

Approved 3-25-92  
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./~~p.m.~~ on March 16, 1992 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

- Emalene Correll, Legislative Research
- Bill Wolff, Legislative Research
- Norman Furse, Revisor's Office
- Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

- Representative Sandy Praeger
- Mary Kopp, Assistant Director, Kansas State Nurses Association
- Robert Epps, SRS
- Shirley Norris, Kansas Association for the Education of Young Children
- Christine Ross, Health and Environment
- Elizabeth Taylor, Kansas Association of Local Health Departments
- Representative Ruth Ann Hackler
- Joyce Markendorf, Health and Environment

Chairman Ehrlich called the meeting to order at 10:00 a.m.

The Chairman asked for consideration of the minutes of March 2, 3, 4, 5, 6 and 9, 1992. Senator Hayden made a motion to approve the minutes as presented, seconded by Senator Walker. The motion carried.

**Hearing on HB 2694 - Requiring immunization of children in family day care homes.**

Representative Sandy Praeger submitted written testimony and appeared before the Committee in support of **HB 2694** which is a product of the Special Legislative Committee on Children's Initiatives that requires all family day care providers to keep accurate records of each child's immunizations prior to care in that home. This includes children of the person maintaining the home as well as any other children cared for within the home. The bill is an extension to registered family day care homes of the immunization requirements currently in place for licensed day care providers or facilities. (Attachment 1)

Mary Kopp, Kansas State Nurses Association, Robert L. Epps, SRS, and Shirley Norris, Kansas Association for the Education of Young Children, submitted written testimony in support of **HB 2694**. (Attachments 2, 3 and 4)

Christine Ross, Bureau of Adult and Child Care of the Kansas Department of Health and Environment submitted written testimony and appeared before the Committee in support of **HB 2694**. Ms. Ross stated KDHE would advocate changing the word "inmates" to "clients" rather than "residents" on page 2, Section 2, line 13, since the majority of persons served are in child day care. (Attachment 5) During Committee discussion, Ms. Ross stated paper work is required on every child regardless of how long the child is kept, and KDHE does not regulate inconsequential child care which is care for no more than 2 children, less than 20 hours a week, and not a registered family day care home. A registered family day care home has up to 6 children, and any child that would go to that registered home would fall under this statute.

Elizabeth Taylor, Kansas Association of Local Health Departments, submitted written testimony and

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 SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~<sup>XX</sup> on March 16, 1992

on HB 2694 and stated her organization supports the concept of the bill but suggests language be changed to allow for random inspection of approximately 10% of registered day care homes for the purpose of assuring that immunization records are kept and that funding for this inspection is provided. (Attachment 6) During Committee discussion, it was pointed out that boarding homes for children are all child care facilities except when registered as family day care.

There were no opponents to HB 2694.

**Hearing on HB 2695** - Health assessment required for admission to school.

Representative Ruth Ann Hackler submitted written testimony and appeared in support of HB 2695 which is a product of the Special Legislative Committee on Children's Initiatives. HB 2695 requires all students entering a Kansas public school to provide proof that a comprehensive health assessment has been done on that child. If 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 enrollment times. The House as a Whole amended the bill to require the state pay for the costs of screening for those pupils whose parents are unable to do so. (Attachment 7)

Robert L. Epps, Income Support/Medical Services, SRS, and Shirley Norris, Kansas Association for Education of Young Children, submitted written testimony in support of HB 2695. (Attachments 8 and 9)

Joyce Markendorf, Bureau of Family Health, Kansas Department of Health and Environment, submitted written testimony and stated KDHE supports HB 2695 as amended but suggests additional language in Section 1 dealing with the definition of nurse and child health assessment, clarify the process by which nurses are credentialed to provide health assessments through KDHE, and delete the provision for exemption based on religious denominations. (Attachment 10)

The Chairman stated because of the time element, hearing on HB 2695 will continue the following day. Pages assisting at the Committee meeting were sponsored by Senator Ward and Senator Martin.

