

Approved \_\_\_\_\_

Feb 4, 1992  
Date SK

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Carol H. Sader at \_\_\_\_\_  
Chairperson

1:30 a/m/p.m. on January 28, 1992 in room 423-D of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Research  
Bill Wolff, Research  
Norman Furse, Revisor  
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Representative Ruth Ann Hackler  
Dr. Pat Schloesser, Kansas Action for Children  
Joyce Markendorf, School/Adolescent Health Consultant, Bureau of  
Family Health, Department of Health and Environment  
Norman Reynolds, Kansas Association of School Boards  
Shirley Norris, Kansas Association for Education of Young Children  
Kay Coles, Kansas National Education Association  
Elizabeth Taylor, Kansas Association of Local Health Departments  
Commissioner Robert Epps, Department of SRS

Chair called meeting to order by welcoming all the health advocates that were present today. It was noted today is Public Health Day in the Capitol. Chair noted it is nice to have so many of this group interested in our Committee. She thanked them for attending.

Chair drew attention to Committee minutes for January 21st. A question was raised on page two, paragraph four, reading, "It was noted a sliding scale cannot be used when there is a cap in place". After review of the tape, it was recommended the wording be changed to, "A sliding scale with a spend-down provision as in effect in other states can be done if the current cap is removed." Rep. Love moved to correct the minutes of January 21st in this manner, seconded by Rep. Scott. No discussion. Motion carried.

Rep. Samuelson moved to approve the minutes of January 21, 1992 as corrected, seconded by Rep. Weiland. No discussion. Motion carried.

Chair noted at this time discussion and possible action on HB 2566 will be deferred until tomorrow as the Revisor's office is working on the proposed changes.

Chair invited anyone with bill requests to come forward. There were none.

Chair requested staff to give a briefing on HB 2695.

STAFF BRIEFING ON HB 2695.

Ms. Correll gave a comprehensive explanation of HB 2695. She noted this legislation came out of the Interim Children's Initiatives Committee. It was noted it is the intent of the Children's Initiatives Committee, that the responsibility for this health assessment is up to the parents of those children.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 a.m./p.m. on January 28, 19 92

BRIEFING CONTINUED ON HB 2695.

Ms. Correll pointed out the provider does not have to be approved by the Department of Health/Environment, the health assessment can be done by a family physician or the Local Health Departments. Exceptions were detailed. Schools can help make the assessment process available for students, though are not required to do so. It was noted local health departments can set a fee on a sliding fee scale. They generally do not refuse services to clients if they are unable to pay. She noted several policy issues Committee may wish to deal with. She answered numerous questions. There were concerns with the language, "personal grounds".

HEARINGS BEGAN ON HB 2695.

Rep. Hackler offered hand-out (Attachment No. 1). She stated her testimony represents the Committee on Children's Initiatives. The recommendation for a comprehensive health assessment for children before entering school has evolved out of the Committee's discussion in regard to preventative health care for young children being of great benefit. Increasing numbers of Kansas children have no access to primary health care and receive little preventative care. She drew attention to a blue-print report as a good informational document. (Not recorded as an Attachment). HB 2695 would require all students entering Kansas public school to provide proof that a health assessment has been done on that child. It was noted the question of payment by the parent for the screening had not been addressed, but it is assumed a sliding scale payment plan could be utilized. The children around kindergarten age were focused upon, however many feel that is too late for a comprehensive screening and their Committee agrees. The child entering kindergarten seems a more uniform point of access and that is why this age child was chosen. She noted simply what they are asking for is a new checkpoint to evaluate the health of Kansas children. She noted personal interest and urged support. Rep. Hackler and Rep. Praeger both answered questions as members of the Children's Initiatives Committee.

Pat Schloesser, M.D., Kansas Action for Children, Inc. offered hand-out, (Attachment No. 2). She noted, when children enter school is an important checkpoint time in each child's life, those with undetected health problems experience greater difficulties in their schooling than healthy children. A state law is needed to close the gap of approximately 20-25% of the children who do not receive this basic health services. She pointed out HB 2695 provides for certain exemptions; allows time for compliance; provides for a health resource through local health departments in situations where private medical resources do not meet the needs of these children. She cited other recommendations. She noted HB 2695, page 2, line 23, "or personal" is no longer relevant relating to certification of immunizations. She noted the exclusions for a student for the health assessment. She drew attention to the Child Health Assessment form, and a Health Supervision visit guideline. She answered numerous questions, i.e., a better, more thorough assessment is being done in a physician's office; average cost would be between \$30 and \$50. Perhaps the physicians would take a big part of this load and it wouldn't be such a burden on the County Health Departments. Currently there are approximately 38,000 births a year, so the assessment would be around that same number annually.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 /a.m./p.m. on January 28, 1992.

