

Approved MAR 25 1991 _____
Date

MINUTES OF THE House COMMITTEE ON Governmental Organization

The meeting was called to order by Rep. Gary Blumenthal at
Chairperson

9:00 a.m. ~~pm~~ on March 6, 1991 in room 522-S of the Capitol.

All members were present except:

Rep. Tom Bishop, absent

Committee staff present:

Carolyn Rampey, Research Dept.
Avis Swartzman, Revisor of Statutes
Nita Shively, Committee Secretary

Conferees appearing before the committee:

Dr. Robert Harder, SRS
Cheryl Dillard, Government & Community Mgr. Kaiser Permanente
Jerry Slaughter, KS Medical Soc
Tom Bell, KS Hospital Assoc.
Karl Birns, Chief - Right-to-Know

Chairman Blumenthal called the meeting to order when quorum was present.
The minutes for Feb. 25, 26 and 27, 1991 were approved.

HB 2422 - AN ACT concerning the Kansas state employees health care commission; establishing the state health care services purchasing program.

Chair recognized Dr. Robert Harder who testified and presented written testimony in support of HB 2422, (Attachment 1). Dr. Harder acknowledged that the proposed legislation is a somewhat radical departure for the state--- however, the continually escalating medical costs necessitate the need to explore other options. His testimony also included a list of suggestions for a comprehensive health care/wellness care model. Dr. Harder answered questions from the committee regarding the implementation of this plan.

Cheryl Dillard testified as neither an opponent or proponent regarding HB 2422, providing written testimony, (Attachment 2). She expressed her understanding of the need for the state to adopt cost-saving measures, but also expressed 2 concerns: 1. There would be a serious capacity problem due to the inclusion of Medicaid recipients with state employees. 2. The issue of choice; consumers want as many options available as possible.

Jerry Slaughter testified as neither proponent or opponent regarding HB 2422, written testimony furnished, (Attachment 3). He stated that in his many years of association with Dr. Harder, this is one of the rare times when he agrees with nearly every word he said--however, he disagrees with his conclusions. Mr. Slaughter stated there are a great many concerns that warrant further study. One major problem resulting from this legislation would be cost shifting. Consequently, he urged the committee to refer HB 2422 to the Joint Committee on Health Care Decisions for the 1990's.

Tom Bell testified and furnished written testimony in opposition to HB 2422, (Attachment 4). Mr. Bell stated his belief that the proposed plan is flawed, there is a need for clarification on many issues. One question, of particular concern, deals with the bidding process regarding Medicaid. He agreed with Mr. Slaughter's proposal to refer the bill for further study.

HEARING CLOSED ON HB 2422

HB 2472 - AN ACT relating to the Kansas emergency planning and community right-to-know act; amending K.S.A. 1990 Supp. 65-5703, 65-5704, 65-5707 and 65-5708, and repealing the existing sections.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Governmental Organization,
room 522-S Statehouse, at 9:00 a.m./p.m. on March 6, 1991

Chair recognized Karl Birns who testified and furnished written testimony, including a report on fiscal impact and a chart, in support of HB 2472, (Attachment 5). Mr. Birns discussed the 5 proposed changes in the existing statute. While acknowledging that Kansas has one of the finest programs in the country, there are areas that could be improved. Questions and discussion followed. Chair announced that since the committee received the bill late, there are too many substantive issues involved, consequently, he appointed a subcommittee to be chaired by Rep. McClure. The other 2 members are Rep. Brown and Rep. Lahti.

Rep. Brown passed out a balloon amendment, (Attachment 6) asking the committee to look it over while she explained some of the background and need for the proposed changes.

Chair announced that the matter will be carried over until Friday when the subcommittee will submit their report.

Meeting adjourned at 10:05 a.m.

Department of Social and Rehabilitation Services

**Testimony before
Governmental Organization Committee
Regarding**

House Bill 2422

March 6, 1991

**Robert Harder
Acting Secretary
913-296-3274**

*g.O. 3-6-91
attachment 1*

Kansas Department of Social and Rehabilitation Services
Robert Harder, Acting Secretary
March 6, 1991

Testimony

House Bill 2422

Mr. Chairman and members of the committee, thank you for the opportunity to appear in support of House Bill 2422. It is one piece of health care legislation among several before the legislature this session.

