

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans, at 1:30 p.m. on February 4, 1997 in Room 423-S-of the State Capitol.

All members were present except: Representative Tony Powell

Committee staff present: Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:

Joyce Volmut, Executive Director, Kansas Association of the Medically Underserved, Topeka
Kathy Peterson, Kathy Peterson and Associates, Topeka
Sanford Kaufman, Director of State Government Affairs, Pasteur Merieux Connaught
Meg Henson, Director of Government Affairs, Kansas Medical Society
Dr. Steven Potsic, KDHE Director of Health

Others attending: See Guest List (Exhibit 1)

Chairperson Mayans welcomed Joyce Volmut, of the Kansas Association for the Medically Underserved, who outlined KAMU's member clinics' and health centers' work in providing accessible and affordable primary medical and dental care to the medically underserved in Kansas (see testimony, Exhibit 2). Ms. Volmut stated that need for services to the underserved slowed during 1992-94, but has increased since then. She directed attention to the association's recommendations for medical coverage and increased funding of care programs for primary dental care (which is included in her testimony).

Chairperson Mayans then opened the hearing on **HB 2137** (expanded first dollar coverage for immunizations) and introduced Kathy Peterson, of Kathy Peterson and Associates. Ms. Peterson stated **HB 2137** is a follow up to legislation enacted in 1995 that included insurance coverage for children's immunizations. She introduced Sanford Kaufman, Pasteur Merieux Connaught, who asked that the measure be recommended for passage. (See testimony, Exhibit 3).

Meg Henson, Kansas Medical Society, spoke in favor of **HB 2137**, pointing out that the legislation would ensure that children are vaccinated at the appropriate times of their lives (see testimony, Exhibit 4).

Chairperson Mayans directed members to the written testimony in support of **HB 2137**, by Terri Roberts, Executive Director of the Kansas State Nurses Association (see Exhibit 5); and of Carolyn Gaugham, Executive Director of the Kansas Academy of Family Physicians (see Exhibit 6).

There were no conferees present in opposition to **HB 2137**.

In response to questions about KDHE's schedule of immunization, Dr. Steven Potsic, KDHE Director of Health, explained that KDHE's schedule lists current CDC recommendations with the exception of Vericella Zoster Virus vaccine. He also stated that the schedule is a concensus of (1) a KDHE advisory committee, and (2) recommendations from the Academy of Pediatrics, and (3) American Academy of Family Physicians. These recommendations are then deliberated for a number of issues including availability of vaccine, cost, and implementation.

Chairperson Mayans then asked what the committee's wishes were on reporting the bill. Representative Geringer moved that **HB 2137** be passed. Representative Gilmore then pointed out the problem of non-coverage when a child is in an adoptive situation and the legal records are not completed. Representative Geringer retracted his motion. After discussion, the committee agreed to withhold action on the bill. The bill will be placed on tomorrow's committee agenda for possible action.

The meeting was adjourned at 2:40 p.m.

The next meeting is scheduled for February 5, 1997.

HOUSE COMMITTEE ON HEALTH
AND HUMAN SERVICES
GUEST LIST
FEBRUARY 4, 1997

NAME	REPRESENTING
Denesa Menauer	HIAA
Callie Hill Denton	K. Peterson's Assoc.
Dorise W. Aldrich	Resource Center for (RCL) Independent Living
Fran Walden	KDOA
Diana Kaiser	More Co. Farm Bureau
Lorris Brant	Pratt Co. Farm Bureau
Darin Conklin	KPHA
Ethel Thompson	No Farm Bureau JCo
Leroy Wasmund	More Farm Bureau Franklin Co
Joyce Wasmund	Farm Bureau
Cindy Smith	SRS - Medical Services
Mary Kopp	Kansas State Nurse Assoc.
Joyce Tolmut	KS Association Med. Underserved
Marsha Strahm	CWA of Ks.
Tina D. Lhu	KACHA
Lesis Alvord	KACHA
Michelle Peterson	Peterson Public Affairs
Lisa Meyer	Peterson Public Affairs
Stacy Patten	KDH