The meeting was adjourned at 11:00 a.m. The next meeting is scheduled to be held March 17, 1992, 10:00 a.m., Room 526-S.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-16-92

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

<i>Norma Reynolds</i>	KASB
<i>Leta Ann Hacker</i>	leg
<i>Shirley A. Norris</i>	KNEYC
<i>Chris Ross</i>	KDHE
<i>Patricia Bell</i>	KDHE
<i>Robert Epps</i>	SPS
<i>ELIZABETH E. TAYLOR</i>	ASSN OF LOCAL HEALTH DEPTS
<i>Rene Gardner</i>	Danman's Office
<i>Joyce Markendorf</i>	KDHE
<i>Linda Hansen</i>	KDHE
<i>KEITH R LANDIS</i>	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
<i>Connie Huesel</i>	State Board of Ed.
<i>John Peterson</i>	Ks Assn of Professional Psychologists
<i>LISA Getz</i>	Wichita Hospitals
<i>Sydney Hardman</i>	Ks Action For Children
<i>Deborah Taylor Alfano</i>	KDHE
<i>Terry Klein MD</i>	KAFP
<i>Chip Wheelen</i>	Ks Medical Soc.
<i>Kay Cole</i>	KNEA

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE Mar 16/92

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

*Sandy Praeger*  
*Gene Isabell*  
*M. Haven*

*Representative*  
*House of Reps*  
*Cap. Isaura*

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



TOPEKA

HOUSE OF  
 REPRESENTATIVES

COMMITTEE ASSIGNMENTS  
 MEMBER: EDUCATION  
 ELECTIONS  
 PUBLIC HEALTH & WELFARE

March 16, 1992  
 TESTIMONY ON HB 2694  
 Senate Committee on Public Health and Welfare

Thank you, Mr. Chairman, for this opportunity to speak to the committee on behalf of HB 2694. This summer and fall I served on the Special Legislative Committee on Children's Initiatives. HB 2694 is a product of that committee's work and today I am representing the Children's Committee in presenting this bill to you.

HB 2694 requires all family day care providers to keep accurate records of each child's immunizations prior to care in that home. This includes 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.

HB 2694 is simply a logical extension to registered family day care homes of the immunization requirements currently in place for licensed day care providers or facilities.

The "Blueprint for Investing in the Future of Kansas Children and Families" (the product of the Children's Committee) discusses the importance of early and complete immunizations for all children. Every dollar spent on immunizing young children pays back ten dollars in avoided health care costs. This bill provides for another checkpoint in the care of children's health in Kansas. Immunizations are so critical to the health of our children, that we must utilize every possible interaction with a child to inquire whether or not they have been appropriately immunized.

Not enough U.S. children are being immunized. According to a recent study released by the Children's Defense Fund:

"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."

Even in Kansas the rate of immunization is shockingly low. What many of

*Senate P. H&W  
 Attachment #1  
 3-16-92*

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 olds in a recent retrospective study. In Douglas County we immunize 68% of children 2 years old and younger. The statewide average is currently 51%.

Childhood diseases have not been eradicated. Measles and other vaccine-preventable diseases have reached epidemic proportions in the United States. In 1990 more than 26,000 cases of measles were reported in the U.S. -- this is more than 17 times the number in 1983. Last year the number of measles-related deaths reached a 20-year high. 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. HB 2694 provides the insurance that children will be protected by extending the immunization requirements to family day care homes.

I hope that you will support this much-needed piece of legislation. The health of our Kansas kids will be enhanced and dollars will be saved in the process.

Thank you.

# IMMUNIZATION 2 YEAR OLD RETROSPECTIVE SURVEY

## School Year 1990/91 - Kindergarten Records

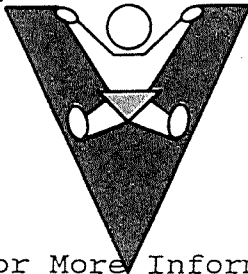
(Extracted from Kansas Certificate's of Immunization (KCI's))

