent practitioner or under the supervision of such practitioner.

(q) "Treatment facility" means any mental health center or clinic, psychiatric unit of a medical care facility, psychologist, physician or other institution or individual authorized or licensed by law to provide either inpatient or outpatient treatment to any patient. Treatment facility shall not include an adult care home licensed under the provisions of K.S.A. 39-923 et. seq.

(r) "Voluntary patient" means a person who is receiving treatment at a treatment facility other than by order of any court.

(s) The terms defined in K.S.A. 59-3002 and amendments thereto shall have the meanings provided by that section.

Section 2. K.S.A. 59-2902 is hereby repealed.

Section 3. This act shall take effect and be in force from and after its publication in the Kansas Register.

STATE OF KANSAS
Tenth Judicial District

OFFICE OF DISTRICT ATTORNEY

DENNIS W. MOORE
District Attorney

Johnson County Courthouse
P.O. Box 728, 6th Floor Tower
Olathe, Kansas 66061
913-782-5000, Ext. 333

February 9, 1988

Dear Senator:

I appreciate the opportunity to be here to testify in support of SB 557.

As you know, Kansas law mandates joint investigations of alleged child sexual abuse cases by a law enforcement officer and a child protection worker from the State Department of Social and Rehabilitation Services. (K.S.A. 38-1523). The statute also provides for confidentiality of persons who make reports of suspected abuse or neglect and for the information gathered during an investigation. (K.S.A. 38-1507). While most of us would agree that confidentiality helps assure that reports will be made and the privacy and the well-being of the child will be protected, sometimes confidentiality may work against the thorough investigation or successful treatment of a verified case of child abuse.

In the past ten years I have spoken to many groups - - teachers, counselors, school nurses and others - - who are mandated reporters under Kansas law. I hear frequent complaints, particularly from school district personnel who have made reports of suspected abuse or neglect, who are genuinely concerned about the well-being of the child, and who have attempted to get some feedback as to what action is being taken to correct the problem, only to find these attempts blocked by the confidentiality provisions of Kansas law. While mere curiousity is not a valid reason to share sensitive information, in many cases teachers, counselors, school nurses, CASA workers and others who work closely with children and are able to observe daily their behavior, may be in the best position to recommend or provide services to assist the abused child.

The proposed amendments would recognize and permit the child protection worker and SRS to designate members of a multidisciplinary team for purposes of investigating or recommending provision of services in certain cases of alleged abuse of a child. The proposed amendments also require that any member of the multidisciplinary team sign a confidentiality agreement with standards as strict or stricter than the requirements presently in our law. Under this proposal, the

child protection worker could benefit from consulting with other persons who have regular contact with the child, such as school teachers, counselors, school nurses, CASA workers and others.

I believe this approach will allow us to gather the best and most reliable information available in order that a judge will have this information in making the very important decisions which affect the lives of children and their families.

I urge your support for SB 557.

Very truly yours,

Dennis W. Moore

DWM:JH

Kansas Committee for Prevention of Child Abuse

112 West 6th Street, Suite 305
Topeka, Kansas 66603
913-354-7738

Testimony Supporting SB 557

An Act Concerning Children;
relating to the Kansas Code for Care of Children

February 9, 1988

On behalf of the Kansas Committee for Prevention of Child Abuse I am pleased to encourage your favorable action on SB 557. The KCPCA is a non-profit organization with 29 local coalitions statewide and a collective membership of over 500 citizens. The Board of the KCPCA has reviewed the concept set forth in SB 557, and it believes the provision of multidisciplinary teams in investigation and recommendation of services for children in need of care is good public policy.

Having worked for the past four years in the field of alcohol and drug abuse services, I know a multidisciplinary approach in assisting youth is well advised. It recognizes that youth form bonds of trust with different individuals who are thereby better positioned to offer assistance. Professionals trained in different disciplines find that they can complement each others' skills in arriving at the best possible treatment program.

The concept of using multidisciplinary teams has been widely adopted across the United States. During a recent conversation with Tom Birch, legislative counsel for the National Child Abuse Coalition, I learned that 16 states now require such teams, while an additional 13 states allow the teams to be formed. This information was compiled in 1985, so the actual number of states endorsing or mandating this concept has probably increased over the past two years.

The Kansas Committee for Prevention of Child Abuse recognizes that child abuse cannot always be prevented. In situations where cases of abuse are reported, the intervention strategy should be prompt and effective. KCPCA believes the proposal to give SRS the authority to designate multidisciplinary teams to assist the Department in the investigation and recommendation for provision of services increases the likelihood that the child's best interests will be identified and actively pursued.

