

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 March 5, 1998 in Room 423-S-of the State Capitol.

All members were present except: Representative Tony Powell
Representative Dixie Toelkes

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

Conferees appearing before the committee: Gary Mitchell, KDHE Secretary
Tom Bell, Kansas Hospital Association
Terri Roberts, Kansas State Nurses Association

Others attending: See Guest List ([Attachment 1](#))

The minutes of the committee meeting held on March 4, 1998 were distributed for review and, by policy, will be approved as read if no changes are reported to the Chairperson by 5:00 p.m., March 5.

Chairperson Mayans opened the hearing on **SB 111** (reporting certain medically diagnosed conditions of preschool children to the secretary of health and environment).

Secretary Gary Mitchell testified in support of SB 111, stating it repeals K.S.A. 65,141 through K.S.A. 65-1,147. Since the statutes were enacted in 1987, other programs and increased awareness of programs for children with special needs have supplanted the need for this act. (See testimony, [Attachment 2](#).) Norman Furse stated the risk screening law is not being repealed by the bill and Emalene Correll noted that the bill simply related to the reporting of hearing impairments.

There being no others present to testify, the hearing on **SB 111** was closed.

The hearing on **SB 122** (licensing and inspection requirements under asbestos control laws) was opened.

Secretary Gary Mitchell, testifying in support of **SB 122**, stated the bill's purpose is to revise licensing and work practices provisions of Kansas law that appears to be duplicative or in conflict with federal OSHA regulations, and to update other provisions to assure consistency with federal regulations for training and physical examinations of those who work with asbestos. (See testimony, [Attachment 3](#).)

No others were present to testify, so the hearing on **SB 122** was closed.

The hearing on **SB 211** (infections or contagious disease reporting) was opened.

Secretary Mitchell, in support of **SB 211**, stated the bill if passed will include laboratories, hospitals, nursing homes, nurses, and the Kansas vital registrar to the list of professionals and institutions already required to report infectious diseases to KDHE. He noted liability protection is being extended to these additional entities. (See testimony, [Attachment 4](#).) Representative Storm asked if there are many duplicate reportings; and Secretary Mitchell answered that presently there is no way to check that but it is better to err on the side of over-reporting. In response to the question of what diseases are to be reported, Secretary Mitchell distributed a listing of the diseases that are currently required to be reported (see [Attachment 5](#)).

Tom Bell, on behalf of the Kansas Hospital Association, testified in support of the bill (see [Attachment 6](#)).

Terri Roberts, Executive Director, Kansas State Nurses Association, supported **SB 211** by listing its benefits (see [Attachment 7](#)).

No others were present to testify, so the hearing on **SB 211** was closed. Chairperson Mayans asked if the committee was ready to consider action on the three bills just heard.

Representative Morrison moved, Representative Long seconded, that **SB 111** be passed and asked that it be placed on the Consent Calendar. The motion carried.

Representative Morrison moved, Representative Geringer seconded, that **SB 122** be passed and asked that it

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MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S State Capitol, at 1:30 p.m. on March 5, 1998

be placed on the Consent Calendar. The motion carried.

Representative Morrison moved, and Representative Wells seconded, that SB 211 be passed and asked that it be placed on the Consent Calendar. Representative Haley made a substitute motion that SB 211 be passed. Representative Wells seconded the motion; and the motion carried. Representative Haley will carry the bill on the floor of the House.

Chairperson Mayans announced that the committee will meet next Monday to hear **SB 129** (Secretary of Aging powers and duties, older Americans Act, senior care act and long-term care programs) and **SB 506** (funeral merchandise agreements, contracts and plans, irrevocable provisions) and possibly to take action on bills previously heard.

The meeting was adjourned at 2:20 p.m.

The next meeting is scheduled for March 10, 1998.



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Gary R. Mitchell, Secretary

Testimony presented to

House Health and Human Services Committee

March 5, 1998

by

Gary R. Mitchell
Secretary of Health and Environment

Senate Bill 111

Chairman Mayans and members of the Committee, thank you for the opportunity to appear today to discuss Senate Bill 111. I appreciate your time and consideration of this bill. The Kansas Department of Health and Environment supports the amendment of K.S.A. 65-1,151 and repeal of K.S.A. 65-1,141 through 65-1,147. Since enactment of K.S.A. 65-1,141 et seq. and the subsequent regulations, there have been fewer than 10 reports from physicians.

The purpose of this legislation was to collect and compile complete and accurate information concerning the number of preschool children within the state who have handicapping or chronic conditions in order to plan for and make available services to these children and their families. Furthermore the information was to be used only as aggregate data for research and statistical purposes and not to be used to identify a child without the parent or guardian's permission.

The amendment to K.S.A. 65-1,151 deletes a reference to one of the statutes that will be repealed under this legislation and does not change the intent of K.S.A. 65-1,151.

Since this statute was enacted in 1987, increased awareness and availability of programs for children with special needs, such as the Infant and Toddlers Program and assessment programs for children have largely supplanted the need for this statute. KDHE recommends repeal.