CHEYENNE <b>57</b>	RAWLINS <b>39</b>	DECATUR <b>42</b>	NORTON <b>45</b>	PHILLIPS <b>47</b>	SMITH <b>67</b>	JEWELL <b>79</b>	REPUBLIC <b>42</b>	WASHINGTON <b>57</b>	MARSHALL <b>66</b>	NEMAHA <b>60</b>	BROWN <b>53</b>	DONIPHAN <b>37</b>			
SHERMAN <b>43</b>	THOMAS <b>52</b>	SHERIDAN <b>68</b>	GRAHAM <b>34</b>	ROOKS <b>40</b>	OSBORNE <b>39</b>	MITCHELL <b>50</b>	CLOUD <b>36</b>	CLAY <b>55</b>	RILEY <b>57</b>	POTTAWATOMIE <b>55</b>	JACKSON <b>68</b>	ATCHISON <b>37</b>			
WALLACE <b>91</b>	LOGAN <b>4</b>	GOVE <b>60</b>	TREGO <b>52</b>	ELLIS <b>68</b>	RUSSELL <b>65</b>	LINCOLN <b>79</b>	OTTAWA <b>53</b>	DICKINSON <b>57</b>	GEARY <b>47</b>	WABAUNSEE <b>58</b>	SHAWNEE <b>58</b>	JEFFERSON <b>58</b>	LEAVENWORTH <b>51</b>	WYANDOTTE <b>34</b>	
GREELEY <b>44</b>	WICHITA <b>47</b>	SCOTT <b>56</b>	LANE <b>36</b>	NESS <b>62</b>	RUSH <b>44</b>	BARTON <b>47</b>	ELLSWORTH <b>54</b>	SALINE <b>58</b>	MORRIS <b>54</b>	MCPHERSON <b>64</b>	MARION <b>58</b>	OSAGE <b>52</b>	DOUGLAS <b>68</b>	JOHNSON <b>61</b>	
HAMILTON <b>56</b>	KEARNY <b>61</b>	FINNEY <b>45</b>	HODGEMAN <b>60</b>	PAWNEE <b>33</b>	EDWARDS <b>49</b>	STAFFORD <b>58</b>	RICE <b>56</b>	RENO <b>58</b>	HARVEY <b>52</b>	CHASE <b>49</b>	MARION <b>58</b>	LYON <b>44</b>	COFFEY <b>51</b>	ANDERSON <b>44</b>	LINN <b>34</b>
STANTON <b>62</b>	GRANT <b>36</b>	HASKELL <b>53</b>	GRAY <b>66</b>	FORD <b>47</b>	KIOWA <b>57</b>	PRATT <b>44</b>	KINGMAN <b>54</b>	SEDGWICK <b>54</b>	BUTLER <b>48</b>	GREENWOOD <b>31</b>	WOODSON <b>45</b>	ALLEN <b>41</b>	BOURBON <b>51</b>	CRAWFORD <b>35</b>	
MORTON <b>31</b>	STEVENS <b>38</b>	SEWARD <b>29</b>	MEADE <b>31</b>	CLARK <b>31</b>	COMANCHE <b>36</b>	BARBER <b>52</b>	HARPER <b>43</b>	SUMNER <b>51</b>	COWLEY <b>50</b>	ELK <b>47</b>	WILSON <b>34</b>	NEOSHO <b>32</b>	LABETTE <b>41</b>	CHEROKEE <b>36</b>	

The numbers above indicate the percentage of students who were adequately immunized by age 2.  
 The total number of KCI's received was 35,258 (does not include USD 259 in Sedgwick County)  
 (The State's overall percentage of kindergarten children adequately immunized by age 2 was 51.3%)  
 Produced: February 18, 1992 by KDHE, Bureau of Disease Control, Immunization Section

Before it's too late

**VACCINATE**



## Department of Health and Environment

For More Information contact:  
Mary Kopp M.N. R.N.  
KSNA Assistant Director  
(913) 233-8638

House Bill 2694  
Immunization in Registered Family Day Care Home

Chairperson and committee members, the Governor's Kansas Immunization Task Force would like to express support for House Bill 2694. Due to the efforts and foresight of Dr. Azzie Young, Secretary of Health and Environment, a Kansas Immunization Task Force was convened in October 1991 to candidly discuss barriers in acquiring proper age appropriate immunizations. Access and missed opportunities were often cited. Additionally, there is the lack of parental education as to the lifelong impairments that these diseases could cause such as hearing deficits, sterility and mental retardation.

Noteworthy is the saving of hospital and medical costs to the tune of thousands of dollars annually for properly immunized children. For example, hospital charges for children with measles admitted to 46 children's hospitals in 1988 average \$3,761.00 per child. Total charges for children with whooping cough admitted to these children's hospital in 1988 were over \$2.5 million, compared to the roughly \$37,000 it would have cost to immunize these 400 children.

Proof of immunization status must be required. Child care, day care, preschools and Headstart facilities, reported in a 1990-1991 survey, a compliance rate of 96% and up. Task Force members were encouraged to look at these with a skeptical eye as the Immunization Field Representatives find different statistics.

The Task Force supports legislation that would reinforce proof of immunization status in registered family day care as an additional enforcement mechanism for obtaining age appropriate immunizations and protecting our young Kansans in these family day care homes.

Thank you.

