

Approved *Ginger Barr*
March 12, 1990 Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Representative Ginger Barr at
Chairperson

1:36 ~~xxx~~ a.m./p.m. on February 14, 1990 in room 526-S of the Capitol.

All members were present except:
Representative Peterson

Committee staff present:

Mary Galligan, Kansas Department of Legislative Research
Lynne Holt, Kansas Department of Legislative Research
Mary Torrence, Revisor of Statutes Office
Juel Bennewitz, Secretary to the Committee

Conferees appearing before the committee:

Galen Davis, Governor's Special Assistant on Drug Abuse
Theresa White, Shawnee Regional Prevention Center, Topeka
Charlene Wilson, USD 450 Board of Education
John Koepke, Kansas Association of School Boards
Jim Green, Mayor, City of Olathe
Karen Ross, East Central Kansas Regional Prevention Center, Lawrence
Gene Johnson, Kansas Alcoholism and Drug Abuse Counselors Association
Kansas Association of Alcohol and Drug Program Directors
Kansas Community Alcohol Safety Action Project Coordinators Assn.
Eric Voth, M.D., Topeka
Trooper Steve McCoy, Kansas State Troopers Association
Stacy Hoogstraten, Mothers Against Drunk Drivers (MADD)
Sergeant Terry Maple, Kansas Highway Patrol
Ed Van Petten, Deputy Attorney General, Criminal Division
Mike Jennings, Assistant District Attorney, Sedgwick County
Major John Round, Overland Park Police Department
Detective Randy Listrom, Topeka Police Department
Andrew O'Donovan, Commissioner, Alcohol and Drug Abuse Services
George Schureman, Kansas Peace Officers Association
Jack Pearson, Kansas Association Chiefs of Police
Reverend Richard Taylor, Kansans for Life at Its Best
Tom Sloan, Department of Corrections
Rick Sabel, Fraternal Order of Police, Lodge No. 3, Topeka
Jim Kaup, League of Kansas Municipalities
Jim Clark, Executive Director, Kansas County and District Attorneys Association
Ed Lundblade, Kansas Peace Officers Association
James Todd, Kansas State Fire Fighters Association
John Torbert, Kansas Association of Counties
Gordon Risk, M.D., American Civil Liberties Union
Chip Wheelen, Kansas Medical Society
Charles Konigsberg, M.D, Kansas Department of Health and Environment (KDHE)

HB 2782

Galen Davis explained the major provisions of the bill, Attachment No. 1.

Theresa White supported the bill's providing a safe environment for education, Attachment No. 2.

Charlene Wilson mentioned the requirement of children to be in school, therefore, the community should provide protection for them during that time, Attachment No. 3.

John Koepke, representing a number of educational bodies, testified the bill would send a message to drug peddlers, Attachment No. 4. He suggested consideration of changing sale of narcotics to children "anywhere" as a class B felony.

Jim Green testified in support of the bill noting the message to children that they are cared for though he questioned the availability of prison space.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Federal and State Affairs,

room 526-S, Statehouse, at 1:36 ~~xxx~~/p.m. on February 14, 1990

Karen Ross supported the bill as part of a multiple strategy approach to prevention of drug use, Attachment No. 5.

Gene Johnson recognized the purpose of the bill as holding drug pushers accountable, Attachment No. 6.

Dr. Voth briefly discussed drug abuse as part of a continuum and supported the bill as one deterrent to "causal exposure", Attachment No. 7.

Trooper McCoy noted 35 states have enacted statutes similar to the bill, Attachment No. 8.

Stacy Hoogstraten testified the bill would permit a protective buffer for schools, Attachment No. 9.

Sgt. Maple supported the bill's enhanced enforcement provisions, Attachment No. 10.

Ed Van Petten was a proponent of the bill, Attachment No. 11. He noted a potential problem and suggested an addition to the end of Section 1 (c), after class B felony, "except that those individuals having been previously convicted of a violation of K.S.A. 65-4127a shall be guilty of a class A felony". He explained a potential conflict exists where an individual is guilty of a third violation trafficking in a school area would otherwise be guilty of a class A felony but under the bill's provision would be guilty of a class B felony.

Michael Jennings spoke in support of the bill noting the increased penalty as a deterrent to drug sales in school areas, Attachment No. 12.

Major Round supported the bill also noting the enhanced penalty and the number of similar laws in effect in other states, Attachment No. 13.

Detective Listrom testified on behalf of the bill as a strong response from government and the added enforcement provision, Attachment No. 14.

Commissioner O'Donovan spoke on behalf of the bill as a strategy for reduction of the drug supply, Attachment No. 15.

George Schureman supported the bill as effective in helping reduce school dropouts and neighborhood violence, Attachment No. 16.

Jack Pearson was a proponent of the bill for his organization and as a parent, Attachment No. 17.

Reverend Taylor noted the specific exemption of alcohol and tobacco from the Controlled Substance Act but urged their inclusion in the bill.

Written statements in support of the bill were received from:

Tom Dailey, Chief of Police, Kansas City, Attachment No. 31.

Janine Moore, Wyandotte County Regional Prevention Center, Attachment No. 32.

Captain Ellen Hansen, Lenexa Police Department, Attachment No. 33.

There were no opponents.

Committee discussion:

1. Detective Listrom explained that USD 501 has its own security force which sometimes arrests students. The city's police force arrests distributors tending to be 17-25 years of age who sell from their cars in parking lots at shopping malls or convenience stores.
2. Detective Listrom explained that students selling to other students would probably be subject to the juvenile code though the penalty might be upgraded under this bill.
3. (Q - to Galen Davis - How was the measurement of 1,000 feet determined?)
It was the norm used in the legislation of the 35 states having such statutes and is consistent with federal legislation.

CONTINUATION SHEET

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4. (Q - to Galen Davis - What is the current penalty for selling drugs within a school zone?)
There are no established school zones so anywhere in the state it would be a class C felony for a first conviction, class B for a second conviction and class A for a third conviction.
5. (Q - to Ed Van Petten - What is the judge's sentencing flexibility for a class C felony?)
Three to five years minimum with 10-20 years maximum; class B felony is 5-15 years minimum, 20 years maximum. The possession or sale of cocaine is a class C felony. The judges seem to be making some differentiation in that regard but the sentencing pattern seems to be on the minimum end for a first offense. The court has discretion in offering probation in both a class C or class B felony conviction. The statutes were amended last year to presumption of jail time in the case of sale to a minor.
6. (Q - to Galen Davis - What effect is the increased sentencing option having in the 35 states with this legislation?)
The first state to enact such legislation did so in 1987 so no long term data is available.
7. (Q - to Galen Davis - There is a bill in the House Judiciary Committee which would give judges discretion to try 14-15 year olds as adults and require 16-17 years olds be tried as adults in class A and B felonies. If it were adopted, would there still be a need for this proposal?)
The response was affirmative. The bill addresses adults and without enactment, there would be no enhanced penalty provision. The 1988 change in statute requiring jail time for drug sales to minors is being used but whether it is effectively reducing drug sales is too early to tell.
8. The definition in line 38, "unified school district" would denote those schools which are tax supported. Mr. Davis offered to work with the committee on the definition section noting the difficulty with defining parochial, private and home school.
9. Alcohol and tobacco are legal "drugs" for certain populations based on age. They are not contained in the Uniform Controlled Narcotics Act and therefore Mr. Davis would not be amenable to incorporating alcohol and tobacco in this bill.
10. (Q - to Galen Davis - If the intent of the bill is to punish those selling drugs to children, why not enhance last year's legislation addressing that? If the intent is to identify areas where children gather why not broaden the definition?)
Mr. Davis noted the law requiring children to be in school. There is no other law requiring a certain population to be at a specified place for a specific period of time.
11. The term accredited was suggested as a substitute for private. Staff advised language drafted last session would be appropriate which included private schools.

When asked, no conferees would object to such an amendment to the bill.

Noting concerns voiced during committee discussion, Chairman Barr appointed a subcommittee to further study the bill and make recommendations.

Representative Sprague, Chairman

Representative Sebelius, Member

Representative Cates, Member

Sub. SB 286

Tom Sloan explained those involved and the reasons for the amendment to the bill, Attachment No. 18. Attachment No. 18A is the balloon draft.

Jack Pearson supported the bill noting current confidentiality laws do not permit emergency personnel to be notified if the victim has HIV virus, Attachment No. 19.

Rick Sabel was a proponent of the bill citing example situations faced by emergency personnel, Attachment No. 20.

CONTINUATION SHEET

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Ed Van Petten spoke in support of the bill but suggested language in Section 1(2)(b) be reinstated, Attachment No. 21.

Jim Kaup testified the League supported the bill as amended feeling it protected public employees while minimizing intrusion into privacy, Attachment No. 22.

Sgt. Maple supported the bill noting medical testing costs could be paid by the convicted person if ordered by the court, Attachment No. 23.

Chairman Barr stated Carolyn Middendorf, Kansas Nurses Association, had expressed that groups support of the bill.

Jim Clark testified in support of the bill calling the test on a suspected carrier no different from a test for DUI, Attachment No. 24.

Ed Lundblade was in support of the bill noting the risk not only to public safety officers but the potential risk to their families, Attachment No. 25.

Jim Todd expressed support for the bill and presented a letter from the Federal Emergency Management Agency, Attachment No. 26.

John Torbert presented his groups support of the bill but expressed concern regarding the availability of counseling, particularly in sparsely populated areas, Attachment No. 27.

Dr. Gordon Risk opposed the bill primarily due to the invasion of privacy of the infected individual. He predicted major lawsuits if the bill were to pass, Attachment No. 28.

Chip Wheelen stated his organization was neither a proponent nor an opponent of the bill. He suggested that Section 3 in the bill might conflict with page 4 of SB 529, Attachment No. 29. He also submitted a suggested change to Sub. SB 286 to avoid meaningless litigation, Attachment No. 29A.

Dr. Konigsberg neither supported nor opposed the bill and provided specific medical information on some of the terms included in it. He emphasized prevention as the best protection, Attachment No. 30.

Committee discussion:

1. Specific concerns stated by Dr. Konigsberg were:
 - a. There is a safe effective vaccine for hepatitis B though there is a cost. Anyone routinely exposed should take the vaccine.
 - b. Universal precautions remain the only strategy for prevention of the AIDS virus. The bill may undermine the universal precautions and provide a false sense of security - retesting of negatives in the bill are confusing though the doctor did not elaborate.
 - c. There needs to be specific definition of exposure and bodily fluids. It is available from the Center for Disease Control.
 - d. KDHE supports SB 529 as amended by the Senate Public Health and Welfare Committee.
2. KDHE's legal staff had not had an opportunity to review the bill's provision on confidentiality thus the agency's neutral position. KDHE wanted the committee to have the best information in order to make a decision but Dr. Konigsberg stated the bill doesn't "do much" to protect public health or the individual.
3. KDHE is in support of SB 529 and Dr. Konigsberg recognized the section regarding AIDS notification which is controlled by a physician.
4. The duty to warn was explained by Mr. Wheelen. The physician would warn appropriate emergency personnel if it were known the individual had HIV virus but questioned the physician being liable if he did not warn someone because he did not know the individual was HIV positive.
5. Dr. Risk advocated emergency personnel do self-testing rather than violate the person's right of privacy.
6. The importance of self-testing was restated by Mr. Wheelen who noted the HIV tests are not as sophisticated as the medical community would prefer. Testing the suspected carrier provides a false sense of security.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Federal and State Affairs,
room 526-S, Statehouse, at 1:36 ~~am~~/p.m. on February 14, 19 90

HB 2844

Representative Sebelius moved to recommend the bill favorably for passage, seconded by Representative Ensminger. At the request of a member, Representative Roy explained his concern with amending the bill to seven years if there is no continued growth of the lottery and stated the state should not be forced to continue it. The motion was adopted.

HCR 5038

Representative Aylward moved to recommend the bill favorably for passage, seconded by Representative Ensminger. Representative Roy supported allowing continuation of the lottery to be based on a vote of the people. He stated the expectations and perceptions were inflated and promotion of the lottery was wrong and didn't reflect true odds. The motion carried.

The meeting adjourned at 3:18 p.m. The next meeting of the committee is scheduled for February 15, 1990, 1:30 p.m. in Room 526-S.

GUEST LIST

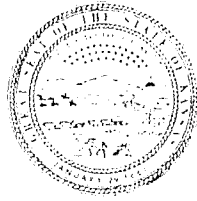
FEDERAL & STATE AFFAIRS COMMITTEE

DATE February 14, 1990

(PLEASE PRINT)

NAME	ADDRESS	WHO YOU REPRESENT
Ed Lundblade	1908 Cypress Ln Newton	K.P.O.A.
TERESA L. WHITE	603 SW TOPEKA AVE	Shawnee Regional Prevention Center
Jack PEARSON	Ks. CITY	Ks. ASSOC. CHIEFS OF POLICE
JOHN ROYND	OVERLAND PARK, Ks.	CITY OF OVERLAND PARK
James A. Ladd	Wichita	KS 77A
Von Sloan	Topeka	Doc
JIM GREEN	OCATHE	CITY OF OCATHE
Dale Helm	SFMD	STATE FIRE MARSHAL
Bill Miskell	KDOC TOPEKA	DEPT OF CORRECTIONS
Rick Sabel	204 W. 5 th	Fraternal Order of Police Ld. #3
Linda McGill	TOPEKA	Ks. ST. TROOPERS ASSN.
Mike Jennings	WICHITA	SEBOWICK O. D.A.
Charles Kunigberg	TOPEKA	KDHA KDHE
Richard Morrissey	"	"
Deborah Taylor	"	"
Reginald Kirkwood	Topeka	AARP - Kansas
Bob McDanel	109 SW 6th Ter	Board of EMI
Richard Taylor	Topeka	Life at Best
Ron Miller	"	SRSLADAS
Linda Fund	Topeka	DOA
Kay Coen	Topeka	Governor's Office
Jim Chre	Topeka	KC DAA
STEVEN R. MCCOY	2130 SW EVENINGSIDE	KSTA
Stacy Hoogstraten	112 W 6 th , 504 Topeka	MADD, KANSAS
Georg Schureman	1620 Tyler, Topeka	KPOA.

STATE OF KANSAS



OFFICE OF THE GOVERNOR

State Capitol
Topeka 66612-1590

(913) 296-3232

1-800-432-2487

TDD# 1-800-992-0152

FAX# (913) 296-7973

Mike Hayden Governor

Testimony Concerning HB 2782
Presented To
the House Federal and State Affairs Committee
February 14, 1990
by
Galen Davis
Governor's Special Assistant on Drug Abuse

Madam Chairperson, members of the Committee:

I appreciate the opportunity to appear before you today representing Governor Hayden's support for HB 2782.

This bill requests a severe, enhanced penalty for trafficking illicit drugs within 1,000 feet of school property where students receive instruction or participate in extracurricular activities. We all recognize that we must work to protect our impressionable youth from the perils of illicit drug use as well shield them from the negative influence and violence that so often accompanies drug trafficking. This bill has the potential to provide our state with one more tool to meet this important goal.

As you know, drug traffickers are extremely dangerous, calculating, and unconscionable people. Their sole motivation is profit at any cost. They leave in their wake drug abuse, addiction, overdoses, mayhem, and murder. They are most times armed with a variety of weapons which increasingly include high tech rifles, pistols, and shotguns.

