Approved ______ Feb: 11, 1992 Date shi

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MINUTES OF THE HOUSE COMMITTEE ON ____ PUBLIC HEALTH AND WELFARE

The meeting was called to order by _____ Carol H. Sader _____ Chairperson

<u>1:30</u> / /p.m. on <u>January 30</u>, <u>1992</u> in room <u>423-S</u> 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:

Keith Landis, Christian Science Committee on Publication for Kansas Representative Praeger Monika Goldsberry, Director of Immunization, Bureau of Disease Control, Department of Health and Environment

Chair called meeting to order giving the microphone to Rep. Flower on a point of personal privilege. Rep. Flower introduced her Legislative Intern, Pam Logan. Pam is a student at Washburn University.

Chair drew attention to agenda.

EARINGS CONTINUED ON HB 2695.

Keith Landis, Christian Science Committee on Publication for Kansas offered two hand-outs. <u>(Attachment No. 1)</u> the testimony, <u>)Attachment No.2</u>) a booklet entitled FREEDOM AND RESPONSIBILITY, Christian Science Healing for Children.

Mr. Landis began on a humorous note. He stated he realized as he was coming today to testify that some people view Christian Science members and Legislators as having one thing in common. They are considered by most as "almost normal people".

He noted his comments were directed to both <u>HB 2596 and HB 2694</u>. He noted there is a broader application of Christian Scientists' belief beyond physical healing. They are generally viewed as a group of people that do not like doctors, and do believe in a different type of healing methods than do most other people and many don't really know much about their beliefs. He noted when they do find it necessary to come before the Legislature, they do so on the basis of a good success rate of results of their beliefs. He cited some personal experiences in respect to their beliefs. Mr. Landis then answered numerous questions. He feels the language in <u>HB 2695</u> is fine and he is not proposing any amendments for that Bill, however they would be opposed to the phrase about requiring a medical history with the assessment process. He noted their healing comes about through dedicated prayer; they often are giving warnings through intuition; we would not send our children to school if they are ill; a Christian Science nurse's duty would be to guide an individual through prayer, not to give medical treatment, much the same as a loving, caring mother or friend would do. When they do propose amendatory language, they try to propose language that is broad enough to not affect others who might not have their beliefs. It is their belief, he said, that if you follow all the teachings, it will work.

HEARINGS CLOSED ON HB 2695.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE _____ HOUSE COMMITTEE ON ____ PUBLIC HEALTH AND WELFARE

room <u>423-S</u>, Statehouse, at <u>1:30</u> / /p.m. on <u>January 30</u>, <u>19-92</u>

Chair drew attention to agenda.

DISCUSSION BEGAN ON HB 2695.

Rep. Hackler moved to amend HB 2695 on page 1, lines 27 and 28 by placing the word "physician" after the word "assessments", seconded by Rep. Amos. Discussion continued. It was suggested that "Local Health Departments" be included in language and a lengthy discussion continued relative to this suggestion.

At this point Rep. Hackler and Rep. Amos withdrew their motions.

Further discussion was held in regard to the signed statement that inoculations or assessments will be completed within 90 days after admission to school. Discussion continued in regard to enforcement provisions and Mr. Furse gave a detailed explanation of how this concern is dealt with in the statutes. It was suggested some clarification of the enforcement provision in **HB 2695** should be added.

Discussion held also in regard to the enrollment date for <u>any</u> pupil who had not previously been enrolled in <u>any</u> school in this state.

Rep. Wiard moved to amend HB 2695 on page 2 line 23 by inserting the word "or" between "religious and medical", seconded by Rep. Amos. Discussion continued. Vote taken. Motion carried. Rep. Love recorded as a "NO" vote.

At this point Chairperson Sader recommended that further discussion on <u>HB 2695</u> be continued on Monday, February 3rd.

Chair drew attention to HB 2694.

STAFF BRIEFING ON HB 2694.

Ms. Correll gave a detailed explanation of <u>HB 2694</u>, noting this bill request came out of the Children's Initiatives Committee with the objective that the immunization status of children who are in family day care homes be required to be reported in the same way that reports are required by licensed homes. A self-evaluation form is sent out from the Secretary of Health/Environment, it is completed by the day care homes and returned to the Secretary. This form does include information about the required immunizations of children enrolled in their facilities. Ms. Correll noted family day care homes currently operate under this self-evaluation system. The Secretary does not inspect these homes unless there is a complaint.

Ms. Correll then pointed out policy issues the Committee might like to address.

