

Approved: 2-8-96
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 30, 1996 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

State Representative Doug Spangler
Dr. Steven R. Potsic, Director of Health, Kansas Department Health & Environment
Bob Harder
Cindy Kelly, Kansas Association of School Boards
Lisa Adkins, Partnership for Children
Frederick Holmes, M.D., Professor of Medicine, KUMC
Sue Lai, Ph.D., Director, Kansas Cancer Registry, KUMC
Meg Henson, Kansas Medical Society
Tom Bell, Kansas Hospital Association
Joe Kroll, Director of Bureau of Adult and Child Care, KDHE

Others attending: See attached list

Introduction of bills

Senator Doug Walker requested introduction of a bill that would provide a one year warranty protection for all assistive devices purchased or leased by or for Kansans with disabilities. (Attachment 1) Senator Ramirez made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Jones. The motion carried.

Hearing on SB 537 - Release of immunization records

State Representative Doug Spangler testified before the Committee in support of SB 537 noting that the bill would have a positive impact on health care providers to obtain immunization records and would be beneficial for his community.

Dr. Steven R. Potsic, KDHE, testified in support of SB 537 as noted in his written testimony (Attachment 2). Dr. Potsic pointed out that the department is proposing this legislation to exempt the immunization record from the confidentiality requirements of medical records so that records can be communicated and kept current in record-holding agencies. He also requested clarification language, "family day care homes", be added on page 1, line 23 of the bill, because two years ago the statutes were changed to separately define family day care homes from child care facilities. Committee discussion related to parents' objection to release of information, definition of family day care homes and warehousing information.

Bob Harder also testified in support of the bill, giving reference to a chart that showed an increase in the proportion of children under age 2 who completed the basic immunization series. (Attachment 3)

Cindy Kelly, Kansas Association of School Boards, expressed concern with SB 537 in reference to schools releasing information on students because such action would be in violation of the federal Family Educational Rights and Privacy Act. It was noted that the revisor would check into this issue and report back to the Committee if the bill could be amended to allow school districts to receive, but not give these records to other entities enumerated in the law.

Lisa Adkins, representing Partnership for Children, expressed her support for the bill noting that permitting the disclosure and exchange of immunization records is an important tool in meeting and sustaining the 90 percent goal of basic immunization of children by the year 2000. (Attachment 4)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on January 30, 1996.

There were no opponents to **SB 537**.

Hearing on SB 536 - Cancer registry

Dr. Steven R. Potsic, KDHE, testified in support of **SB 536** which establishes statutory authority for a cancer registry in the state. The proposed legislation would (1) authorize the Secretary of KDHE to require the collection of data related to cancer from hospitals and pathology laboratories, (2) authorize the establishment of regulations designating reporting requirements, (3) grant immunity from liability for those reporting, and (4) protect the confidentiality of registry data. Dr. Potsic noted that such legislation would meet state needs for investigation of cancer occurrence in Kansas and bring the state into compliance with federal law that authorizes the national cancer registry grant program. (Attachment 5) It was noted that the revisor would draw up a balloon of the bill showing an amendment requested by Dr. Potsic for consideration when the Committee works the bill.

Frederick F. Holmes, M.D., KUMC, testified in support of **SB 536** noting in 1968 he was asked by the Kansas State Department of Health and the University of Kansas Medical Center to create a registry of cancer patients in the state of Kansas. In 1994 funding of about \$300,00 per year was secured from the federal Centers for Disease Control in Atlanta to upgrade and guarantee the future of this cancer registry. (Attachment 6)

Sue Min Lai, Ph.D., Director of the Kansas Cancer Registry, KUMC, also testified in support of the bill. Dr. Lai noted that through a well-established cancer registry, cancer would be reduced in Kansas and the related cost for cancer care would also be reduced. (Attachment 7)

Meg Henson, Director of Government Affairs, KMS, expressed support for **SB 536**. Ms. Henson noted in her written testimony that the bill would establish important immunity provisions for health care providers when they report confidential data, and that the reporting requirements placed on physicians would not be onerous nor contrary to their obligation to maintain patient confidentiality. (Attachment 8)

Tom Bell, KHA, expressed support for the goals embodied in **SB 536**, but suggested the Committee should examine Section 5(c) of the bill for clarification which deals with release of registry data for certain clinical trials. (Attachment 9)

Written testimony in support of **SB 536** was also received from Keith A. Greiner, American Cancer Society. (Attachment 10)

There were no opponents to **SB 536**.