Governor Hayden requests and supports this legislation to declare to drug pushers that our children are our most precious resource and that we will not tolerate dangerous drug dealing in their presence. By establishing drug-free school zones in our communities, we are acknowledging that our school children are deserving of special protection.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 1
February 14, 1990

Our young people are required by state law to be in school nine months out of the year. Approximately 430,000 children attend 2000 Kansas public schools every school day. Additionally, even during the times when school is not in session, the school grounds serve as popular places for playing sports and socializing. Surely we owe our children every possible protection from drugs and violence while they learn and play.

This bill is also being proposed as a means to reduce the availability of illegal drugs to youth; to protect children from the many negative influences that accompany drug dealing; and to safeguard children from the increasing violence associated with drug dealing.

Additionally, this bill provides a clear message to drug pushers that we are intolerant of their criminal behavior and that we will absolutely not tolerate them around our children and their schools.

Conclusion:

Governor Hayden supports a comprehensive approach to the many problems of drug abuse and trafficking in Kansas. This comprehensive approach includes drug prevention-education, treatment, enforcement, and legislation. This legislation has the potential to restrict the flow of drugs in and around our schools.

Drug-free school zone laws have been established in 35 states since 1987. Seven other states have legislation pending on this topic. Eight national organizations, including the National Association of School Boards and the National Association of Chiefs of Police, support this type of law.

As elected leaders, you have the opportunity to speak out with a clear unified voice in support of drug-free youth and against drug pushers.

Your support of HB 2782 will be appreciated. Thank you.

FSA
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2-14-90



SHAWNEE REGIONAL PREVENTION CENTER
603 S. Topeka Blvd. - Second Floor
Topeka, Kansas 66603 (913) 235-8622

PREVENTION/
INTERVENTION
TRAINING

INFORMATION

CONSULTATION

COMMUNITY
MOBILIZATION

To the Chairperson and other members of the Committee, I am here to talk about House Bill 2782, Drug-Free School Zones. I am speaking on behalf of the Shawnee Regional Prevention Center a program of the National Council on Alcoholism and Drug Dependence.

This nation is facing a serious problem of drug abuse. Kansas too must face this problem. According to the National Institute on Alcohol Drug Abuse, nearly 66% of American drink alcohol, and nearly 6 million use other drugs. Alcohol and drug abuse cost Kansans nearly 1.1 billion dollars annually. Drug and alcohol account for the majority of teenage accidents, deaths, drownings, suicides, and violent injuries. It is estimated that nearly 7000 youth here in the state of Kansas, ages 15-18 years of age are high risk for needing treatment.

Far too often our schools become the backgrounds for the selling, distribution, and consumption of drugs. This is not to say that the schools are bad or the people who work to provide higher education within the walls of these institutions are bad. Yet, what we are trying to say within House Bill 2782 is that every child deserves the right to an education. Until we seriously look at and address the issue of drug use and distribution within our schools of higher education, we will literally continue to deny that there is a problem. With this bill, we are asking that we allow the school to be a Drug-Free Zone where young people can come for a higher education and not become the prey the trafficking of drugs. Our school system needs to be a place where it is safe. This is to let young people know that when entering the grounds of a higher education institution it is for just that purpose, to get a higher education. When looking at the someone trafficking drugs within 1,000 feet of a school, and providing stiffer penalties. It allows the schools to provide a Drug-Free Zone.

In examining the use of such a concept as a Drug-Free Zone, we know that eight national organizations including the National School Board Association and the National Associations of Chiefs of Police support this. Currently there are 35 states and Washington D.C. have already established Drug-Free Zone Legislation since 1987. Seven states have pending legislation on this topic.

a program of
National Council on
Alcoholism,
Topeka Division

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 2
February 14, 1990

When we think about the average age for young people in the State of Kansas to start drinking is 12 years old. We simply cannot afford not to pass such legislature. Our young people are our future, our hopes, and our dreams of a better way and a greater Kansas. If we don't take this opportunity to ensure a Drug-Free School Zones as House Bill 2782 states, we must face a future where we allow the cycle of drug abuse and addiction to continue. I would encourage you to vote yes for House Bill 2782, Drug Free School Zones. Thank You!

FSA

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2-14-90

TESTIMONY ON HOUSE BILL 2782
BEFORE THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

FEBRUARY 14, 1990

MADAM CHAIRPERSON, and members of the Committee:

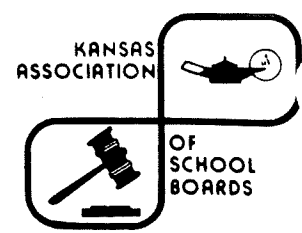
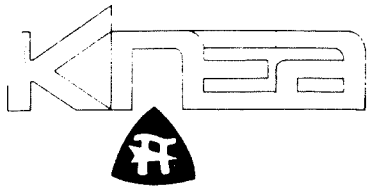
My name is Charlene Wilson and I am here today in support of HB 2782 regarding drug-free school zones. I am a Board member and immediate past-president of the Shawnee Heights U.S.D. 450 Board of Education. I also serve as Chairperson of a county-wide coalition consisting of the five Shawnee County public school districts. Superintendents and Board Members in these districts have recently joined together to work collaboratively to combat the growing health crisis of drug and alcohol abuse among our young people. We are acutely aware that as School Boards and Administrators we must take an even more aggressive posture in the area of drug and alcohol prevention and intervention and the districts in Shawnee County are ready to do that.

House Bill 2782 gives us an indication that the Governor and legislature also takes combating drug abuse among our young people very seriously. Passage of this legislation would give us further leverage in protecting our young people from this growing health and social problem and send a clear message to the pusher. Drug pushers place our students in great danger and have no place in or near the immediate vicinity of our educational facilities. The passage of House Bill 2782 would send the message, in explicitly defined terms, to these pushers that they have no place near our children and if they choose to violate our boundaries, the consequences will be severe.

By Kansas statute, our children are required to be present in our schools 9 months of the year. Therefore, it becomes our responsibility, as boards, administrators and educators, to provide for their safety while they are in the educational environment. As you deliberate on this legislation, please keep in mind that today more than ever our young people are faced with increasing societal pressures. They oftentimes are innocent victims of their environment and whether we like it or not, it becomes our responsibility to protect them as best we can during the time they are under our jurisdiction. For many children, their daily contact at school is the most constant thing in their lives. We must do all we can to make it a positive, safe, drug-free experience for them.

I appreciate the opportunity to have spoken before your committee today and encourage your unanimous support of House Bill 2782.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 3
February 14, 1990



Testimony on H.B. 2782

Before the
House Federal and State Affairs Committee
February 14, 1990

by the
Kansas Association of School Boards
Kansas-National Education Association
United School Administrators of Kansas
Schools for Quality Education
Blue Valley USD 229
Wichita USD 259
Topeka USD 501
Shawnee Mission USD 512

Madam Chairman and members of the Committee, I am John Koepke representing the Kansas Association of School Boards. My testimony today is presented on behalf of all of the education organizations and school districts listed above. We appreciate the opportunity to present the collective view of the education community with regard to H.B. 2782. We endorse wholeheartedly the aims and goals of this piece of legislation.

Kansas school districts have been in the forefront of the drug education component of the fight against drug abuse. Many of our school districts have adopted exemplary programs which have been the focus of national attention. We hope that this piece of legislation will assist in sending the message to drug peddlers that we will not tolerate school zones as a drug marketplace. We share the view that

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 4
February 14, 1990

our children are our most precious resource and we support this measure as an additional sign of our efforts to protect our children from the ravages of the drug abuse which menaces our society.

Once again, we appreciate the opportunity to express our views in support of this measure and I would be happy to attempt to respond to any questions.

FSA
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EAST CENTRAL KANSAS REGIONAL PREVENTION CENTER

Serving Douglas, Franklin, Miami, Osage, Linn, Anderson & Coffey Counties



February 14, 1990

Mr. Chairman, Members of the Committee:

Thank you for the opportunity to address you this afternoon. My name is Karen Ross. I am the Director of Prevention at the East Central Kansas Regional Prevention Center, a program of DCCCA Center, which provides prevention and intervention services in a seven county area. I am representing the position of the state wide Regional Prevention Center system, composed of 10 centers. These centers are the Northwest Kansas Regional Prevention Center with offices in Colby and Hays; the Southwest Kansas Regional Prevention Center in Garden City; the North Central Kansas Regional Prevention Center in Salina; the Wichita/Sedgwick County Regional Prevention Center in Wichita; the Northeast Kansas Regional Prevention Center in Manhattan; the Shawnee County Regional Prevention Center in Topeka; the East Central Kansas Regional Prevention Center in Lawrence and Ottawa; the Wyandotte Regional Prevention Center in Kansas City; the Johnson-Leavenworth County Regional Prevention Center in Shawnee Mission; and the Southeast Kansas Regional Prevention Center in Girard. Addresses and catchment areas of these centers are listed on the attached page.

The Regional Prevention Center coordinators express their support for House Bill 2782 regarding the establishment of Drug Free School Zones.

We recognize that preventing alcohol and other drug problems requires a coordinated, multiple strategy approach. We must all work together: prevention professionals, treatment providers, law enforcement, concerned citizens. Only when we do so will we be able to bring an end to the threat to our youth which alcohol and other drug use poses.

Effective prevention of alcohol and other drug problems relies upon five core strategies: appropriate and accurate information; life skill development; development of drug free alternatives; social policy development; and community mobilization to fight these problems. All strategies must be present for an effective campaign against alcohol and other drug use by youth.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 5
February 14, 1990

DCCCA Center	<input type="checkbox"/>	2200 West 25th Street	•	Lawrence, Kansas 66047	•	(913) 841-4138
	<input type="checkbox"/>	112 East 17th Street	•	Ottawa, Kansas 66067	•	(913) 242-7100

Social policy development is a key strategy, and refers to those formal and informal policies which guide our behavior. These may be written, legal statutes or informal, unwritten group norms. Vigorous law enforcement is an essential aspect of comprehensive social policy development. An impartial, enforced statute protecting schools from drug sales would support and further the development of community norms opposed to trafficking.

We encourage your favorable consideration of House bill 2782.

FSA
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2-14-90

ACCEPT THE CHALLENGE

The journey toward comprehensive substance abuse prevention services has already started in the following regional centers. Contact them. Get involved in seeking solutions. They are an important passport toward a drug-free Kansas.

EAST CENTRAL KANSAS REGIONAL PREVENTION CENTER

2200 W. 25th Street
Lawrence, KS 66046
(913) 841-4138
and
112 E. 17th
Ottawa, KS 66067
(913) 242-7100

Serves: Anderson, Coffey, Douglas, Franklin, Linn, Miami and Osage Counties

9900 Mission Rd
Overland Park, Ks
66206

(913) 341-1415

JOHNSON AND LEAVENWORTH REGIONAL PREVENTION CENTER

(location to be announced)
(913) 363-8604

Serves: Johnson and Leavenworth Counties

NORTH CENTRAL KANSAS REGIONAL PREVENTION CENTER

1805 S. Ohio
Salina, KS 67401
(913) 825-6224

Serves: Cloud, Ellsworth, Jewell, Lincoln, Mitchell, Ottawa, Republic and Saline Counties

NORTHEAST KANSAS REGIONAL PREVENTION CENTER

2001 Claflin
Manhattan, KS 66502
(913) 539-5337

Serves: Atchison, Brown, Clay, Doniphan, Geary, Jackson, Jefferson, Marshall, Nemaha, Pottawatomie, Riley, Wabaunsee and Washington Counties.

NORTHWEST KANSAS REGIONAL PREVENTION CENTER

485 North Court
Colby, KS 67701
(913) 462-8152
and
2200 Canterbury Road, Suite C
Hays, KS 67601
(913) 625-5521

Serves: Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Phillips, Rawlins, Rooks, Russell, Sheridan, Sherman, Smith, Thomas, Trego and Wallace Counties

Casson Building, 2nd Floor
Topeka, KS 66603
(913) 235-8622

Serves: Shawnee County

SHAWNEE REGIONAL PREVENTION CENTER

SOUTHEAST KANSAS REGIONAL PREVENTION CENTER

FSA
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R. R. 4
Girard, KS 66743
(316) 724-6281

Serves: Allen, Bourbon, Cherokee, Crawford, Labette, Montgomery, Neosho, Wilson and Woodson Counties

SOUTHWEST KANSAS REGIONAL PREVENTION CENTER

801 Campus Drive
Garden City, KS 67846
(316) 276-7611

Serves: Clark, Finney, Ford, Gray, Greeley, Grant, Hamilton, Haskell, Hodgeman, Kearny, Lane, Meade, Morton, Ness, Scott, Seward, Stanton, Stevens and Wichita Counties

WICHITA/ SEDGWICK COUNTY REGIONAL PREVENTION CENTER

1421 East Second
Wichita, KS 67214
(316) 262-2421

Serves: Sedgwick County

WYANDOTTE COUNTY REGIONAL PREVENTION CENTER

7250 State Avenue
Kansas City, KS 66112
(913) 334-1100

Serves: Wyandotte County

FEDERAL AND STATE AFFAIRS COMMITTEE
HOUSE OF REPRESENTATIVES

February 14, 1990

Madam Chairperson and Members of the
House Committee on Federal and State Affairs:

I represent the Kansas Alcoholism and Drug Addiction Counselors Association which consists of over 400 active members either certified by their peers or seeking that certification. I represent the Kansas Association of Alcohol and Drug Program Directors which represent 50 licensed programs throughout the State of Kansas who are providers of alcohol and drug services for the citizens for the State of Kansas. In addition, I represent the Kansas Community Alcohol Safety Action Project Coordinators Association which consists of 27 member organizations which provide services for DUI and alcohol and drug violations for minors for each individual judicial district in the State of Kansas. All three organizations actively support House Bill No. 2782, otherwise known as the Drug Free School Zone Bill. We consider it a very serious crime for those people who are seeking monetary rewards to find a market within our Kansas school system.

Those individuals, whom I will refer to as drug dealers, are preying on our youth and their future for the sole purpose of promoting their own well-being. The punishment suggested under this proposed legislation should act as some deterrent for those individuals. If they persist in attempting to deal death and destruction to our youth within 1,000 feet of any school property or extra curricular activity or both, they should be held responsible for their actions.

Our organizations hope that this Committee will pass this legislation out favorably and support this passage throughout the legislative process.

Respectfully Yours,


Gene Johnson
Lobbyist

Kansas Alcoholism and Drug Addiction Counselors Association
Kansas Association of Alcohol and Drug Program Directors
Kansas Community Alcohol Safety Action Project Coordinators Association

Honorable Chairman; Members of the Kansas House:

My involvement against drug abuse comes from the perspective of a physician specialist in addiction, medical advisor to the National Federation of Parents for Drug-Free Youth, multiple other activities in the arena of drug abuse, and as a concerned parent.

Annually, the abuse of alcohol and other drugs costs the nation about \$174 billion. In Kansas alone, 2-3% of 11th to 12th graders in 1988 used alcohol, marijuana, or cocaine daily. Seventy five percent of all felonies and crime committed by youth are drug related. Truly all Kansans are under seige from drug abuse.

Across the country, many states are adopting legislation similar to that before you today. I communicate with individuals throughout the United States, and can assure you that the problems of the State of Kansas are consistent with those of other states.

Understanding addiction as a continuum of use of drugs from the first exposure to alcohol or other drugs, up to the end-stage of fatal consequences is important in helping to chart a course of action against drug abuse. The early "casual" exposure to drugs plays a critical role in the development of subsequent addiction. Research in the area clearly demonstrates that early exposure to any intoxicant in adolescence increases an individual's risk of addiction. Intervention at these early stages, or disincentives to use of intoxicants should be seen as critical.