Mary Kopp  
Chairperson  
Kansas Immunization Task Force

*Senate P. HOW*  
*Attachment #2*  
*3-16-92*



KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
On Behalf Of Donna L. Whiteman, Secretary

Senate Public Health and Welfare Committee  
Testimony on House Bill 2694

March 16, 1992

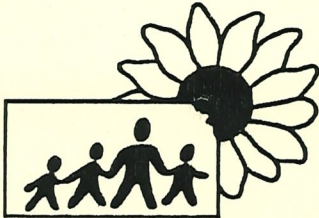
House Bill 2694, as amended, proposes that all family day care homes and licensed child care facilities be required to maintain immunization records on all the children in the day care home or facility and that all immunizations for the children be current. Current immunizations are already required for the children attending licensed day care centers. This bill will equalize the mandate for immunizations for all children in day care. The Department of Social and Rehabilitation Services is in support of this bill.

Only about 50% of children age 2 and under have completed their immunizations by age 2. The initial series should all be completed by age 2 and boosters before preschool.

Immunizations are a significant component of preventive health care for children. This bill will also provide opportunities to identify children eligible for the KAN Be Healthy Program through the Department of Social and Rehabilitation Services. Enactment of this legislation will be in accordance with the statewide attention being focused on enhancement of preventive health care for Kansas women and children.

Robert L. Epps  
Commissioner  
Income Support/Medical Services  
(913) 296-6750

*Senate P.H.#16  
Attachment #3  
3-16-92*



**KAEYC**

Kansas Association for the  
Education of Young Children

Testimony on HB 2694  
Presented to the Senate Public Health and Welfare Committee  
March 16, 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 provide early childhood education, nurturing care and protection to thousands of Kansas children who are away from their parents for part or all of the day.

KAEYC supports this legislation. At the present time all children in out-of-home care other than those in registered homes are required by licensing regulations to have a record of current immunizations on file at the child care facility. This proposed legislation not only requires children in registered care to have current immunizations, but also reinforces the regulations requiring all other children in child care facilities to be immunized. Maintaining a high level of immunizations is a cost-effective preventive health program which should be extended to children in registered homes.

KAEYC requests you to recommend this bill for passage.

Thank you.

*Senate P. HEW  
Attachment # 4  
3-16-92*



Department of Health and Environment

Azzie Young, Ph.D., Secretary

Reply to:

Testimony presented to

The Senate Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Amended House Bill 2694

K.S.A. 1991 Supp. 65-519 is an act concerning registered family day care homes. The Special Committee on Children's Initiatives sought an amendment to this statute to require each child cared for in a family day care home, including the children of the person maintaining the home, to have current immunizations as deemed necessary by the secretary of health and environment on and after January 1, 1993. The person maintaining the family day care home would be required to maintain a record of each child's immunizations and provide immunization information to the secretary of health and environment. The immunization requirement would not apply if certification from a licensed physician stating that the child's physical condition is such that immunization would endanger the child's life or health, OR a written statement signed by a parent or guardian stating that the parent or guardian is an adherent of a religious denomination whose teachings are opposed to immunizations, is obtained.

Currently K.S.A. 65-519 (b) mandates that an applicant for a family day care home is to complete and submit a safety evaluation form with the registration application. Immunization information is recorded and submitted on the safety evaluation form. Records for each child are to be kept on file in the family day care home, and they are to be kept current.

The House Committee amended HB 2694 by the addition of a new section, Section 2, which would amend K.S.A. 65-508 to establish the same statutory requirement relative to immunization of children cared for in licensed day care homes and other licensed day care facilities as Section 1 does for registered family day care homes.

Enactment of this legislation would give additional support to the enforcement of immunization requirements in registered and licensed child care facilities. The Child Care Licensing and Registration Section plans to include immunization regulations as a general regulation for consistency of requirements across the different categories of child care.

X In Section 2, K.S.A. 65-508 KDHE would advocate changing the word "inmates" to "clients" rather than "residents" since the majority of persons served are in child day care.

The Kansas Department of Health and Environment recommends that the bill be reported favorably for passage.

Presented by: Christine Ross, Director, Child Care Licensing and Registration  
Bureau of Adult and Child Care  
Kansas Department of Health and Environment  
March 16, 1992

*Senate P.H.W.*  
*Attachment #5*  
*3-16-92*

HOUSE BILL No. 2694

By Special Committee on Children's Initiatives

1-14

9 AN ACT concerning family day care homes for children; relating  
10 to immunization of children cared for; amending K.S.A. 65-508  
11 and K.S.A. 1991 Supp. 65-519 and repealing the existing section  
12 sections.