CONTINUATION SHEET

MINUTES OF THE <u>HOUSE</u> COMMITTEE ON <u>PUBLIC HEALTH AND WELFARE</u>, room <u>423-S</u>, Statehouse, at <u>1:30</u> <u>//a.m./p.m. on</u> <u>January 30</u>, 19_92

HEARINGS BEGAN ON HB 2694.

Rep. Praeger offered hand-out (Attachment No.3), drawing attention to a map on page three of the Attachment which gives figures on statewide averages. She noted <u>HB 2694</u> is a product of the Special Committee on Children's Initiatives. It requires all family day care providers to keep accurate records of each child's immunizations prior to care in that home. The requirement includes the children of the person maintaining the home as well as any children cared for within the home. This recommendation is a logical extension to registered family day care homes of the immunization requirements. It is the opinion of this Committee on Children's Intitiatives that every dollar spent on immunizing young children pays back ten dollars in avoided health care costs. National statistics on childhood immunizations are frighteningly low. Even Kansas has a shockingly low rate of immunization. Her County (Douglas) has records indicating only 68% of the children 2 years old and younger are immunized. The statewide average is only 51%. We must insure that every child is protected by proper immunizations. She noted Rep. Hackler, also a member of the Children's Initiatives Committee would assist Rep. Praeger in answering questions. Both did so.

Monika Goldsberry, Director of Immunization, Bureau of Disease Control, Department of Health and Environment also answered questions.

After a lengthy discussion in regard to the figures indicated on the map in Attachment 3, it was noted by members that these figures help to illustrate the problem that currently exists in the state, that of not reaching all the children that need to be reached with immunization programs.

Chairperson Sader requested that Christine Ross and Elizabeth Taylor please return on Monday to present their testimony on $\underline{\text{HB}}$ 2694. They agreed to do so.

Chair adjourned meeting at 3:03 p.m.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE Jan. 30th 1992

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Saturia Cull	KOHE CER	Landon
Janet Net	KDHE BFH	1.508
KEN WRIGHT M.D.		Emporia
LAZAS	SQS	Igoela
Christine Smoller		Jecemsch
Sheena Srown		Topeka
KETH R LANDIS	CNRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KAN	
Chip, Wheelen	K3 Medical Society	Topeka
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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: Statutory accommodation of religious beliefs and practices (HB 2695, HB 2694)

In this scientifically enlightened age, it may seem strange that a group of people would cling to the belief that healing of the body can be accomplished by spiritual means alone.

Christian Scientists, finding a Biblical basis for relying on God alone for healing, have been turning to Him for their care for well over a century. Some families have not had medical care for four or five generations. Children in these families have lived to become adults who have lived long and productive lives.

Like our friends in the medically related professions, we cannot claim a perfect record in healing bodily ills; but we do have a good record, with thousands of published testimonies of healing, many of them medically documented. For this reason, insurance companies and government agencies have given favorable recognition to our method of healing. For the same reason, federal and state governments have included provisions accommodating our religious views in their statutes.

I will not try to explain our religion to you in the time we have today. For example, many people do not know that we turn to God in situations other that those involving health care. In everything we do, we turn to God for guidance in accordance with the Bible directive to "pray without ceasing."

I have made available for each of you a booklet, "FREEDOM AND RESPONSIBILITY: Christian Science Healing for Children," which may answer some of your questions about our religion and the care we give our children. I am always ready to answer - to the best of my ability - any questions you may have.

We will appreciate your favorable consideration of our request that you continue accommodating our practices in the laws of Kansas.

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Keith R. Landis Committee on Publication for Kansas

H+W 1-30-92 Attm#1.

DID NOT SCAN ATTACHMENT #2. PLEASE SEE BOOK FOR **"FREEDOM & RESPONSIBILITY**— CHRISTIAN SCIENCE HEALING FOR CHILDREN"

SANDY PRAEGER REPRESENTATIVE, 44TH DISTRICT 3601 QUAIL CREEK COURT LAWRENCE, KANSAS 66047 (913) 841-3554



COMMITTEE ASSIGNMENTS MEMBER: EDUCATION ELECTIONS PUBLIC HEALTH & WELFARE

TOPEKA

HOUSE OF REPRESENTATIVES Testimony on HB 2694 January 29, 1992

Thank you, Madame Chairperson. As you heard yesterday, I had the privilege of serving on the Special Legislative Committee on Children's Initiatives last year. House Bill 2694 is a product of that committee's work and I am pleased to represent the Children's Committee in presenting this bill to you today.

House Bill 2694 requires all family day care providers to keep accurate records of each child's immunizations prior to care in that home. The Bill includes the children of the person maintaining the home as well as any other children cared for within the home. The exceptions to the immunization requirements in the current immunization statute would also apply under this bill.