It is encouraging to see the development of serious health care proposals to be considered by the legislature. It is important to quicken the pace of the health care discussion. The states have the opportunity to take a leadership role in this important area. These separate bills need to be reviewed in the broader context of a better and more comprehensive health system.

The health care decisions we make should be driven by certain key concepts. As we incorporate these concepts into our thinking, and as we make incremental decisions, these decisions should be directed toward certain key ideas of a model health care system.

If we are to have an effective health care/treatment system for Medicaid patients, we need to develop a political consensus for a delivery system that is geared not only to the Medicaid patients, but a total system with the Medicaid portion being one part of a larger whole.

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attachment 1-2

Testimony: House Bill 2422
March 6, 1991
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In the interest of development of a comprehensive health care/wellness care model; let me suggest some concepts which should be considered for thinking about that model.

- 1 There should be universal access for medical treatment.
- 2 Medical expenses should be negotiated and capped.
- 3 Effective treatments should be emphasized; high technology procedures should be de-emphasized.
- 4 Medical treatments and health care should always gear toward wellness and prevention. The focus should be on personal responsibility.
- 5 The health system needs to distinguish between needed medical treatments, and social interventions and stabilization.
- 6 Medical providers need to be held accountable for their actions and the actions of the system. Controls are needed to insure there is not overtreatment.
- 7 Initiate a culture where quality of life as well as elongation of life is taken into account.

With all of the health bills before the legislature, each legislator has the opportunity to combine legislative poetry with legislative prose. The legislative poetry is that of saying one wants health care for all, but no money. Legislative prose means we will use the poetic, good-feeling language with the legislative prose of assuring that money is available to buy food and shelter, immunizations, prescription drugs, hospital and adult care home days.

*J. O. 3-6-91
attachment 1-3*

Testimony: House Bill 2422
March 6, 1991
Page 3

There is a relationship between what you pay and what you get.

I recognize that House Bill 2422 is a different concept related to doing health care business in behalf of the state. I would hope that, at a minimum, the bill could be kept alive and that it would become a part of a broader study on health care issues through next summer and fall.

Robert Harder
Acting Secretary
913-296-3274

g. O. 3-6-91
attachment 1-4



Testimony on House Bill 2422
Governmental Organization Committee
March 6, 1991

Cheryl Dillard
Government and Community Relations Manager
Kaiser Permanente
Kansas City

Mr. Chairman, I am Cheryl Dillard, Government and Community Relations Manager for Kaiser Permanente in Kansas City. I appreciate the opportunity to speak to you and the Committee today on House Bill No. 2422.

Kaiser Permanente is the largest and most experienced HMO in the country with over 6 million members in 16 states and the District of Columbia. We have been both providing and financing health care for our members for over forty-five years. We are the kind of HMO that has its own doctors and medical offices and, in some parts of the country, we own and operate our own hospitals. In Kansas City where we have 44,000 members, we have six medical offices and about 50 primary care physicians in our medical group, as well as contracts with community specialists. Our doctors see only Kaiser Permanente members.

Having told you a bit about our organization, let me say why we are curious about House Bill 2422. We have been one of the HMOs offered to Kansas state employees and their families since 1984. We value the state as a customer and currently serve approximately 1,246 state employees and dependents. I will not pretend to understand all the implications of House Bill 2422, but its clear purpose is to harness the considerable buying power of the state in the health benefits arena--in other words, to take advantage of volume buying. As my friends at the Kansas Medical Society often say, that works with the purchase of pencils or recycled copy paper. Kaiser Permanente is concerned that that may not work with health benefits coverage.

As a "vendor" of the state, I envision the system working this way: Kaiser Permanente would be invited to bid on the state-paid group for the best price. Would we be asked to bid on all or only part of the covered persons in the Kansas City area? If the answer is all state employees plus Medicaid recipients, an organization like ours is then faced with an enormous capacity problem as we would need to recruit additional physicians for our medical group and expand our physical facilities. If the bidding is subdivided throughout the three Kansas counties, then that appears to be not dissimilar from the current system. In my example, we would then have geared up to serve additional state paid members, and would have to hope that we could continue to hold the contract.