Hearing on SB 504 - Post acute trauma head-injuries

Joseph F. Kroll, KDHE, presented testimony in support of **SB 504**. The bill would repeal the provisions of K.S.A. 65-461 through K.S.A. 65-467 which is the enabling legislation that provided KDHE with authority to develop regulations, inspect facilities and grant certification to facilities designed specifically for the care of post-acute trauma head-injured persons. Mr. Kroll noted that the law was to allow for a demonstration program to determine the feasibility and effectiveness of this type of facility, and although regulations were developed, no facility applied for certification. **SB 504** would essentially remove the referenced laws from the statute books. (Attachment 11)

There were no opponents to **SB 504**.

Action on SB 504

Senator Ramirez made a motion the Committee recommend **SB 504** be passed and placed on the consent calendar, seconded by Senator Jones. The motion carried.

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for January 31, 1996.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 1-30-96

NAME	REPRESENTING
Brian Krammutter	American Cancer Society, KS Division Inc
Frederick Holmes, m.D.	Univ. Kansas Medical Center
Sue Min Lai, Ph.D. MSHHP	Univ. of Kansas Medical Center
Amy Prosser	Sen. Moran
Cherby Young	Via Christi Regional Med. Center
STEVE KEARNEY	KPTA
Steve Pickard	Chronic Disease + I.H.P.
Wesley Schenauer	Smelox Schenauer
LISA ADKINS	Partnership for Children
Steve Peters	KDHE
David Riehm	KAOM
Melissa Woyemann	Hein, Ebert & Weir
JASON PITENBERGER	KGC
JUDY MAYO	Self
KETH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS

ASSISTIVE TECHNOLOGY LEMON LAW BILL

GENERAL INFORMATION

This bill would provide a one year expressed warranty protection for ALL assistive devices purchased or leased by or for Kansans with disabilities.

What is an Assistive Device?

An "Assistive Device" is defined in the bill as any device used by an individual with a disability to assist in performing a major life activity. Such devices include, but are not limited to, motorized/manual wheelchairs, scooters, hearing aids, telecommunication devices, speech synthesizers, scanners and other devices which enable a person with a disability to communicate, see, hear or maneuver.

What Constitutes a Lemon?

A new assistive device may be classified as a "lemon" 1) when it has undergone repair for a nonconformity (substantial defect) four times within the one year warranty and the nonconformity continues, or 2) the assistive device has been out of service for an aggregate of at least thirty cumulative days due to a nonconformity within the warranty. The nonconformity, in both cases stated above, can not result from consumer abuse or neglect.

How Can Consumers Prove They Own a "Lemon"?

The consumer will need to fully document repeated repair attempts, and/or days that the device was out of service. Thus, it is very important to keep careful records of all complaints, original copies of all work orders, repair bills and correspondences.

Is the Law Retroactive?

No. The Assistive Technology Lemon Law ONLY APPLIES TO NEW ASSISTIVE DEVICES PURCHASED OR LEASED ON OR AFTER June 13, 1996.

State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

Testimony presented to

Senate Committee Health and Human Services

by

The Kansas Department of Health and Environment

Senate Bill 537

Exempt Immunization Records

From the Confidentiality Requirements of Medical Records

The Kansas Department of Health and Environment is proposing legislation to exempt the Immunization Record from the confidentiality requirements of medical records so that records can be communicated and kept current in record-holding agencies, e.g., health care providers, child care facilities, schools, etc. who are required by law to verify immunization status or who provide immunizations. This legislation will have a positive impact on health care providers who will more efficiently obtain and disseminate immunization records and schools who require immunization data as a condition for enrollment.