House Bill 2694 is simply a logical extension to family day care homes, of the immunization requirement currently in place for registered day care providers/facilities.

Rep. Hackler spoke to you yesterday of the "Blueprint for Investing in the Future of Kansas Children and Families". Discussion of House Bill 2694 can be found on page 48 of the Blueprint. This bill simply requires each child cared for in a family day care home...to have current immunizations appropriate for the age of that child. This is one of three strategies in the children's blueprint which addresses the need for an enhanced immunization effort by the state. I suggest you read the full discussion of children's health strategies in the Blueprint to see how this bill fits in with the other proposals. (Target IV: Improve the Physical Health and Mental Health Status of Children Pages 47-53)

The Committee on Children's Initiatives developed a clear understanding of the payoff for early and complete immunizations for all children. Every dollar spent on immunizing young children pays back ten dollars in avoided health care costs.

This too, like the children's health screening bill discussed yesterday, is simply a new checkpoint in the care of children's health in Kansas. Immunizations are so critical to child health, that we must utilize every possible interaction with a child to inquire whether or not they have been appropriately immunized.

National statistics on childhood immunizations are frightening.

"The proportion of all U.S. infants and toddlers fully vaccinated against preventable disease lags behind 16 other nations including Czechoslovakia and Hungary, while the proportion of black infants fully immunized against preventable disease stands behind the overall rates of 55 other nations, including Libya and Iraq." (An Opinion Maker's Guide to Children. Children's Defense Fund. Washington, D.C. Pg. 35)

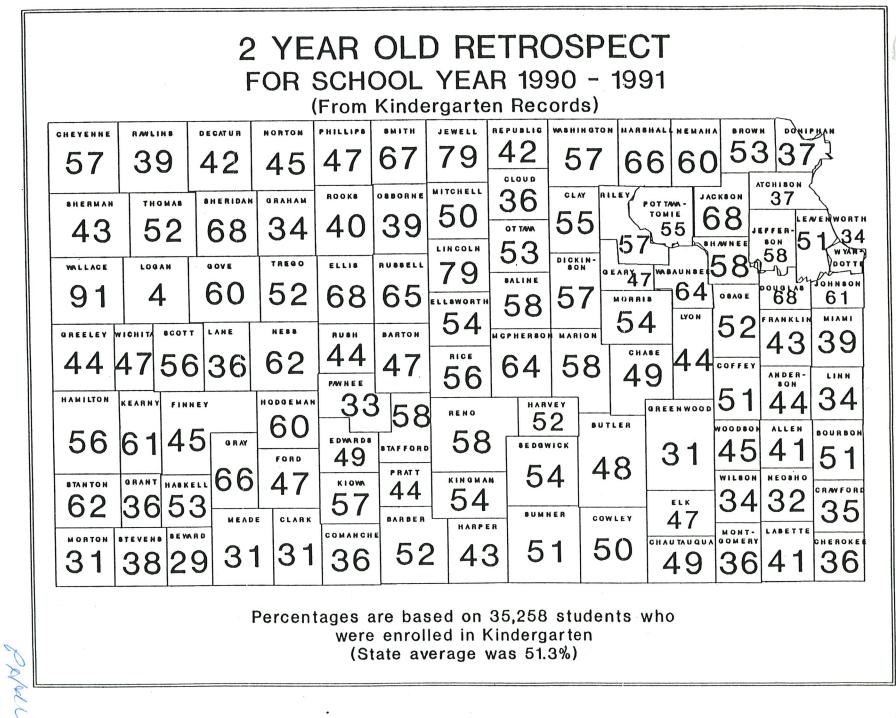
Even in Kansas the rate of immunization is shockingly low. What many of us have assumed was a fundamental principal of preventive child health care and widely available to all children, is simply not reaching every child. I have attached to this testimony a document received by the Children's Committee which shows the county by county immunization rate of Kansas 2 year old in recent retrospective study. It is my hope that the Department of Health and Environment can, in their testimony, update this with more current information. In a recent check with my local health department in Douglas County, we immunize 68% of children 2 years old and younger. The statewide average is currently 51%.

We must insure that every child who is exposed daily to numerous other children in a child care setting is protected by the proper immunizations. House Bill 2694 provides that insurance by extending the immunization requirement to family day care homes.

Today I ask for your support for this vital protection for Kansas children and request your favorable action on House Bill 2694. Rep. Hackler, who joined me in service Special Committee on Children's Initiatives will, I'm sure join me in answering any questions you may have about the bill.

Thank you.

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