HOUSE COMMITTEE ON HEALTH
AND HUMAN SERVICES
GUEST LIST
FEBRUARY 4, 1997

NAME	REPRESENTING
Sandra Kaufman	PASTOR MICHAEL CANNON
Kathy Kelly	"
Carl C Schmitt	KANSAS DENTAL ASSOC.
Sandra J. McCowley	KS INSURANCE DEPT.
Troy Burr	KFB / CHEYENNE CO.
Wendy Hayes	KFB / MONTGOMERY CO.
Steve Ashley	Health Care Commission
Harrie Ann Brown	KH A
Meg Hanson	KMS
Susan Baker	Hein + Weir
John Federico	Pete McGill Assoc
Ken Brodowski	Craig Home Care
Roland Caffee	Heartland Group Realtors
Narrat Leonard	KFB SHERMAN CO.
Paula	KDHE
Bird Smoot	BCBS
Gracie Doe	Gov Offices
Kate Fulmer	Preferred Registry of Nurses
Kate Young	Home Health Services



Kansas Association for the Medically Underserved

Implementing activities that promote and emphasize health care to the medically underserved in the state of Kansas

January 22, 1997

Representative Carlos Mayans
Room 115-S

Dear Representative Mayans:

Kansas Association for the Medically Underserved (KAMU) is a statewide Association of nonprofit clinics and health centers committed to making quality primary medical and dental care accessible and affordable for medically underserved populations in Kansas.

Member organizations can be found in rural, urban and suburban communities across Kansas. As the **State Primary Care Association**, KAMU works with Health and Human Services, the National Health Service Corps, the Kansas Department of Health and Environment and other federal, state and local health organizations to assure access to care and increase the number of primary care providers in underserved Kansas communities.

The 1996 edition of the KAMU Service Profile reports 216,790 primary care health care visits in 29 health clinics and health centers across the state. *Sixty-one percent of the clients served are self-pay, with no form of health insurance, nor are they covered by medicaid or medicare.* Funding for KAMU member clinics and health centers comes from a variety of funding sources, federal, state and local and private sources. Throughout Kansas these clinics and health centers serve as a medical home to clients who are otherwise unable to access care. In fulfilling their mission these clinics and health centers provide a safety net for their clientele and a sound investment for the state of Kansas.

KAMU intends to be an active participant in the development of health policy that affects our patient population. We believe that the communities and patients served by the membership should be represented by those experienced in providing health care to these populations.

In relation to Welfare Reform, KAMU recommends:

- ◆ Continued medicaid coverage for qualified immigrants.
- ◆ Continuation of the relationship between the new Temporary Assistance to Needy Family (TANF) program and Medicaid coverage, including a unified application format to assure timely enrollment in Medicaid.
- ◆ Continued Medicaid coverage for medically needy persons - including children, near poor pregnant women, pregnant women under age 18, aged, blind and disabled persons who do not qualify for SSI.
- ◆ Continuing Medicaid coverage for Low-income Medicare beneficiaries.

In relation to Improving Access to Care, KAMU recommends:

- ◆ Increased funding to support the development of a preventive primary care dental program for uninsured populations and other clients who are without access to dental care.
- ◆ Increased funding to support expansion of primary care or the development of new primary care programs in underserved areas of the state.

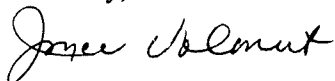
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HOUSE HEALTH/HUMAN SERVICES

Attachment 2-1
2 - 4 - 97

As advocates for more than 400,000 individuals who are at risk in the state, KAMU serves as a voice. For state legislators and other policy makers, KAMU is available to provide information and assist in the development and implementation of a comprehensive health care system for all Kansas residents. For information please contact the KAMU office- 913-233-8984

Sincerely,



Joyce Volmut
Executive Director

PASTEUR MÉRIEUX CONNAUGHT USA

ROUTE 611, P.O. BOX 187
SWIFTWATER, PENNSYLVANIA 18370-0187
TELEPHONE: 717-839-7187 FAX: 717-839-7235

Representative Mayans and Members of the Public Health Committee:

My name is Sanford Kaufman, Director of State Government Affairs for Pasteur Mérieux Connaught. I want to thank you for the opportunity to testify on behalf on this bill, as we did two years ago for Senate Bill 36.

Pasteur Mérieux Connaught is a major developer and manufacturer of both pediatric and adult vaccines. The company has a strong commitment to research and development of vaccines in the U.S. But we have also been asked to provide expertise and support for activities that will help bolster immunization rates.