13  
14 *Be it enacted by the Legislature of the State of Kansas:*

15 Section 1. K.S.A. 1991 Supp. 65-519 is hereby amended to read  
16 as follows: 65-519. (a) The secretary shall issue a certificate of reg-  
17 istration to any person who applies for registration on forms furnished  
18 by the secretary, who attests to the safety of the family day care  
19 home for the care of children, who submits a fee of \$5 payable to  
20 the secretary of health and environment, and who certifies that no  
21 person described in paragraphs (1), (2), (3), (4), (5) or (6) of subsection  
22 (a) of K.S.A. 65-516 and amendments thereto resides, works or vol-  
23 unteers in the family day care home.

24 (b) The secretary shall furnish each applicant for registration a  
25 family day care home safety evaluation form to be completed by the  
26 applicant and submitted with the registration application.

27 (c) (1) *On and after January 1, 1993, each child cared for in a*  
28 *family day care home, including children of the person maintaining*  
29 *the home, shall be required to have current such immunizations as*  
30 *the secretary of health and environment considers necessary. The*  
31 *person maintaining a family day care home shall maintain a record*  
32 *of each child's immunizations, and shall provide to the secretary of*  
33 *health and environment such information relating thereto, in ac-*  
34 *cordance with rules and regulations of the secretary.*

35 (2) *The immunization requirement of subsection (c)(1) shall not*  
36 *apply if one of the following is obtained:*

37 (A) *Certification from a licensed physician stating that the phys-*  
38 *ical condition of the child is such that immunization would endanger*  
39 *the child's life or health; or*

40 (B) *a written statement signed by a parent or guardian that the*  
41 *parent or guardian is an adherent of a religious denomination whose*  
42 *teachings are opposed to immunizations.*

43 (d) The certificate of registration shall be renewed annually in

1 the same manner provided for in this section.

2 ~~(d)~~ (e) The secretary of health and environment shall remit all  
3 moneys received by the secretary from fees under the provisions of  
4 this act to the state treasurer at least monthly. Upon receipt of each  
5 such remittance, the state treasurer shall deposit the entire amount  
6 thereof in the state treasury, and such amount shall be credited to  
7 the state general fund.

8 Sec. 2. K.S.A. 65-508 is hereby amended to read as follows: 65-

9 508. (a) Any maternity hospital, or home for children coming under  
10 the provisions of this act shall be properly heated, plumbed, lighted  
11 and ventilated, and shall be conducted in every department with  
12 strict regard to the health, comfort, safety and social welfare of  
13 the inmates-residents. In all cities, towns and villages where there  
14 is a system of waterworks and sewerage maintained for public use,  
15 every maternity hospital or home, or home for children shall be  
16 equipped with suitable toilets, lavatories, bathtubs, sinks and drains,  
17 shall be connected by proper plumbing with such water and sew-  
18 erage systems; and shall be kept at all times in a clean and sanitary  
19 condition. In all cities, towns or villages not having a system of  
20 waterworks or sewerage for public use, every maternity hospital  
21 or home, or home for children shall have properly constructed  
22 privies or overvaults to receive night soil, the same to be ventilated,  
23 screened, disinfected, kept free from foul odor, all times in a clean  
24 and sanitary condition.

clients

25 (b) Every maternity hospital or home, or home for children  
26 shall furnish or cause to be furnished for the use of each resident  
27 and employee individual towel, wash cloth, comb and individual  
28 drinking cup or sanitary bubbling fountain, and toothbrushes for  
29 all other than infants, and shall keep or require such articles to  
30 be kept at all times in a clean and sanitary condition. Every ma-  
31 ternity hospital or home, or home for children shall be provided  
32 with one fire extinguisher of a style and size approved by the state  
33 fire marshal; and every maternity hospital or home, or home for  
34 children which is more than one story high and containing and  
35 offering accommodations for, at any one time, ~~ten (10)~~ 10 or more  
36 maternity patients, or ~~ten (10)~~ 10 or more children, shall be pro-  
37 vided with a suitable fire escape constructed of iron or steel, ap-  
38 proved by the state fire marshal.

39 (c) The secretary of health and environment with the cooper-  
40 ation of the secretary of social and rehabilitation services shall  
41 develop and adopt rules and regulations for the operation and  
42 maintenance of maternity hospitals or homes, or homes for children  
43 and for the granting, suspending or revoking of licenses. The rules

1 and regulations for operating and maintaining maternity hospitals  
2 or homes, or homes for children shall be designed to promote the  
3 health, safety and welfare of the residents who are to be served  
4 in such facilities by assuring safe and adequate physical surround-  
5 ings, healthful food, supervision and care of the residents by ca-  
6 pable, qualified persons of sufficient number, an adequate program  
7 of activities and services and such appropriate parental participation  
8 as may be feasible under the circumstances. The rules and regu-  
9 lations with respect to granting, suspending and revoking licenses  
10 shall be designed to promote the proper and efficient processing  
11 of matters relating to licensure to assure applicants and licensees  
12 fair and expeditious treatment under the law.