HEARINGS CONTINUED ON HB 2695:

Joyce Markendorf, School and Adolescent Health Consultant, Bureau of Family Health, Department of Health/Environment offered hand-out (Attachment No.3). The Department of Health/Environment recommends passage with an amendment to include basic screening for hearing, vision, dental, lead, urinalysis, hemoglobin/hematocrit, nutrition, developmental, health history, and complete physical examination. She noted only 11% of the children in Kansas receive early and periodic screening and diagnostic and treatment services. Poverty places these children and youth at greater risk for health problems. Health problems affect student performance and many children entering school have health problems because they have not been screened. A Legislative Resolution was passed in 1979 recommending health assessments for students entering school, but only about 33% of the districts followed this Resolution. Ms. Markendorf then answered questions.

Norman Reynolds, Director of Education Services, Kansas Association of School Boards, (Attachment No. 4) noted HB 2695 would provide for what might be the most beneficial aspect for children, entering school ready to learn, (an assessment of general health of children). He urged support.

Shirley Norris, Kansas Association for Education of Young Children (Attachment No.5), noted at a time of rising health care costs, requiring health assessments for children entering school will make it possible for problems to be picked up at an early stage, thus reducing the need for costly treatment of more serious illnesses. She urged support.

Kay Coles, Kansas National Education Association, (Attachment No.6) spoke in support of HB 2695. She noted the National Education Association had worked closely during the interim with the Committee on Children's Initiatives and it is the Association's belief that in addition to current requirements on immunizations before entering school, this recommended comprehensive health assessment would be beneficial to each child as well as to the schools.

Elizabeth Taylor, Association of Local Health Departments (Attachment No.7) noted it is the determination of Local Health Departments that the pre-admission health assessment for children of kindergarten age is a good idea, but if the Local Health Departments have no increase in funding, it will be difficult for this process to be handled by them. Costs average from \$30 to \$40. The Local Health Departments receive from zero dollars to \$17.50 or \$22.50. She recommended these health screenings be done in a physicians office, not in the schools or a public setting. She answered numerous questions. Many people in rural areas do not have access to Local Health Departments; Local Health Departments now do a lot of the pre-school immunizations; they do not wish to present a negative view, but no funding makes it nearly impossible to carry out this screening process.

In the interest of time, the Chair requested Ms. Taylor to return tomorrow to answer other questions from Committee. Ms. Taylor agreed to do so.

Chair adjourned the meeting at 3:10 p.m.



GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

Date Jan. 28, 92

Name	Organization	Address
<u>Joyce Markendorf</u>	<u>KDHE</u>	<u>Topeka</u>
<u>Elizabeth Taylor</u>	<u>Asso of Local Health Dept</u>	<u>Topeka</u>
<u>Sue Innes</u>	<u>Hwy County Health Dept</u>	<u>Newton, Ks</u>
<u>Maida Newfeld</u>	<u>Hawey County Health Dept.</u>	<u>Newton, Ks.</u>
<u>Amelia Haney</u>	<u>DCHS</u>	<u>Oberlin, Ks.</u>
<u>Joy Haney</u>	<u>Dec. Co. Health Dept</u>	<u>Oberlin, Ks.</u>
<u>Jan Selesler</u>	<u>Barber Co Comm Health Dept</u>	<u>Medicine Lodge, Ks</u>
<u>Bob Epps</u>	<u>SRS</u>	<u>Topeka</u>
<u>Pat Wilson</u>	<u>KAC</u>	<u>Topeka</u>
<u>Garry W. Pittman</u>	<u>Ks Found. for Med. Care</u>	<u>Topeka</u>
<u>Carolyn M. [unclear]</u>	<u>KSN A</u>	<u>Topeka</u>
<u>Marilyn Bradt</u>	<u>KINH</u>	<u>Lawrence</u>
<u>Gale W. [unclear]</u>	<u>KDHE</u>	<u>Topeka</u>
<u>Doug Bowman</u>	<u>Children &amp; Youth Advisory Comm</u>	<u>"</u>
<u>Sharon Hies</u>	<u>Page for Allyn White</u>	<u>From Salina, Southeast of Salina, Ks.</u>
<u>Jennie Breuss</u>	<u>" " " " from Salina</u>	<u>Salina, Ks (Born, Germany)</u>
<u>Bill Meek</u>	<u>U.S.D. #230</u>	<u>Spring Hill Ks</u>
<u>John Orace</u>	<u>KAMA</u>	<u>Topeka</u>
<u>Bob Dees</u>	<u>ARC/Ks</u>	<u>Topeka</u>
<u>Steve Dickson</u>	<u>Ks Chiropractic Assn</u>	<u>"</u>
<u>Janice Ford</u>	<u>Ks Hosp Assn</u>	<u>"</u>
<u>Patricia Oates</u>	<u>SQE</u>	<u>Topeka</u>
<u>Tom [unclear]</u>	<u>Lyn's Inten</u>	
<u>Maria [unclear]</u>	<u>Ray's Mother</u>	
<u>Keith Landis</u>	<u>Christian Science Committee on Publications</u>	



