

Approved _____

Date

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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

1:30 / A.M./p.m. on March 5, 1990 in room 423-S of the Capitol.

All members were present except:

Representatives Cribbs, Foster, Hochhauser, Shallenburger, all excused.

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary
Conferees appearing before the committee:

Dick Morrissey, Deputy Director, Department Health/Environment
Bruce Roby, Attorney for Adult Services, Department of SRS

Chairman called meeting to order when quorum was present.

Chair noted a Sub-Committee had been appointed on HB 2800, and he recognized Rep. Flottman chairman of sub-committee who stated they held several meetings. The Substitute Bill draft had just been completed and she requested Mr. Furse explain changes to committee members.

SUBSTITUTE FOR HB 2800. (Abuse/neglect/exploitation of persons in institutions.)

Mr. Furse noted numerous changes had been made, now HB 2800 appears as a substitute bill. (Attachment No. 1) He noted some reporting will be administered by Department of SRS, some by Department of Health/Environment. He detailed all changes which were numerous, and are shown in (Attachment No. 1.)

Discussion held in regard to proposed changes, Rep. Flottman moved to adopt Sub-Committee report as detailed by Mr. Furse, to include all proposed amendments. Motion seconded by Rep. Flower. Discussion followed. At this time Chair permitted brief comments from Agency people, i.e., Dick Morrissey, Deputy Director Department of Health/Environment said, "We like the new bill"; Bruce Roby, Attorney for Department of Social Rehabilitation Services, (Adult Services), said they believe there is already a double reporting system with the entire risk management system. SRS believes they are already covered by other provisions. Right now Agencies are operating independently of each other. Further discussion by committee members, and further explanation by Staff.

Vote taken, motion carried.

On Substitute for SB 2800, Rep. Flottman moved to report it favorably, as written, seconded by Rep. Wells, motion carried.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 ~~a.m.~~/p.m. on March 5, 1990

HB 2915. (Infant hearing screening)

Chair noted there had been some suggested amendments, which he read in detail from balloon copy of HB 2915 offered earlier by Kansas Hospital Association and agreed to by Kansas Medical Society. All these language changes are shown in (Attachment No. 1). (Attachment No. 2) indicates proposed amendment of Keith Landis, Christian Science Committee. Lengthy discussion held in regard to amendments.

Rep. Amos moved to approve amendments as detailed by Chairman shown in Attachments No. 1 and 2), seconded by Rep. Weimer. Short discussion, vote taken, motion carried.

On HB 2915 as a whole, Rep. Borum moved to pass it favorably as amended, seconded by Rep. Wiard, no discussion, motion carried.

Rep. Buehler recorded as a NO vote.

HB 3022 (Nurse Practice Act)

Chair noted he would ask HB 3022 be placed in an exempt Committee and have it then returned to Public Health/Welfare later for discussion to continue. There are some concerns with this bill, and time will not permit full discussion/action today he stated.

Chair drew attention to committee minutes, Rep. Amos moved to approve minutes of February 27th as written, seconded by Rep. Green, motion carried.

Chair recognized Joseph Kroll, Department of Health/Environment who asked to make a statement before this committee.

Mr. Kroll said last Monday, after giving testimony on HB 2745, he was asked a question by Rep. Wells, which he answered in a manner that he did not intend. He offered an apology to Rep. Wells, stating he certainly did not intend to cast any negative light on her reputation as a Nursing Home Administrator, and he is sorry. He apologized to Rep. Wells, to committee members, and to his agency for any discomfort or embarrassment he may have caused anyone.

Meeting adjourned 2:02 p.m.

Substitute for HOUSE BILL NO. 2800

AN ACT relating to abuse, neglect or exploitation of certain residents; amending K.S.A. 39-1402, 39-1403, 39-1404, 39-1405, 39-1406, 39-1408 and 39-1409 and K.S.A. 1989 Supp. 39-1401 and repealing the existing sections.

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

Section 1. K.S.A. 1989 Supp. 39-1401 is hereby amended to read as follows: 39-1401. As used in this act:

(a) "Resident" means:

(1) Any resident, as defined by K.S.A. 39-923 and amendments thereto; or

(2) any client cared for in an adult family home; or

(3) any individual kept, cared for, treated, boarded or otherwise accommodated in a medical care facility, ~~as defined by K.S.A. 65-425 and amendments thereto, which is operated by the state or federal government;~~ or

(4) any individual with mental retardation or a developmental disability receiving services through a community mental retardation facility or residential facility licensed under K.S.A. 75-3307b and amendments thereto.