13 *(d) On and after January 1, 1993, each child cared for in a*  
14 *boarding home for children, including children of the person main-*  
15 *taining the home, shall be required to have current such immuni-*  
16 *zations as the secretary of health and environment considers*  
17 *necessary. The person maintaining a boarding home for children*  
18 *shall maintain a record of each child's immunizations and shall pro-*  
19 *vide to the secretary of health and environment such information*  
20 *relating thereto, in accordance with rules and regulations of the*  
21 *secretary.*

22 *(e) The immunization requirement of subsection (d) shall not*  
23 *apply if one of the following is obtained:*

24 *(1) Certification from a licensed physician stating that the phys-*  
25 *ical condition of the child is such that immunization would endanger*  
26 *the child's life or health; or*

27 *(2) a written statement signed by a parent or guardian that the*  
28 *parent or guardian is an adherent of a religious denomination whose*  
29 *teachings are opposed to immunizations.*

30 **Sec. 2 3.** K.S.A. 65-508 and K.S.A. 1991 Supp. 65-519 is are  
31 hereby repealed.

32 **Sec. 3 4.** This act shall take effect and be in force from and after  
33 its publication in the statute book.



KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

“... Public Health in Action”

TESTIMONY ON HB 2694  
SENATE PUBLIC HEALTH & WELFARE COMMITTEE  
Honorable Senator Roy Ehrlich, Chairman

presented by Elizabeth E. Taylor, Executive Director  
March 16, 1992

HB 2694 provides for the mandate of immunization records maintenance in family day care homes which are registered and not licensed by the Department of Health & Environment.

KALHD supports the concept of HB 2694 but notes the following:

o because these family day care homes are registered and not licensed, there would be no way of assuring the immunizations of children unless some kind of inspection was allowed. Currently registered day care homes are inspected on complaint only.

WE SUGGEST that the language be changed to allow for random inspection of approximately 10% of registered day care homes for the purpose of assuring that immunization records are kept.

COST of this inspection for the local health department would run approximately \$35 each inspection if you are inspecting for immunization records only. The cost would be approximately \$45 per inspection if you are performing a regular child care inspection.

We support the concept of HB 2694 but can only give full support to the bill if inspection for meeting the requirement is allowed and if funds for this inspection are provided.

*Senate P. H & W  
attachment  
#6  
3-16-92*

STATE OF KANSAS

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



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

STATE CAPITOL BUILDING  
ROOM 112-S  
TOPEKA, KANSAS 66612

TOPEKA

HOUSE OF  
REPRESENTATIVES

TESTIMONY OF REP. RUTH ANN HACKLER

House Bill 2695

March 16, 1992

Dear Colleagues:

Thank you for the opportunity to appear before you on behalf of the children of Kansas. I had the privilege 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 that Committee on Children's Initiatives, the House Committee on Public Health and Welfare, and the Committee of the House as a Whole to bring this legislation before you for your 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.

H.B. 2695 is a simple strategy. It evolved out of the committee's ongoing discussion of two major realities. First, PREVENTIVE 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 PREVENTIVE health 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 House as a Whole amended the bill to require the State to pay for the costs of screening for those pupils whose parents are unable to do so.

As an alternate to the assessment required by the bill, the pupil may present a written statement signed by a parent or guardian stating that the child is an adherent of a religious denomination whose teachings are opposed to such assessments, or a written statement that the assessment is in process and will be completed within 90 days of admission to school. The bill authorizes any school board or employee authorized by a school board to exclude any pupil who has not complied with the law from school until such time as compliance has taken place.

*Senate P.H.W.  
Attachment # 7  
3-16-92*



Hackler, p. 2

H.B. 2695 centers around kindergarten-age children as the "point of access" into the public school system. Our use of the kindergarten language does not preclude the language "every pupil who has not previously enrolled in any school in the state." from providing immunization certification by older children.

Critics have charged that kindergarten may be 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. Many school districts already have pre-kindergarten round-ups for pre-school children. The children in those districts are most fortunate to have that initial screening. This health assessment will be more comprehensive.

In the short term, the public health department's role in providing comprehensive health screenings would be expanded. I have attached the fiscal note to this testimony. 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 of House Bill 2695. We need to add this checkpoint to our public health system.