RUTH ANN HACKLER  
 REPRESENTATIVE, FIFTEENTH DISTRICT  
 JOHNSON COUNTY  
 685 WEST CEDAR  
 OLATHE, KANSAS 66061  
 913-782-0445

MEMBER: EDUCATION  
 PUBLIC HEALTH & WELFARE  
 GOVERNMENTAL ORGANIZATION  
 ARTS & CULTURAL RESOURCES



TOPEKA

STATE CAPITOL BUILDING  
 ROOM 112-S  
 TOPEKA, KANSAS 66612

HOUSE OF  
 REPRESENTATIVES

Testimony of Rep. Ruth Ann Hackler  
 House Bill 2695  
 January, 28, 1992

Thank you, Madame Chairperson. I had the privilege this summer and fall of serving on the Special Legislative Committee on Children's Initiatives. House Bill 2695 is a product of that committee's work. Today I represent the Committee on Children's Initiatives in bringing this legislation before you for consideration.

I hope you have had an opportunity to review the "Blueprint for Investing in the Future of Kansas Children and Families" which details the committee's entire blueprint for children's services in Kansas. This bill is only one of many strategies outlined in the Blueprint, and only one of several proposals to strengthen the physical and mental health of Kansas children.

House Bill 2695 is a simple strategy. It evolved out of the committee's ongoing discussion of two major realities. First, preventative health care for young children has an enormous payoff. Second, increasing numbers of Kansas children have no access to primary health care and receive little preventative care.

Simply put, House Bill 2695 requires all students entering a Kansas public school to provide proof that a comprehensive health assessment has been done on that child. If, for whatever reason, parents have not been able to access this service for their child, the school district will work with local health departments to provide such screening during kindergarten enrollment times, preferably within the school setting.

The Committee did not specifically address the question of payment by the parent for the screening. However, it was my assumption as a member of the committee that it would be available on the regular sliding scale payment plan utilized for many health department services.

Similarly, the committee discussion centered solely around kindergarten age children as the "point of access" into the public school systems. Our use of the kindergarten language should not preclude inclusion of language requiring older students to similarly provide such proof of screening when they first enter a Kansas public school.

*PA&W*  
*1-28-92*  
*Attn. #1.*

Critics have charged that kindergarten is too late to do the first comprehensive screening. The Committee agrees. We would have chosen an earlier age, if there were any uniform point of access to the child. However, kindergarten seems to be the most practical time to require such screening.

A final fundamental principal must be understood about this bill. What we are asking for is simply a new checkpoint to evaluate the health of our children.

True, in the short term, the public health department role in providing comprehensive health screenings would be expanded. However, the Committee on Children's Initiatives joins forces with this and other committees (including the Committee on Health Care Decisions for the 90's) in working on new ways to expand primary and preventive care to our children. That remains our fundamental long term goal.

Today I ask for your support for House Bill 2695. We need to add this checkpoint to our public health system. Our Public Health and Welfare colleague, Rep. Praeger served with me on the Special Committee on Children's Initiatives. I'm sure she will join me in answering any questions you may have.

Thank you.

PA&W  
1-28-92  
Attn #1.  
39272.





Because all children need someone who cares...

**Kansas Action  
for Children, inc.**

A non-profit, tax-exempt organization.