It is also becoming more apparent to those of us involved in drug abuse prevention and treatment that an aggressive approach of prevention, intervention, and rehabilitation is the only approach which stands a chance of being effective. Traditionally, anti-drug abuse

efforts have been too focused on limited action in only single areas of emphasis. The bills before you show a distinct broadening of this approach.

Despite the fact that some fear the use of legal constraints as a deterrent to use, it is quite effective. Numerous addicts have come to me for treatment by referral from the courts. Others that I know have decreased or quit using because of potential legal complications.

In drug abusing families exposure to drugs comes several ways. Many of the drug addicts that I treat openly use drugs around their children. Some have involved their children in dealing or in purchasing drugs for themselves. Some youth have been forced by their parents to use drugs by the parents injecting them with drugs, holding pipes to their mouths, etc. Certainly, youth are involved in dealing in the schools. These drugs are supplied by adults.

The most important places to start in drug abuse prevention are with the casual user and with young users. Our schools are battlegrounds with children and adolescents as the targets. Major drug trafficking exists in the schools with particular emphasis on the high schools. High level drug dealing, some of which is stimulated by gangs from Los Angeles, takes place in the schools. Young people are used as dealers and "mules" because the risk of violence or legal action against them is less.

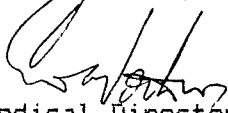
House bill 2782 is a major advancement in providing protection for schools. Drug dealing in schools is just as much of a crime as anywhere else. Unfortunately, some school districts have been very hesitant to allow undercover operations in or around the schools. Hopefully, this attitude will begin to change. I would strongly encourage schools and

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law enforcement closely focus not only in the drug-free zones, but consider closing school lunches. Allowing students to leave campus for lunch allows major access to illicit drugs and other activities. 2782 provides action which will enhance both prevention and intervention. Strong penalties for trafficking should help provide a major deterrent to the dealer and thus translate to prevention of drug abuse.

Drug abuse is a multifactoral problem. Efforts concentrated on enhancing prevention, intervention, and rehabilitation must be carefully considered and adopted.

Eric A. Voth, M.D.



Medical Director,

Chemical Dependency Treatment Services

St. Francis Hospital

Topeka, Kansas

and Medical Advisor

National Federation of Parents

for Drug-Free Youth

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TESTIMONY
OF
TROOPER STEVE McCOY
KANSAS STATE TROOPERS ASSOCIATION
PRESENTED TO THE
HOUSE FEDERAL & STATE AFFAIRS COMMITTEE
ON
FEBRUARY 14, 1990
HOUSE BILL 2782

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 8
February 14, 1990



KANSAS STATE TROOPERS ASSOCIATION

Chairman Barr and Members of the Committee:

I am Trooper Steve McCoy and I am appearing on behalf of the Kansas State Troopers Association in support of HB 2782 which enhances the penalties for selling controlled substances near school property.

Drug traffickers have long realized that one of the best market places for their illicit goods are the school yards of our communities. Kansas is in the minority of states left that have not enacted a drug free zone law. Currently, 35 states have enacted similar provisions and seven, including Kansas, are considering enactment of drug free zones. It is our belief that every effort should be undertaken to provide all the obstacles and penalties possible to keep drug traffickers from preying on the children of our community. HB 2782 is a positive step towards that initiative in our communities' war on drugs.

We therefore respectfully urge your approval of HB 2782 in keeping with our joint commitment towards a drug free Kansas.

Thank you for the opportunity to be heard and I would be happy to stand for questions.

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Mothers Against Drunk Driving

Kansas State Office • 112 W. 6th • Suite 504 • P.O. Box 1752 • Topeka, KS 66601
913-234-6233 • 1-800-228-6233

TESTIMONY ON HOUSE BILL 2782

HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

February 14, 1990

Mothers Against Drunk Driving, Kansas supports this effort to maintain our schools as places of learning, and protect our children from the pressure from persons dealing with drugs while they are at school.

Schools have always been targets for persons wanting access to large numbers of children for both legal and illegal purposes. However, because they are public facilities, our schools are very difficult places to make secure. By putting in place server penalties for drug dealing within 1,000 feet of a school we are adding a layer of protective buffering around our children. This may not keep them entirely safe, but this measure is an excellent start.

Stacy Hoogstraten,
State Administrator
MADD, Kansas

SUMMARY OF TESTIMONY

Before the House Federal and State Affairs Committee

February 14, 1990

In Support of House Bill 2782

Presented by the Kansas Highway Patrol

(Sergeant Terry Maple)

The Kansas Highway Patrol supports House Bill 2782, which enhances the penalties for persons who sell, offer for sale, or possess with intent to sell controlled substances in, on or within 1,000 feet of certain school property.

The Patrol feels that if we are determined to win the "war against drugs" in Kansas, we must reduce demand for those drugs, and legislation which would enhance enforcement efforts and help provide a drug-free learning environment for our children is imperative.

With this in mind, we respectfully request your favorable consideration of House Bill 2782.



STATE OF KANSAS

OFFICE OF THE ATTORNEY GENERAL

2ND FLOOR, KANSAS JUDICIAL CENTER, TOPEKA 66612-1597

ROBERT T. STEPHAN
ATTORNEY GENERAL

MAIN PHONE: (913) 296-2215
CONSUMER PROTECTION: 296-3751
TELECOPIER: 296-6296

TESTIMONY OF
DEPUTY ATTORNEY GENERAL EDWIN A. VAN PETTEN
ON BEHALF OF ATTORNEY GENERAL ROBERT T. STEPHAN
BEFORE THE HOUSE FEDERAL AND STATE AFFAIRS
FEBRUARY 14, 1990
RE: HOUSE BILL 2782

Attorney General Stephan welcomes the opportunity to endorse the proposal of Governor Hayden as set forth in House Bill 2782.

We have all heard the horror stories of 8 year old drug addicts, 11 year old drug dealers, and many other assorted tales. This insanity has to stop. Measures such as House Bill 2782, can help decrease the exposure of some children to the world of narcotics. When we realize that individuals first become introduced to illegal substances at an early age, then we know school children are particularly vulnerable to drug dealers.

The purpose of this bill is to send a strong message to drug dealers to stay away from our schools. We must move to protect our centers of education from the parasites among us who traffic in illegal substances.

It is obvious that the pressures upon our youth to conform to those around them is greater while they are

surrounded by their peers. It is, therefore, extremely important that every step be taken to make sure that the influences by which school children are surrounded do not include those in our society who would influence them with narcotics.

I cannot give you statistics of how this bill will decrease drug use, trafficking or addiction. However, I can tell you that it just makes sense to adopt such a measure in the hope that it will protect our school children.

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BEFORE THE HOUSE, STATE AND FEDERAL AFFAIRS COMMITTEE

WRITTEN SUMMARY OF TESTIMONY
IN SUPPORT OF HOUSE BILL 2782
(DRUG FREE SCHOOL ZONES)

Thank you for this opportunity to express the support of Nola Foulston, the Sedgwick County District Attorney, and her staff, for House Bill 2782, the drug free schools and school zones bill.

This bill adds to existing law a Class B Felony for trafficking in controlled substances in, or on, or within, 1000 feet of a school building.

The purpose of the bill is to increase the penalty, and thus to increase the deterrence against, selling drugs to our kids.

The bill addresses a major concern in our efforts to solve the drug problem facing our state. That concern is the distraction from gainful activities which the ready availability of drugs provides and certainly school is such an activity.

The availability of drugs in and around our schools, and the attendant consumption of drugs by our students at school, is a frontal assault on the transmission to the next generation of some of our society's most fundamental values. It is at school that many of our young people learn of our nation's heritage of justice and freedom, of their own place as equal citizens in our democracy, of knowledge and skills which they can translate into a meaningful job, and, perhaps most importantly, they get a sense that they can contribute something good to life.

Those who place themselves under the influence of a drug, while going through this process, and those who supply the drugs, while

HOUSE FEDERAL & STATE AFFAIRS

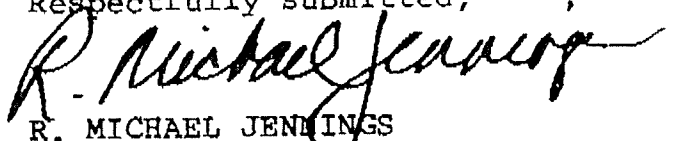
Attachment No. 12

February 14, 1990

going through this process, sabotage our educational processes. A mind is a terrible thing to waste, to borrow a phrase, but that is exactly what the suppliers and consumers of drugs at school do. The damage from this sabotage can be extensive.

1. The young people who get high don't learn what is being taught. So, they must be taught again, if there is a second time.
2. The teacher's time is wasted.
3. The resources of the school district are wasted.
4. The money spent on the drug is diverted from legal to illegal uses.
5. Those who become addicted must be cured, often at public expense.

Respectfully submitted,



R. MICHAEL JENNINGS
Assistant District Attorney

Dated: February 14, 1990

COMMENTS BY MAJOR JOHN ROUND
OVERLAND PARK POLICE DEPARTMENT
WEDNESDAY, FEBRUARY 14, 1990
REGARDING HOUSE BILL NO. 2782

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 13
February 14, 1990

MY NAME IS JOHN ROUND AND I AM WITH THE OVERLAND PARK POLICE DEPARTMENT. SPEAKING FOR THE POLICE DEPARTMENT AND THE CITY OF OVERLAND PARK, IT IS MY PLEASURE TO APPEAR BEFORE YOU TODAY TO SPEAK IN FAVOR OF HOUSE BILL NO. 2782. THIS LEGISLATION, IF ENACTED, WOULD PROVIDE FOR SIGNIFICANTLY ENHANCED PENALTIES FOR ANY DRUG TRAFFICKING OCCURRING WITHIN 1,000 FEET OF A SCHOOL.

IT IS MY UNDERSTANDING THAT AT LEAST 35 STATES AND THE DISTRICT OF COLUMBIA HAVE ALREADY ADOPTED SIMILAR LEGISLATION. SEVEN OTHER STATES HAVE LEGISLATION OF THIS TYPE PENDING. I SINCERELY BELIEVE THAT THIS TYPE OF LEGISLATION WOULD BE BENEFICIAL FOR OVERLAND PARK AND THE STATE OF KANSAS.

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CONSIDERATION OF HOUSE BILL 2782

CREATION OF DRUG FREE SCHOOL ZONE

The concept of a drug dealer held by most citizens is often identical to the concept of a sexual pervert. Imagine a man, caked with dirt and unshaven for several days, slightly hunched forward and wearing a trench coat. Imagine this same man selling drugs to grade school kids playing near the play ground. In truth, this scene is rarely seen in Kansas, or any other jurisdiction that I have dealt with. House Bill 2782 is not meant, in my mind, to attack a man with a pervert appearance. Rather, this bill, in addition to others pending before this session of the Kansas Legislature, has been designed to clarify for our youth the message of government with regards to substance abuse.

On one hand we tell our youth that substance abuse is wrong, and to "Just say no". On the other hand, the youth see the profits to be made, and the openness with which drugs are sold. Further, they are, quite sadly, offered drugs in and near their schools. Will the enactment of this bill forever rid our schools of illegal drugs? The answer is no. Remember, however, that the bill is not designed to rid our society of drugs. It is but a segment of new thought designed to provide strength and refusal techniques, to strengthen the message of government, and to provide additional tools to law enforcement in attacking the problem of substance abuse.

It must be quite difficult for youth to "Just say no" when, across from their school, is a seller of drugs, or in the parking lot is a new car occupied by a person flashing expensive gold chains. The goal of current strategy is to decrease the amount of substance abuse by our youth. In order to reach that end, we must combine tough enforcement with education and treatment. It is only then that our youth can find truth in the phrase "Just say no".

The enactment of this bill, though not eliminating substance abuse by our youth, will provide stiff penalties for those who choose to practice the trade of drug distribution near the watchful

eyes of our youth. Though not all drugs are sold in school, this bill, coupled with K.S.A. 65-4127B(D) (providing for a presumptive sentence to the Secretary of Corrections for sale of drugs to a minor) would also complete the circle of thought that sales of illegal drugs to our youth is intolerable.

What should be remembered is that the drug dealer is not a man with the appearance of a dirty, unshaven pervert. The appearance of a drug dealer is the well dressed individual with an abundance of gold, a new car, a cellular phone and several beautiful girls hanging on his shoulders. The impression left with our youth is that this individual is someone to be admired and to be emulated. House Bill 2782 is designed to, in part, send out a stiff message to that individual, and to help our youth formulate an opinion of substance abuse not based upon the glorious appearance of the drug dealer, but upon the stiff penalty the dealer receives for selling near those watchful eyes.

Respectfully Submitted

Randall K. Listrom
Topeka Police Department
Narcotics Unit
204 SW 5th
Topeka, Kansas 66603
(913)354-9434

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STATE OF KANSAS

MIKE HAYDEN, *Governor*

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Docking State Office Building, Topeka, Kansas 66612-1570

☎ (913) 296-3271

TESTIMONY

WINSTON BARTON
Secretary

THELMA HUNTER GORDON
Special Assistant

TIM OWENS
General Counsel

ANN ROLLINS
*Public Information
Director*

Administrative
Services
J. S. DUNCAN
Commissioner

Adult Services
JAN ALLEN
Commissioner

Alcohol and Drug
Abuse Services
ANDREW O'DONOVAN
Commissioner

Income Maintenance/
Medical Services
JOHN ALQUEST
Commissioner

Mental Health/
Retardation Services
AL NEMEC
Commissioner

Rehabilitation
Services
GABE FAIMON
Commissioner

Youth Services
ROBERT BARNUM
Commissioner

House Federal and State Affairs Committee House Bill 2782--Drug Free School Zones

I am Andrew O'Donovan, the Commissioner of Alcohol and Drug Abuse Services.

Thank you for the opportunity to appear before the committee and testify in favor of House Bill 2782.

HB 2782 represents the Drug Free School Zone concept which Alcohol and Drug Abuse Services is very much in favor of. By creating tougher consequences for those who sell drugs to school aged children/youth, the state is taking a big step in alleviating the multi-faceted problem of youth drug abuse.

The SRS/Alcohol and Drug Abuse Services believes that a comprehensive approach is necessary in dealing with the drug abuse problems in Kansas. A comprehensive approach includes strategies for reducing the supply of drugs and the demand for drugs at the same time.

HB 2782 is perceived to be an effective supply reduction strategy which complements the comprehensive approach we are taking in moving toward a Drug-Free Kansas.

We are supportive of Drug Free School Zones in Kansas and are prepared to cooperate in any way toward the implementation of them and any other steps that enhance Governor Hayden's Toward A Drug-Free Kansas program.

Should you have need for additional information please feel free to contact ADAS at 296-3925.

Thank you.

GEORGE SCHUREMAN, President
Kansas Bureau of Investigation
Topeka, Kansas 66604

BILL RICE, President-Elect
Chief of Police
Arkansas City, Kansas 67005

ED PAVEY, Vice-President
Ks. Law Enforcement Training Cen.
Hutchinson, Kansas 67504

ALVIN THIMMESCH, Secretary-Tre.
Kansas Peace Officers' Assn.
Wichita, Kansas 67202

Kansas Peace Officers' Association

INCORPORATED

P.O. BOX 2592 • WICHITA, KANSAS 67201

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Chief of Police
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Santa Fe R.R. Police
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RAY MORGAN
Kearny Co. Sheriff's Office
Lakin, KS 67860

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JOHN DAILY
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Wichita, KS 67203
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Hutchinson, KS 67504

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Emporia, KS 66801
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DOUGLAS PECK
Kansas Highway Patrol
Emporia, KS 66801
SERGEANT-AT-ARMS
LARRY MAHAN
Kansas Highway Patrol
Wichita, KS 67212



HOUSE BILL 2782
COMMITTEE OF FEDERAL & STATE AFFAIRS
FEBRUARY 14, 1990

MY NAME IS GEORGE SCHUREMAN, I'M A SPECIAL AGENT SUPERVISOR WITH THE KBI, AND CURRENTLY SERVING AS PRESIDENT OF THE KANSAS PEACE OFFICERS ASSOCIATION. I'M HERE TO REPRESENT THE KANSAS PEACE OFFICERS ASSOCIATION.