I will be happy to stand for any questions.

Thank you.

A handwritten signature in cursive script that reads "Keith Ann Hackler". The signature is written in dark ink and is positioned below the typed text of the letter.



MW

## STATE OF KANSAS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

915 S.W. Harrison, Docking State Office Building, Topeka, Kansas 66612-1570

JOAN FINNEY, Governor

January 27, 1992

RECEIVED

JAN 28 '92

DIVISION OF BUDGET  
State of Kansas

Ms. Gloria M. Timmer, Director  
Division of the Budget  
State Capitol Building, Room 152-E  
Topeka, KS 66612

Dear Ms. Timmer:

This letter comes to you in response to your request for the fiscal impact of House Bill 2695.

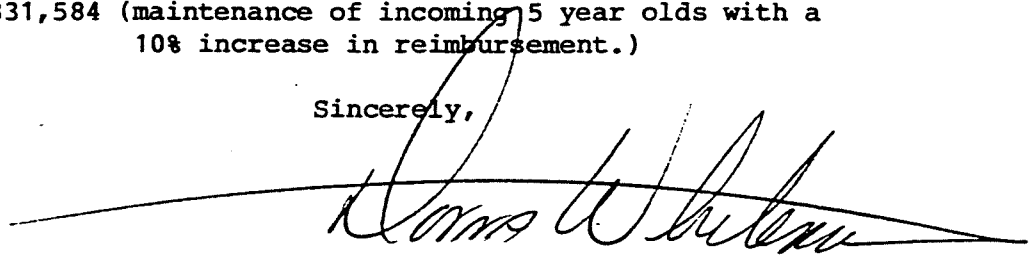
1. This bill proposes that, as of July 1, 1993, health assessments be mandatory for each child entering a school for the first time in this state. Currently only immunizations are mandatory, and health physicals for students wishing to participate in sports. This bill would increase access to preventive health care for Kansas children.
2. This bill would increase the number of children receiving KAN Be Healthy screens. Our operation is set up to handle the increase in screens, therefore no effect on current staffing would be felt.
3. An increase in expenditures of \$301,440 (124,314 SGF) would be incurred to pay for the additional screens as a result of this bill.
4. Currently the department is screening 13% of the Medicaid eligible five year olds. This bill requires 100% of all eligibles which, as of December 31, 1991, was 5,774 children. 5,774 minus 750 (13%) is 5,024. The current reimbursement for KAN Be Healthy screens is \$60.00, including vision and hearing. 5,024 times \$60.00 is \$301,440.
5. The bill would require a request for additional assistance funds as these funds are not currently in our budget. No additional positions would be required.

Ms. Gloria M. Timmer  
January 27, 1992  
Page Two

6. Long range fiscal impact:

1993 -- \$ 0  
1994 -- \$ 301,440 (screening 5,024 additional children.)  
1995 -- \$ 331,584 (maintenance of incoming 5 year olds with a  
10% increase in reimbursement .)  
1996 -- \$ 331,584 (maintenance of incoming 5 year olds with a  
10% increase in reimbursement.)

Sincerely,



Donna L. Whiteman  
Secretary

DLW:dat

cc: Rita L. Wolf, Acting Director, Management Services  
Robert L. Epps, Commissioner, Income Support/Medical Services

STATE OF KANSAS

115-



DIVISION OF THE BUDGET

Room 152-E  
State Capitol Building  
Topeka, Kansas 66612-1578

(913) 296-2436  
FAX (913) 296-0231

JOAN FINNEY, GOVERNOR  
GLORIA M. TIMMER, Director

February 10, 1992

The Honorable Carol Sader, Chairperson  
Committee on Public Health and Welfare  
House of Representatives  
Third Floor, Statehouse

Dear Representative Sader:

SUBJECT: Fiscal Note for HB 2695 by Committee on  
Children's Initiatives

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2695 is respectfully submitted to your committee.

HB 2695 would amend current law concerning the initial admission of a student to any elementary, junior high or high school in Kansas. Under current law, proof of immunization is required. The bill proposes that, effective July 1, 1993, proof of a health assessment also be required. Exceptions to the requirement would be granted to children whose health would be endangered by the assessment or whose parent or guardian objected to the assessment on religious grounds.

The bill would have no fiscal impact in FY 1993 as it does not become effective until July 1, 1993.