(b) "Adult care home" has the meaning ascribed thereto in K.S.A. 39-923 and amendments thereto.

(c) "Adult family home" has the meaning ascribed thereto in K.S.A. 39-1501 and amendments thereto.

(d) "In need of protective services" means that a resident is unable to perform or obtain services which are necessary to maintain physical and or mental health, or both.

(e) "Services which are necessary to maintain physical and mental health" include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation

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of a resident to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent, except as provided in this act.

(f) "Protective services" means services provided by the state or other governmental agency or any private organizations or individuals which are necessary to prevent abuse or, neglect or exploitation. Such protective services shall include, but not be limited to, evaluation of the need for services, assistance in obtaining appropriate social services and assistance in securing medical and legal services.

(g) "Abuse" means neglect, ~~willful~~ infliction of physical or mental injury or ~~willful~~ deprivation by a caretaker of services which are necessary to maintain physical and mental health.

(h) "Neglect" means the failure of a caretaker to maintain reasonable care and treatment to such an extent that the resident's health or emotional well-being is injured.

(i) "Caretaker" means a person or institution who has assumed the responsibility for the care of the resident voluntarily, by contract or by order of a court of competent jurisdiction.

(j) "Exploitation" means taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

(k) "Medical care facility" means a facility licensed under K.S.A. 65-425 et seq. and amendments thereto but shall not include, for purposes of this act, a state psychiatric hospital or state institution for the mentally retarded, including Larned

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state hospital, Osawatomie state hospital, Rainbow mental health facility, Topeka state hospital, Kansas neurological institute, Parsons state hospital and training center and Winfield state hospital and training center.

No person shall be considered to be abused ~~or~~, neglected or exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

Sec. 2. K.S.A. 39-1402 is hereby amended to read as follows:
 39-1402. (a) Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, ~~the~~ a chief administrative officer of a medical care facility, an adult care home administrator, a licensed social worker, a licensed professional nurse ~~and~~ or a licensed practical nurse, who has reasonable cause to believe that a resident is being or has been abused ~~or~~, neglected or exploited, or is in a condition which is the result of such abuse ~~or~~, neglect or exploitation or is in need of protective services, shall report immediately such information or cause a report of such information to be made in any reasonable manner to the department of health and environment with respect to residents defined under (a)(1) and (a)(3) and to the department of social and rehabilitation services with respect to all other residents. Reports made to one department which are required by this subsection to be made to the other department shall be referred by the department to which the report is made to the appropriate department for that report, and any such report shall constitute compliance with this subsection. Reports shall be made during the normal working week days and hours of operation of such departments. Reports shall be made to law enforcement agencies during the time the departments are not open for business. Law enforcement agencies shall submit the report and appropriate information to the appropriate department on the first working day that such department is open for business. A

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report made pursuant to K.S.A. 65-4923 or 65-4924 and amendments thereto shall be deemed a report under this section.

(b) The report made pursuant to subsection (a) shall contain the name and address of the person making the report and of the caretaker caring for the resident, the name and address of the involved resident, information regarding the nature and extent of the abuse, neglect or exploitation, the name of the next of kin of the resident, if known, and any other information which the person making the report believes might be helpful in an investigation of the case and the protection of the resident.

(c) Any other person having reasonable cause to suspect or believe that a resident is being or has been abused or, neglected or exploited, or is in a condition which is the result of such abuse or, neglect or exploitation or is in need of protective services may report such information to the department of health and environment with respect to residents defined under (a)(1) and (a)(3) and to the department of social and rehabilitation services with respect to all other residents. Reports made to one department which are to be made to the other department under this section shall be referred by the department to which the report is made to the appropriate department for that report.

(d) Notice of the requirements of this act and the department to which a report is to be made under this act shall be posted in a conspicuous place in every adult care home and, adult family home and medical care facility in this state.

(e) Any person required to report information or cause a report of information to be made under subsection (a) who knowingly fails to make such report or cause such report to be made shall be guilty of a class B misdemeanor.

Sec. 3. K.S.A. 39-1403 is hereby amended to read as follows:
39-1403. (a) Anyone participating in the making of any report pursuant to this act, or in any follow-up activity to or investigation of such report or any other report of abuse or, neglect or exploitation of an adult or who testifies in any administrative or judicial proceeding arising from such report

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shall not be subject to any civil or criminal liability on account of such report, investigation or testimony, unless such person acted in bad faith or with malicious purpose.