THE KPOA SUPPORTS THIS BILL. THIS BILL WILL ASSIST IN PROTECTING OUR YOUNG PEOPLE FROM THE GREEDY DRUG DEALER. THE DRUG DEALER SELLS DRUGS FOR ONE REASON, AND THAT IS TO MAKE MONEY TO SUPPORT HIS HABIT OR HIGH LIFE STYLE. THIS GREED IS FINANCED BY TAKING ADVANTAGE OF A GROUP OF CITIZENS WHO ARE AT A VERY IMPRESSIONABLE AGE. THIS GROUP IS OUR SCHOOL AGE CHILDREN.

THIS BILL WILL ASSIST IN ADDRESSING THE PROBLEM OF THE SCHOOL DROPOUT. SCHOOL DROPOUTS HAVE OFTEN DROPPED OUT BECAUSE OF DRUG ABUSE AND STILL HAVE CONTACTS WITH THEIR PEERS. THE DRUG FREE SCHOOL ZONE WOULD ASSIST IN BREAKING UP THIS RELATIONSHIP, AT LEAST WITHIN THE IMMEDIATE VICINITY OF THE SCHOOL.

THE DRUG FREE SCHOOL ZONE WOULD ASSIST IN COMBATTING THE VIOLENCE THAT IS OCCURRING IN OUR NEIGHBORHOODS WHICH IS CAUSED BY THE INFLUX OF

HOUSE FEDERAL & STATE AFFAIRS

In Unity There Is Strength Attachment No. 16
February 14, 1990

CRACK COCAINE. CRACK COCAINE HAS BECOME AVAILABLE IN ALL AREAS OF OUR STATE. WITH THE INTRODUCTION OF CRACK COCAINE ONE CAN EXPECT IMMEDIATE ADDICTION PROBLEMS, INCREASE IN CRIMINAL ACTIVITY, AS WELL AS INCREASE OF VIOLENT ACTS. THE DRUG FREE SCHOOL ZONE WOULD ASSIST IN PREVENTING SUCH ACTIVITY IN THE IMMEDIATE VICINITY OF THE SCHOOL. THE DRUG FREE SCHOOL ZONE, ALONG WITH DRUG EDUCATION, COUNSELING AND STRICT ENFORCEMENT OF THE LAWS WILL ASSIST IN OUR FIGHT AGAINST CRIME. KPOA SUPPORTS ALL THESE AREAS IN THE FIGHT AGAINST DRUGS.

Committee on Federal and State Affairs
House Bill No. 2782
February 14, 1990

The Kansas Association of Chiefs of Police would like the Committee to know that it supports and encourages passage of this bill. HB2782 represents the priority we are placing on our children's safety and the commitment to eliminating the influence of drugs in their lives.

Drug dealers who are attempting to infect another generation of our youth for their own profit should be dealt with in the harshest terms.

Jack Pearson

STATE OF KANSAS



DEPARTMENT OF CORRECTIONS

OFFICE OF THE SECRETARY

*Landon State Office Building
900 S.W. Jackson—Suite 400-N
Topeka, Kansas 66612-1284
(913) 296-3317*

Mike Hayden
Governor

Steven J. Davies, Ph.D.
Secretary

February 14, 1990

TESTIMONY

SUB. SB 286

**CONCERNING INFECTIOUS DISEASE TESTING AND AUTHORIZING DISCLOSURE
OF INFORMATION CONCERNING EXPOSURE TO INFECTIOUS DISEASES UNDER
CERTAIN CONDITIONS**

The amendments offered to Substitute to Senate Bill 286 are the result of a meeting during which the ideas, concerns, and suggestions of a cross-section of parties interested in the intent of this legislation were incorporated.

The parties interested in the intent of this legislation include, but are not limited to: the Kansas Department of Corrections, the Kansas Department of Social and Rehabilitation Services, the Kansas Department of Health and Environment, the Kansas League of Municipalities, law enforcement, fire fighters, members of the medical profession, and other emergency services personnel.

The agreed upon amendments proposed to Substitute to SB 286 include language from SB 523 and it's companion bill HB 2664. This legislation was introduced at the request of the Criminal Justice Coordinating Council. The Criminal Justice Coordinating Council received broad based support for the intent of this legislation during meetings held last fall. The intent of this legislation is to allow certain employees, contract employees and volunteers to know when they have been exposed to Acquired Immune Deficiency Syndrome (AIDS), hepatitis B, or meningococcal meningitis.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 18
February 14, 1990

The Substitute to SB 286 provides that a court:

- * may order a person to submit to infectious disease testing if it finds probable cause exists to believe that that an employee, contract employee, or volunteer of law enforcement, fire fighters, emergency medical personnel, corrections, or SRS has either come in contact with or otherwise been exposed to transmission of the bodily fluids. This bills provisions would be used only in those circumstance where the person expected of having an infectious disease has refused to voluntarily submit to infectious disease testing.
- * shall hold a hearing forthwith and issue it's order immediately upon finding of probable cause.
- * shall, if the infectious disease testing results in a negative reaction, order the person tested to submit to another infectious disease test six months from the date of the first test.
- * shall disclose the results of any infectious disease test to the employee, contract employee or volunteer involved, and the person tested.

The Substitute to SB 286 also provides that:

- * only persons licensed as health care providers may test for infectious diseases, and shall have immunity from liability when acting in accordance with this legislation.
- * the results of tests shall be confidential and shall not be divulged to any person not authorized by this legislation.

We believe that the Substitute to SB 286 provides the balance between the protection of confidentiality and the employees right to be informed when they have been potentially exposed to AIDS, hepatis B or meningococol meningitis.

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Substitute for SENATE BILL No. 286

By Committee on Public Health and Welfare

3-7

AN ACT concerning the disease acquired immune deficiency syndrome, authorizing a court to order AIDS tests in certain circumstances, authorizing disclosure of information relating to acquired immune deficiency syndrome to emergency personnel under certain conditions; amending K.S.A. 22-2913 and K.S.A. 1988 Supp. 65-6001 and 65-6004 and repealing the existing sections.

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

Section 1. K.S.A. 22-2913 is hereby amended to read as follows: 22-2913. (a) As used in this section:

(1) "AIDS test" means a test approved by the secretary of health and environment to detect antibodies to the probable causative agent for the disease acquired immune deficiency syndrome.

(2) "A positive reaction" means a positive AIDS test with a positive confirmatory test as specified by the secretary of health and environment.

(b) At the time of an appearance before a magistrate under K.S.A. 22-2901 and amendments thereto, the magistrate shall inform every person arrested and charged with a crime in which it appears from the nature of the charge that the transmission of body fluids from one person to another may have been involved of the availability of AIDS testing and counseling and shall cause the alleged victim of such a crime, if any, to be notified that AIDS testing and counseling is available. If the person arrested and charged with a crime stated to the law enforcement officer making such arrest that the person arrested and charged with the crime has the disease acquired immune deficiency syndrome or is infected with the human immunodeficiency virus, or used words of like effect, the court shall order the arrested person to submit to an AIDS test.

(c) Upon conviction of a person for any crime which the court

infectious disease testing and authorizing disclosure of information concerning exposure to infectious diseases

"Infectious diseases test" means a test approved by the secretary of health and environment for acquired immune deficiency syndrome, hepatitis B, or meningococcal meningitis.

(2) "Contract employee" means employees of any organization or firm engaged in providing services under contract to:

(A) The department of corrections or department of social and rehabilitation services who are either permanently or temporarily assigned to a correctional facility or institution, or engaged in administering the provisions of such facility or institution, including but not limited to, academic education, vocational-technical training and instruction, medical services, and mental health treatment and counseling;

(B) any authorized law enforcement agency authorized either permanently or temporarily performing assigned duties, including but not limited to, police, sheriff, Kansas bureau of investigation, highway patrol, university or college police and wildlife and parks officers; or

(C) any emergency medical response team members or firefighters.

(3) "Volunteer" means any individual not an employee of:

(A) The department of corrections or department of social and rehabilitation services who of such person's free will provides goods or services to one or more department facilities or institutions for a nonmonetary or material gain and including individuals receiving training as volunteers;

(B) any law enforcement agency authorized in this state who of such person's own free will provides goods and services to one or more agencies for nonmonetary or material gain and including individuals receiving training as volunteers; or

(C) any fire department or emergency response medical team authorized in this state who of such person's own free will provides goods and services to one or more agencies for nonmonetary or material gain and including individuals receiving training as volunteers.

(4) "Physician" means a person licensed to practice medicine

44 determines from the facts of the case involved or was likely to have
 45 involved the transmission of body fluids from one person to another,
 46 the court: (a) May order the convicted person to submit to an AIDS
 47 test or (b) shall order the convicted person to submit to an AIDS
 48 test if the victim of the crime or the parent or legal guardian of the
 49 victim, if the victim is a minor, requests the court to make such
 50 order. If an AIDS test is ordered under this subsection (c), the
 51 victim of the crime, if any, who is not a minor shall designate a
 52 health care provider or counselor to receive such information on
 53 behalf of the victim. If the victim is a minor, the parent or legal
 54 guardian of the victim shall designate the health care provider or
 55 counselor to receive such information. If the test results in a negative
 56 reaction, the court shall order the convicted person to submit to
 57 another AIDS test six months after the first test was administered.

58 (d) The results of any AIDS test ordered under this section shall
 59 be disclosed to the court which ordered the test, the convicted
 60 person and to the person designated under subsection (c) by the
 61 victim or victims of the crime or by the parent or legal guardian of
 62 a victim if the victim is a minor or if the AIDS test was ordered
 63 under subsection (b), the results of such test shall be disclosed to
 64 the law enforcement officer making such arrest, the person arrested
 65 and such other persons as the court determines have a legitimate
 66 need to know the test result in order to provide for their protection.
 67 If an AIDS test ordered under this section results in a positive
 68 reaction, the results shall be reported to the secretary of health and
 69 environment and to the secretary of corrections, and such counseling
 70 as directed by the secretary of health and environment shall be
 71 provided to the victim or victims.

72 (e) ~~(a)~~ The costs of any counseling provided under subsection (d) by
 73 ~~the secretary of health and environment~~ shall be paid from amounts
 74 appropriated for such purpose to the ~~department of health and en-~~
 75 ~~vironment. Restitution~~ to the state for payment of the costs of any
 76 counseling provided under this section and for payment of the costs
 77 of any test ordered under this section shall be included by the court
 78 in any order requiring the ~~arrested or~~ convicted person to pay
 79 restitution.

80 (f) When a court orders a ~~an arrested or convicted~~ person to

→
 Structure 1.

(5) "Emergency personnel" means an attendant or a first responder as defined in K.S.A. 1989 Supp. 65-6112 and amendments thereto or a firefighter.

(b) Whenever probable cause exists to believe that any employee, contract employee, or volunteer of the secretary of corrections, secretary of social and rehabilitation services, law enforcement agency, fire department or emergency response medical team has, while performing duties within the scope of such person's employment or duties as a volunteer, come in contact with, or has otherwise been exposed to transmission of bodily fluids from any person, any court of competent jurisdiction may order the person or persons involved to submit to infectious disease testing, provided that the court makes certain necessary findings as set forth in subsection (c).

(c) Upon receipt of information to the effect that any employee, contract employee, or volunteer has either come in contact with, or has otherwise been exposed to transmission of a person's bodily fluids, the director of the employing entity or agency or entity or agency accepting the volunteer or contract services may make application to a court of competent jurisdiction for an order for involuntary infectious disease testing of such person. Any such application must include an allegation that such person sought to be tested has been requested to voluntarily submit to infectious disease testing and has refused the testing. When any such application is received, the court shall hold a hearing forthwith and shall issue its order thereon immediately. Prior to issuance of any such order, the court shall find there is probable cause to believe that the employee, contract employee or volunteer involved has either come in contact with, or otherwise been exposed to transmission of the bodily fluids of the person sought to be tested, and further, that the person sought to be tested has refused to voluntarily submit to infectious disease testing, unless the court makes a further finding that exigent circumstances exist which would, in the court's judgment, excuse the applicant from making such a request.

(d) If infectious disease testing results in a negative reaction, the court shall, upon proper application, order the person who has been tested to submit to another infectious disease test six months from the date the first test was administered.

(e) The results of any infectious disease test ordered under this section shall be disclosed to the court which ordered the test, the employee, contract employee or volunteer involved, and the person tested. If an infectious disease test ordered under this section results in a positive reaction, the results shall be reported to the director of the employing entity or agency or entity or agency accepting the voluntary or contract services, and appropriate counseling shall be provided to the employee, contract employee or volunteer involved.

employing entity or agency. If the person tested is subsequently convicted of a crime arising from the same factual circumstances and ^{The} (e) court determines from the facts of the case that the crime involved or was likely to have involved transmission of bodily fluids from one person to another, restitution

or local unit of government OR entity

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infectious disease test

31 submit to an AIDS test under this section, the withdrawal of the
32 blood may be performed only by: (1) A person licensed to practice
33 medicine and surgery or a person acting under the supervision of
34 any such licensed person; (2) a licensed professional nurse or a
35 licensed practical nurse; or (3) a qualified medical technician. No
36 person authorized by this subsection to withdraw blood, no person
37 assisting in the performance of the AIDS test nor any medical care
38 facility where blood is withdrawn or tested that has been ordered
39 by the court to withdraw or test blood shall be liable in any civil
40 or criminal action when the act is performed in a reasonable manner
41 according to generally accepted medical practices.

infectious disease test

(h)

42 ~~(g)~~ The results of tests or reports, or information therein, ob-
43 tained under this section shall be confidential and shall not be di-
44 vulged to any person not authorized by this section to receive the
45 same. Any violation of this section subsection is a class C
46 misdemeanor.

47 Sec. 2. K.S.A. 1988 Supp. 65-6001 is hereby amended to read
48 as follows: 65-6001. As used in K.S.A. 1988 Supp. 65-6001 to 65-
49 6007, inclusive, and amendments thereto, unless the context clearly
50 requires otherwise:

- 51 (a) "AIDS" means the disease acquired immune deficiency
- 52 syndrome.
- 53 (b) "HIV" means the human immunodeficiency virus or any other
- 54 identified causative agent of AIDS.
- 55 (c) "Positive reaction to an AIDS test" means a positive test,
- 56 approved by the secretary, to detect antibodies to the probable
- 57 causative agent for AIDS, with a positive confirmatory test as spec-
- 58 ified by the secretary.
- 59 (d) "Secretary" means the secretary of health and environment.
- 60 (e) "Physician" means any person licensed to practice medicine
- 61 and surgery.
- 62 (f) "Emergency personnel" means an attendant as defined under
- 63 K.S.A. 1988 Supp. 65-6112 and amendments thereto, a first re-
- 64 sponder as defined under K.S.A. 1988 Supp. 65-6112 and amend-
- 65 ments thereto or a firefighter.