Currently, Immunization records are considered confidential medical records, therefore, not subject to release without a specific signed consent by the patient or parent/guardian of the patient. This confidentiality works as a hardship on both parents and the health care system. Parents suffer when they misplace personal copies of immunization records and have to sign a release to each health care facility which holds immunization records before a complete record can be obtained. Health care providers spend a substantial amount of time trying to obtain complete immunization records which many times delay the administration of age-appropriate vaccines and/or lead to unnecessary vaccines being given.

Thus, immunization records cannot be kept current if records are not shared between health care providers. To achieve and ascertain accurate and timely immunizations, complete records need to be accessible to parents and providers alike.

We would also like to add a technical change by inserting "family day care homes" on line 23 following "thereto," since two years ago the statutes were changed to separately define family day care homes from child care facilities.

KDHE respectfully requests favorable committee action on SB 537 with the technical change (balloon).

Testimony presented by: Steven R. Potsic, M.D., M.P.H.
Director of Health
Department of Health and Environment
January 30, 1996

SENATE BILL No. 537

By Committee on Public Health and Welfare

1-25

9 AN ACT concerning medical records; relating to release of immunization
10 records.

11

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

13 Section 1. (a) Information and records which pertain to the immu-
14 nization status of persons against childhood diseases as required by K.S.A.
15 1995 Supp. 65-508, 65-519 or 72-5209, and amendments thereto, may be
16 disclosed and exchanged without a parent or guardian's written release
17 authorizing such disclosure, to the following, who need to know such
18 information to assure compliance with state statutes or to achieve age
19 appropriate immunization status for children:

20 (1) Employees of public agencies, departments or political subdivi-
21 sions;

22 (2) health records staff of schools as defined in K.S.A. 72-5208, and
23 amendments thereto, and child care facilities, including, but not limited
24 to, facilities licensed by the secretary of health and environment;

25 (3) persons other than public employees who are entrusted with the
26 regular care of those under the care and custody of a state agency in-
27 cluding, but not limited to, operators of day care facilities, group homes,
28 residential care facilities and adoptive or foster homes; and

29 (4) health care professionals.