On a more philosophical level, Kaiser Permanente has a strong belief in freedom of choice. In fact, it is our corporate policy that, in groups above a certain size, we are very reluctant to offer our plan unless there is another health benefits plan available as well to those employees. State employees in the Kansas City area now have the choice of four health plans. It appears that House Bill 2422 would limit choice so as to maximize volume buying. And, it is so that there are some in the health care public policy field who would argue that limited choice is the direction we should be heading. But we can tell you from our own experiences that consumers still believe that if choice is not their "right", it is at least their very strong preference. In addition, removing the selection process from the hands of the consumer puts a great burden on the state to assure that quality health care and services are provided.

As a final note, I will say that this is a brand new approach for Kansas. We are in sympathy with the goal of controlling the state's escalating costs in many areas. But House Bill 2422 is complex, with significant implications both for those of us who might bid and for those state employees and Medicaid recipients who would be covered by the purchasing program. Kaiser Permanente would be pleased to be part of an expanded discussion of this concept during, perhaps, an interim study.

J.O. 3-6-91
attachment 2-2



KANSAS MEDICAL SOCIETY

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

Jerry Blaughter

March 6, 1991

TO: House Governmental Organization Committee
FROM: Kansas Medical Society *J. Miller*
SUBJECT: House Bill 2422; State Health Care Purchasing

Thank you for the opportunity to offer the following comments on HB 2422. This bill would basically combine the state employees' health insurance plan with that of the Medicaid program for the purposes of purchasing services from health care providers and institutions.

This concept represents a dramatic shift in state policy, and one that should not be taken without serious consideration for all of the ramifications. Without going into great detail about our many concerns about this concept, we would respectfully submit that this matter should be referred to the Joint Committee on Health Care Decisions for the 1990s to be a part of the comprehensive study which will be undertaken on the subject of universal health care found in Senate Bill 205. That legislation calls for the establishment of what amounts to a single payor system, which would seem to be in direct conflict with the provisions in House Bill 2422. One obvious problem with enactment of HB 2422 as a stand alone measure is that it would probably exacerbate the problem of cost shifting which is already a big part of the reason that private health insurance costs are high in this state. In summary, we believe it makes more sense to include this legislation as part of a comprehensive analysis of the health insurance system, thereby assuring that any structural changes in one part of the equation are consistent with actions taken elsewhere. We appreciate the opportunity to offer these comments, and would urge that you refer HB 2422 to the Joint Committee on Health Care Decisions for the 1990s. Thank you.

JS:ns

*g. o. - 3 - 6 - 91
attachment 3*



Memorandum

Donald A. Wilson
President

March 5, 1991

TO: House Governmental Organization Committee
FROM: Kansas Hospital Association
RE: HOUSE BILL 2422

The Kansas Hospital Association appreciates the opportunity to comment regarding House Bill 2422, which would establish the "state health care services purchasing program." The concept behind such a program, as we have understood it, is to increase the state's purchasing power by lumping together all state moneys used to purchase health care services and offering a state package to those interested in bidding.

We understand the state's legitimate interest in wanting to increase its purchasing power. But for a number of reasons, we think it would be a mistake for the state to rush headlong toward the type of program envisioned by HB 2422.

First, we think there are potential ambiguities in the bill that should be addressed. For example, section 1(d) of the bill states that purchases by the state health care benefits program would not be part of the

*g.O. 3-6-91
attachment 4*

March 5, 1991

Page 2

state health care purchasing program. Again, it was our understanding that all purchases would be part of the program in order to attempt to maximize state purchasing power.

More importantly, we think there are a host of issues not considered in the statute that must be addressed and clarified prior to any discussion of legislation such as HB 2422. Following are some important points we think need to be considered:

1. The main purpose behind HB 2422 is to save the state money. Will it? Will providers bid at rates less than what the Medicaid program pays them? If they won't, the proposal could raise Medicaid rates.
2. Perhaps a more basic question relates to whether a given provider will bid on this business. If large numbers of providers do not bid, this could create access problems for many Kansans.
3. What kind of impact would such a program have on an individual's choice of health care provider?
4. What other criteria would be used in selecting providers? Would the state be able to reject bids?
5. Are there communities in which there would be a capacity problem if one institutional provider was awarded all the business?

g. O. 3-6-91
attachment 4-2

Memo to House Governmental Organization Committee

March 5, 1991

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We think these are all legitimate questions that must be asked and answered before the state takes the major step of embarking on a program like the one envisioned in HB 2422.