1989

66 Sec. 3. K.S.A. 1988 Supp. 65-6004 is hereby amended to read
67 as follows: 65-6004. (a) Notwithstanding any other law to the contrary,

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2-14-90

18 physician performing medical or surgical procedures on a patient
 19 who the physician knows has ~~AIDS~~ or has had a positive reaction ~~_____~~ an infectious disease
 20 to an ~~AIDS~~ test may disclose such information to other health care
 21 providers or emergency personnel who have been or will be placed
 22 in contact with bodily fluids of such patient during such proce-
 23 dures. The information shall be confidential and shall not be dis-
 24 closed by such health care providers or emergency personnel except
 25 as may be necessary in providing treatment for such patient.

26 (b) Any physician who discloses information in accordance with
 27 the provisions of this section in good faith and without malice shall
 28 have immunity from any liability, civil or criminal, that might oth-
 29 erwise be incurred or imposed in an action resulting from such
 30 disclosure. Any such physician shall have the same immunity with
 31 respect to participation in any judicial proceeding resulting from such
 32 disclosure.

33 Sec. ~~4~~ K.S.A. 22-2913 and K.S.A. ~~1988 Supp. 65-6001~~ and 65-
 34 6004 are hereby repealed. 1989

35 Sec. ~~5~~ This act shall take effect and be in force from and after
 36 its publication in the statute book. 4

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 2-14-90

Committee on Federal and State Affairs
Substitute Senate Bill No. 286
February 14, 1990

The Kansas Association of Chiefs of Police strongly supports and encourages passage of this bill as proposed for amendment. The Association feels that this measure is necessary for the safety and protection of those professionals who must be exposed to hazardous situations in the course of their duties.

It is a matter of record that public safety personnel occasionally come in contact with human body fluids at accidents, crime scenes, medical emergencies, and in other adverse conditions. While precautions are taken, this contact can and has resulted in the individual being exposed to an infectious disease. Having knowledge of this exposure will allow the public safety employee to seek appropriate medical treatment and to avoid spreading the disease.

The effects of exposure do not lie solely with the employee, but also impact on the employee's relations with his or her family. Much of the trauma involved can be better coped with by simply allowing the release of information to confirm the status of the exposure. The situation of not knowing for sure if the employee has contracted an infectious disease can be as unsettling as coping with the procedures required to treat an exposure.

This bill not only authorizes the release of information when it is already known that an infectious disease is present, it also allows for a reasonable and controlled system to obtain the information when the infected person is uncooperative.

TESTIMONY OF
OFFICER RICK SABEL
FRATERNAL ORDER OF POLICE LODGE #3
SUBSTITUTE SENATE BILL 286
FEBRUARY 14, 1990

I am here today representing the Fraternal Order of Police Lodge #3. The balloon attachment to Substitute Senate Bill 286 has the full support of our lodge. There is only one aspect that we as law enforcement personnel wish to address regarding the balloon added to this bill.

The concern we have is that under normal circumstances any person we arrest for either a misdemeanor or felony generally can bond out of jail in a matter of hours after the initial contact was made. The problem that arises is the person we just arrested and eventually bonded out of jail could conceivably leave the city, county or state upon gaining their release. Further complicating the problem is the fact that this person is not available for testing. The possibility exists that if the person did not have an infectious disease at the time of the original arrest he/she could contract an infectious disease between the time he/she was released and the next time they appeared before the court. The possibility of this type of circumstance occurring is very likely.

What we as law enforcement personnel would like to see included in this balloon is wording that addresses an immediate court order that would allow testing to be conducted immediately upon exchange of bodily fluids. This would be accomplished in the same manner as a search warrant is accomplished now. The judge that is on call could be summoned and a court order obtained from him/her allowing officers to seek testing as soon as possible. This may appear as a problem or inconvenience to the judges. During the past one and one-half years there have been only three genuine incidents in Topeka that would have required this court order. Judges are disrupted much more by search warrants than this type of request would ever cause.

Two examples of the exchange of bodily fluids from an individual to law enforcement personnel are as follows:

On June 30, 1988, I was dispatched to assist Medevac , who wished to treat a very drunk and severely injured man at the rear of a house in the 300 block of Taylor. Upon arrival with my partner, we observed this man who was covered with blood and bleeding profusely from his right wrist. He was very angry and violent and surely would have bled to death if he did not receive prompt medical attention. This subject was very drunk and abusive and when my partner and myself attempted to persuade him to allow Medevac personnel to treat him he responded by flinging his right hand at my

partner and myself, covering us with blood. Some of this blood got into and around my eyes and some blood also landed on my partners face. We were eventually able to subdue the individual and provide medical treatment for him. The problem then existed that both my partner and I had to submit to three Hepatitis B shots at periodic intervals for six months and H.I.V. testing on four separate occasions during the same six month period of time. Not only was this time consuming, costly and painful, but one also suffers mental duress.

Another incident occurred on December 20, 1989 and involved another officer of our department who was sent to a location in the 2800 block of California to check on the welfare of a man clad only in a trench coat. Upon arrival this officer observed the subject seated along the curb with no shoes or socks. The temperature outside was well below freezing. This person apparently was suffering from a mental condition and upon the arrival of additional officers was subdued after a brief altercation. During the handcuffing of the subject, one of the officers was bitten on the leg breaking the skin and possibly transferring bodily fluids.

In both of these incidents officers were attempting to assist the general public who had not committed a crime at the onset of the encounter. The incidents, however, progressed to the point where both individuals were arrested.

In summation, the Fraternal Order of Police Lodge #3 feels the balloon attached to Substitute Senate Bill 286 is well written and covers all concerns that law enforcement personnel have except the addressing of the immediate court order. This bill would be a great tool to assist all emergency personnel in relieving much pain, suffering and mental duress to not only themselves as victims, but also to their families.

We strongly support the passage of Substitute Senate Bill 286 with its balloon.



STATE OF KANSAS

OFFICE OF THE ATTORNEY GENERAL

2ND FLOOR, KANSAS JUDICIAL CENTER, TOPEKA 66612-1597

ROBERT T. STEPHAN
ATTORNEY GENERAL

MAIN PHONE: (913) 296-2215
CONSUMER PROTECTION: 296-3751
TELECOPIER: 296-6296

TESTIMONY OF
DEPUTY ATTORNEY GENERAL EDWIN A. VAN PETTEN
ON BEHALF OF ATTORNEY GENERAL ROBERT T. STEPHAN
BEFORE THE HOUSE FEDERAL AND STATE AFFAIRS
FEBRUARY 14, 1990
RE: SENATE BILL 286

Attorney General Stephan feels strongly that the procedures set out in Senate Bill 286 need to be enacted for the protection of our law enforcement and corrections personnel as well as emergency personnel who are continually in danger of exposure to infectious diseases.

The legislature previously responded to the concern for victims of crimes where such exposure was possible due to the transmission of bodily fluids, in the commission of a crime. Obviously this expansion is necessary for the further protection of those who are safeguarding society.

It is my understanding that amendments have been or will be proposed, setting forth clarifications regarding the definition of those to be protected and simplifying procedures. However, in my review of these amendments it appeared that the crime victims were inadvertently omitted. Section 1, (2) (b) should be reinstated as originally written

HOUSE FEDERAL & STATE AFFAIRS
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in K.S.A. 22-2913, unless the committee wishes to change the procedure for testing therein.

In short, the exposure to these diseases is of great concern to our professionals in the field, as well as the victims of crime. I ask that you give them a procedure to follow, whereby they can determine if they, as well as the ones they love, are exposed to further danger.

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2-14-02



**League
of Kansas
Municipalities**

**Municipal
Legislative
Testimony**

An Instrumentality of Its Member Kansas Cities. 112 West Seventh Street, Topeka, Kansas 66603 Area 913-354-9565

TO: House Committee on Federal and State Affairs
 FROM: Jim Kaup, League General Counsel
 RE: **Sub. for SB 286; Testing for Infectious Diseases**
 DATE: February 12, 1990

The League supports Sub. for SB 286, in its form as amended by the Department of Corrections, to the extent that it advances our convention-adopted Statement of Municipal Policy: "G-5 AIDS Protection. Public safety, emergency medical service and other public employees who may come in contact with AIDS infected persons should have the statutory right to information as to their possible exposure to the disease."

In its present form Sub. for SB 286 goes beyond the League's policy position favoring legislation to inform public safety employees of their possible exposure to AIDS. We defer to the judgment of the Legislature as to whether each of the diseases listed in Section 1 constitutes a threat to the public, and public safety personnel, of a magnitude sufficient to require involuntary medical testing.

The League believes there is a need for an effective procedure under Kansas law whereby public safety employees and volunteers may be notified of their exposure to AIDS, while at the same time safeguarding as much as possible the privacy interest of infected persons.

"Special consideration" of public safety employees and volunteers is justifiable, we believe, because those public servants are exposed to bodily fluids as a day-to-day part of their public duties. It is an occupational hazard. Even with the best of training and protective clothing and equipment, public safety personnel can and do come into direct contact with bodily fluids which serve as the means for transmission of certain infectious diseases. Sub. for SB 286 will not stop that exposure, nor will it prevent the transmission of those diseases. What it does seek to do is provide information to the employee or volunteer--information that not only can be critical to that person's health, but can also help prevent the subsequent transmission of disease by an infected employee or volunteer.

Sub. for SB 286 would also serve as an indicator of the adequacy of workplace practices and policies upon which public safety personnel rely. If current safeguards are not working to protect those people from exposure--but no one knows this because no one is informed when exposure leads to disease transmission--nothing will be done to correct the problems.

Legislation forcing someone to undergo medical testing and then have the results of that testing divulged to others is not something to undertake lightly. Such an intrusion into the privacy interests of citizens should only occur when a compelling need is identified. Sub. for

HOUSE FEDERAL & STATE AFFAIRS
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*President: Irene B. French, Mayor, Merriam * Vice President: Frances J. Garcia, Mayor, Hutchinson * Directors: Ed Ellert, Mayor, Overland Park * Harry Felker, Mayor, Topeka * Greg Ferris, Councilmember, Wichita * Idella Frickey, Mayor, Oberlin * William J. Goering, City Clerk/Administrator, McPherson * Judith C. Hollinsworth, Mayor, Humbolt * Jesse Jackson, Mayor, Chanute * Stan Martin, City Attorney, Abilene * Richard U. Nienstedt, City Manager, Concordia * Judy M. Sargent, City Manager, Russell * Joseph E. Steineger, Mayor, Kansas City * Bonnie Talley, Mayor, Garden City * Executive Director: E.A. Mosher*

SB 286 is this State's acknowledgement of the compelling public need for protecting the lives of public safety employees and volunteers, and the lives of their families, from work-related hazards. Sub. for SB 286 makes a reasonable effort to provide necessary medical related information to those who need it, while minimizing the intrusion into the privacy of those from whom that information must be taken.

The League has worked with the Department of Corrections in drafting amendments to Sub. for SB 286 that address problems which the League had with other infectious disease reporting bills introduced in the 1990 session (SB 523 and HB 2664). We believe this amended version of Sub. for SB 286 has largely eliminated those problems. The League asks the Committee for its favorable consideration of Sub. for SB 286, with the proposed amendments.

SUMMARY OF TESTIMONY

Before the House Federal & State Affairs Committee

February 14, 1990

Substitute for Senate Bill 286

Presented by the Kansas Highway Patrol

(Sergeant Terry L. Maple)

The Kansas Highway Patrol strongly supports the proposed amendments to Substitute for Senate Bill 286.

The proposed language would permit a court of competent jurisdiction to mandate involuntary infectious disease testing of persons who refuse to voluntarily submit to such testing after coming into contact with public safety or first responder personnel and certain volunteers.

The language would require the court to act in an expedient manner in determining if probable cause exists to warrant infectious disease testing and to issue an order therefore immediately.

If initial testing proved negative the court, upon proper application, may order an additional test six months from the date of the first test.

As you are aware, there are many factors to consider by someone who is exposed to one of these infectious diseases as to personal and family situations. The proposed language would also provide for counseling for the officer. The cost of the counseling and any testing would be included by the court in the amount of restitution to be paid by a convicted person.

Fortunately, the Patrol has experienced only two known and recorded instances in this regard which it became aware of only through the concern and attention to duty on the part of several dedicated individuals.

Keeping in mind the number of persons that our troopers, and other safety and first responders, come in contact with and the large number of persons who have infectious diseases, the Patrol respectfully requests that this committee give favorable consideration to proposed amendments to Substitute for Senate Bill 286.



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Kansas County & District Attorneys Association

827 S. Topeka Ave., 2nd Floor • Topeka, Kansas 66612
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EXECUTIVE DIRECTOR • JAMES W. CLARK, CAE

TESTIMONY IN SUPPORT OF SUBSTITUTE FOR SB 286

The Kansas County and District Attorneys Association appears in support of Senate Bill 286 because the bill gives some degree of protection to law enforcement officers and their families from acquired immune deficiency syndrome, one of the most, if not the most dreaded diseases of our time.

We realize that there are those that view such testing measures as a means to discriminate against those who already suffer from the disease, or those who belong to certain identifiable groups more likely to suffer from the disease. This is certainly not the intent of the bill, nor in our Association's support.

It is ironic that at the present time, our laws do not recognize the deadly threat of this disease to the extent of allowing a simple blood test in all circumstances where the disease is suspected; yet if a person is observed driving erratically and upon closer contact alcohol is smelled on his or her breath, such testing is done routinely. While there is some intrusion into the rights of the suspected carrier, this intrusion is no more than that performed routinely in instances of DUI. And courts have unanimously recognized that such intrusion is reasonable in view of the protection of the public health and welfare.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 24
February 14, 1990

Federal and State Affairs Committee

Bill 286

by

Lt. Ed Lundblade

Newton Police Department

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 25
February 14, 1990

GOOD AFTERNOON, Mr. Chairman, members of the Committee:

My name is Lt. Ed Lundblade, Newton Police Department. I'm District Five Representative of the Kansas Police Officer's Association.

I'm here to speak in favor of Bill 286. Kansas public safety officers are exposed to an increase in violent crime every year. With this increase comes the potential exposure to victim's body fluids and infectious or deadly disease. It is important to these officers that they be notified when they have been exposed to HIV virus or hepatitis "B".

I have been personally involved in such a situation. I responded to a call in which the victim, a major drug dealer had been badly beaten. Upon arrival the victim was lying in a pool of blood. The ambulance crew and police were administering CPR and first aid. I was later informed by the victim's mother that her son may have an infectious disease. All the officers involved were tested at a Wichita hospital with negative results.

There is a constant fear among public safety officers that their next suspect or victim may be infected with a major disease. Of major concern is the fact they may bring the disease home to their family.

If the officer is exposed and is advised of the exposure he/she can take the necessary steps to reduce the potential infection to the family.

LAW ENFORCEMENT SUPPORTS Bill 286.

Thank You

If the committee has any questions I will be glad to answer them.

FS19
25-2
2-14-98



Federal Emergency Management Agency
United States Fire Administration
Emmitsburg, Maryland 21727



December 1989

AN OPEN LETTER TO ALL EMERGENCY RESPONSE AGENCIES:

Firefighters, emergency medical technicians, paramedics, and other emergency response personnel face numerous unique circumstances where they are at risk for exposure to blood, body fluids, and other potentially infectious materials. Their awareness and active protection against infectious diseases are vital to the health of these public servants and to the communities they serve.

Acquired Immune Deficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV), is perhaps the most widely publicized disease affecting emergency response personnel. Hepatitis-B, however, poses a much greater occupational health risk, as each year 20,000 health care workers become infected and at least 200 health care workers die of work-related Hepatitis-B infections.

The United States Fire Administration (USFA) feels strongly that all health care workers, particularly firefighters, emergency medical technicians, paramedics and other emergency response personnel, be offered immunization against vaccine-preventable diseases, such as Hepatitis-B. The U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) agrees and has mandated this for all employees covered by OSHA regulations.