Pasteur Mérieux Connaught continues to be deeply interested in working toward increasing age-appropriate immunization rates in both Kansas and the rest of the United States. Your action when you enacted Senate Bill 36 in 1995, which included immunization in insurance coverage, with no co-pays or deductibles, increases the likelihood that children will get vaccines on time and where they usually receive their healthcare. Senate Bill 36 focused on the most vulnerable children, who are two years of age and younger. By extending the age that this measure covers to age 72 months, we deal more effectively with the reality that, for whatever reason, many children are not immunized by age two but rather catch-up at school entry. The key role which will be played by this measure will be to eliminate one more barrier to the timely immunization of children at no cost to the State Treasury. This bill also reflects the most up-to-date CDC recommendations, i.e., chickenpox vaccine. The cost/benefit of vaccines is widely acknowledged, and according to the Centers For Disease Control and Prevention, can save \$10-14 in treatment costs for every dollar spent on vaccines. This is one reason for the continuing focus and attention being paid to expanding insurance coverage for immunization services.

We would ask that this measure be recommended for passage by this Committee. Thank you.

HOUSE HEALTH/HUMAN SERVICES


Attachment 3
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KANSAS MEDICAL SOCIETY

February 4, 1997

To: House Health and Human Services Committee

From: Meg Henson 
Director of Government Affairs

Subject: HB 2137 - Immunizations

The Kansas Medical Society appreciates the opportunity to appear today in support of HB 2137, relating to immunizations. This bill would provide first dollar coverage for immunizations on children through age six. KMS believes this legislation is one way to increase age-appropriate immunizations for young children.

The importance of immunizations for children is well established. Children can be protected from many major and potentially life-threatening diseases if they are adequately vaccinated. However, because most of these vaccines are costly, some children are not immunized at all, or are immunized only through age three.

The American Academy of Pediatrics and the American Academy of Family Physicians recommends a schedule of immunizations for children prior to attending school (attached). As you can see, some vaccines should be administered in a series of periodic intervals on children above three years old. Diphtheria-tetanus-pertussis (DTP), measles-mumps-rubella and polio shots are recommended between the ages of four and six. SB 2137 would not only help ensure that children are vaccinated, but that they are vaccinated at the appropriate time in their lives.

Thank you for considering our comments. I would be happy to respond to any questions.

HOUSE HEALTH/HUMAN SERVICES

Attachment 4-1
2 - 4 - 97

Recommended Childhood Immunization Schedule United States, January - June 1996

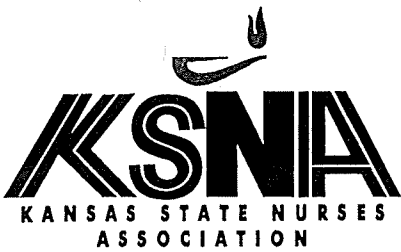
Vaccines are listed under the routinely recommended ages. **Bars** indicate range of acceptable ages for vaccination. **Shaded bars** indicate catch-up vaccination: at 11-12 years of age, hepatitis B vaccine should be administered to children not previously vaccinated, and Varicella Zoster Virus vaccine should be administered to children not previously vaccinated who lack a reliable history of chickenpox.

Age ► Vaccine ▼	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	4-6 yrs	11-12 yrs	14-16 yrs
Hepatitis B ^{1,2}	Hep B-1		Hep B-2		Hep B-3					Hep B ²	
Diphtheria, Tetanus, Pertussis ³			DTP	DTP	DTP	DTP ³ (DTaP at 16+ m)			DTP or DTaP	Td	
<i>H. influenzae</i> type b ⁴			Hib	Hib	Hib ⁴	Hib ⁴					
Polio ⁵			OPV ⁵	OPV	OPV				OPV		
Measles, Mumps, Rubella ⁶						MMR			MMR ⁶ or	MMR ⁶	
Varicella Zoster Virus Vaccine ⁷						Var				Var ⁷	