Our comments are not designed to attempt to put aside the need for debate on important health care policy issues. There is virtually unanimous agreement that the health care system is facing major problems and is in need of reforms. We think this debate must take place, but it must be a considered debate so that issues can be carefully analyzed. We also think that debate should focus on the development of a comprehensive plan for change.

Thank you for your consideration of our comments.

TLB / pj

G. O. 3-6-91
Attachment 4-3

Testimony presented to
House Committee on Governmental Organization

by

The Kansas Department of Health and Environment

House Bill 2472

The Bhopal, India and Institute, West Virginia toxic chemical incidents which resulted in over 3,000 deaths and over 200,000 injured, highlighted the need for local and state planning for chemical emergency response. This, coupled with heightened citizen concern for chemicals in the environment, their health implications and environmental effects, led the Congress to enact the Federal Emergency Planning and Community Right-to-Know Act, Title III of the Superfund Amendments and Reauthorization Act.

The Kansas Emergency Planning and Community Right-to-Know Act establishes the authority for the State to implement the provisions of Title III. The federal law was signed by the President on October 17, 1986 and imposed reporting requirements on facilities that handle, store or emit hazardous chemicals. It further mandated state's to establish Emergency Response Commissions and Local Emergency Planning Committees to develop emergency plans for dealing with releases of these materials. The law also provided for "right-to-know" by the public regarding the risks these chemicals represented to them in the community and in the environment. Under state law, the Kansas Department of Health and Environment (KDHE) was delegated responsibility for receipt of these reports. The Division of Emergency Preparedness of the Adjutant General's department was given the responsibility for oversight of the emergency planning process.

The State of Kansas is an acknowledged leader in this program area. EPA has published a document "Successful Practices in Title III Implementation" which highlighted the Kansas program as a model for other states. While our program has been very successful to date we have noted some areas where legislative action would enhance our goals. In particular, the Kansas Department of Health and Environment as recipient of the data submitted has proposed for your consideration amendments to the Kansas statute before you today.

This Bill proposes five technical changes in the existing statute.

I - Reporting Changes (pg 2, lines 32-37)

Section 311 of the Federal Act imposes a one time initial reporting requirement on facilities that are work places regulated under the Occupational Safety and Health Act. Existing reporting provisions allow submitting under Section 311 for each regulated chemical either a material safety data sheet or for the facility, submission of a list of hazardous chemicals and associated physical and health hazards. A list of chemicals and their associated hazards provides a more efficient means for the state to review and enter this information into the data management system.

g.O. 3-6-91
attachment 5

Submission of material safety data sheets should be at state or local government requests. Five states require and 35 states request the list in lieu of Material Safety Data Sheets.

Section 312 of the Federal Act requires these same facilities regulated under Section 311 to file an annual inventory on their reportable chemicals by March 1st of the succeeding year. They have the option of filing this report as either a Tier I report which aggregates the chemicals by hazard category or Tier II which reports information explicitly for each reportable chemical by name. The submission of Tier II reports only, rather than the federal option of submission of either the Tier I or Tier II report will reduce the paperwork burden, reduce confusion to the reporting facility as to which report to submit, and stabilize the fee schedule. The Tier II report provides much more detailed and useable information for Title III including emergency planning purposes.

At last report, 26 states have authority for and are requiring, and another 21 states request, the submissions of Tier II reports in lieu of Tier I reports.

II - Kansas List of Chemicals (pg 2, lines 9-18)

The authority to establish a list of Kansas specific reportable chemicals and their reporting thresholds would provide flexibility to monitor for any hazards unique to circumstances within Kansas. Currently, seven states have authority to request specific chemicals be reported, and thirteen states have authority to require reporting at lower quantity thresholds than the federal act. The need for authority to require reporting unique to Kansas was made manifest when the State Emergency Response Commission investigated the explosion and death of six firemen in Kansas City.

III and IV - Compliance - Inspection and Late Fees (pg 3, lines 18-21 and pg 3 lines #4 thru pg 4, line 4.