January 28, 1992

TESTIMONY ON HOUSE BILL NO. 2695  
TO HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

By Pat Schloesser, M.D., KAC Medical Advisor

Bulletin Nos. 8 and 9, August-Sept. 1918  
Kansas Board of Health

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P.O. Box 463  
Topeka, Kansas 66601  
(913) 232-0550  
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Executive Director

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**"PHYSICAL INSPECTION OF SCHOOL CHILDREN**

Before starting on a long journey the careful automobilist makes certain that the machine is in perfect condition for the trip. Even starting with a perfect machine, a long trip is likely to bring out or develop unsuspected defects. Just as logical as the careful inspection and repair of an automobile preparatory to a trip is the examination and treatment of the defects of a child before starting to school each year. A parent or guardian of a school child needs to be certain that the child can see well, that he hears well, that his teeth are good, and that he is free from defects which will interfere with his health and school progress."

**POSITION STATEMENT:** Kansas Action for Children supports this bill which will establish a state health policy to assure that all Kansas children receive a health check-up upon school entrance. We recognize that entering school is an important checkpoint in each child's life, and that children with undetected health problems experience greater difficulties in their schooling than healthy children. A state law is now needed to close the gap of approximately 20-25% of children who do not receive this basic health service. The bill provides for certain exemptions, allows time for compliance, and provides a health resource through local health departments, in situations when private medical resources do not meet the need.

**FACTUAL BACKGROUND**

- \* For seventy-five years, Kansas schools and public health authorities have promoted health check-ups for school enterers on a voluntary basis, through provision of health forms, pre-school round-ups and health education efforts, which <sup>now</sup> reach 75-80%.
- \* Since 1951, all children entering licensed child care facilities have been required by KDHE regulations to present a health assessment form.

*PHW*  
*1-28-92*  
*Attn. # 2-#*  
*1-4*



- \* National organizations and their state counterparts back the requirement for a preschool health appraisal. These include the American Academy of Pediatrics, American Public Health Association, the National Parent-Teachers Association, American School Health Association, and advocacy groups such as the Children's Defense Fund and the Congressional Select Panel on Children and Families.
- \* National studies of the Headstart Program which couples preschool education with health services, reveal that these children progress better in school, and for each \$1 invested, \$4.75 is saved in health and educational costs.
- \* State studies in the late 1970's at Kansas Youth Facilities found that 50% of these children had significant undetected health problems during their earlier school years.
- \* Only 14.5% of Medicaid eligible children receive a health assessment under the voluntary "Can Be Healthy" (EPS) program. This law would assure 100% for clients entering school. It might also identify other families who are medicaid eligible.
- \* A school health survey conducted by KDHE in the mid-80's found that 33% of school districts had a local requirement, and more than half of Kansas children resided in these districts.
- \* The existing law requiring immunizations, has resulted in over 96% compliance - a similar rate for health assessments could be expected.

#### ADDITIONAL RECOMMENDATIONS

1. Deletion of the words "or personal" on line 23, p.2, as it is no longer relevant. The original 1961 immunization law provided for a "personal belief" exemption under KSA 72-5209 which was eliminated by the legislature in the 1970's.
2. A companion law KSA 72-5211a provides for suspension of pupils from school for non-compliance with the original KSA 72-5209 relating to certification of immunizations. The lack of immunizations by some segments could result in the spread of communicable disease and in this situation, exclusion is appropriate. Not so, for health assessments which are designed to benefit the individual child. Therefore, we recommend amendment of KSA 72-5211a to limit the suspension to (a) 1, of KSA 72-5209.
3. Finally please note the content of health assessments in the two attached appendices.

*PJKW*  
*1-28-92*  
*Attn #2*  
*P 9/2*  
*16/24*



### CHILD HEALTH ASSESSMENT

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: Work/\_\_\_\_\_ Home/\_\_\_\_\_  
 Physician: \_\_\_\_\_ Date of last examination: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Date of last examination: \_\_\_\_\_