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

- 1 Infants born to HBsAg-negative mothers should receive 2.5 µg of Merck vaccine (Recombivax HB) or 10 µg of SmithKline Beecham (SB) vaccine (Engerix-B). The 2nd dose should be administered ≥ 1 mo after the 1st dose. Infants born to HBsAg-positive mothers should receive 0.5 mL hepatitis B immune globulin (HBIG) within 12 hrs of birth, and either 5 µg of Merck vaccine (Recombivax HB) or 10 µg of SB vaccine (Engerix-B) at a separate site. The 2nd dose is recommended at 1-2 mos of age and the 3rd dose at 6 mos of age. Infants born to mothers whose HBsAg status is unknown should receive either 5 µg of Merck vaccine (Recombivax HB) or 10 µg of SB vaccine (Engerix-B) within 12 hrs of birth. The 2nd dose of vaccine is recommended at 1 mo of age and the 3rd dose at 6 mos of age.
- 2 Adolescents who have not previously received 3 doses of hepatitis B vaccine should initiate or complete the series at the 11-12 year-old visit. The 2nd dose should be administered at least 1 mo after the 1st dose, and the 3rd dose should be administered at least 4 mos after the 1st dose and at least 2 mos after the 2nd dose.
- 3 DTP4 may be administered at 12 mos of age, if at least 6 mos have elapsed since DTP3. DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) is licensed for the 4th and/or 5th vaccine dose(s) for children aged ≥ 15 mos and may be preferred for these doses in this age group. Td (tetanus and diphtheria toxoids, adsorbed, for adult use) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP, or DT.
- 4 Three *H. influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB [Merck]) is administered at 2 and 4 mos of age, a dose at 6 mos is not required. After completing the primary series, any Hib conjugate vaccine may be used as a booster.
- 5 Oral poliovirus vaccine (OPV) is recommended for routine infant vaccination. Inactivated poliovirus vaccine (IPV) is recommended for persons with a congenital or acquired immune deficiency disease or an altered immune status as a result of disease or immunosuppressive therapy, as well as their household contacts, and is an acceptable alternative for other persons. The primary 3-dose series for IPV should be given with a minimum interval of 4 wks between the 1st and 2nd dose and 6 mos between the 2nd and 3rd doses.
- 6 The 2nd dose of MMR is routinely recommended at 4-6 yrs of age or at 11-12 yrs of age, but may be administered at any visit, provided at least 1 mo has elapsed since receipt of the 1st dose.
- 7 Varicella zoster virus vaccine (Var) can be administered to susceptible children any time after 12 months of age. Unvaccinated children who lack a reliable history of chickenpox should be vaccinated at the 11-12 year-old visit.

3-4



700 SW Jackson, Suite 601
Topeka, Kansas 66603-3731

913/233-8638 * FAX 913/233-5222

Betty Smith-Campbell, Ph.D., R.N.
President

Terri Roberts, J.D., R.N.
Executive Director

the Voice of Nursing in Kansas

FOR MORE INFORMATION CONTACT:
Terri Roberts JD, RN, Executive Director
700 SW Jackson, Suite 601
Topeka, KS 66603-3731
(913) 233-8638
February 4, 1997

**HB 2137 Health Insurance Coverage for
Childhood Immunizations, 36 Months- 5 Years
WRITTEN TESTIMONY**

Chairperson Mayans and members of the House Health and Human Services Committee, the Kansas State Nurses Association is very supportive of the changes proposed in HB 2137 which will provide first dollar insurance coverage for immunizations for children 36 months to 5 years old. This will compliment the current statutes that require such coverage for 0-36 months of age.

The recommended amendments to the insurance statutes lend support to basic Public Health Principles. Principles in disease prevention are based on ensuring safety and general well being of the community at large. By practicing immunization health principles the community is protected against contagious diseases such as measles and subsequent pain and suffering due to complications. For example, a typical hospitalization due to Measles complications averages \$3,600.00. Other complications may include pneumonia or dehydration and in some cases encephalitis.

Children's immunization rates in Kansas are getting much better, but are still affected by COST. Cost and access continue to be barriers. Parental surveys indicate that cost remains a barrier in obtaining immunizations.

Immunization services across Kansas are delivered by a diverse array of public and private health care providers. At any one given time an individual can obtain immunizations from approximately 4 different providers. Those being private physician, federally qualified health centers, city or county health departments, and underserved clinics. In Kansas the public/private service delivery is split 35% private and 65% public sector.