30 Sec. 2. This act shall take effect and be in force from and after its
31 publication in the Kansas register.

family day care homes

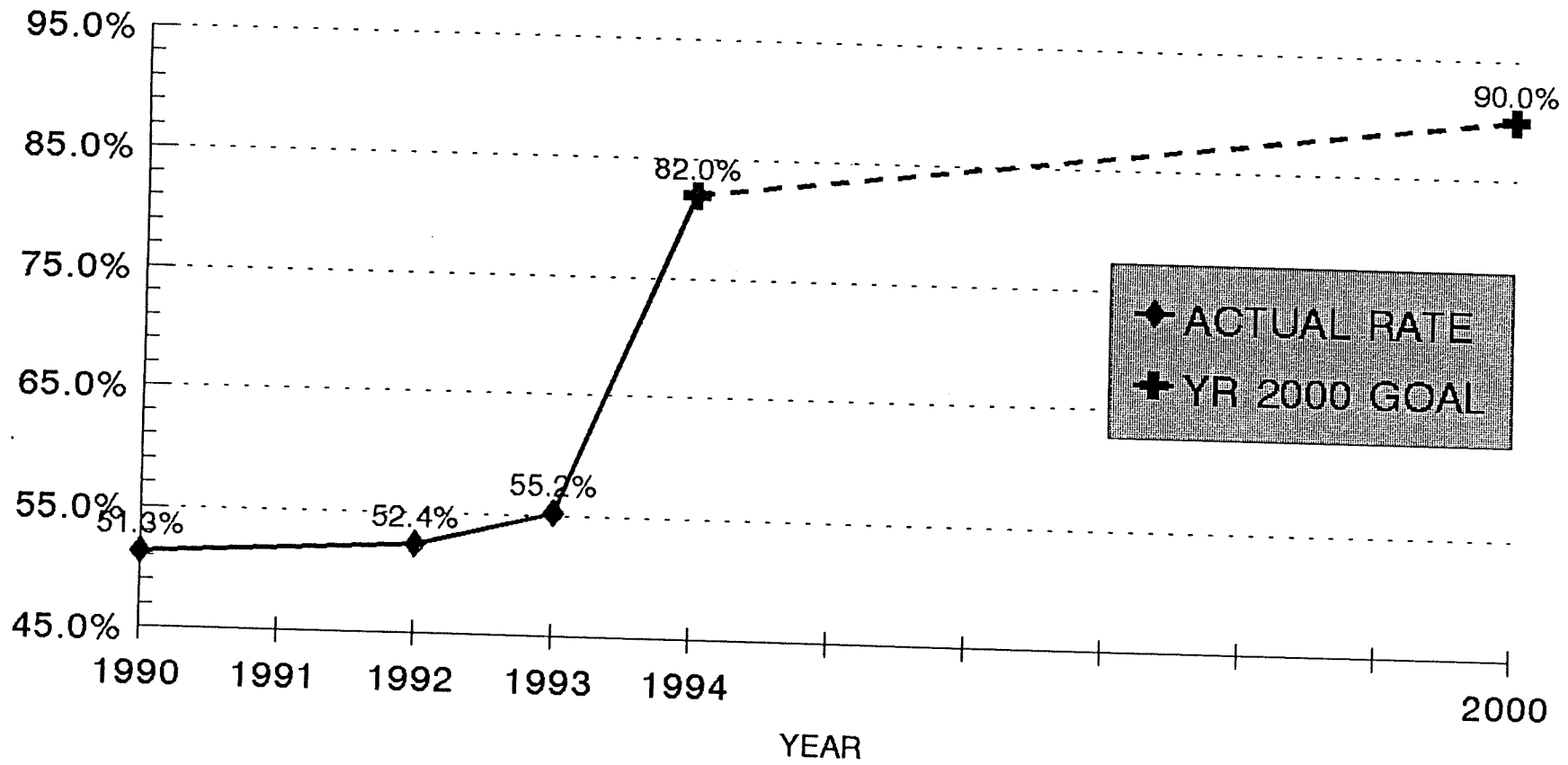
2-2

SB 537

INCREASE THE PROPORTION OF CHILDREN UNDER AGE 5 WHO COMPLETE THE BASIC IMMUNIZATION SERIES

Kansas Goal for the Year 2000 = 90%

Senate Public Health & Welfare
Date: 1-30-96
Attachment No. 8



Data Source: Bureau of Disease Control, KDHE
National MCH Goal = 90%
vaccination series = diptheria, tetanus, pertussis; oral polio; measles, mumps, rubella inoculation



PARTNERSHIP FOR CHILDREN

1055 Broadway, Suite 170
Kansas City, Missouri 64105

(816) 842-7643
Fax • (816) 842-7907

KANSAS IMMUNIZATION FACT SHEET

- Diseases that are easy to prevent and expensive to treat make a strong case for the importance of immunizations. The Centers for Disease Control and Prevention estimate that every dollar spent on immunization saves \$10 in treatment; therefore, it makes economic and emotional sense to get children immunized as early as possible.
- Ten of the most serious childhood diseases, including polio, measles, and whooping cough, can be prevented through timely immunizations. These diseases can cause severe illness, crippling physical and mental disabilities, and even death.
- According to public health authorities, two years of age is the optimal completion date for immunizations for greatest effectiveness. Epidemics spread quickly among those age two and younger, and diseases like whooping cough and measles can kill the very young. To prevent outbreaks of vaccine-preventable diseases, and protect all children, it is necessary to immunize children at the earliest appropriate age.
- Although Kansas is making solid progress toward achieving the year 2000 Goal of ensuring that 90 percent of all children are fully immunized on time, there is still much that needs to be done. According to the 1996 Kansas Kids Count Data Book, in four Kansas counties: Atchison, Neosho, Wilson, and Wyandotte, less than one in three children were fully immunized by age two. Only Kiowa County currently meets the year 2000 goal of 90 percent immunizations.
- Permitting the disclosure and exchange of immunization records is an important tool in meeting and sustaining the 90 percent goal, and one which will aid Kansas parents in ensuring that their children are fully immunized on time.