The inclusion of authority to inspect regulated facilities when required is necessary in any compliance regulatory program. The ability to impose a late fee on those facilities recalcitrant in submitting required reports and fees will remove any economic advantage from late payment. Both these provisions are designed to enhance compliance. Enhanced compliance would increase the number of facilities participating in the program and thereby provide a better data base to support emergency planning and other public purposes. Also, this would be more equitable to facilities since all regulated facilities would be providing information and participating through their fees in support of the program. This would potentially require a lower level of cost per facility to provide the same amount of funds necessary to underwrite the cost of operating the program.

V - State Emergency Response Commission Membership (pg 1, line 23)

K.S.A. 65-5703 establishes membership for the State Emergency Response Commission (SERC). The Kansas Corporation Commission (KCC) is currently not represented. Since the KCC maintains an active role in hazardous material spill and release reporting which interacts with SERC responsibilities, it is appropriate to include KCC as a SERC member.

*g.O. 3-6-91
attachment 5-2*

We have prepared a worksheet (attached) entitled "Fiscal Impact on Fee Paying Facilities" which presents the existing fee collection program for FY 1990 and projected impact of these proposed amendments on fee collections and average cost per facility in FY 1992. The assumptions used in making this projection include the same number of facilities providing information under the various reporting sections in 1992 as 1990. However, we expect that given the programs recent contract under grant to the US Environmental Protection Agency to enhance our ability to identify non-filers and suspect data, we should be able to increase the number of facilities which are in compliance. No significant change in expenditures will occur as a result of the implementation of this legislation by KDHE. There will be revenue enhancement since facilities will be submitting Tier II forms in lieu of Tier I forms and lists in lieu of Material Safety Data Sheets. Our estimates indicate approximately a 40% or \$16,000 increase in fee collections under these sections when comparing FY 1992 projections to FY 1990 income. The major area of revenue enhancement is from Section 311 since the current average cost per facility submitting MSDSs is \$7.63 which would then go up to \$23.00, the fee per Section 311 list. We have prepared a conversion chart for estimating the difference in fees for submitting Tier IIs in lieu of Tier Is. Based upon this, the average cost to a facility submitting Tier IIs would drop from \$15.97 to \$15.46. The reason for this is that those facilities that currently submit Tier I's paying \$6.00 would, with these amendments, have to now pay the cost of Tier IIs which would result in an average cost of \$15.46 per facility.

The Department recommends the committee pass this Bill out favorably.

Thank you, if you have any questions I would be pleased to answer them.

Testimony presented by: Karl F. Birns
Program Manager, Right-to-Know
Bureau of Environmental Health Services
March 6, 1991

*g. O. 3-6-91
attachment 5-3*

FISCAL IMPACT ON FEE PAYING FACILITIES

FY 1990

<u>REPORT</u>	<u>#FAC</u>	<u>#UNITS</u>	<u>FEE</u>	<u>TOTAL</u>	<u>AVG COST/FEE</u>
311 LIST	549	549	23	12627	23.00
311 MSDS	250	318	6	1908	7.63
312 TIER I	1211	1211	6	7266	6.00
312 TIER II	1501	2497	9	<u>22473</u>	15.97
				44274	

FY 1992* (Based on current fees and same number of facilities)

<u>REPORT</u>	<u>#FAC</u>	<u>#UNITS</u>	<u>FEE</u>	<u>TOTAL</u>	<u>AVG COST/FEE</u>
311 LIST	799	799	23	18377	23.00
TIER II	2712	4661+	9	<u>41949</u>	15.46
				60326	

+Conversion of Tier I to Tier II Equivalents

In FY 1990, 1211 facilities filed Tier I, of these 907 had corresponding MSDS's or 311 Lists (others out of compliance).

<u># Facilities</u>	<u>Chemical Count Range</u>		<u># Tier II Equiv/Facility</u>
531	≤3	(1)	531
156	>3≤6	(2)	312
42	>6≤9	(3)	126
78	>9≤18	(4)	312
85	>18	(4)*	<u>340</u>
			1621

*We expect that most facilities with greater than 18 chemicals reported on the Tier I are over reporting - e.g. providing a complete inventory for the facility without regard for the 10,000 lb. reporting threshold.

$$\frac{907}{1211} : \frac{1621}{x}$$

x = 2164
Number Tier II equivalent if all had 311 compliance

*g. O. 3-6-91
attachment 5-4*

EMERGENCY PLANNING COMMITTEE FOR DOUGLAS COUNTY

111 East Eleventh Street
Lawrence, Kansas 66044

March 6, 1991

Mr. Karl Birns
Right-to-Know Office
Kansas Department of Health and Environment
Mills Building
109 SW 9th Street
Topeka, KS 66612

Dear Karl,

Yesterday afternoon Jon Flint of your office contacted me about House Bill Number 2472. Below are some brief comments I have on it.