This split of 35/65 private/public is particularly significant to the underinsured individuals. The ratio of public/private providers and the types of services they offer such as immunizations influence how these services are delivered or not, referred elsewhere or interrupted till later.

It is important that children obtain age-appropriate immunizations. Legislation such as HB 2137 will be one more positive step towards decreasing barriers such as cost.

THANK YOU

c:\wp51\legis\hb2137

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

Constituent of The American Nurses Association

HOUSE HEALTH/HUMAN SERVICES

Attachment 5-1

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Vaccine-Preventable Childhood Diseases

The following vaccinations are needed by age 2 and can be given in five visits:

- ◆ 3 vaccinations against Polio
- ◆ 3-4 vaccinations against Hib
- ◆ 4 vaccinations against Diphtheria, Tetanus and Pertussis (DTP)
- ◆ 3 vaccinations against Hepatitis B
- ◆ 1 vaccination against Measles/Mumps/Rubella (MMR)
- ◆ 1 vaccination against Varicella (Chickenpox)

If a child is behind in his or her immunization series, he or she does not have to start over again. The following information is about the ten diseases these immunizations prevent:

Polio

Polio is caused by a virus which is spread by contact with the feces (bowel movement) of an infected person. Symptoms can include a sudden fever, sore throat, headache, muscle weakness and pain. Polio can cause paralysis and death.

Diphtheria

Diphtheria is spread when germs pass from an infected person or carrier to the nose or throat of others. It is a very serious disease which can block the airway, making it impossible to breathe. It can also cause heart problems. Five to 10 out of every 100 people who get diphtheria die.

Tetanus (lockjaw)

Tetanus is caused by a toxin produced by a germ that enters the body through a cut or wound. Tetanus causes serious, painful spasms of all muscles, and can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow or breathe. Three out of 10 people who get tetanus die.

Pertussis (whooping cough)

Pertussis is easily spread when germs pass from an infected person to the nose or throat of others. Pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink or eat. The cough can last for weeks. This disease is most serious for babies. Babies can get pneumonia, have seizures, become brain damaged or even die. About half of the babies who get pertussis have to go to the hospital. There are pertussis outbreaks every year because children are not immunized.

Rubella (german measles)

Rubella is caused by a virus which is spread when germs pass from an infected person to the nose or throat of others. It is usually a mild sickness with fever, swollen glands and a rash which lasts for about three days. If a pregnant woman contracts rubella, she can lose her unborn baby, or the baby can be born with birth defects, blind, deaf, mentally retarded, or have heart defects or other serious problems.

Measles

Measles is caused by a virus which is very easily spread. Even being in the same room with an infected person is enough to catch the disease. Symptoms include a rash, fever, cough and watery eyes. Measles can also cause pneumonia, brain damage, seizures or death. Of every 1,000 children who get measles, 1-2 will die.

HIB Meningitis

Haemophilus influenzae type b (Hib) germs are spread from an infected person to the nose or throat of others. Hib causes meningitis (brain damage), pneumonia, and infection of the blood, joints, bone, throat and heart covering. This disease is very serious for children under 5-years-old, especially infants.

Mumps

Mumps is spread when germs pass from an infected person to the nose or throat of others. Mumps causes fever, headaches, and swollen glands under the jaw. One out of every 10 children who get mumps may develop a mild meningitis, sometimes causing encephalitis. Mumps can also result in permanent loss of hearing.

Hepatitis B

Hepatitis B is an infection of the liver caused by a virus. This virus causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain and jaundice (yellowing of the eyes and skin). An infected pregnant woman can expose her newborn to this virus during birth. The virus stays in the liver of some people for the rest of their lives. Later, they can develop severe liver diseases, or cancer. Hepatitis B spreads through contact with blood or other body fluids. This can happen through sexual contact, or by sharing a razor, toothbrush, or needles used to inject drugs.

Varicella (Chickenpox)

Chickenpox is caused by a virus which spreads when germs pass from an infected person to the nose or throat of others. It usually causes a rash, itching, tiredness and fever. It can lead to pneumonia, brain infection or death. Complications occur most often in very young children, adults, or people with damaged immune systems. Source: U.S. Centers for Disease Control and Prevention, January 1996.