Senate Public Health & Welfare

Date: 1-30-96

Attachment No. 4

State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

Testimony presented to

Senate Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Senate Bill 536

I am pleased to present testimony in support of Senate Bill 536, which establishes statutory authority for a cancer registry in the State of Kansas. The proposed legislation would:

- 1) authorize the Secretary of KDHE to require the collection of data related to cancer from hospitals and pathology laboratories;
- 2) authorize the establishment of regulations designating reporting requirements (including which providers would report);
- 3) grant immunity from liability for those reporting; and
- 4) protect the confidentiality of registry data.

The purpose of the state cancer registry is to provide health data related to cancers which occur among Kansas residents. Collection of basic clinical information about each occurrence of cancer in the state provides the data needed for:

- a) investigation of abnormal clusterings of cancer;
- b) decreasing cancer mortality through preventive screening;
- c) reducing known cancer risk factors;
- d) identifying previously unrecognized risk factors/causes of cancer;
- e) monitoring the potential health impact of environmental exposures;
- f) monitoring health care access and utilization of services for the prevention and treatment of cancer;
- g) estimating costs associated with cancer care.

Use of the registry for these purposes depends upon complete and unduplicated information for each occurrence of cancer. Certainty of identity, geographic location, treatment, and survival requires the collection of confidential data (e.g., in the course of cluster investigation, reports received from

concerned citizens which identify persons they know who have cancer must be matched to the registry; reports received by the registry from different providers must be matched by identity to ensure non-duplication).

The cancer registry is currently collecting data under KAR 28-1-4. Although the Secretary operates under broad authority to collect cancer data, this authority does not ensure the following:

1. Immunity for persons reporting;
2. Reporting by certain health care providers;
3. Use of confidential data for disease investigation and treatment (e.g., offering patients access to cancer treatments not available except through clinical trails).

Although coordination with the Health Care Data Governing Board will occur to ensure appropriate access to **non-confidential** registry data, the specific measures needed to protect the confidentiality of patients and protect health care providers from liability when they report is outside the authority of the Health Care Data Governing Board.

The need for high quality cancer registries in all 50 states has been recognized by Congress. Public Law 102-515 authorized funding for the improvement of state registries. Currently federal dollars made available as a result of this law account for approximately 75% of our registry operating funds. One of the requirements for continued receipt of federal dollars is the existence (or establishment) of state enabling legislation for a cancer registry. This legislation will ensure Kansas' continuing eligibility for registry funds.

Anticipated Outcomes Resulting from the Passage of Proposed Legislation

The legislation would improve the quality and completeness of the data contained in the cancer registry. Quality of data would meet state needs for investigation of cancer occurrence in Kansas. The bill would also bring Kansas into compliance with the federal law that authorizes the national cancer registry grant program. Reporting requirements for hospitals would not change from current practice and regulations would exempt clinical practitioners from routine reporting. (Practitioners would be asked to provide information only on those persons with cancer previously identified and for whom hospital cancer data was not available.) Pathology laboratories would be required to submit to the registry copy of each cancer tissue result. Effectiveness of hospital plus pathology laboratory reporting has been demonstrated in at least one other state (e.g., Minnesota).