**HEALTH HISTORY: To be filled out by Parent or Guardian**

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
1. Are there any chronic illness problems in your family such as heart disease, diabetes, cancer, convulsions or others?	_____	_____		_____	_____		_____	_____
2. Does any member of family have a visual defect, hearing loss, or spine deformity?	_____	_____		_____	_____		_____	_____
3. Were there any pre-natal or delivery problems with the child?	_____	_____		_____	_____		_____	_____
4. Did this child walk, talk, and speak at the usual time?	_____	_____		_____	_____		_____	_____
5. Does this child:								
(a) See a physician regularly for any illness problem?	_____	_____		_____	_____		_____	_____
(b) Take any medication regularly?	_____	_____		_____	_____		_____	_____
(c) Have a history of any hospitalization?	_____	_____		_____	_____		_____	_____
(d) Have a history of any childhood diseases?	_____	_____		_____	_____		_____	_____
(e) Have a history of menstrual problems? (If applicable)	_____	_____		_____	_____		_____	_____
(f) Have a problem with vision, speech, or hearing?	_____	_____		_____	_____		_____	_____
(g) Have a problem with being shy or overactive?	_____	_____		_____	_____		_____	_____
(h) Have any emotional problems?	_____	_____		_____	_____		_____	_____
(i) Need any special help in school?	_____	_____		_____	_____		_____	_____
(j) Have any chronic illness or handicapping problems such as:								
Headaches	Yes	No	Convulsions	Yes	No	Earaches	Yes	No
Colds/sore throat	_____	_____	Rheumatic fever	_____	_____	Dental	_____	_____
Heart/Lung disease	_____	_____	Allergies/Asthma	_____	_____	Urinary/bowel	_____	_____
Back/spine problems	_____	_____	Diabetes	_____	_____	Other	_____	_____

<p>REMARKS: (Please explain any problem checked)</p>   	<p>Immunization: (NOTE: Kansas Certificate of Immunization form must be presented for entrance into school and if attached, do not repeat information on this form.)</p> <table border="0"> <tr> <td>Circle number of immunizations received</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Date of last Immunization</td> </tr> <tr> <td>DPT and/or Td</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>_____</td> </tr> <tr> <td>Oral Polio</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>_____</td> </tr> <tr> <td>Measles</td> <td>0</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Rubella</td> <td>0</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Mumps</td> <td>0</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>_____</td> </tr> </table>	Circle number of immunizations received							Date of last Immunization	DPT and/or Td	0	1	2	3	4	5	_____	Oral Polio	0	1	2	3	4	5	_____	Measles	0	1					_____	Rubella	0	1					_____	Mumps	0	1					_____
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Rubella	0	1					_____																																										
Mumps	0	1					_____																																										

**PHYSICAL EXAMINATION: To be completed by physician or nurse approved to do health assessments**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Head \_\_\_\_\_ Lungs \_\_\_\_\_ CNS \_\_\_\_\_  
 EENT \_\_\_\_\_ Breast \_\_\_\_\_ Skin \_\_\_\_\_  
 Dental \_\_\_\_\_ Abdomen \_\_\_\_\_ Lymphatics \_\_\_\_\_  
 Cardiovascular \_\_\_\_\_ G.U. \_\_\_\_\_ Musculoskeletal \_\_\_\_\_

**Screening Results:**

Development (type of test) \_\_\_\_\_ Pulse \_\_\_\_\_  
 Hearing \* \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
     Right \_\_\_\_\_ Left \_\_\_\_\_ Hbg or HCT \_\_\_\_\_  
 Vision \* \_\_\_\_\_ Urinalysis \_\_\_\_\_  
     Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_ Sickle Cell \_\_\_\_\_  
 Speech \_\_\_\_\_ Other \_\_\_\_\_

\* Indicate if you wish these tests to be performed at school.

**Significant Assessment Findings:**

**Recommendations: (include any special school needs)**

PHW  
 1-28-92  
 Attn # 2  
 P938

Do you see this child for regular health supervision? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Licensed Physician or Nurse approved to perform health assessments.



# Health Supervision Visits

American Academy of Pediatrics



## ■ Interview.

- "How are you? Your family?"
- Questions or concerns.
- Family stresses.
- Family interaction.
- School.
- T.V.

## ■ Parent-Child Interaction.

## ■ Developmental Achievement.

- Skips, walks on tiptoes, broad jumps.
- Identifies coins.
- May name four or five colors.
- Can tell age.
- Defines at least one word, e.g., ball, shoe, chair, table, dog.

- Dresses and undresses without supervision.
- Copies triangle from illustration.
- Draws a person with head, body, arms and legs.
- Sexual curiosity.

## 5 Year

## ■ Physical Examination.

- Visual acuity. Strabismus.
- Speech and hearing.
- Blood pressure.

## ■ Immunization.

- DTP, TOPV (given between 4 and 6 years).

## ■ Anticipatory Guidance.

- Accident prevention.
  - Electrical tools, firearms, matches and poisons locked up.
  - Bicycle safety.
  - Car seat belts.
  - Water safety.
  - Home fire safety.
- Telephone number.
- Should not go with or accept anything from stranger.

- School readiness.
- Dental care.
- Parental activities/expectations.
  - Promote interaction with other children.
  - Demonstrate interest in kindergarten.
  - Set and clean up table.
  - Tidy room.
- Discipline.