Hepatitis-B is only one of the vaccine-preventable diseases that emergency response personnel need to be concerned with. According to the current Advisory Committee for Immunization Practices Guidelines published by the Centers for Disease Control, "All persons providing health care to older adolescents and adults in private offices, clinics, hospitals, HMOs, and other health care settings should be provided with immunization against influenza; with pneumococcal, Hepatitis-B, measles, and rubella vaccines; and with tetanus and diphtheria toxoids, when indicated." Firefighters, emergency medical technicians, paramedics, and other emergency response personnel fall into this group and should be afforded this protection.

The USFA Office of Firefighter Health & Safety is actively responding to the impact of infectious diseases on the fire service and other emergency response professionals. In August, we held a "Second Forum on Communicable Diseases" with emergency medical and infection control experts, fire service professionals, physicians, attorneys, and allied Federal agency representatives. We spent three days discussing infection control curriculum development, vaccination, related legal issues, pending Federal legislation regarding occupational exposure to infectious diseases, employee rights, and models of fire department record-keeping of exposures. We reviewed the progress of the 1988 Forum recommendations, and developed new recommendations for the coming year. Detailed findings and recommendations have been published in the USFA Report on the Second Forum on Communicable Diseases, which is available from:

The United States Fire Administration
Office of Firefighter Health & Safety
16825 South Seton Avenue
Emmitsburg, Maryland 21727

53 JAN 1990

It is up to each emergency response agency to ensure that all emergency responders have the training, equipment, and protection to do their job safely. When they are saving lives, they must first protect their own. Make certain that your professionals can do just that.

Sincerely,

Edward M. Wall

Deputy Administrator,

U. S. Fire Administration
HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 26
February 14, 1990



"Service to County Government"

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Executive Director
John T. Torbert

February 14, 1990

TESTIMONY

To: House Federal and State Affairs Committee

From: John T. Torbert
Executive Director

Subject: Substitute for Senate Bill 286

The Kansas Association of Counties is generally in support of this legislation. Our platform position specifically states that law enforcement or emergency personnel that have potentially been exposed to the AIDS virus should have the ability to receive testing results concerning the individual who exposed them to that virus. This legislation accomplishes this goal. I would point out that I understand that there will be amendments suggested to this legislation concerning hepatitis B and meningococcal meningitis. We do not have any platform position with respect to these diseases or others that may be discussed by this committee. Our position is AIDS specific.

Law enforcement and emergency personnel are often placed in situations where exposure to disease can occur. When the disease itself constitutes a death sentence, it is extremely important that an individual that has potentially been infected be aware of it. This is not only important for the individual, it is important to others that may come in contact with that individual. This bill is stop-gap at best because it deals with exposure after it has already occurred. Unfortunately, it is necessary and the gravity of the AIDS epidemic outweighs privacy concerns in this particular instance. We believe that appropriate safeguards are in place so that testing information will only be provided to those with a "need to know."

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We also support the provision calling for counseling in those cases where there has been a positive test. We do have a concern though that the requirement that counseling be provided is easy from a statutory viewpoint. Finding good and knowledgeable counseling in sparsely populated areas of the state may be another matter entirely.

Generally though, we support this legislation and urge its favorable consideration by the committee.

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I'm Gordon Risk, president of the American Civil Liberties Union of Kansas. I am also a physician and psychiatrist, and I am here to testify against S.B. 286, previously introduced as S.B. 523.

This bill is an artifact of the AIDS hysteria that swept this country a couple of years ago. It will benefit no one and will violate the Constitutional right of citizens to be secure in their persons against unreasonable searches and seizures. Searches and seizures are usually undertaken to secure evidence of crimes against society. Indeed, the Constitutional balancing practiced by the U. S. Supreme Court measures "the nature and quality of the intrusion on the Fourth Amendment interests against the importance of the governmental interests alleged to justify the intrusion." (1) This bill would strike a different balance; Constitutional rights and medical privacy would be sacrificed to the fears of another individual. Society, itself, will not benefit at all.

Since there has never been a documented case of human immunodeficiency virus (HIV) transmission through saliva, (2) and since sexual penetration would fall outside the scope of the employee's or volunteer's duties, that leaves blood as the only vehicle for transmission. As we have learned during the suit of Dr. Veronica Prego against the Health and Hospitals Corporation of New York City, (3) Dr. Prego evidently contracted AIDS through her own negligence or the negligence of another physician, when she stuck herself with a needle. Under this bill, patients would suffer deprivation of Constitutional rights as a consequence of the negligence or substandard practice of the physician or other health care provider. This is manifestly unjust. Furthermore, since homosexuals, or people thought to be homosexual, can be expected to be more frequently singled out for involuntary testing, this bill would deprive them of the equal protection of the laws. The bill also raises due process problems with regard to evidence needed to order involuntary testing. Since body fluids aren't equal with regard to HIV infectiousness, the degree of exposure necessary for testing to be ordered is quite imprecise.

The bill is notable for its callous treatment of the infected individual. Nowhere is it mentioned that he would or should be entitled to counseling with regard to his condition, even though it may have come as news to him, not just to the other numerous individuals who will learn of his condition. The bill is, of course, worthless as a public health measure. You find out about your HIV status by testing yourself, not someone else. Testing someone else only makes sense in fact when understood as a psychiatric symptom, an indication that one is too frightened to want to know with certainty if the agent is within one's self.

Confidentiality will be breached as a consequence of this bill. People will know, who have no need to know, and lawsuits for damages should be anticipated. One part of Dr. Prego's \$175 million lawsuit against the Health and Hospitals Corporation of New York City is a request for damages on the basis that her identity was disclosed to the public and her ability to practice her profession thereby impaired. Kansas can expect such a suit if this bill is passed, and the public will wonder what it got for its money.

- (1) O'Connor v. Ortega, 480 U.S. 709, at 719 (1987)
- (2) Perry D., Markowitz, J.: Counseling for HIV Testing. Hospital and Community Psychiatry, 39:736, 1988.
- (3) The New York Times, January 11-23, 1990.

2/14/90

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 28
February 14, 1990



KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383
Kansas WATS 800-332-0156 FAX 913-235-5114

February 14, 1990

TO: House Federal & State Affairs Committee
FROM: Kansas Medical Society *Chip A. Guelon*
SUBJECT: Substitute Senate Bill 286

Thank you for this opportunity to offer a few comments on Sub SB 286. The Kansas Medical Society is neither a proponent nor an opponent of the language contained in the bill in its current form.

We would like to point out, however, that sections 2 and 3 of the bill appear to be unnecessary at this time. In fact, if enacted in its current form, Sub SB 286 might conflict with the language contained in SB 529. Attached to this statement is a copy of page 4 of SB 529 which resembles section 3 of Sub SB 286, but goes further to allow physicians to inform unsuspecting spouses if they may have been exposed to HIV. This is in addition to the physician's ability to inform medical professionals or emergency personnel that may have been exposed to HIV.

We did collaborate with personnel of the Department of Corrections and various associations representing law enforcement professions as well as the League of Kansas Municipalities, to develop proposed amendments to Sub SB 286. Again, the Kansas Medical Society is neither a proponent nor an opponent, but we wish to express that we do not object if the Committee should adopt the proposed amendments to Sub SB 286.

If indeed the Committee decides that the version of Sub SB 286 recommended by the Department of Corrections is desirable public policy, we would respectfully request one additional amendment. Attached to this statement is a copy of page 4 of the balloon amendment, which would add a new subsection (c) to section 2 by stating "nothing in this section shall be construed to create a duty to warn any person of possible exposure to an infectious disease." This wording is designed to prevent unnecessary and meaningless litigation. The possibility exists that a health care professional, emergency personnel, or law enforcement official might be infected as a result of exposure to another person's bodily fluids and it could be alleged that a physician had a duty to warn that individual of their exposure, even though the physician did not actually know that the accident victim or person in custody was infected with the disease.

Finally, we believe it is important to point out to the Committee that passage of Sub SB 286 (amended or not) might create false assurances for individuals who believe that if a person to whom they have been exposed is tested for infectious disease and yields a negative result, that they are safe from infection. Particularly in regard to HIV testing, such tests may or may not be accurate. Conversely, a person could experience unnecessary distress upon learning that another, to whom they have been exposed, is HIV positive. Unless that person is confirmed by a more specific and far more expensive test, the possibility exists that the result was a false positive. In either event, it is imperative that the person who is exposed to another's bodily fluids take necessary precautions. First and most importantly, the law enforcement official or emergency personnel should submit themselves for testing and then repeat the test after a reasonable period of time to be assured that they are not infected with such a disease.

Thank you very much for considering our comments.

HOUSE FEDERAL & STATE AFFAIRS
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February 14, 1990

be performed by the secretary under subsection (a) as specified by such agreement. The confidentiality requirements of subsection (b) shall apply to any duties performed pursuant to such an agreement.

See. 3. K.S.A. 1989 Supp. 65-6005 is hereby amended to read as follows: 65-6005. Any person violating, refusing or neglecting to obey any provision of K.S.A. 1988 1989 Supp. 65-6001 through 65-6004, and amendments thereto, or of the rules and regulations adopted by the secretary for the prevention and control of AIDS shall be guilty of a class C misdemeanor.

See. 4. K.S.A. 1989 Supp. 65-6006 is hereby amended to read as follows: 65-6006. The secretary shall prepare for distribution to the district courts of the state educational material explaining the nature, causes and effects of HIV and AIDS and other information relating to HIV and AIDS as may be appropriate. The clerks of the district courts or judges thereof, when applied to for a marriage license, shall provide copies of such educational material to the parties to the proposed marriage.

See. 5. K.S.A. 1989 Supp. 65-6002, 65-6003, 65-6005 and 65-6006 are hereby repealed.

Sec. 3. K.S.A. 1989 Supp. 65-6004 is hereby amended to read as follows: 65-6004. (a) Notwithstanding any other law to the contrary, a physician performing medical or surgical procedures on a patient who the physician knows has AIDS or has had a positive reaction to an AIDS test may disclose such information to other health care providers or emergency personnel who have been or will be placed in contact with bodily fluids of such patient during such procedures. The information shall be confidential and shall not be disclosed by such health care providers or emergency personnel except as may be necessary in providing treatment for such patient.

(b) Notwithstanding any other law to the contrary, a physician who has reason to believe that the spouse or partner of a person who has had a positive reaction to an AIDS test may have been exposed to HIV and is unaware of such exposure may inform the spouse or partner of the risk of exposure.

(c) Nothing in this section shall be construed to create a duty to warn any person of possible exposure to HIV.

(d) Any physician who discloses information in accordance with the provisions of this section in good faith and without malice shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed in an action resulting from such disclosure. Any such physician shall have the same immunity with respect to participation in any judicial proceeding resulting from

such disclosure.

Sec. 4. K.S.A. 1989 Supp. 65-6001, 65-6002 and 65-6004 are hereby repealed.

Sec. 6 5. This act shall take effect and be in force from and after its publication in the statute book.

3 a physician performing medical or surgical procedures on a patient
 9 who the physician knows has ~~AIDS~~ or has had a positive reaction
 0 to an ~~AIDS~~ test may disclose such information to other health care
 1 providers or emergency personnel who have been or will be placed
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 9 erwise be incurred or imposed in an action resulting from such
 0 disclosure. Any such physician shall have the same immunity with
 1 respect to participation in any judicial proceeding resulting from such
 2 disclosure.

an infectious disease

3 ¶(c) Nothing in this section shall be construed to
 4 create a duty to warn any person of possible exposure
 5 to an infectious disease.

6 Sec. ~~4~~. K.S.A. 22-2913 and K.S.A. ~~1988 Supp. 65-6001~~ and 65-
 7 6004 are hereby repealed. 1989

8 Sec. ~~5~~. This act shall take effect and be in force from and after
 9 its publication in the statute book. 4

FS#
 89A-2
 2-14-90



KANSAS MEDICAL SOCIETY

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 Director of Public Affairs



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Mike Hayden, Governor

Department of Health and Environment
Division of Health

Stanley C. Grant, Ph.D., Secretary

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Testimony presented to
House Committee on Federal and State Affairs

by

The Kansas Department of Health and Environment

Substitute for Senate Bill No. 286

Substitute for Senate Bill No. 286 would authorize courts to order acquired immune deficiency syndrome (AIDS) tests in certain circumstances and would authorize disclosure of information relating to such tests to certain emergency personnel. As proposed to be amended by its proponents, the bill would be broadened to include tests and information access for Hepatitis B and meningococcal meningitis.

We have a great deal of empathy for the concerns that gave rise to this bill and we want to assure that all involved in this issue have the best information available regarding these diseases with respect to transmission and preventive measures.

The mix of diseases listed in this bill is an "apples and oranges" combination. The causative agents, modes of transmission and intervention and prevention strategies vary.

Meningococcal meningitis is a disease very different from the other two diseases. The germ that causes this disease is abundantly present in the human population and can be frequently isolated from the upper respiratory track in well individuals. The mode of transmission is person to person through infected droplets of respiratory secretions. Occasionally, the germ causes a serious illness called meningococcal meningitis which refers to the infection of the lining of the central nervous system. The incubation period is short and there are now effective treatments. The point here is that any of us could be harboring the germ and not be sick. In Kansas in 1988, none of the 25 cases of this disease that were reported were secondary cases. In other words, nobody caught the serious form of the disease from someone who actually was ill and would have had a diagnosis made. We are all likely to be exposed to this germ and not know it.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 30
February 14, 1990

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Director of Health
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James Power, P.E.,
Director of Environment
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Lorne Phillips, Ph.D.,
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Systems
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Roger Carlson, Ph.D.,
Director of the Kansas Health
and Environmental Laboratory
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AIDS and Hepatitis B are diseases caused by a virus, have longer incubation periods than most bacterial diseases, and are transmitted primarily through blood and occasionally through other bodily fluids such as semen. Hepatitis B is a viral infection of the liver and can be a serious life threatening disease. AIDS, or more properly infection with the human immune deficiency virus (HIV), is a viral infection that particularly singles out the body's immune system and leaves the body with weakened defenses to other infectious diseases. Like most viral diseases, HIV and Hepatitis lack specific treatments that actually cure the diseases.

Prevention of disease is always preferable to treatment. These three diseases vary with respect to what pre-exposure and post-exposure interventions are available and when and how they can be applied. Exposure to meningococcal meningitis can be managed with a short course of medications which are rather safe and will prevent development of disease. However, keep in mind that we can all be exposed to this germ without knowing it, since most people with the germ are not sick. While there are special pre-exposure vaccines to meningococcal infections, these are not recommended in most circumstances. In the real world, prophylactic treatment for exposure to meningococcal disease, needs to be carried out quickly, without waiting for tests and court orders.

Hepatitis B can be prevented by the application of certain personal precautions, called Universal Precautions, and by the pre-exposure use of a very safe and effective vaccine. AIDS and HIV infection may be prevented by the application of Universal Precautions and other measures to avoid exposure to the virus, but there is no vaccine. The use of AZT as a prophylactic measure upon exposure to HIV is currently under study, and its use in this manner is not recommended by the Centers for Disease Control at this time.

The body fluid we are primarily concerned about here is blood. There have been no documented cases of transmission of HIV or AIDS by means of saliva or bites. One should assume that all blood is infected and act accordingly.

Universal Precautions are the standard of care in terms of first line prevention of occupationally related HIV infection. These precautions consist of employing appropriate barriers to infections, such as gloves, of preventing spread of disease agents by common items and of processes for cleaning and disinfecting equipment and environments. Since one cannot reliably identify all patients infected with HIV or other bloodborne germs, these precautions should be used consistently on all patients or encounters where blood is present. This is especially important in emergency situations.