Thank you again for your time today. I would be pleased to answer any questions from the committee.

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KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Gary R. Mitchell, Secretary

Testimony presented to

House Health and Human Services Committee

March 5, 1998

by

Gary R. Mitchell
Secretary of Health and Environment

Senate Bill 122

Mr. Chairman and members of the Committee, thank you for the opportunity to appear before you today in support of Senate Bill 122. Senate Bill 122 updates the Kansas statutes relating to the regulation of asbestos contractors to assure consistency with federal regulations adopted since the Kansas program was established.

At the conclusion of the 1995 session of the Kansas legislature, the Chairman of the House Energy and Natural Resource Committee convened an environmental law task force to conduct a review of environmental statutes under the jurisdiction of the Division of Environment, Kansas Department of Health and Environment (KDHE). The review of the asbestos program resulted in several recommendations for revising licensing and work practice provisions that appeared duplicative or in conflict with recently-adopted federal requirements. Members of the task force reported that the federal Occupational Safety and Health Administration (OSHA) regulations that became effective in October 1995 were difficult to relate to some of the state asbestos requirements adopted in 1986. At the completion of the session, an asbestos work group was organized by KDHE to address the concerns raised by the task force. The statutory changes proposed in SB 122 are the result of the deliberations of this work group and are not required by federal law. In addition to the statutory changes proposed, upon enactment of SB 122 KDHE will proceed with revisions to the implementing regulations for this program to further prevent duplication with the federal program.

More specifically, revisions to K.S.A. 65-5302 are being proposed to provide clarification that when a business entity utilizes its own employees to remove or encapsulate friable asbestos-containing materials at its own facilities, the business entity would be exempt entirely from the provisions of the act. The existing provisions are believed to be duplicative of recently adopted federal OSHA regulations. The requirement that KDHE conduct at least one annual inspection

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of an asbestos licensee as contained in K.S.A. 65-5303 is being amended to eliminate the annual inspection provision. Agency inspection priorities prefer to focus limited inspection resources on abatement projects where the public may be at risk rather than small abatement projects. The requirements for asbestos worker certification in K.S.A. 65-5308 are being amended to eliminate the provision that requires an individual to be examined by a physician annually and provide documentation of such. Statutory language requiring annual refresher training and date of expiration of a certificate is also being revised. With OSHA regulations now requiring annual physicals, and EPA currently evaluating asbestos training provisions, these proposed changes will simplify the certification process and assure that future training requirements remain consistent with the federal programs. These changes will also reduce the costs of implementing the program.

Thank you again for your time and consideration of Senate Bill 122.



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Gary R. Mitchell, Secretary

Testimony Presented to

House Health and Humans Services Committee

March 5, 1998

by

Gary R. Mitchell
Secretary of Health and Environment

Senate Bill 211

Chairman Mayans and members of the Committee, thank once again for the opportunity to appear before you today. I am here in support of Senate Bill 211, which is a proposed amendment to KSA 65-118. Currently, only physicians, physician assistants, dentists, social workers, school administrators and teachers are required to report presence of infectious diseases. Important sources for disease reporting are left out such as nurses, laboratories, hospitals and nursing homes, making the Kansas Department of Health and Environment less able to detect outbreaks or to assess the impact of public health control measures. KSA 65-118 also provides for protection from civil or criminal liability for those who report cases of diseases, and for strict confidentiality of the information reported.

This bill proposes to include laboratories, hospitals, nursing homes, nurses and the Kansas vital registrar to the list of professionals and institutions required to report infectious diseases, like other professional categories already mentioned in KSA 65-118.

Surveillance is a key component of public health. Its purposes are to monitor trends of important diseases, detect outbreaks and trigger public health actions to prevent the spread of diseases.

The primary source of data for the surveillance of communicable diseases is the reporting of cases of selected diseases by individuals or institutions (KSA 65-118). The statute establishes what categories of individuals or institutions are required to report cases of designated diseases. An additional important feature of KSA 65-118 is that it provides immunity from civil or penal liability for those who report diseases as required by this statute. The Secretary of Health and Environment specifies in KAR 28-1-2 which diseases are to be reported to the public health authorities.

One limitation that this bill addresses is that some important categories of health professionals and institutions (i.e., nurses, hospitals, laboratories, and nursing homes) are not required by the current statute to report designated communicable diseases, in spite of the fact that they routinely collect such information. Some of these categories (e.g., hospitals and laboratories) are required by other statutes and regulations to report selected diseases to the Kansas Department of Health and Environment, but since they are not explicitly included in 65-118 they do not have the same liability protection currently granted to physicians, and the information they transmit does not have the same confidentiality protection as the information currently sent by physicians.

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Nursing homes have been recognized as potential important sites of spread of communicable diseases, some of them serious, monitoring these diseases in nursing homes is currently considered an important public health practice. Finally, the bill authorizes the state registrar to share information with the Director of Health from death certificates indicating the presence of any of the designated communicable disease in the decedent.