5 Year

P44W  
1-28-92  
Attn. # 2  
Pg-484





Department of Health and Environment

Azzie Young, Ph.D., Secretary

Reply to:

Testimony presented to

House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

House Bill 2695

The Kansas Department of Health and Environment supports HB 2695. School age children and youth are the least likely of any age population to receive preventive health care often because there is a perception that children and teens are healthy. Furthermore, an increasing number of families are uninsured or underinsured for health care. This results in crisis health services often provided in costly emergency rooms. Of all children and youth eligible to receive Early and Periodic Screening, Diagnostic and Treatment Services in Kansas, only 11% actually receive these services. Poverty places children and youth at greater risk for health problems. Data show an increasing incidence of hospital discharges reported in the 5-14 and 15-24 age groups. It is estimated that 10 to 15 percent of children and youth in the United States are effected with chronic or disabling conditions; thus, there are many school age children and youth who are not healthy.

Health problems affect student performance. However, through preventive health services with early identification, remedial care can be provided and costly health care later on is avoided. Furthermore, treatment of health problems enables school age children and youth to take better advantage of educational opportunities.

One means of determining a school age child's general health status is at the critical point of entry into school. This health assessment data provides information on health problems or potential health problems and it also provides a baseline of health information for measuring a child's progress through future years of school.

In 1979, a Legislative resolution was passed recommending to local school districts that they require health assessments for students entering Kansas schools for the first time. According to a study conducted in the mid-1980's, about 33% of the districts (largely rural) followed this legislative resolution and required new students, through local policy, to present evidence of having received a health assessment. The remaining school districts encouraged a school entry health assessment for students new to Kansas schools with the major focus being on those entering kindergarten or first grade.

Since the districts that required health assessments by policy were mostly rural, the proportion of Kansas students who had a health assessment prior to enrollment was small. This left a large number of new students to Kansas schools without a health assessment.

PH+W  
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ATT #3  
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Testimony before House Public Health and Welfare Committee  
HB 2695  
Page Two

Recommendations

The Department recommends that the Committee amend HB 2695 to include basic screening for hearing, vision, dental, lead, urinalysis, hemoglobin/hematocrit, nutrition, developmental, health history and complete physical examination and report the amended bill favorably for passage.

Testimony presented by: Joyce Markendorf  
School and Adolescent Health Consultant  
Bureau of Family Health  
January 28, 1992

PHHW  
1-28-92  
Att #3  
2-2



Testimony on H. B. 2695  
Before the  
House Committee on Public Health and Welfare

by

Norman Reynolds  
Director of Education Services  
Kansas Association of School Boards

January 28, 1992

Madam Chair and members of the Committee, the Kansas Association of School Boards appreciates the opportunity to testify today on behalf of the member districts of the association. H. B. 2695, with certain acceptable exceptions, would require each child to present evidence of a health assessment by a physician or local health department upon first enrollment in the public schools of the state.

It is KASB's belief that the bill in its present form would be of great assistance in eliminating ill health as a reason for a child(ren) doing poorly in school.

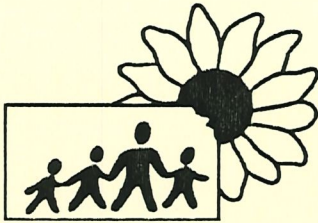
For years this state has required tests and inoculations along with vision, hearing and dental screening. H. B. 2695 provides for what might be the most beneficial aspect of starting school ready to learn, an assessment of the general health of the child(ren).

The Kansas Association of School Boards supports H. B. 2695 in its present form and recommends that it be passed out of committee favorably.

Thank you, I would be happy to respond to any questions.

*PR/KW*  
*1-28-92*  
*Attn # 4*





**KAEYC**

Kansas Association for the  
Education of Young Children

Testimony on HB 2695  
Presented to the House Public Health and Welfare Committee  
January 28, 1992

by  
Shirley A. Norris  
Representing the Kansas Association for the Education of Young Children  
131 Greenwood  
Topeka, Kansas 66606  
Ph. 913-232-3206

My name is Shirley Norris. I represent the Kansas Association for the Education of Young Children (KAEYC), an organization of over 1000 members who educate, nurture and protect thousands of Kansas children of all ages who are away from their parents for part or all of the day.