Also a technical admendment needs to be made. On page 2, line 31, subparagraph (e) should read as follows: "(e) As part of an exchange agreement with another state, confidential information collected on a resident of another state may be released to the cancer registry of that person's state of residence." Also add a new subparagraph as follows: "(f)

new

Releasing information, upon consent, in writing, of the person who is the subject of the information, or if such person is under 18 years of age, by such person's parent or guardian."

Thank you for your consideration of this important legislation which will improve our ability to reduce death and disability due to cancer in Kansas (the second leading cause of death).

Testimony presented by: Steven R. Potsic, M.D., M.P.H.
Director of Health
Division of Health
January 30, 1996

- 1 (b) the design and implementation of cancer screening programs
 2 which have been demonstrated to decrease cancer mortality;
 3 (c) assessing the cancer risk in the Kansas population;
 4 (d) identifying previously unrecognized risk factors and causes of can-
 5 cer;
 6 (e) monitoring the potential health impact of environmental expo-
 7 sures;
 8 (f) monitoring health care access and utilization and effectiveness of
 9 services for the prevention and treatment of cancer; and
 10 (g) quantifying costs associated with cancer care.

11 Sec. 4. The information contained on the cancer registry shall not be
 12 subject to the provisions of the Kansas open records act. The secretary
 13 shall ensure that the confidentiality of any data collected which might be
 14 used to identify an individual with cancer or a health care provider is
 15 maintained. Storage of cancer data shall be in a manner which will protect
 16 all information which uniquely identifies individuals.

17 Sec. 5. Confidential data shall be securely locked and used only for
 18 the following purposes:

- 19 (a) Ensuring the quality and completeness of the registry data.
 20 (b) Investigating the nature and cause of abnormal clusterings of can-
 21 cer.
 22 (c) Offering through the personal physician, to persons with cancer,
 23 access to cancer treatments not available except through clinical trials. As
 24 long as such trials are conducted with the informed, written consent of
 25 the cancer patient and are approved by existing ethics board, (institutional
 26 review board (IRB)), of both the treating institution and Kansas depart-
 27 ment of health and environment.
 28 (d) Releasing data back to the institution or individual which reported
 29 cases as long as such release includes only those cases previously reported
 30 by the requesting institution or individual.
 31 (e) As part of an exchange agreement with another state, confidential
 32 data collected on a resident of another state may be released to the cancer
 33 registry of that person's state of residence upon consent, in writing, of
 34 the person who is the subject of the information, or if such person is
 35 under 18 years of age, by such person's parent or guardian.

36 Sec. 6. The secretary shall designate a panel, including at least one
 37 physician licensed to practice medicine in Kansas and the registry direc-
 38 tor, which shall establish policies for release of nonconfidential data and
 39 shall review requests for the confidential registry data. No restrictions are
 40 placed on release of data which are statistical in nature.

41 Sec. 7. Any health care provider, whether a person or institution,
 42 who reports cancer information to the registry in good faith and without
 43 malice, in accordance with the requirements of this statute, shall have

(f) Releasing information,

Testimony in Support of Senate Bill No. 536 - Establishing a Cancer Registry in Kansas

Frederick F. Holmes, M.D.
Professor of Medicine
University of Kansas Medical Center
Kansas City, Kansas

In 1968 I was asked by the Kansas State Department of Health and the University of Kansas Medical Center to create a registry of cancer patients in the State of Kansas. With the assistance of the the Kansas Division of the American Cancer Society and the federal government this was accomplished over the next five years using computer technology, with special attention devoted to confidentiality of patient records. By 1985 this registry truly covered the entire state of Kansas. In 1994 funding of about \$300,000 per year was secured from the federal Centers for Disease Control in Atlanta to upgrade and guarantee the future of this cancer registry. Since 1968 the data in this registry have been used hundreds of times to define the extent of cancer problems in our state, to identify occupational and environmental cancer risks (particularly in rural areas), to establish and improve the care of cancer patients by Kansas hospitals and outpatient facilities, and to assist in health care planning. I support this bill for the following reasons:

- The work of nearly 30 years and the substantial support from the Centers of Disease Control will be jeopardized if the bill is not enacted.
- Kansas has increasing need to define, address, and solve cancer problems and this can't be accomplished without this cancer registry.
- Issues of accuracy of cancer patient diagnosis and quality of treatment in Kansas can only be ascertained with a state-wide cancer registry.
- The Kansas Division of the American Cancer Society has studied this bill carefully and strongly endorses it without reservation.
- Kansas has been among the leading states in cancer registration over the years and it would be tragic to lose that position.
- Issues of confidentiality of patient information and security of data are more than adequately addressed in this bill.

In conclusion, I urge that this bill be enacted to benefit a large and vulnerable group of Kansas citizens, those with cancer. Scarcely a single family in Kansas is not touched by cancer over a period of time. Those who govern our state have an opportunity to continue and strengthen the well-established cancer registry program in Kansas that has been developed and is strongly endorsed by the Kansas Department of Health and Environment, the American Cancer Society - Kansas Division, our federal government, and the University of Kansas Medical Center.

Senate Public Health & Welfare
Date: 1-30-96
Attachment No. 6

Testimony in support of Senate Bill No. 536 - Establishing a Cancer Registry in Kansas

Sue-Min Lai, Ph.D., MS, MBA
Director, Kansas Cancer Registry
Assistant Professor of Preventive Medicine
University of Kansas Medical Center
Kansas City, Kansas

In 1994, I became director of the Kansas Cancer Registry and have secured funding from Centers for Disease Control and Prevention in the amount of \$ 341,000 for fiscal year 1995 with follow-on funding through 1999. I am a proponent for this bill. My support for enacting this law is based on the following:

A. Cancer is a significant public health problem.

- One out of every five deaths in Kansas is due to cancer. In 1995, cancer is still the second leading cause of death in Kansas.
- A rising trend in cancer occurrence has been observed since 1953. It is estimated that about 13,000 new cancer cases will be diagnosed in Kansas in 1996.
- Overall costs due to cancer in the US in 1985 totaled \$72.5 billion.

B. Cancer death and disability can be reduced by screening and early detection.

Early detection and intervention have shown to significantly reduce cancer mortality for some cancers. For example, mortality due to breast cancer can be reduced by 30% among women aged 50 and older through a screening test such as mammography. Identification of high risk individuals for prevention is thus crucial in the process of cancer prevention and control.

C. The Kansas Cancer Registry is the essential vehicle in identifying individuals who are at high risk for cancer and communities where a possible cancer cluster exists.

- Functions of the KCR have been clearly identified in this bill.
- Through the KCR endeavor, appropriate interventions can be delivered to those high risk individuals to prevent them from cancer and improve their chance of surviving cancer if detected.
- Communities with excess cancer risk can be identified.

D. A law requiring case reporting to Kansas Cancer Registry is the key to the success of cancer risk reduction in Kansas.

- A law which requires reporting is essential for completeness of case reporting. This effort has been proven in other states such as Iowa.
- Without complete case reporting, preventive programs can not be targeted to communities and high risk individuals where these programs would benefit the most.
- Current experience from the registry also shows wide support among hospitals and the Tumor Registrars Association of Kansas as to enacting a law requiring case reporting.

In conclusion, I urge this bill to be enacted so that the health of Kansans, particularly cancer and high risk individuals will benefit from it. Moreover, through a well-established cancer registry, cancer will be reduced in Kansas and the related cost for cancer care will be reduced.

Senate Public Health & Welfare

Date: 1-30-96

Attachment No. 7

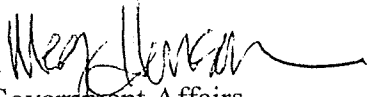


KANSAS MEDICAL SOCIETY

623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

January 30, 1996

TO: Senate Public Health & Welfare Committee

FROM: Meg Henson 
Director of Government Affairs

SUBJECT: SB 536; establishing a cancer registry

The Kansas Medical Society appreciates the opportunity to appear today in support of SB 536, which would formally establish in law the authority of the Secretary to operate a cancer registry. The registry is currently operated under the authority of K.A.R. 28-1-4.