Such surveillance system is to assure that the public health system is notified as promptly as possible when a patient may be affected by the designated communicable diseases, thus enabling a more prompt intervention aimed at stopping disease transmission.

This bill brings the surveillance of communicable diseases in Kansas up-to-date with modern surveillance concepts. These changes are necessary to enable the public health system to handle the challenge of controlling infectious diseases at a time of resurgence of new, emerging and old, reemerging infections.

The Department respectfully requests the Committee act favorably on Senate Bill 211. Again, thank you for your time and consideration of Senate Bill 211.

Syphilis, including congenital syphilis
Tetanus
Toxic shock syndrome
Trichinosis
Tuberculosis
Tularemia
Typhus, murine
Yellow Fever

Reportable by laboratories (K.A.R. 28-1-18 effective August 16, 1993 and 28-1-22 effective December 24, 1990)

Blood lead level $\geq 10 \mu\text{g/dL}$ for persons < 18 years of age, and $\geq 25\mu\text{g/dL}$ for persons ≥ 18 years of age
CD4+ T-lymphocyte count of less than 200/ml or a CD4+ T-lymphocyte percent of total lymphocytes less than 14
Chlamydia
Cryptosporidium*
E. Coli O152:H7*
Gonorrhea
Human Immunodeficiency Virus (HIV)
Syphilis
Tuberculosis

Reportable by hospitals (K.A.R. 28-1-4 effective May 1, 1986 and 28-1-22 effective December 24, 1990)

Acquired Immune Deficiency Syndrome (AIDS)
Cancer
Congenital malformations in infants under one year of age
Fetal alcohol syndrome

* Reportable starting in 1996

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Table 1. List of reportable diseases in Kansas

Reportable by physicians, dentists, physician's assistants, social workers, teachers and school administrators (K.A.R. 28-1-2 effective April 19, 1993 and 28-1-22 effective December 24, 1990)

- Acquired Immune Deficiency Syndrome (AIDS)
- Amebiasis
- Anthrax
- Botulism
- Brucellosis
- Campylobacteriosis
- Chancroid

- Chlamydia species infections, including psittacosis
- Cholera
- Diphtheria
- Encephalitis, infectious
- Giardiasis
- Gonorrhea
- Granuloma inguinale
- Hepatitis, viral
- * — Human Immunodeficiency Virus (HIV) - reportable by physicians — ANONYMOUS
as per
KSA 65-6002
- Legionellosis
- Leprosy (Hansen's disease)
- Leptospirosis
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- Measles (rubeola)
- Meningitis
- Mumps
- Pertussis (whooping cough)
- Plague
- Poliomyelitis
- Rabies
- Rheumatic fever
- Rocky Mountain Spotted Fever
- Rubella, including congenital rubella syndrome
- Salmonellosis, including typhoid fever
- Shigellosis



Memorandum

Donald A. Wilson
President

TO: House Health and Human Services Committee

FROM: Kansas Hospital Association

RE: Senate Bill 211

DATE: March 5, 1998

The Kansas Hospital Association appreciates the opportunity to comment regarding the provision of Senate Bill 211. This bill would amend the infectious disease reporting statutes to include other health care providers and administrators of hospitals and adult care homes as those who must make necessary reports.

Current law requires physicians, social workers, teachers, and school administrators to make such reports. The Kansas Department of Health and Environment then establishes the specific types of diseases to be reported. These administrative regulations list over 40 diseases, ranging from cholera to Lyme disease.

Senate Bill 211 would hopefully make this reporting process more effective by expanding the scope of the statutory reporting requirements. By adding other health care providers, labs, and facility administrators, the Department should have more complete information.

One concern we initially had with this proposal was the possibility of creating a more burdensome process with numerous duplicate reports coming out of one facility. As drafted, however, the bill allows the facility administrator to designate one individual to make such reports. It also directs KDHE to establish a mechanism to consolidate reporting for hospitals and adult care homes. We think these provisions will help make the law effective and efficient.

Thank you for your consideration of our comments.

TLB:cdc

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the Voice of Nursing in Kansas

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WRITTEN TESTIMONY

March 5, 1998

S.B. 211: INFECTIONS OR CONTAGIOUS DISEASE REPORTING

Chairperson Mayans and members of the House Health & Human Services Committee, my name is Terri Roberts JD, RN, and I am the Executive Director for the Kansas State Nurses Association. I am here to testify in support of S.B. 211 as amended by the Senate.

We have reviewed this legislation and recommended changes incorporated into the final version of the bill that accomplish the following:

- Infectious disease reporting will be consistent across disciplines in the health care field
- Provisions are made for nurses (and others required to report) that are employed by hospitals to facilitate reporting on behalf of the facility, so that reporting will occur in an organized fashion
- Protection from civil or criminal liability for those who report cases is in place for all mandated to report
- Confusion will be reduced and missed surveillance reporting, especially by Registered Nurses and Advanced Registered Nurse Practitioners working in physician offices and rural health clinics about their reporting responsibilities.

We believe the bill is an attempt by the agency to update its surveillance of communicable diseases, and we support and encourage passage of it by this committee.

THANK YOU.

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