Testimony submitted by
James McHenry, Ph.D.
Executive Director

February 9, 1988

Written Testimony on Senate Bill #557:
Child In Need of Care Code Amendments
Presented By: Jeanetta Issa, Executive Director
Johnson County Coalition for Prevention of Child Abuse

The Johnson County Coalition for Prevention of Child Abuse is a primary prevention agency whose focus is that of education and advocacy to the community. JCCPCA networks locally, statewide and nationally on the premise that when community resources are brought together much can be accomplished to prevent child abuse. The JCCPCA Board of Directors and membership support the "multidisciplinary team" amendments to Senate Bill #557.

Senate Bill #557 provides amendments that clarifies, for the professional in the field, their ability to share vital information that may assist Social and Rehabilitation Services in a child abuse/neglect investigation or recommendation for service.

No one agency has sole responsibility for the children of our community. Our schools, churches, the medical professionals and institutions, early childhood educators, law enforcement, family, friends, you and I all share in that responsibility. The business of raising and protecting our children is indeed a team effort. Although the Department of Social and Rehabilitation Services is our legally mandated agency charged with the investigation of child abuse and neglect, everyone has a role to play.

Individual interpretation of the child in need of care code by institutions, agencies and individuals has been known to be more restrictive than defined in the child in need of care code simply to limit any possibility of breech of confidentiality. These amendments will allow key community resources that might be in a position to provide information to feel more at liberty to do so.

Key phraseology of these amendments maintain authority to designate team members with SRS and that the "multidisciplinary team" concept is structured to meet the needs of a specific child. The "multidisciplinary team" could be an ever changing mix of community professionals, all bound by the confidentiality of the child in need of care code. Many members may interface with a number of different children, while some members may be called upon for only one single child.

Just as there is no one cause of child abuse, there is also no one solution. Joining forces together can only provide more effective communication necessary to impact and provide intervention, treatment and prevention of this major social problem known as child abuse and neglect.

Johnson County Coalition for the Prevention of Child Abuse
5311 Johnson Drive, S

Presenting in Favor of Recommended Changes
Re: Senate #557
Presented by: Julia H. Dory, L.S.C.S.W. #98
School Social Worker
Shawnee Mission Public Schools
Johnson County, Kansas
Date: February 9, 1988

Since 1969 I have been employed as a school social worker. Since 1972 I have been actively involved with the development of the Child Protection Team in Johnson County and worked very closely with S.R.S. An expansion of services through the Child Protection Team led to the creation of the Johnson County Coalition for Prevention of Child Abuse. Also in my position, I have presented extensive in services training to teachers, principals, and parents on the law for reporting suspected child abuse. In my work with school children and their families I frequently am made aware of children's reports of suspected child abuse. One of the first places children talk about what is happening to them is at their schools with teachers and school nurses. At that point of hearing what is happening to the students, I am called. Ten years ago I spent much time helping the school personnel learn how to report directly. I also one of many persons that encouraged the school district to set a policy that was in compliance with the Child Abuse/Neglect Reporting Law, then Senate Bill #62.

In all these experiences it became very apparent that the school was a viable resource of information about children, their family changes and frustrations, and how stable the family was functioning under stress.

Because of this information about children's conditions over time, as a professional I support the inclusion of the multidisplinary team concept into Senate Bill #557.

No matter how thorough, dedicated, and competent the S.R.S. Child Protection worker is in completing an investigation, they suffer under time constraints. In many of the cases of suspected child abuse that have come to my attention, the school most often has critical information that often is not sought out during the investigation. Obviously the school information is not needed in every investigation. However, in some very critical and difficult cases, I have been called in for testimony that has made the difference in firming up the child abuse findings. Part of this success is the school social worker has already established a relationships with the family and can facilitate the family accepting the recommendations of S.R.S. Other reasons for multidisciplinary team support is the resources that can be made available to the family through the school as well as through community agencies.

Therefore, I speak strongly in favor of the addition of section "r" on page 4, section "G" on page 5, and part of "b" on page 6 to Senate Bill #557. These additions in no way dilute the authority or control of S.R.S. workers in performing their duties, as prescribed by law. It can only enhance and facilitate their work.

Thank you.

Julia H. Dory

Senate Public Health & Welfare
February 9, 1988
Attachment 5

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding S.B. 557

1. Title

An act concerning children; relating to the Kansas code for care of children; providing for multidisciplinary teams in investigation and recommendation of services for child in need of care; amending K.S.A. 38-1507 and 38-1524 and K.S.A. 1987 Supp. 38-1502 and repealing the existing sections.

2. Purpose

This bill would authorize the Department of Social and Rehabilitation Service to designate multidisciplinary teams to assist the Department in the investigation and recommendation for provision of services for children who are in need of care, especially those who are abused, neglected or sexually abused. It also authorizes the Department of Social and Rehabilitation Services to share confidential information with these team members.

