

Approved 2/8/90
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

10:00 a.m./pm on January 31,, 1990 in room 526 of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislatiave Research

Sandra Nash, Committee Secretary

Conferees appearing before the committee:

The Chairman called the meeting to order asking for approval of the minutes of January 23, 24, 25, 1990. Senator Hayden made the motion to approve the minutes. Senator Langworthy seconded the motion. The motion carried.

The Chairman called for proponents of S.B. 552.

Theresa Hodges of the Kansas Department of Health and Environment appeared, stating that KDHE was in favor of the bill. (Attachment 1) KDHE is asking the the word "serological" be removed from the language used for required testing in laboratories.

The Chairman called for opponents. None were appearing.

The Chairman called for proponents for S.B. 553.

Dr. Charles Konigsberg appeared for the Kansas Department of Health and Environment. KDHE was in favor of the bill, as was stated in the testimony on January 30 for S.B. 529. (Attachment 2)

Senator Salisbury asked what would the impact be without the information provided by laboratories?

Dr. Konigsberg said minus the information provided by laboratories, the picture would not be as accurate to the positive tests that are out there. This is an additional fail-safe step.

The Chairman called the next proponent on S.B. 553, Elizabeth Taylor, Association of Local Health Departments. She said the testimony she provided on January 30, 1990, for S.B. 529 would be the same for S.B. 553 and she wouldn't repeat it. She commented that when there is talk about partner notification should be in addition to any spouse notification.

The Chairman called the next proponent, Jerry Slaughter from the Kansas Medical Society. (Attachment 3) He requested changes in S.B. 553, incorporating the language on the second page of his testimony amending K.S.A. 1989 Supp. 65-6004. He recommended that S.B.529 and S.B.553 be incorporated or the language of each read the same.

The Chairman called for opponents to S.B. 553. None appeared.

The Chairman called for the wishes of the Committee on S.B.529.

Senator Salisbury made the motion to take the language used in S.B. 553 and the proposed amendments to K.S.A. 1989 Supp. 65-6004 offered by Mr. Jerry Slaughter of the Kansas Medical Society and to strike the current language of S.B. 529, and offer this as S.B.529

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526, Statehouse, at 10:00 a.m./p.~~xx~~ on January 31,, 1990

and pass it favorably.

Senator Langworthy seconded the motion. The motion carried.

Senator Reilly will carry S.B. 529.

The Chairman asked the wishes of the Committee on S.B. 552.

Senator Hayden made the motion the S.B. 552 be passed favorably.
Senator Walker seconded the motion. The motion carried.

Senator Hayden will carry S.B. 552.

The meeting adjourned at 10:30a.m. The next meeting is February 1,
1990, at 10:00a.m. in Room 526S.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 1/31/90

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Theresa Hodges - Topeka	KDHE
Beth Powers Topeka	Ks. Choice Alliance
Norma Foster Satanta	visitors
ALAN CORB WICHITA	KS Resp Care Soc
Lou Montesano O.P.I.C.S	Senator Ehrlich (intern)
ELIZABETH E. TAYLOR	ASSO OF LOCAL HEALTH ^{DEPTS}
JERRY SWANOFFEN	KMS
Charles Konigsberg Topeka	KDHE
Deborah Taylor Topeka	KDHE
SERALD JOHNSON TOPEKA	KDHE
Tom Bell "	ICHA
KEITH K LANDIS "	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KS
Sharon Breen	Upton
W. E. Breeding	"
LISA GETZ WICHITA	ST. FRANCIS REGIONAL MEDICAL CENTER
Peggy Jarman Wichita	WHCS
Ken Baker Topeka	Ks. Society of Med Tech
Kelly Waldo Topeka	KSA
GARRETT BAKER Topeka	KDHS

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SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE _____

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

James Hopkins

ACLU KS-WMWA

Luisa Macneac

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State of Kansas

Mike Hayden, Governor

Department of Health and Environment
Kansas Health and Environmental Laboratory

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Stanley C. Grant, Ph.D., Secretary

Testimony presented to
Senate Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Senate Bill 552

In the absence of a comprehensive state laboratory licensure law, the 1988 Legislature established and strengthened specific requirements for those Kansas laboratories performing prenatal serological tests for syphilis, serological tests for human immunodeficiency virus, and tests for controlled substances. The purpose of this regulatory responsibility is to ensure the accuracy and reliability of laboratory tests which are especially important to the health care, insurability, and/or employability of any Kansas citizen. Resulting laboratory approval programs are now operational and do monitor the analytical capability of these laboratories through on-site evaluation of several specific laboratory components which are essential to the production of accurate laboratory results including required participation in quarterly unknown performance evaluation tests.

It is clear that the hundreds of thousands of these laboratory tests which are performed in Kansas clinical laboratories each year should be subject to the same regulatory review regardless of the specific nature of specimens involved in the test process. Although these laboratory tests were originally designed to be performed on blood (serological) specimens, major scientific advances in the past two years now include similar tests on other body fluids. For this reason, we would urge that the words "serological" be stricken from the statute so that the same monitoring control is required to ensure an accurate final result regardless of the exact nature of specimens tested.