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It should be noted that the risk of transmitting Hepatitis B from an infected person in a medical setting to the worker far exceeds the risk of transmitting HIV. While the risk of transmission of Hepatitis B from a needlestick to a health care worker can be as high as 30%, the risk from a similar exposure to HIV is about 0.4%. HIV is really rather difficult to transmit.

It is important to be precise about definitions. Exposure is defined by the Centers for Disease Control (CDC) as contact with blood or other bodily fluids to which universal precautions apply (and this does not include saliva) through direct sticks through the skin or contact with an open wound, non-intact skin, or mucous membrane. Earlier comments relate to the definition of bodily fluids as it relates to these diseases. For first responders, we would worry about blood for HIV and Hepatitis B, but not for meningococcal meningitis, where upper respiratory secretions would be the concern.

We would offer the following concerns for your consideration with respect to this bill:

1. Universal precautions remain the only strategy of choice for prevention of HIV transmission in the workplace. Universal precautions may be undermined by the approach in this bill.
2. A false sense of security may develop if the emphasis is on testing of the source, rather than on the actions of the worker in exercising proper precautions. Testing does not always detect the infected. Retesting negatives as outlined in the bill is confusing. There would be no rationale for retesting for meningococcal meningitis since this disease has a short incubation period. Retesting for the other diseases does not tell us when the infection occurred and therefore what the risk may have been to the worker.
3. The CDC and KDHE strongly recommend that the most effective prevention strategy for Hepatitis B for workers routinely at some potential risk is the combination of universal precautions and administration of pre-exposure vaccine.
4. If you favorably consider this bill, we recommend defining exposure as "contact with blood or other bodily fluids through direct sticks through the skin or contact with an open wound, non-intact skin or contact with an open wound, non-intact skin or mucous membrane." Bodily fluids should be defined as "blood, other body fluids containing visible blood, semen, vaginal secretions, tissue and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids." As a practical matter, blood is really the only bodily fluid which should cause concern with respect to HIV and Hepatitis B.

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5. Hepatitis B and meningococcal disease are not new diseases. We have no evidence of a problem with notification of emergency personnel regarding exposure to these diseases.
6. We have a great concern about the confidentiality issues regarding this bill. Knowledge in the community of a person's HIV antibody status, or even that it is in question, can devastate a person's life. We would urge you to pay careful attention to confidentiality in these non-health care settings.

Finally, you should be aware that Senate Bill No. 529, as amended by the Senate Committee on Public Health and Welfare, authorizes physicians to notify emergency personnel who have been or will be in contact with bodily fluids of a person who has had a positive reaction to an AIDS test. The Department fully supports Senate Bill No. 529 and will continue to recommend effective measures to deal with occupational exposure to HIV as the "state of the art" evolves.

Presented by:

Charles Konigsberg, Jr., M.D., M.P.H.

Director of Health

Kansas Department of Health and Environment

February 14, 1990

FSH
30-4
2-14-90



City of Kansas City, Kansas

DEPARTMENT OF POLICE

**TOM DAILEY
CHIEF**

Members of Legislative Hearing on House Bill #2782

Dear Members of Committee:

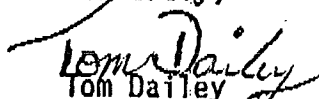
This bill retains the prior felony classifications for possession and/or sale of controlled substances, however, it contains a new subsection which prescribes an increased penalty for the sale of such substances within 1000 feet of any school property.

Passage of this bill is important because it sends a clear message that the State of Kansas will not condone, permit or tolerate the sale of illegal drugs near any institution in which its younger citizens have gathered to learn. We have a duty and an obligation to exhaust every resource to protect our most precious resources, our children. They look to us for guidance, learning, protection from harm, and quality of life. This bill will serve to reinforce our commitment to provide those things to our children. Passage of this bill will assure that persons convicted of selling controlled substances near school property will serve longer periods of incarceration than before, with a minimum of 5-15 years and a maximum of 20 years to life.

There are areas in the older sections of Kansas City, Kansas, that presently have elementary schools located within 1000 feet of apartment-type housing complexes. Recently, we had the misfortune of having a daytime shootout between rival drug factions at this housing complex and students and teachers at the elementary school were placed in peril, although they weren't injured. We believe that passage of this bill will give us more enforcement power to alter incidents such as that just mentioned. We cannot allow these types of situations to occur continuously.

In summary, please let me reiterate that we have a special obligation to protect our young citizens, especially while they are attending schools in our cities. We encourage you to pass this legislation and help us to discourage the criminal element from preying on our children. Passage of this bill will lend support to bill #2770.

Sincerely,


Tom Dailey
Chief of Police

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 31
February 14, 1990



Wyandotte County Regional Prevention Center.

Kansas City Kansas Community College
7250 State Avenue * Kansas City, KS 66112 * 913/334-1100

Committee Hearing
Federal and State Affairs

February 14, 1990

Mr. Chairman:

Good afternoon. I am Janine Moore, Director of the Wyandotte County Regional Prevention Center in Kansas City, Kansas. As a professional in the substance abuse field, I see first hand the serious problems caused by drug abuse in our community. As a parent I am concerned about the safety and well-being of my child, as he goes to school each day. I strongly support HB 2782 which enhances the penalty for trafficking drugs within 1000 feet of a school. We need to continue moving forward in Kansas, passing tough legislation which sends a clear message to drug traffickers that we will not tolerate this illegal activity in our state.

Janine E. Moore, Director
The Wyandotte County Regional Prevention Center
Kansas City Kansas Community College
7250 Sate Avenue
Kansas City, Kansas 66112

HOUSE FEDERAL & STATE AFFAIRS
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February 14, 1990

In cooperation with:

Heart of America Family Services
Mental Health Association
in Wyandotte County

Turner House Inc.
Spanish Speaking Office, Inc.
Wyandot Mental Health
Center, Inc.

Yanzer Springs (USD No. 204)
Kansas City, KS (USD No. 500)
Piper (USD No. 203)
Turner (USD No. 202)

HOUSE BILL 2782

We wholeheartedly support his bill. The Federal Legislation which it appears to be patterned after is already in effect and has been instrumental in enhancing the prosecution and expanding a number of serious drug investigations that this department has been involved in.

A good example is how this added penalty has been used as a bargaining lever to get dealers to plead guilty and provide valuable information.

*CAPT. ELLEN HANSON
LENEXA POLICE DEPT.*

HOUSE FEDERAL & STATE AFFAIRS
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February 14, 1990

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TESTIMONY IN SUPPORT OF SUBSTITUTE FOR SB 286

The Kansas County and District Attorneys Association appears in support of Senate Bill 286 because the bill gives some degree of protection to law enforcement officers and their families from acquired immune deficiency syndrome, one of the most, if not the most dreaded diseases of our time.

We realize that there are those that view such testing measures as a means to discriminate against those who already suffer from the disease, or those who belong to certain identifiable groups more likely to suffer from the disease. This is certainly not the intent of the bill, nor in our Association's support.

It is ironic that at the present time, our laws do not recognize the deadly threat of this disease to the extent of allowing a simple blood test in all circumstances where the disease is suspected; yet if a person is observed driving erratically and upon closer contact alcohol is smelled on his or her breath, such testing is done routinely. While there is some intrusion into the rights of the suspected carrier, this intrusion is no more than that performed routinely in instances of DUI. And courts have unanimously recognized that such intrusion is reasonable in view of the protection of the public health and welfare.

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Attachment No. 24
February 14, 1990

Federal and State Affairs Committee

Bill 286

by

Lt. Ed Lundblade

Newton Police Department

GOOD AFTERNOON, Mr. Chairman, members of the Committee:

My name is Lt. Ed Lundblade, Newton Police Department. I'm District Five Representative of the Kansas Police Officer's Association.

I'm here to speak in favor of Bill 286. Kansas public safety officers are exposed to an increase in violent crime every year. With this increase comes the potential exposure to victim's body fluids and infectious or deadly disease. It is important to these officers that they be notified when they have been exposed to HIV virus or hepatitis "B".

I have been personally involved in such a situation. I responded to a call in which the victim, a major drug dealer had been badly beaten. Upon arrival the victim was lying in a pool of blood. The ambulance crew and police were administering CPR and first aid. I was later informed by the victim's mother that her son may have an infectious disease. All the officers involved were tested at a Wichita hospital with negative results.

There is a constant fear among public safety officers that their next suspect or victim may be infected with a major disease. Of major concern is the fact they may bring the disease home to their family.

If the officer is exposed and is advised of the exposure he/she can take the necessary steps to reduce the potential infection to the family.

LAW ENFORCEMENT SUPPORTS Bill 286.

Thank You

If the committee has any questions I will be glad to answer them.

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25-2
2-14-90



Federal Emergency Management Agency
United States Fire Administration
Emmitsburg, Maryland 21727



December 1989

AN OPEN LETTER TO ALL EMERGENCY RESPONSE AGENCIES:

Firefighters, emergency medical technicians, paramedics, and other emergency response personnel face numerous unique circumstances where they are at risk for exposure to blood, body fluids, and other potentially infectious materials. Their awareness and active protection against infectious diseases are vital to the health of these public servants and to the communities they serve.

Acquired Immune Deficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV), is perhaps the most widely publicized disease affecting emergency response personnel. Hepatitis-B, however, poses a much greater occupational health risk, as each year 20,000 health care workers become infected and at least 200 health care workers die of work-related Hepatitis-B infections.

The United States Fire Administration (USFA) feels strongly that all health care workers, particularly firefighters, emergency medical technicians, paramedics and other emergency response personnel, be offered immunization against vaccine-preventable diseases, such as Hepatitis-B. The U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) agrees and has mandated this for all employees covered by OSHA regulations.

Hepatitis-B is only one of the vaccine-preventable diseases that emergency response personnel need to be concerned with. According to the current Advisory Committee for Immunization Practices Guidelines published by the Centers for Disease Control, "All persons providing health care to older adolescents and adults in private offices, clinics, hospitals, HMOs, and other health care settings should be provided with immunization against influenza; with pneumococcal, Hepatitis-B, measles, and rubella vaccines; and with tetanus and diphtheria toxoids, when indicated." Firefighters, emergency medical technicians, paramedics, and other emergency response personnel fall into this group and should be afforded this protection.

The USFA Office of Firefighter Health & Safety is actively responding to the impact of infectious diseases on the fire service and other emergency response professionals. In August, we held a "Second Forum on Communicable Diseases" with emergency medical and infection control experts, fire service professionals, physicians, attorneys, and allied Federal agency representatives. We spent three days discussing infection control curriculum development, vaccination, related legal issues, pending Federal legislation regarding occupational exposure to infectious diseases, employee rights, and models of fire department record-keeping of exposures. We reviewed the progress of the 1988 Forum recommendations, and developed new recommendations for the coming year. Detailed findings and recommendations have been published in the USFA Report on the Second Forum on Communicable Diseases, which is available from:

The United States Fire Administration
Office of Firefighter Health & Safety
16825 South Seton Avenue
Emmitsburg, Maryland 21727

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It is up to each emergency response agency to ensure that all emergency responders have the training, equipment, and protection to do their job safely. When they are saving lives, they must first protect their own. Make certain that your professionals can do just that.

Sincerely,

Edward M. Wall

Deputy Administrator, U. S. Fire Administration
HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 26
February 14, 1990



"Service to County Government"

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Executive Director
John T. Torbert

February 14, 1990

TESTIMONY

To: House Federal and State Affairs Committee

From: John T. Torbert
Executive Director

Subject: Substitute for Senate Bill 286

The Kansas Association of Counties is generally in support of this legislation. Our platform position specifically states that law enforcement or emergency personnel that have potentially been exposed to the AIDS virus should have the ability to receive testing results concerning the individual who exposed them to that virus. This legislation accomplishes this goal. I would point out that I understand that there will be amendments suggested to this legislation concerning hepatitis B and meningococcal meningitis. We do not have any platform position with respect to these diseases or others that may be discussed by this committee. Our position is AIDS specific.

Law enforcement and emergency personnel are often placed in situations where exposure to disease can occur. When the disease itself constitutes a death sentence, it is extremely important that an individual that has potentially been infected be aware of it. This is not only important for the individual, it is important to others that may come in contact with that individual. This bill is stop-gap at best because it deals with exposure after it has already occurred. Unfortunately, it is necessary and the gravity of the AIDS epidemic outweighs privacy concerns in this particular instance. We believe that appropriate safeguards are in place so that testing information will only be provided to those with a "need to know."

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We also support the provision calling for counseling in those cases where there has been a positive test. We do have a concern though that the requirement that counseling be provided is easy from a statutory viewpoint. Finding good and knowledgeable counseling in sparsely populated areas of the state may be another matter entirely.

Generally though, we support this legislation and urge its favorable consideration by the committee.

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I'm Gordon Risk, president of the American Civil Liberties Union of Kansas. I am also a physician and psychiatrist, and I am here to testify against S.B. 286, previously introduced as S.B. 523.

This bill is an artifact of the AIDS hysteria that swept this country a couple of years ago. It will benefit no one and will violate the Constitutional right of citizens to be secure in their persons against unreasonable searches and seizures. Searches and seizures are usually undertaken to secure evidence of crimes against society. Indeed, the Constitutional balancing practiced by the U. S. Supreme Court measures "the nature and quality of the intrusion on the Fourth Amendment interests against the importance of the governmental interests alleged to justify the intrusion." (1) This bill would strike a different balance; Constitutional rights and medical privacy would be sacrificed to the fears of another individual. Society, itself, will not benefit at all.

Since there has never been a documented case of human immunodeficiency virus (HIV) transmission through saliva, (2) and since sexual penetration would fall outside the scope of the employee's or volunteer's duties, that leaves blood as the only vehicle for transmission. As we have learned during the suit of Dr. Veronica Prego against the Health and Hospitals Corporation of New York City, (3) Dr. Prego evidently contracted AIDS through her own negligence or the negligence of another physician, when she stuck herself with a needle. Under this bill, patients would suffer deprivation of Constitutional rights as a consequence of the negligence or substandard practice of the physician or other health care provider. This is manifestly unjust. Furthermore, since homosexuals, or people thought to be homosexual, can be expected to be more frequently singled out for involuntary testing, this bill would deprive them of the equal protection of the laws. The bill also raises due process problems with regard to evidence needed to order involuntary testing. Since body fluids aren't equal with regard to HIV infectiousness, the degree of exposure necessary for testing to be ordered is quite imprecise.

The bill is notable for its callous treatment of the infected individual. Nowhere is it mentioned that he would or should be entitled to counseling with regard to his condition, even though it may have come as news to him, not just to the other numerous individuals who will learn of his condition. The bill is, of course, worthless as a public health measure. You find out about your HIV status by testing yourself, not someone else. Testing someone else only makes sense in fact when understood as a psychiatric symptom, an indication that one is too frightened to want to know with certainty if the agent is within one's self.

Confidentiality will be breached as a consequence of this bill. People will know, who have no need to know, and lawsuits for damages should be anticipated. One part of Dr. Prego's \$175 million lawsuit against the Health and Hospitals Corporation of New York City is a request for damages on the basis that her identity was disclosed to the public and her ability to practice her profession thereby impaired. Kansas can expect such a suit if this bill is passed, and the public will wonder what it got for its money.

- (1) O'Connor v. Ortega, 480 U.S. 709, at 719 (1987)
- (2) Perry D., Markowitz, J.: Counseling for HIV Testing. Hospital and Community Psychiatry, 39:736, 1988.
- (3) The New York Times, January 11-23, 1990.