3. Background

The care of children is a family and a community responsibility and when the family's care of the child falls below a minimally acceptable level, the family and the community must work together to remedy that situation. The Kansas Code for Care of Children places with SRS the primary responsibility for receiving and investigating reports that allege that a child is abused, neglected, or sexually abused or otherwise in need of care. The Department is further charged to take steps necessary to alleviate the condition that places the child in jeopardy, but the Department cannot do this alone. In recognition of this the code currently allows the exchange of information between SRS and persons licensed to practice the healing arts, court appointed special advocates, guardian ad litems, law enforcement officers and parents or other persons responsible for the welfare of the child. This bill extends the authority to share information with other community professionals who are designated as a member of the multidisciplinary team. This could include mental health professionals, public health personnel, child care providers and school personnel. These are mandated reporters and can offer valuable assistance in helping the family and/or protecting the child or other children in the community.

Mental health staff often make reports of suspected abuse, neglect or sexual abuse in families with whom they are working. This bill would allow the therapist to be directly involved as a team member in the investigation and on going provision of services. In the past the inability to share information has led to the therapist and child protection workers providing inconsistent messages to families. The ability to freely share knowledge will make comprehensive assessment of the needs of the child and family possible, reduce the number of repeated interviews of a child, and assure coordinated treatment plans.

A primary concern of school officials has been the one way flow of information. The school is mandated to report to SRS, but SRS has been unable to report back case progress on concerns. Including these key persons as a part of the investigation and treatment team will enhance case planning and progress of the child and family. These people who usually see a child on a daily basis are in a position to note positive and negative progress.

Foster care providers take children into care but have been excluded as a full member of the team in identifying and remedying problems with the child and family.

4. Effect of Passage

The passage of this bill would allow crucial decision making on abuse, neglect and sexual abuse situations to be shared. This can lead to better decision making and reduces the emotional drain on the child protection worker. Additionally, the team becomes advocates for the child and family by promoting interagency coordination in the provision of services. In addition to the benefit to children and their families it would improve professional relationships by eliminating the barriers to communication.

5. Recommendation

SRS recommends passage of this bill.

Winston Barton
Office of the Secretary
Social and Rehabilitation Services
(913) 296-3271

KALHD

KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

"... Public Health in Action"

FEBRUARY 4, 1988

TO: MEMBERS OF PUBLIC HEALTH & WELFARE COMMITTEES

FROM: ELIZABETH TAYLOR, EXECUTIVE DIRECTOR

RE: CLARIFICATION OF DISEASE REPORTING AS IT CONCERNS AIDS

In recent testimony on reporting of AIDS diagnosed patients, there may have been some confusion as to which reports are made from KDHE to the Local Health Department. The enclosed information supports that patients diagnosed with AIDS ARE in fact reported to the Local Health Departments. However, those "infected" with AIDS who show no symptoms of the disease are not required to be reported. The Kansas Association of Local Health Departments believes it is important that those infected with the virus have availability of counseling and contact tracing in order to prevent the further passage of the virus.

Thank you for your consideration of the public health interests of the Kansas Association of Local Health Departments.

112 West Sixth Street, Suite #500, Topeka, Kansas

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
Forbes Field
Topeka, Kansas 66620-0001
Phone (913) 296-1500

Mike Hayden, *Governor*

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

February 3, 1988

Elizabeth Taylor, Executive Secretary
Kansas Association of Local Health Departments
Kansas Public Health Association
112 West 6th, Suite 500
Topeka, Kansas 66603

Dear Ms. Taylor:

It was a pleasure to meet you last week, and to hear your presentation regarding Senate Bill 445 (sexually transmitted diseases) on behalf of the Association of Local Health Departments.

Enclosed are copies of a flow chart depicting the authority for disease reporting in Kansas, and of a booklet which is a compilation of the Kansas statutes and regulations applicable to communicable disease control. The chart is an attempt to show quickly and easily what must be reported, by whom, to whom, and under what legitimate authority.

As with all other designated infectious or contagious diseases, AIDS is reportable by all persons licensed by the Board of Healing Arts, to the local (county) health officer, who reports to the Secretary of Health and Environment. In practice, such reports often come directly to the Department of Health and Environment (KDHE). This is less likely to occur in the urban counties which have staff assigned to disease surveillance, and who are known to local practitioners.

Clinicians, epidemiologists, and the statutes and regulations distinguish carefully between infection and disease. Evidence of infection (usually determined by laboratory examinations) does not always represent current acute disease. Certain positive laboratory tests are currently reportable, but these reports which are required under a different authority than are case reports, and are made directly to the KDHE, do not automatically constitute a case report. Positive AIDS (actually HIV-antibody) tests are not currently reportable in Kansas.