I agree with the addition of item C in Section 2. There are compounds stored and used in volume in Kansas that are not necessarily of interest nationwide. Unfortunately, the best example of a compound in this category (Hiflo, a mixture of ammonium nitrate and fuel oil) is associated with a tragedy. I suggest that the LEPC's explicitly be given the authority to also create a list of reportable compounds.

In section 3, having facilities submit lists of chemicals rather than the MSDS will save effort and filing cabinet space. To make them more useful, I suggest that the lists be sorted by some order other than alphabetical - such as by reactive classes. The provision requires facilities to submit MSDS upon request is essential so that the additional information on the MSDS can be obtained if necessary.

Section 3 also requires use of Tier II reports rather than Tier I. I support this change. For several years, our LEPC has asked facilities to use the Tier II report rather than the Tier I, simply because the Tier I report is so general that it is not very useful.

I have no objection to interest being added to outstanding fees. I suggest that a one month grace period similar to that used by credit card companies be added to allow for mailing delays and other minor problems.

I would also like to point out what I consider to be a continuing problem for many LEPC's, the issue of funding. The LEPC is a committee given tasks on a local level but appointed by the State. Yet the local governments are expected to fund it. In many areas, this dichotomy has produced no funds for the LEPC; for why should a county fund a State committee? I suggest that either the LEPC's be given funds, or they be given authority to raise funds.

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Attachment 5-5

Mr. Karl Birns
March 6, 1991
Page 2

I have not had the opportunity to contact other members of the Local Emergency Planning Committee for Douglas County, so the above comments must be considered my personal opinions. I will circulate the Bill and my comments and send you any additional comments the committee may generate.