Recommended Childhood Immunization Schedule United State, January - June 1996

CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

Vaccines are listed under the routinely recommended ages. **[Bars]** Indicate range of acceptable ages for vaccination. **[Shaded bars]** indicate catchup vaccination: at 11-12 years of age, hepatitis B vaccine should be administered to children not previously vaccinated, and Varicella Zoster Virus vaccine should be administered to children not previously vaccinated who lack a reliable history of chickenpox.

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Diphtheria, Tetanus, Pertussis ³			DTP	DTP	DTP	DTP ³ (DTaP at 15+m)			DTP or DTaP	Td	
H. influenzae type b ⁴			Hib	Hib	Hib ⁴	Hib ⁴					
Polio ⁵			OPV ⁵	OPV	OPV				OPV		
Measles, Mumps, Rubella ⁶						MMR			MMR ⁶	or	MMR ⁶
Varicella Zoster Virus Vaccine ⁷						Var					Var ⁷

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

¹Infants born to HBsAg-negative mothers should receive 2.5 ug of Merck vaccine (Recombivax HB) or 10 ug of SmithKline Beecham (SB) vaccine (Engerix-B). The 2nd dose should be administered \geq 1 mo after 1st dose.
²Infants born to HBsAg-positive mothers should receive .05 mL Hepatitis B Immune Globulin (HBIG) within 12 hr of birth, and either 5 ug of Merck vaccine (Recombivax HB) or 10 ug of SB vaccine (Engerix-B) at a separate site. The 2nd dose is recommended at 1-2 mos of age and the 3rd dose at 6 mos of age. Infants born to mothers whose HBsAg status is unknown should receive either 5 ug of Merck vaccine (Recombivax HB) or 10 ug of SB vaccine (Engerix-B) within 12 hr of birth. The 2nd dose of vaccine is recommended a 1 mo of age and the 3rd dose at 6 mos of age.
³Adolescents who have not previously received 3 doses of hepatitis B vaccine should initiate or complete the series at the 11-12 year-old visit. The 2nd dose should be administered at least 1 mo after the 1st dose, and 3rd dose should be administered at least 4 mos after the 1st dose and at least 2 mos after the 2nd dose.
⁴DTaP4 may be administered at 12 mos of age, if at least 6 mos have elapsed since DTP3. DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) is licensed for the 4th and/or 5th vaccine dose(s) for children aged \geq 15 mos and may be preferred for these doses in this age group. Td (tetanus and diphtheria toxoids, adsorbed, for adult use) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP, or DT.
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⁷The 2nd dose of MMR is routinely recommended at 4-6 years of age or at 11-12 years of age, but may be administered at any visit, provided at least 1 mo has elapsed since receipt of the 1st dose.
⁸Varicella zoster virus vaccine (Var) can be administered to susceptible children any time after 12 months of age. Unvaccinated children who lack a reliable history of chickenpox should be vaccinated at the 11-12 year-old visit.

The Kansas State Nurses Association throughout 1996 is promoting increased awareness of the benefits of immunization. This includes how we as a profession can assist in promoting age appropriate immunizations in both our personal and professional lives.
 Kansas State Nurses Association, 700 SW Jackson, Suite 601, Topeka, KS 66603-3731 Telephone 913/233/8638.



Kansas Academy of Family Physicians

889 N. Maize Rd, Suite 110 • Wichita, KS 67212 • 316-721-9005
1-800-658-1749 • Fax 316-721-9044 • kafp@southwind.net • <http://www2.southwind.net/~kafp/>

Feb. 3, 1997

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Carolyn N. Gaughan, CAE
Executive Director

*Representing the
largest medical
specialty group
in Kansas*

Rep. Carlos Mayans, Chair
House Health & Human Services Committee
State Capitol
Topeka, KS 66612

Dear Rep. Mayans,

I am writing to express the support of the Kansas Academy of Family Physicians for HB 2137, an act concerning insurance coverage for immunizations. We support this bill and the concept of first dollar insurance coverage for immunizations through 72 months of age. As you know, immunizations are proven to be one of the best expenditures of health care dollars in long-term savings.

If you have any questions please feel free to contact me. Thank you for your consideration of this important bill.

Sincerely,


Carolyn N. Gaughan, CAE
Executive Director

HOUSE HEALTH/HUMAN SERVICES

Attachment 6
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