(b) No employer shall terminate the employment of, prevent or impair the practice or occupation of or impose any other sanction on any employee solely for the reason that such employee made or caused to be made a report under this act.

Sec. 4. K.S.A. 39-1404 is hereby amended to read as follows: 39-1404. (a) The department of social and rehabilitation services or the department of health and environment upon receiving a report that a resident is being, or has been, abused ~~or~~, neglected or exploited, or is in a condition which is the result of such abuse ~~or~~, neglect or exploitation or is in need of protective services ~~shall~~, within ~~48~~ 24 hours of receiving such report, shall initiate an investigation, including a personal visit with the resident and, within two weeks of receiving such report, ~~shall initiate a thorough~~ complete the investigation and ~~evaluation to determine the situation relative to the condition of the resident and what action and services, if any, are required~~ to determine if the resident is being or has been abused, neglected or exploited or is in a condition which is a result of such abuse, neglect or exploitation. The ~~evaluation~~ investigation shall include, but not be limited to, a visit to the named resident and consultation with those individuals having knowledge of the facts of the particular case. Upon completion of the ~~evaluation~~ investigation of each case, written findings shall be prepared which shall include a finding of whether there is or has been abuse ~~or~~, neglect or exploitation, recommended action and a determination of whether protective services are needed. If it appears that a crime has occurred, the appropriate law enforcement agency shall be notified by the department investigating the report.

(b) The secretary of social and rehabilitation services shall maintain a statewide register of the reports received and investigated by the department of social and rehabilitation

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services, the findings, evaluations and the actions recommended. The register shall be available for inspection by personnel of the department of social and rehabilitation services. The secretary of social and rehabilitation services shall forward a copy of any report of abuse ~~or~~, neglect or exploitation of a resident investigated by the department of social and rehabilitation services to the secretary of health and environment and, in the case of a report of abuse or neglect of a resident of an ~~adult-care-home-or-an~~ adult family home, to the secretary of aging.

(c) ~~Neither~~ The report received by the department of social and rehabilitation services ~~nor~~ and the written ~~evaluation~~ findings, evaluations and actions recommended shall not be deemed a public record or be subject to the provisions of ~~K-S-A-45-201 to-45-2037-inclusive7-and-any-amendments-thereto~~ the open records act. Except as otherwise provided in this section, the name of the person making the original report to the department of social and rehabilitation services or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests or agrees in writing to such disclosure or unless a judicial proceeding results therefrom. Except as otherwise provided in this section, no information contained in the statewide register shall be made available to the public in such a manner as to identify individuals.

(d) The secretary of social and rehabilitation services shall forward any finding of abuse, neglect or exploitation alleged to be committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state authority which regulates such provider. The appropriate state regulatory authority may consider the finding in any disciplinary action taken with respect to the provider of services under the jurisdiction of such authority.

(e) The department which investigates the report shall

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inform the complainant, upon request of the complainant, that an investigation has been made and, if the allegations of abuse have been substantiated, that corrective measures will be taken.

Sec. 5. K.S.A. 39-1405 is hereby amended to read as follows:
39-1405. (a) If the secretary of social and rehabilitation services or the secretary of health and environment finds that a resident is in need of protective services, the secretary of social and rehabilitation services shall provide the necessary protective services, if a resident consents. If a resident fails to consent and the secretary of social and rehabilitation services has reason to believe that such a resident lacks capacity to consent, the secretary of social and rehabilitation services shall determine pursuant to K.S.A. 39-1408 and amendments thereto whether a petition for appointment of a guardian or conservator, or both, should be filed.

(b) If the caretaker of a resident who has consented to the receipt of reasonable and necessary protective services refuses to allow the provision of such services to such resident, the secretary of social and rehabilitation services may seek to obtain an injunction enjoining the caretaker from interfering with the provision of protective services to the resident. The petition in such action shall allege specific facts sufficient to show that the resident is in need of protective services and consents to their provision and that the caretaker refuses to allow the provision of such services. If the judge finds that the resident is in need of protective services and has been prevented by the caretaker from receiving such services, the judge shall issue an order enjoining the caretaker from interfering with the provision of protective services to the resident.

Sec. 6. K.S.A. 39-1406 is hereby amended to read as follows:
39-1406. Any person, department or agency authorized to carry out the duties enumerated in this act and the nursing home ombudsman shall have access to all relevant records. The authority of the secretary of social and rehabilitation services and the secretary

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of health and environment under this act shall include, but not be limited to, the right to initiate or otherwise take those actions necessary to assure the health, safety and welfare of any resident, subject to any specific requirement for individual consent of the resident.