Because of the concern by KAEYC members for the healthy growth and development of children, KAEYC supports this legislation. School-age children who receive before- and after-school and summer care in child care facilities are required by KDHE licensing regulation to have an initial health assessment upon enrollment in the facility. In fact, the wording of this proposed amendment is almost identical to the wording in the regulation. Child care providers have supported this requirement, not only because preventive health care may protect the child from more serious illness, but also because a health assessment provides baseline data about the child's health status, which is important information for persons responsible for the child when he or she is away from the parents.

At a time of rising health care costs, requiring health assessments for children entering school will make it possible for problems to be picked up at an early stage, thus reducing the need for costly treatment of more serious illnesses.

KAEYC urges you to recommend this bill for passage.

Thank you.

PH&W  
1-28-92  
Attn # 5



KANSAS NATIONAL EDUCATION ASSOCIATION / 715 W. 10TH STREET / TOPEKA, KANSAS 66612-1686

Testimony before the  
House Public Health and Welfare Committee  
Kay Coles, Kansas NEA  
HB 2695  
January 28, 1992

Thank you Madame Chairman. Members of the committee, I am Kay Coles, here today representing the 24,000 members of Kansas NEA. I appreciate the opportunity to speak in favor of the concepts behind HB 2695.

We worked closely during the interim with the Special Committee on Children's Initiatives and support the Targets for Change and strategies recommended by that committee. One of the committee's focuses was on children's health, an issue that is important to our members because of the close correlation between health and learning.

Teachers know that "coming to school ready to learn," means children have received adequate medical attention, as well as a host of other necessary prerequisites to learning.

While students currently are required to meet some limited health requirements before entering school, we believe a more comprehensive health assessment, as referenced in HB 2695 would be beneficial to the child, as well as to the school.

We therefore we ask that you report HB 2695 favorably for passage. Thank you and I would be glad to answer any questions.

*P. Havel  
1-28-92  
Attn # 6*





**STATE SUPPORT OF LOCAL HEALTH DEPARTMENTS  
“GENERAL PUBLIC HEALTH PROGRAMS”  
ISSUE PAPER - FY 1993**

**I. Issue Definition**

The Institute of Medicine has defined “the mission of local health as fulfilling society’s interest in assuring conditions in which people can be healthy”. This “assurance” comes through core functions of assessment, policy development, delivery, and accountability. Local Health in Kansas is not delivering that “assurance”. Due to inadequate state and local resources and targeted federal funds, local health departments have only delivered in specific areas and have not completed the necessary assessments, policy development or delivery of basic local health services.

**II. Background**

Local health services have been a part of Kansas government since 1885. In 1901, the state legislature started a shared concept of local health delivery by mandating local health officers; infectious or contagious disease control; quarantines; and related prevention, suppression and control of contagious diseases. Since 1901 the bulk of direct local health services has increasingly been delegated to local health departments without sufficient state resources to meet those responsibilities. Kansas was ranked fourth from the bottom in state support of local health in 1982.

State support is vital to the delivery of local health services in Kansas due to the wide discrepancy of local resources available to local government. The wealthiest cities in this state have average incomes of \$54,519 per person while some areas of the state only average \$2,746 per person. Those counties with the greatest need are often those with the fewest resources.

The national average per capita contribution for personal health from state resources in 1987 was \$3.50 while Kansas’ per capita allocation was \$.87. Kansas clearly has not had an equitable shared support system for local health services. In recent years, Kansas has improved its support of local health. Its 1991 support of \$2.50 for personal and environmental health per capita is 44 percent of the projected national average of \$5.63 for public personal and environmental health for that same year.

(continued)

*P&W*  
*1-28-92*  
*Attne #7*



Every county should have the capability to provide essential personal, educational, and environmental health services (see Guidelines for Local Health Services, 1989).

**III. Options**

Option 1: Increase state general fund support of Local Public Health Programs to the average national level of \$5.63 per capita.

Option 2: Continue the phased in funding for local health departments by increasing the general health contribution to local health departments from \$.75 to \$1.00 which brings the total Kansas general fund contribution to \$2.75 per capita.

Option 3: Contribute some increase less than \$.25 per capita.

**IV. Recommendation**

Clearly the need for increased state support has been documented by the Statewide Health Coordinating Committee report; the Basic Health Services study by the Kansas Association of Local Health Departments and the Public Health Foundation report of state support. KALHD recommends option 1 with option 2 being seen as a minimum commitment to local health departments.

**V. Fiscal Impact**

Option 1: The fiscal impact to Kansas would be approximately \$7,400,000.00.

Option 2: The increase from \$.75 to \$1.00 would increase state support by \$591,059.00.