This bill would establish important immunity provisions for health care providers when they report confidential data. In addition, it would specify how both confidential and non-confidential data gathered under the law could be used. We are satisfied that the reporting requirements placed on physicians will not be onerous, nor contrary to their obligation to maintain patient confidentiality.

We intend to work with KDHE to help educate physicians about their responsibilities to provide requested patient information under this law, which will be important to developing completeness of the registry's database. We would be happy to respond to any questions. Thank you.

Senate Public Health and Welfare
Date: 1-30-96
Attachment No. 8



Donald A. Wilson
President

To: Senate Public Health and Welfare Committee
From: Kansas Hospital Association
Re: Senate Bill 536
Date: January 30, 1996

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of Senate Bill 536. This bill statutorily creates a state cancer registry for Kansas. In so doing SB 536 would authorize the Secretary of KDHE to require the collection of data related to cancer from hospitals, pathology laboratories and other health care providers. It would also grant good faith immunity for those reporting and provide for confidentiality of registry data.

The Kansas Hospital Association supports the goals embodied in SB 536. Obviously, the type of information to be gathered can be beneficial in many areas, including the monitoring of risk factors for cancer. At the same time the usefulness of the registry for these purposes is directly related to the quality and completeness of the registry data. SB 536 should encourage quality improvement in the registry.

One of the uses for the data listed in the bill is to quantify costs associated with cancer care. Although this is an important use, we think the committee and the Secretary should recognize that many other costs, such as home health and hospice, are associated with cancer care.

Finally, we think Section 5 (c), which deals with release of registry data for certain clinical trials, should be examined. Although the intent seems apparent, the current wording makes the focus somewhat unclear.

Thank you for your consideration of our comments.

Senate Public Health and Welfare
Date: 1-30-96
Attachment No. 9 233-6955 49



KANSAS DIVISION, INC.

THERE'S NOTHING MIGHTIER THAN THE SWORD

January 29, 1996

The Honorable Sandy Praeger
Kansas State Senate
Room 128-S
Topeka, KS 66612

Re: Senate Bill 536

Dear Senator Praeger:

The American Cancer Society in Kansas is pleased to support Senate Bill 536. Please do your best to assure that this bill becomes law.

The cancer registry for Kansas that has operated up to now under Department of Health regulation has been a successful part of the fight against cancer. Providing for the registry by statute rather than regulation will insure both its continuation and necessary financial support for it from the U.S. Centers for Disease Control.

Sincerely,

A handwritten signature in cursive script that reads "Keith Greiner".

Keith A. Greiner
Advocacy Chairperson
American Cancer Society
Kansas Division, Inc.

State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

TESTIMONY PRESENTED TO
THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
BY
THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
SENATE BILL 504

Thank you for the opportunity to present testimony this morning related to Senate Bill 504 . This bill proposes repeal of the provisions of K.S.A. 65-461 through K.S.A. 65-467.

K.S.A. 65-461 et seq. is the enabling legislation which provided the Kansas Department of Health and Environment with authority to develop regulations, inspect facilities, and grant certification to facilities designed specifically for the care of post-acute trauma head-injured persons. The law was to allow for a "demonstration program to determine the feasibility and effectiveness of this type of facility." Although regulations were developed, no facility applied for certification.

K.S.A. 65-467 includes a "sunset provision" with an effective date of July 1, 1987.

The provisions of K.S.A. 65-461 et seq. expired effective that date.

Since the referenced statutes have not been in effect since 1987, the passage of SB 504 would officially remove the referenced laws from the statute books.

Presented by: Joseph F. Kroll, Director
Bureau of Adult and Child Care
Kansas Department of Health and Environment

Date: January 30, 1996