Sec. 7. K.S.A. 39-1408 is hereby amended to read as follows: 39-1408. (a) If the secretary of social and rehabilitation services finds that a resident is being or has been abused ~~or~~, neglected or exploited or is in a condition which is the result of such abuse ~~or~~, neglect or exploitation and lacks capacity to consent to reasonable and necessary protective services, the secretary may petition the district court for appointment of a guardian or conservator, or both, for the resident pursuant to the provisions of the act for obtaining a guardian or conservator, or both, in order to obtain such consent.

(b) In any proceeding in district court pursuant to provisions of this act, the district court shall appoint an attorney to represent the resident if the resident is without other legal representation.

Sec. 8. K.S.A. 39-1409 is hereby amended to read as follows: 39-1409. In performing the duties set forth in this act, the secretary of social and rehabilitation services or the secretary of health and environment may request the assistance of the staffs and resources of all appropriate state departments, agencies and commissions and local health departments and may utilize any other public or private ~~agencies,--groups--or individuals-who-are-appropriate-and-who-may-be-available~~ agency, group or individual who is appropriate and who may be available to assist such department in the investigation and determination of whether a resident is being, or has been, abused, neglected or exploited or is in a condition which is a result of such abuse, neglect or exploitation.

New Sec. 9. (a) The secretary of health and environment shall maintain a register of the reports received and investigated by the department of health and environment under

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K.S.A. 39-1402 and 39-1403, and amendments to such sections, and the findings, evaluations and actions recommended by the department with respect to such reports. The findings, evaluations and actions shall be subject to such notice and appeals procedures as may be adopted by rules and regulations of the secretary of health and environment, which rules and regulations shall be consistent with any requirements of federal law relating thereto. The register shall be available for inspection by personnel of the department of health and environment as specified by the secretary of health and environment and to such other persons as may be designated by the secretary of health and environment by rules and regulations, which rules and regulations shall be consistent with any requirement of federal law relating thereto.

(b) The secretary of health and environment shall forward any finding of abuse, neglect or exploitation alleged to be committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state authority which regulates such provider. The appropriate state regulatory authority may consider the finding in any disciplinary action taken with respect to the provider of services under the jurisdiction of such authority. The secretary of health and environment may consider the finding of abuse, neglect or exploitation in any disciplinary action taken with respect to any licensed provider of services under the jurisdiction of the secretary. If the investigation of the department of health and environment finds that the resident is in need of protective services, that finding and all information relating to that finding shall be forwarded to the secretary of health and environment to the secretary of social and rehabilitation services.

(c) Except as otherwise provided in this section, the report received by the department of health and environment and the written findings, evaluations and actions recommended shall be confidential and shall not be subject to the open records act.

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Except as otherwise provided in this section, the name of the person making the original report to the department of health and environment or any person mentioned in such report shall not be disclosed unless such person specifically requests or agrees in writing to such disclosure or unless a judicial or administrative proceeding results therefrom. In the event that an administrative or judicial action arises, no use of the information shall be made until the judge or presiding officer makes a specific finding, in writing, after a hearing, that under all the circumstances the need for the information outweighs the need for confidentiality. Except as otherwise provided in this section, no information contained in the register shall be made available to the public in such a manner as to identify individuals.

(d) The department which investigates the report shall inform the complainant, upon request of the complainant, that an investigation has been made and, if the allegations of abuse have been substantiated, that corrective measures will be taken.

Sec. 10. K.S.A. 39-1402, 39-1403, 39-1404, 39-1405, 39-1406, 39-1408 and 39-1409 and K.S.A. 1989 Supp. 39-1401 are hereby repealed.

Sec. 11. This act shall take effect and be in force from and after its publication in the statute book.

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HOUSE BILL No. 2915

By Representatives Brown, Blumenthal, Pottorff and Snowbarger

2-7

AN ACT concerning hearing-impaired infants; establishing a program of hearing impairment identification; providing for administration of the program by the secretary of health and environment.

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

Section 1. As used in this act: (a) "Hearing-impaired infant" means an infant who has an impairment that is a dysfunction of the auditory system of any type or degree which is sufficient to interfere with the acquisition and development of speech and language skills with or without the use of sound amplification.

(b) "High-risk infant" means a child at birth who is at a higher risk than normal of being hearing impaired.