Testimony presented by: Theresa L. Hodges, Section Chief
Laboratory Improvement Program Office
Kansas Health and Environmental Laboratory
January 31, 1990

SPH & W
Attachment 1
1/31/90

Charles Konigsberg, Jr., M.D., M.P.H.,
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Director of Environment
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State of Kansas

Mike Hayden, Governor

Department of Health and Environment

Division of Health

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Testimony Presented to

Senate Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Senate Bill 553

Background/Introduction

Senate Bill 553 would amend existing statutes to require reporting of positive antibody tests for Human Immune Deficiency Virus (HIV), the causative agent for Acquired Immune Deficiency Syndrome (AIDS).

There has been an evolution in the concept of AIDS to one of a chronic infection with HIV, with a progression over a period of years with gradual loss of immune capacity, culminating ultimately with AIDS as the final chapter in the disease process. In short, HIV is increasingly viewed as a chronic disease. During the past few months, new scientific findings have shown that early medical intervention with drugs such as AZT can delay the progression of HIV disease to symptomatic stages. In addition, early intervention offers the opportunity for education and voluntary partner notification as measures to prevent the spread of HIV.

It is clear that the true extent of the AIDS epidemic is measured not just by counting full-blown cases of AIDS but by knowing the incidence and prevalence of HIV infection in the community. It is also clear that for early intervention to be effective both from a public health perspective as well as for the individual's perspective, knowledge of one's HIV antibody status must be known.

Diagnosed cases of AIDS are reportable by law in all 50 states. The consensus among public health officials around the nation is that better data are needed to monitor the spread of HIV infection. Over that past several years, the clear trend in the states has been to some sort of HIV reporting system. As of late 1989, 42 states required some sort of reporting of HIV, some by name and others without names. The trend seems to be toward named reporting. Only 8 states, Kansas being one of them, had no requirements for HIV reporting.

Attachment 2
1/31/90

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Issues

Senate Bill 553 would facilitate an important public health objective by providing data on the levels of HIV infection in the community. It would not provide much opportunity for early intervention because names would not be obtained.

The bill does allow for laboratory reporting which is an important and reliable source of information and does define certain terms such as HIV. We also believe that any AIDS/HIV legislation should strengthen provisions preventing discrimination against any individual or group with regard to employment, medical care, housing, education and transportation.

Recommendations

The Department is supportive of reporting of HIV positives without names, feeling that this measure will gain essential data. We recommend that the Committee report Senate Bill 553 favorably for passage.

Testimony by:

Charles Konigsberg, Jr., M.D., M.P.H.
Director of Health
Kansas Department of Health and Environment
January 31, 1990



KANSAS MEDICAL SOCIETY

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

January 31, 1990

TO: Senate Public Health and Welfare Committee
FROM: Jerry Slaughter, Executive Director
SUBJECT: Senate Bill 553; HIV Reporting

Thank you for this opportunity to offer a few comments about the merits of SB553. The Kansas Medical Society supports the general concept of reporting confirmed cases of HIV positivity so long as the identity of the patient remains confidential. We cannot over-emphasize that availability of anonymous HIV testing encourages persons who have engaged in behaviors that place them at risk of exposure to be tested and receive valuable counseling. By contrast, any requirements identifying the patient would be counter-productive because it would discourage voluntary submission to testing and counseling.

As you will recall, HIV testing is done in two stages; the first test being a less expensive screen which can result in a false positive result. In those instances when the screening test indicates positive, a more expensive and more precise test is conducted in order to confirm the presence of HIV antibodies in the person's blood. This is why only confirmed cases should be reported.

Senate Bill 553 accomplishes the same general goal as SB529 but defines a number of terms and imposes more elaborate reporting of demographic characteristics in order to be of greater value to epidemiologists and other infectious disease specialists. For this reason, we respectfully suggest that SB529 be amended or substituted to incorporate the provisions of SB553 or that you recommend passage of SB553 in lieu of SB529.

You will recall that during the hearings on SB529, certain conferees suggested that in cases of confirmed HIV positivity, that the spouse or sex partner of the HIV positive individual should be so informed. You may also recall that during the 1989 Session, you passed SB286 to allow emergency personnel to be informed of possible exposure to HIV. To address those two concerns we have drafted amendments to current law to clarify that a physician may inform others of possible exposure to HIV. The draft amendments are attached to this statement and we respectfully request that you incorporate such language in any bill that you recommend for passage.

Thank you for considering our concerns. We trust that you will exercise sound judgement in these matters.

CW:lg

*Attachment 3
1/31/90*

K.S.A. 1989 Supp. 65-6004 is hereby amended to read as follows:

DRAFT

65-6004. Physician authorized to disclose to certain ~~health care providers~~ information about patient who has AIDS or who has had a positive reaction to an AIDS test; confidentiality of information; immunity in judicial proceedings. (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 who 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 except as may be necessary in providing treatment for such patient.

persons

or emergency personnel

have been or

or emergency personnel

(b) 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.

Notwithstanding any other law to the contrary, a physician who has reason to believe that the spouse 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 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)

History: L. 1988, ch. 232, § 4; July 1.

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