However, the Department of Health and Environment and the Department of Social and Rehabilitation Services estimate the bill would require FY 1994 expenditures of \$343,597 from all funds, including \$166,471 from the State General Fund and the addition of 1.0 FTE position. Continued funding in future years would be approximately \$340,847, including \$163,721 from the State General Fund, unadjusted for inflation. Although indeterminate, more costly health care procedures in the future presumably would be avoided through early identification and intervention.

The Department of Health and Environment anticipates the need for an additional nurse position to serve as statewide trainer to school nurses and public health nurses.

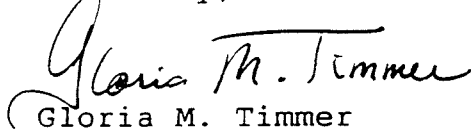
7-5

The Honorable Carol Sader  
February 10, 1992  
Page Two

Expenditures in FY 1994 are estimated to be \$42,157 from the State General Fund, of which \$2,750 represents one-time costs for capital outlay.

The Department of Social and Rehabilitation Services estimates FY 1994 expenditures of \$301,440, which includes \$124,314 from the State General Fund. The department currently provides KAN Be Healthy screenings to 750 of the approximately 5,774 Medicaid-eligible five-year old children in the state. Assuming the remaining 5,024 five-year old children will require screenings and given the current reimbursement rate of \$60 per screening, the department estimates expenditures of \$301,440.

Sincerely,

  
Gloria M. Timmer  
Director of the Budget

cc: Laura Epler, Health and Environment  
Karen DeViney, SRS

4649

7-6

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
On Behalf Of Donna L. Whiteman, Secretary

Senate Public Health and Welfare Committee  
Testimony on House Bill 2695

March 16, 1992

House Bill 2695, as amended, proposes that as of July 1, 1993, health assessments will be mandatory for all children entering any Kansas school for the first time. The Department of Social and Rehabilitation Services supports this bill.

Health assessments mandated by this bill are met through Early, Periodic, Screening Diagnosis and Testing (EPSDT) (KAN Be Healthy) screenings. Currently the state's participation rate for the KAN Be Healthy Program is 13%. This bill would assist the state in meeting the federal mandate goal of 80% by the year 1995 (Omnibus Budget Reconciliation Act of 1989). The Department of Social and Rehabilitation Services has developed interagency agreements with 12 local school districts to reimburse KAN Be Healthy screenings in the school setting, whereby the local school district provides the state portion which is matched with federal Medicaid dollars. This cooperation not only helps to increase KAN Be Healthy participation, but also assists the school district budget by providing federal Medicaid money.

The Department of Social and Rehabilitation Services is also planning further outreach initiatives in conjunction with the Department of Health and Environment, to increase preventive health care for Kansas children through the KAN Be Healthy Program. Examples of possible outreach efforts include: promoting cooperation between local SRS offices and local health departments in order to identify eligible children in need of screening; and, improving access to preventive health care.

Robert L. Epps  
Commissioner  
Income Support/Medical Services  
(913) 296-6750

*Senate P. H&W  
attachment #8  
3-16-92*



**KAEYC**

Kansas Association for the  
Education of Young Children

Testimony on HB 2695  
Presented to the Senate Public Health and Welfare Committee  
March 16, 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 provide early childhood education, nurturing care and protection to thousands of Kansas children 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 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.

*Senate P. H. & W.  
Attachment #9.  
3-16-92*



---

Department of Health and Environment  
Azzie Young, Ph.D., Secretary

Reply to:

Testimony presented to

Senate Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

HB 2695 Amended

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.

*Senate P. HF W*

*Attachment #10  
3-16-92*



Recommendations

KDHE supports the amended HB 2695 with the following changes:

1. Section 1 (a), add definition: (6) "nurse" means a person licensed to practice professional nursing. Since the nurse is mentioned in Section 1 of the bill, nurse should be defined.
2. Section 1 (a), add definition: (7) "child health assessment" as basic screening for hearing, vision, dental, lead, urinalysis, hemoglobin/hematocrit, nutrition, developmental, health history and complete physical examination.
3. Section 1 (b), lines 37 through 38 change to read: "The secretary shall approve such nurse providers through a designated certification process." This simply clarifies the process by which nurses are credentialed to provide health assessments through KDHE.
4. Section 1, (c), (1) delete provision for exemption based on religious denomination. KDHE concurs with the American Academy of Pediatrics recommendations, that exceptions for any reason including religion should not be allowed.

No monies are included in the Governor's budget to support this proposal.

Testimony presented by: Joyce Markendorf  
School and Adolescent Health Consultant  
Bureau of Family Health  
March 16, 1992

*Senate P. NEW*  
*Attachment #1, 0-2*  
*3-16-92*