(c) "Followup hearing evaluation" means determination of the presence of hearing impairment through the application of audiological tests.

(d) "Infant" means a child under one year of age.

(e) "Medical care facility" means a medical care facility as defined under K.S.A. 65-425 and amendments thereto.

(f) "Physician" means a person licensed to practice medicine and surgery.

(g) "Program" means the program that the secretary, with the assistance of the Kansas commission for the deaf and hearing impaired, establishes to provide for the early identification of hearing impaired infants and high-risk infants.

(h) "Risk screening" means the identification of infants who are at risk for hearing impairment, through the use of a questionnaire developed by the secretary with the assistance of the Kansas commission for the deaf and hearing impaired.

(i) "Secretary" means the secretary of health and environment.

Sec. 2. (a) The secretary shall establish a program for the early identification of hearing-impaired infants and high-risk infants. The secretary, after consultation with the Kansas commission for the deaf and hearing impaired, shall establish by rules and regulations newborn infant hearing-impaired risk criteria and shall develop a questionnaire to identify high-risk infants. -----

(Such questionnaire shall be one that can normally be completed quickly and easily during the course of the delivery and care of a newborn infant in a medical care facility.)

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1 (b) The secretary, after consultation with the Kansas commission
 2 for the deaf and hearing impaired, shall adopt rules and regulations
 3 as part of the program established under subsection (a) that requires
 4 risk screening of each ~~infant~~ newborn in a medical care facility nursery to
 5 determine if the infant meets the hearing-impairment risk criteria
 6 established by the secretary under subsection (a).

7 Sec. 3. (a) Each medical care facility, in accordance with rules
 8 and regulations adopted under section 2 and amendments thereto,
 9 shall provide risk screening of newborn infants and shall notify
 10 promptly the parent or guardian of any infant who is identified by
 11 a risk screening as a high-risk infant. In addition, the medical care
 12 facility shall notify the ~~infant's primary care physician and the sec-~~ newborn
 13 ~~retary of the name of any infant who is identified by a risk screening~~ newborn
 14 as a high-risk infant under criteria established by the secretary under
 15 section 2 and amendments thereto and of the name and address of
 16 the infant's parent or guardian and the risk factors present.

17 ~~(b) -- Each medical care facility shall provide to the parents or~~
 18 ~~guardian of an infant identified by a risk screening as a high-risk~~
 19 ~~infant a list of medical care facilities, clinics or other facilities located~~
 20 ~~within a reasonable distance of the parents' or guardian's address~~
 21 ~~that provide followup hearing evaluation.~~

22 (b)-(c) Information reported to the secretary under this section shall
 23 not be required to be reported under K.S.A. 1989 Supp. 65-1,142
 24 and amendments thereto.

25 Sec. 4. The secretary, after consultation with the Kansas com-
 26 mission for the deaf and hearing impaired, shall prepare and dis-
 27 tribute to all medical care facilities required to provide infant risk
 28 screenings under section 3 and amendments thereto ~~information de-~~
 29 ~~scribing factors or conditions of hearing loss and the effect of such~~
 30 ~~a loss on an infant or child's language development.~~ Upon the dis-
 31 charge of a hearing-impaired or high-risk infant, each such medical
 32 care facility shall provide the infant's parent or guardian with this
 33 ~~hearing loss~~ information. This information shall be updated as the
 34 secretary determines necessary, with the advice of the Kansas com-
 35 mission for the deaf and hearing impaired.

----- (the following information: (1) a description of the
 (factors or conditions of hearing loss and the effect
 of such a loss on an infant or child's language develop-
 ment; and (2) a listing of medical care facilities,
 (clinics or other facilities in this state that provide
 follow-up hearing evaluation.

36 Sec. 5. (a) The secretary shall establish the newborn infant hear-
 37 ing-impairment risk criteria and questionnaire required by subsection
 38 (a) of section 2 and amendments thereto within 120 days after the
 39 effective date of this act. The secretary shall adopt rules and reg-
 40 ulations to establish the risk screening program required under sec-
 41 tion 2 and amendments thereto no later than November 30, 1990.
 42 The secretary, prior to January 1, 1991, shall prepare and distribute
 43 to all medical care facilities that are required to provide infant risk

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1 screenings under section 2 and amendments thereto, the information
2 required by section 4 and amendments thereto. The medical care
3 facilities shall provide this information to parents of newborn infants
4 discharged on and after January 1, 1991.