2/14/90

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 28
February 14, 1990



KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383
Kansas WATS 800-332-0156 FAX 913-235-5114

February 14, 1990

TO: House Federal & State Affairs Committee
FROM: Kansas Medical Society *Chip A. Guelon*
SUBJECT: Substitute Senate Bill 286

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We would like to point out, however, that sections 2 and 3 of the bill appear to be unnecessary at this time. In fact, if enacted in its current form, Sub SB 286 might conflict with the language contained in SB 529. Attached to this statement is a copy of page 4 of SB 529 which resembles section 3 of Sub SB 286, but goes further to allow physicians to inform unsuspecting spouses if they may have been exposed to HIV. This is in addition to the physician's ability to inform medical professionals or emergency personnel that may have been exposed to HIV.

We did collaborate with personnel of the Department of Corrections and various associations representing law enforcement professions as well as the League of Kansas Municipalities, to develop proposed amendments to Sub SB 286. Again, the Kansas Medical Society is neither a proponent nor an opponent, but we wish to express that we do not object if the Committee should adopt the proposed amendments to Sub SB 286.

If indeed the Committee decides that the version of Sub SB 286 recommended by the Department of Corrections is desirable public policy, we would respectfully request one additional amendment. Attached to this statement is a copy of page 4 of the balloon amendment, which would add a new subsection (c) to section 2 by stating "nothing in this section shall be construed to create a duty to warn any person of possible exposure to an infectious disease." This wording is designed to prevent unnecessary and meaningless litigation. The possibility exists that a health care professional, emergency personnel, or law enforcement official might be infected as a result of exposure to another person's bodily fluids and it could be alleged that a physician had a duty to warn that individual of their exposure, even though the physician did not actually know that the accident victim or person in custody was infected with the disease.

Finally, we believe it is important to point out to the Committee that passage of Sub SB 286 (amended or not) might create false assurances for individuals who believe that if a person to whom they have been exposed is tested for infectious disease and yields a negative result, that they are safe from infection. Particularly in regard to HIV testing, such tests may or may not be accurate. Conversely, a person could experience unnecessary distress upon learning that another, to whom they have been exposed, is HIV positive. Unless that person is confirmed by a more specific and far more expensive test, the possibility exists that the result was a false positive. In either event, it is imperative that the person who is exposed to another's bodily fluids take necessary precautions. First and most importantly, the law enforcement official or emergency personnel should submit themselves for testing and then repeat the test after a reasonable period of time to be assured that they are not infected with such a disease.

Thank you very much for considering our comments.

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be performed by the secretary under subsection (a) as specified by such agreement. The confidentiality requirements of subsection (b) shall apply to any duties performed pursuant to such an agreement.

Sec. 3. K.S.A. 1989 Supp. 65-6005 is hereby amended to read as follows: 65-6005. Any person violating, refusing or neglecting to obey any provision of K.S.A. 1988 1989 Supp. 65-6001 through 65-6004, and amendments thereto, or of the rules and regulations adopted by the secretary for the prevention and control of AIDS shall be guilty of a class C misdemeanor.

Sec. 4. K.S.A. 1989 Supp. 65-6006 is hereby amended to read as follows: 65-6006. The secretary shall prepare for distribution to the district courts of the state educational material explaining the nature, causes and effects of HIV and AIDS and other information relating to HIV and AIDS as may be appropriate. The clerks of the district courts or judges thereof, when applied to for a marriage license, shall provide copies of such educational material to the parties to the proposed marriage.

Sec. 5. K.S.A. 1989 Supp. 65-6002, 65-6003, 65-6005 and 65-6006 are hereby repealed.

Sec. 3. K.S.A. 1989 Supp. 65-6004 is hereby amended to read as follows: 65-6004. (a) Notwithstanding any other law to the contrary, a physician performing medical or surgical procedures on a patient who the physician knows has AIDS or has had a positive reaction to an AIDS test may disclose such information to other health care providers or emergency personnel who have been or will be placed in contact with bodily fluids of such patient during such procedures. The information shall be confidential and shall not be disclosed by such health care providers or emergency personnel except as may be necessary in providing treatment for such patient.

(b) Notwithstanding any other law to the contrary, a physician who has reason to believe that the spouse or partner of a person who has had a positive reaction to an AIDS test may have been exposed to HIV and is unaware of such exposure may inform the spouse or partner of the risk of exposure.

(c) Nothing in this section shall be construed to create a duty to warn any person of possible exposure to HIV.

(d) Any physician who discloses information in accordance with the provisions of this section in good faith and without malice shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed in an action resulting from such disclosure. Any such physician shall have the same immunity with respect to participation in any judicial proceeding resulting from

such disclosure.

Sec. 4. K.S.A. 1989 Supp. 65-6001, 65-6002 and 65-6004 are hereby repealed.

Sec. 6 5. This act shall take effect and be in force from and after its publication in the statute book.

8 a physician performing medical or surgical procedures on a patient
 9 who the physician knows has AIDS, or has had a positive reaction
 0 to an AIDS test may disclose such information to other health care
 1 providers or emergency personnel who have been or will be placed
 2 in contact with bodily fluids of such patient during such proce-
 3 dures. The information shall be confidential and shall not be dis-
 4 closed by such health care providers or emergency personnel except
 5 as may be necessary in providing treatment for such patient.

6 (b) Any physician who discloses information in accordance with
 7 the provisions of this section in good faith and without malice shall
 8 have immunity from any liability, civil or criminal, that might oth-
 9 erwise be incurred or imposed in an action resulting from such
 0 disclosure. Any such physician shall have the same immunity with
 1 respect to participation in any judicial proceeding resulting from such
 2 disclosure.

an infectious disease

3 ¶(c) Nothing in this section shall be construed to
 4 create a duty to warn any person of possible exposure
 5 to an infectious disease.

6 Sec. 4. K.S.A. 22-2913 and K.S.A. ~~1988 Supp. 65-6001~~ and 65-
 7 6004 are hereby repealed. 1989

8 Sec. 5. This act shall take effect and be in force from and after
 9 its publication in the statute book. 4

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 2-14-90



KANSAS MEDICAL SOCIETY

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Testimony presented to
House Committee on Federal and State Affairs

by

The Kansas Department of Health and Environment

Substitute for Senate Bill No. 286

Substitute for Senate Bill No. 286 would authorize courts to order acquired immune deficiency syndrome (AIDS) tests in certain circumstances and would authorize disclosure of information relating to such tests to certain emergency personnel. As proposed to be amended by its proponents, the bill would be broadened to include tests and information access for Hepatitis B and meningococcal meningitis.

We have a great deal of empathy for the concerns that gave rise to this bill and we want to assure that all involved in this issue have the best information available regarding these diseases with respect to transmission and preventive measures.

The mix of diseases listed in this bill is an "apples and oranges" combination. The causative agents, modes of transmission and intervention and prevention strategies vary.

Meningococcal meningitis is a disease very different from the other two diseases. The germ that causes this disease is abundantly present in the human population and can be frequently isolated from the upper respiratory track in well individuals. The mode of transmission is person to person through infected droplets of respiratory secretions. Occasionally, the germ causes a serious illness called meningococcal meningitis which refers to the infection of the lining of the central nervous system. The incubation period is short and there are now effective treatments. The point here is that any of us could be harboring the germ and not be sick. In Kansas in 1988, none of the 25 cases of this disease that were reported were secondary cases. In other words, nobody caught the serious form of the disease from someone who actually was ill and would have had a diagnosis made. We are all likely to be exposed to this germ and not know it.

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AIDS and Hepatitis B are diseases caused by a virus, have longer incubation periods than most bacterial diseases, and are transmitted primarily through blood and occasionally through other bodily fluids such as semen. Hepatitis B is a viral infection of the liver and can be a serious life threatening disease. AIDS, or more properly infection with the human immune deficiency virus (HIV), is a viral infection that particularly singles out the body's immune system and leaves the body with weakened defenses to other infectious diseases. Like most viral diseases, HIV and Hepatitis lack specific treatments that actually cure the diseases.

Prevention of disease is always preferable to treatment. These three diseases vary with respect to what pre-exposure and post-exposure interventions are available and when and how they can be applied. Exposure to meningococcal meningitis can be managed with a short course of medications which are rather safe and will prevent development of disease. However, keep in mind that we can all be exposed to this germ without knowing it, since most people with the germ are not sick. While there are special pre-exposure vaccines to meningococcal infections, these are not recommended in most circumstances. In the real world, prophylactic treatment for exposure to meningococcal disease, needs to be carried out quickly, without waiting for tests and court orders.

Hepatitis B can be prevented by the application of certain personal precautions, called Universal Precautions, and by the pre-exposure use of a very safe and effective vaccine. AIDS and HIV infection may be prevented by the application of Universal Precautions and other measures to avoid exposure to the virus, but there is no vaccine. The use of AZT as a prophylactic measure upon exposure to HIV is currently under study, and its use in this manner is not recommended by the Centers for Disease Control at this time.

The body fluid we are primarily concerned about here is blood. There have been no documented cases of transmission of HIV or AIDS by means of saliva or bites. One should assume that all blood is infected and act accordingly.

Universal Precautions are the standard of care in terms of first line prevention of occupationally related HIV infection. These precautions consist of employing appropriate barriers to infections, such as gloves, of preventing spread of disease agents by common items and of processes for cleaning and disinfecting equipment and environments. Since one cannot reliably identify all patients infected with HIV or other bloodborne germs, these precautions should be used consistently on all patients or encounters where blood is present. This is especially important in emergency situations.

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It should be noted that the risk of transmitting Hepatitis B from an infected person in a medical setting to the worker far exceeds the risk of transmitting HIV. While the risk of transmission of Hepatitis B from a needlestick to a health care worker can be as high as 30%, the risk from a similar exposure to HIV is about 0.4%. HIV is really rather difficult to transmit.

It is important to be precise about definitions. Exposure is defined by the Centers for Disease Control (CDC) as contact with blood or other bodily fluids to which universal precautions apply (and this does not include saliva) through direct sticks through the skin or contact with an open wound, non-intact skin, or mucous membrane. Earlier comments relate to the definition of bodily fluids as it relates to these diseases. For first responders, we would worry about blood for HIV and Hepatitis B, but not for meningococcal meningitis, where upper respiratory secretions would be the concern.

We would offer the following concerns for your consideration with respect to this bill:

1. Universal precautions remain the only strategy of choice for prevention of HIV transmission in the workplace. Universal precautions may be undermined by the approach in this bill.
2. A false sense of security may develop if the emphasis is on testing of the source, rather than on the actions of the worker in exercising proper precautions. Testing does not always detect the infected. Retesting negatives as outlined in the bill is confusing. There would be no rationale for retesting for meningococcal meningitis since this disease has a short incubation period. Retesting for the other diseases does not tell us when the infection occurred and therefore what the risk may have been to the worker.
3. The CDC and KDHE strongly recommend that the most effective prevention strategy for Hepatitis B for workers routinely at some potential risk is the combination of universal precautions and administration of pre-exposure vaccine.
4. If you favorably consider this bill, we recommend defining exposure as "contact with blood or other bodily fluids through direct sticks through the skin or contact with an open wound, non-intact skin or contact with an open wound, non-intact skin or mucous membrane." Bodily fluids should be defined as "blood, other body fluids containing visible blood, semen, vaginal secretions, tissue and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids." As a practical matter, blood is really the only bodily fluid which should cause concern with respect to HIV and Hepatitis B.

5. Hepatitis B and meningococcal disease are not new diseases. We have no evidence of a problem with notification of emergency personnel regarding exposure to these diseases.
6. We have a great concern about the confidentiality issues regarding this bill. Knowledge in the community of a person's HIV antibody status, or even that it is in question, can devastate a person's life. We would urge you to pay careful attention to confidentiality in these non-health care settings.

Finally, you should be aware that Senate Bill No. 529, as amended by the Senate Committee on Public Health and Welfare, authorizes physicians to notify emergency personnel who have been or will be in contact with bodily fluids of a person who has had a positive reaction to an AIDS test. The Department fully supports Senate Bill No. 529 and will continue to recommend effective measures to deal with occupational exposure to HIV as the "state of the art" evolves.

Presented by:
Charles Konigsberg, Jr., M.D., M.P.H.
Director of Health
Kansas Department of Health and Environment
February 14, 1990

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City of Kansas City, Kansas

DEPARTMENT OF POLICE

**TOM DAILEY
CHIEF**

Members of Legislative Hearing on House Bill #2782

Dear Members of Committee:


This bill retains the prior felony classifications for possession and/or sale of controlled substances, however, it contains a new subsection which prescribes an increased penalty for the sale of such substances within 1000 feet of any school property.

Passage of this bill is important because it sends a clear message that the State of Kansas will not condone, permit or tolerate the sale of illegal drugs near any institution in which its younger citizens have gathered to learn. We have a duty and an obligation to exhaust every resource to protect our most precious resources, our children. They look to us for guidance, learning, protection from harm, and quality of life. This bill will serve to reinforce our commitment to provide those things to our children. Passage of this bill will assure that persons convicted of selling controlled substances near school property will serve longer periods of incarceration than before, with a minimum of 5-15 years and a maximum of 20 years to life.

There are areas in the older sections of Kansas City, Kansas, that presently have elementary schools located within 1000 feet of apartment-type housing complexes. Recently, we had the misfortune of having a daytime shootout between rival drug factions at this housing complex and students and teachers at the elementary school were placed in peril, although they weren't injured. We believe that passage of this bill will give us more enforcement power to alter incidents such as that just mentioned. We cannot allow these types of situations to occur continuously.

In summary, please let me reiterate that we have a special obligation to protect our young citizens, especially while they are attending schools in our cities. We encourage you to pass this legislation and help us to discourage the criminal element from preying on our children. Passage of this bill will lend support to bill #2770.

Sincerely,


Tom Dailey
Chief of Police

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Wyandotte County Regional Prevention Center.

Kansas City Kansas Community College
7250 State Avenue * Kansas City, KS 66112 * 913/334-1100

Committee Hearing
Federal and State Affairs

February 14, 1990

Mr. Chairman:

Good afternoon. I am Janine Moore, Director of the Wyandotte County Regional Prevention Center in Kansas City, Kansas. As a professional in the substance abuse field, I see first hand the serious problems caused by drug abuse in our community. As a parent I am concerned about the safety and well-being of my child, as he goes to school each day. I strongly support HB 2782 which enhances the penalty for trafficking drugs within 1000 feet of a school. We need to continue moving forward in Kansas, passing tough legislation which sends a clear message to drug traffickers that we will not tolerate this illegal activity in our state.

Janine E. Moore, Director
The Wyandotte County Regional Prevention Center
Kansas City Kansas Community College
7250 Sate Avenue
Kansas City, Kansas 66112

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In cooperation with:

Heart of America Family Services
Mental Health Association
in Wyandotte County

Turner House, Inc.
Spanish Speaking Office, Inc.
Wyandot Mental Health
Center, Inc.

Banner Springs (USD No. 204)
Kansas City, KS (USD No. 300)
Piper (USD No. 203)
Turner (USD No. 202)

HOUSE BILL 2782

We wholeheartedly support his bill. The Federal Legislation which it appears to be patterned after is already in effect and has been instrumental in enhancing the prosecution and expanding a number of serious drug investigations that this department has been involved in.

A good example is how this added penalty has been used as a bargaining lever to get dealers to plead guilty and provide valuable information.

*CAPT. ELLEN HANSON
LENEXA POLICE DEPT.*

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 33
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