The KDHE currently supports establishing a requirement to report positive HIV-antibody tests, in order to facilitate followup (partner notification) of contacts in an attempt to diminish transmission of HIV, the virus of AIDS. In conjunction with such a requirement we believe it vital to assure that the confidentiality of the test results be protected strongly, at least equivalent to the current statutorily-required confidentiality of disease reports.

Developing public policy is never an easy task, and with a disease as complex and controversial as AIDS, the assignment is particularly difficult. I hope the enclosures will be useful to you, and if I can provide any further information, please do not hesitate to contact me.

Sincerely,

Robert French

Robert French, Director
Field Services
Bureau of Epidemiology

RF/am
encl.

LEGAL AUTHORITY FOR DISEASE REPORTING
STATE OF KANSAS

COMMUNICABLE DISEASE MODEL

KSA 65-128: Authorizes Secretary to designate diseases that are "infectious or contagious" and to write rules for control.

↓

KAR 28-1-2: Designates "infectious or contagious" diseases. (See list on reverse side)

↓

KSA 65-118: Requires all persons licensed by Board of Healing Arts, and school administrators, to report diseases that are designated as "infectious or contagious." Reports are made to the local (county) health officer and must include name and address of patient.

↓

KSA 65-119: Requires the local (county) health officer to exercise supervision over all cases of infectious or contagious diseases, and to "communicate without delay all information" to the Secretary of the Kansas Department of Health and Environment.

↑

KAR 28-1-18: Requires all clinical laboratories to report positive tests for diphtheria, gonorrhea, syphilis, chlamydia, tuberculosis, typhoid fever, polio, meningococcal meningitis, and haemophilus influenzae meningitis.

CHRONIC DISEASE MODEL

KSA 65-101: Charges Secretary with "General supervision of health" and provides rule-making authority.

↓

KSA 65-102: Requires Secretary to record "forms of disease prevalent in the state."

↓

KAR 28-1-4: Requires hospital administrators to report cases of:

↓

Cancer
Congenital malformation in infants less than one year of age
Reyes Syndrome
Toxic Shock Syndrome (TSS)
Guillian-Barre Syndrome
Acquired Immune Deficiency Syndrome (AIDS)
Fetal Alcohol Syndrome

CONFIDENTIALITY OF DISEASE REPORTS

All reports made in compliance with these statutes and regulations are maintained in strict confidence, in accordance with both statutory and ethical standards. See full text of KSA 65-118 for confidentiality requirements, and for statement of immunity from civil or criminal liability for persons who provide reports.

Bureau of Epidemiology
Kansas Department of Health & Environment

01/88 RF

REPORTABLE INFECTIOUS DISEASES IN KANSAS

AIDS
Amebiasis
Ancylostomiasis (Hookworm disease)
Anthrax
Botulism

Brucellosis
Chancroid
Chickenpox
Chlamydia
Cholera

Diphtheria
Encephalitis, Infectious (indicate infectious agent whenever possible)
Epidemic diarrhea of the newborn
Food poisoning (indicate whether infectious or intoxication and causative agent if possible)
Genital Herpes

Giardiasis
Gonorrhea
Gonorrhea ophthalmia neonatorum
Granuloma inguinale
Hepatitis type A (Infectious)

Hepatitis type B (Serum)
Hepatitis Non-A Non-B
Histoplasmosis
Kerato-Conjunctivitis, infectious
Legionellosis (legionnaire's disease or pontiac fever)

Lymphogranuloma venereum
Lymphocytic choriomeningitis
Malaria
Meningitis, aseptic and other (indicate infectious agent whenever possible)
Meningitis, Haemophilus Influenzae

Meningitis, meningococcal, including meningococcemia
Mumps
Pediculosis (louse infestation)
Pertussis (whooping cough)
Plague

Poliomyelitis
Psittacosis
Q fever
Rabies
Rheumatic fever

Rickettsialpox
Rocky Mountain spotted fever
Rubella, including rubella syndrome
Rubeola (measles)
Salmonellosis

Scabies
Shigellosis
Smallpox
Staphylococcal disease, hospital acquired
Streptococcal disease, hemolytic

Syphilis
Taeniasis and cysticercosis (beef or pork tapeworm)
Tetanus
Tinea capitis and corporis (ringworm)
Trachoma

Trichinosis
Tuberculosis
Typhoid fever
Typhus fever
Yellow fever

Any other disease which is unusual in incidence, or any disease which appears to be of public health concern, should be reported. For disease reporting, supplies and information, contact:

Bureau of Epidemiology
Kansas Department of Health & Environment
Suite 605, Mills Bldg., 109 West 9th
Topeka, Kansas 66612-1271
913/296-5586