5 (b) In administering the provisions of the program established
6 under this act, the secretary shall:

7 (1) Develop a system to gather and maintain data, including a
8 statewide registry to include, but not be limited to, the identification
9 of high-risk infants;

10 (2) develop methods to contact parents or guardians of high-risk
11 infants and to refer the parents or guardians to appropriate services;

12 (3) enter into contracts which may be necessary to administer
13 the program;

14 (4) adopt rules and regulations as necessary to implement the
15 program; and

16 (5) take such other action as may be necessary in the adminis-
17 tration of the program.

18 Sec. 6. Any person who reports in good faith and without malice, -----or entity
19 or who in good faith and without malice fails to report, the infor-
20 mation required to be reported under this act shall have immunity
21 from any liability, civil or criminal, that might otherwise be incurred
22 or imposed in an action resulting from such report. Any such person -----or entity
23 shall have the same immunity with respect to participation in any
24 judicial proceeding resulting from such report.

25 Sec. 7. (a) Information obtained by the secretary under this act
26 is confidential and shall not be disclosed except as provided in this
27 section.

28 (b) The secretary may disclose information obtained under this
29 act: (1) Upon consent, in writing, of the person who is the subject
30 of the information, or if such person is under 18 years of age, by
31 such person's parent or guardian; or (2) upon the request of an
32 organization or individual conducting a scholarly investigation for
33 legitimate research or data collection purposes, so long as such in-
34 formation is disclosed in a manner which will not reveal the identity
35 of the persons who are the subject of the information or the identity
36 of the officer or employee of the medical care facility reporting such
37 information.

38 (c) The secretary may disclose information obtained under this
39 act to officers and employees of the department of education who
40 are designated by the state board of education to receive such in-
41 formation. Officers and employees of the department of education
42 who receive such information shall be subject to the same degree
43 of confidentiality as the secretary with respect to such information.

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1 (d) The secretary shall remove the records of a child whose par-
2 ents or guardian request in writing such action.

3 Sec. 8. Any person, association, firm, corporation, organization
4 or other agency willfully or knowingly permitting or encouraging the
5 disclosure of information obtained under this act and not otherwise
6 authorized to be disclosed under this act shall be guilty of a class
7 C misdemeanor.

8 Sec. 9. Nothing in this act shall be construed or operate to em-
9 power or authorize the secretary to restrict in any manner the right
10 of a physician or other health care professional to recommend a
11 mode of treatment for hearing impairment or to restrict in any
12 manner an individual's right to select the mode of treatment of such
13 individual's choice.

14 Sec. 10. This act shall take effect and be in force from and after
15 its publication in the statute book.

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Memorandum



Donald A. Wilson
President

February 26, 1990

TO: House Public Health and Welfare Committee
FROM: Kansas Hospital Association
RE: House Bill 2915

The Kansas Hospital Association appreciates the opportunity to comment regarding H.B. 2915. This bill would establish an early intervention screening program to identify infants who are at risk of being hearing impaired.

We recognize that the literature suggests such screening programs can be helpful in identifying hearing impaired infants. In addition, it is clear that the sooner such discoveries are made, the better chance those infants have of receiving effective medical help for their condition.

In light of these facts, Kansas hospitals are willing to cooperate in an efficient and effective program to provide such screening.

In developing new programs such as the one in H.B. 2915, the emphasis must be on ensuring effectiveness of the screening process, while making it as efficient as possible. At a time when medical assistance budgets are being cut, lawmakers should be careful not to create new cost and liability burdens on the state's health care providers. In order to promote this efficiency, we have attached several suggested amendments for the committee's consideration.

Thank you for your consideration of our comments.

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Christian Science Committee on Publication For Kansas

820 Quincy Suite K
Topeka, Kansas 66612

Office Phone
913/233-7483

To: House Committee on Public Health and Welfare

Re: House Bill No. 2915

We respectfully request that accommodation be made in this bill for those whose religious beliefs are opposed to screening as described in the bill. The following amendment would provide the requested accommodation:

On page 2, after line 6, add:

No risk screening shall be provided to an infant whose parent or guardian objects on the ground that such screening is contrary to the religious beliefs of such parent or guardian.

The present form of the bill requires removal of a child's records upon proper request. The bill also allows individual choice in selecting a mode of treatment. These are important safeguards in the protection of family and individual rights. We believe that the adoption of our proposed amendment would not significantly alter the impact of the bill but would allow those with religious objections to avoid the initial screening.

Your consideration of this request is appreciated.



Keith R. Landis
Committee on Publication
for Kansas

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