**VI. Legislative Implications: None**

**VII. Impact on Other Agencies: None**

**VIII. Supporting Documents: (Attached)**

--"Local Health Department Expenditures of State Funds, FY 1990" by Public Health Foundation

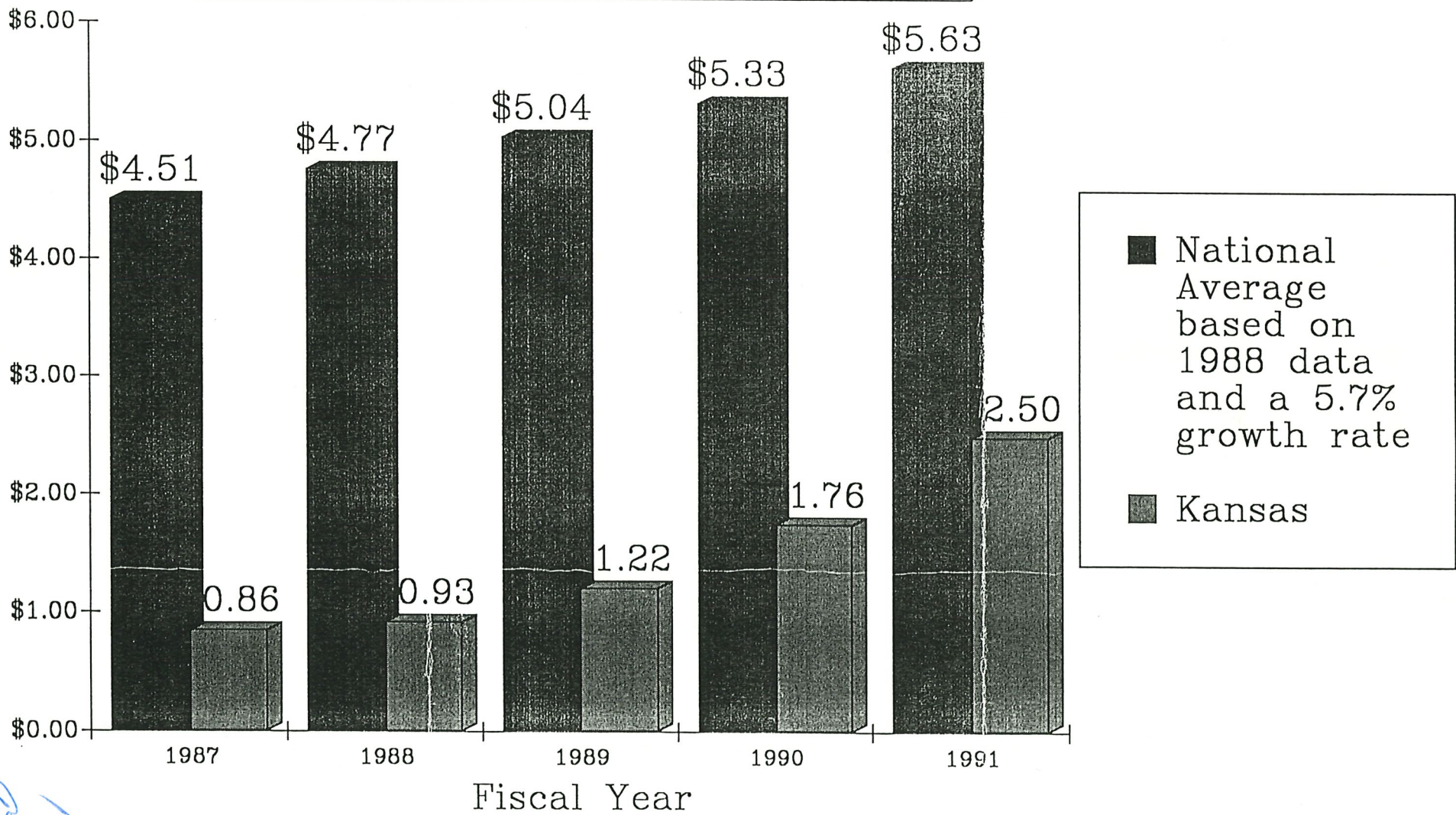
--Per capita state general funds--KALHD

--"Guidelines to Local Health Department Services Analysis--KALHD, 1989

Adopted by the KALHD Board of Directors January 21, 1992

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PER CAPITA STATE GENERAL FUNDS TO  
LOCAL HEALTH DEPARTMENTS FOR  
HEALTH AND ENVIRONMENT



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