Sincerely,

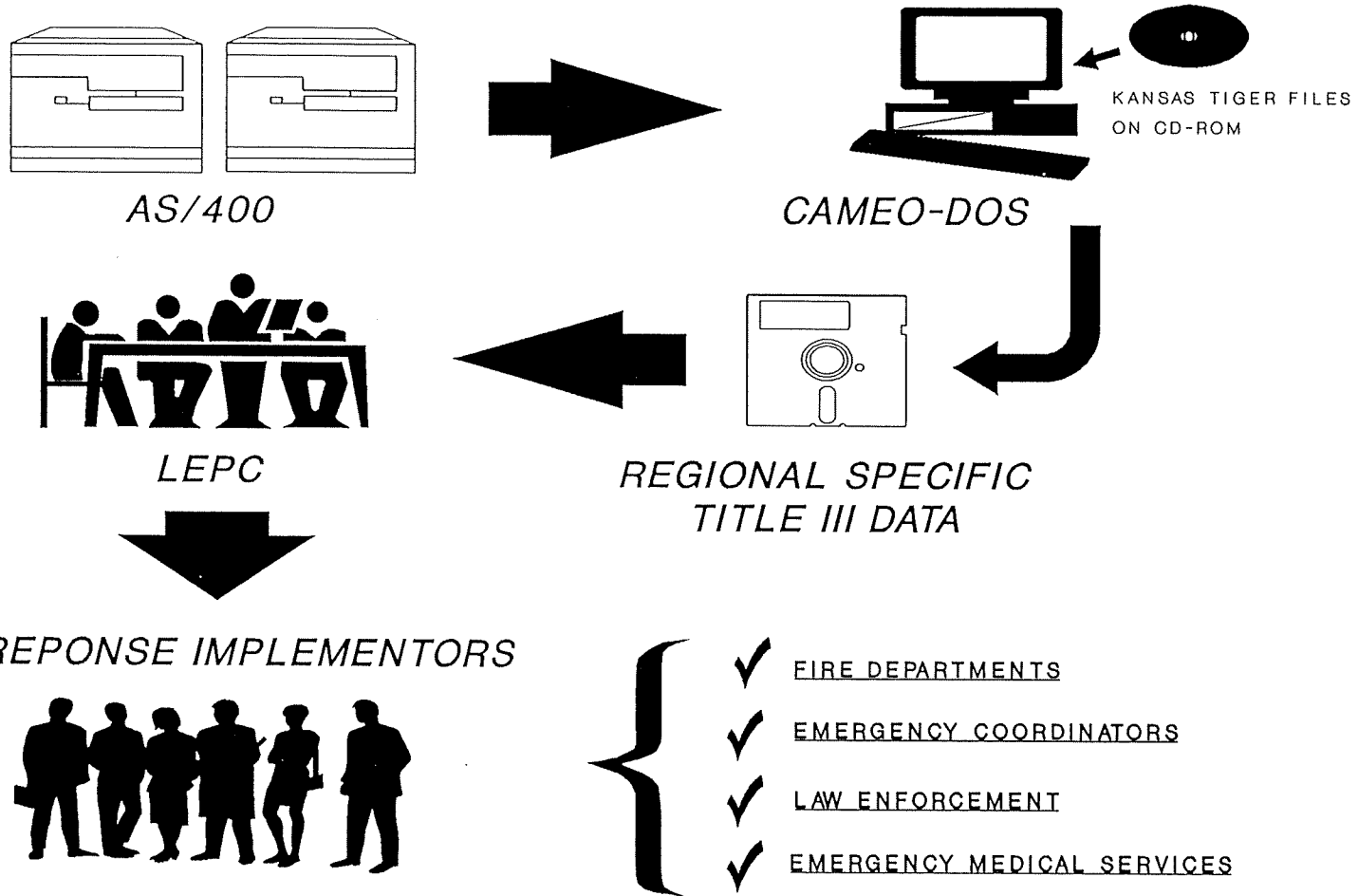


Steven G. Cater
Chair, Local Planning Committee
for Douglas County

g. O. 3-6-91
Attachment 5-6

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
TITLE III RESOURCE INFORMATION
STATE-WIDE INTEGRATION INTO CAMEO-DOS

g.o. 3-6-91
attachment 5-7



HOUSE BILL No. 2472

By Committee on Governmental Organization

2-26

8 AN ACT relating to the Kansas emergency planning and community
9 right-to-know act; amending K.S.A. 1990 Supp. 65-5703, 65-5704,
10 65-5707 and 65-5708, and repealing the existing sections.
11

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

13 Section 1. K.S.A. 1990 Supp. 65-5703 is hereby amended to read
14 follows: 65-5703. (a) There is hereby created the state emergency
15 response commission for the purpose of carrying out all requirements
16 of the federal act. -----

17 (b) The commission shall consist of: (1) The following persons or
18 their designees: The lieutenant governor, the secretary of wildlife
19 and parks, the secretary of human resources, the secretary of the
20 state board of agriculture, the secretary of health and environment,
21 the adjutant general, the superintendent of the Kansas highway pa-
22 trol, the state fire marshal, the secretary of transportation, the at-
23 torney general, *the chairperson of the state corporation commission*,
24 and the governor; (2) three members appointed by the governor to
25 represent the general public; and (3) two members appointed by the
26 governor to represent owners and operators of facilities regulated
27 pursuant to this act.

28 (c) Members of the commission appointed by the governor shall
29 serve for terms of two years. Any vacancy in the office of an appointed
30 member of the commission shall be filled for the unexpired term
31 of appointment by the governor.

32 (d) A chairperson shall be elected annually by the members of
33 the commission. A vice-chairperson shall be designated by the chair-
34 person to serve in the absence of the chairperson.

35 (e) Members of the commission attending meetings of such board,
36 or attending a subcommittee meeting thereof authorized by such
37 board, shall be paid compensation, subsistence allowances, mileage
38 and other expenses as provided in K.S.A. 75-3223 and amendments
39 thereto.

40 The commission shall: ~~(1) Establish local planning districts~~
41 ~~subject to approval by the secretary of health and environment and~~
42 ~~the adjutant general, and shall appoint a local planning committee~~
43 ~~for each such district, as required by the federal act, to perform~~

-----and, to aid in the coordination of state
agency activities relating to: chemcial
emergency response training, preparedness,
and response and; chemical release reporting
and prevention, transportation, manufacture,
storage, handling, and use.

J.O. 3-6-91
attachment 6

J.O. 3-6-91
attachment 6