

Approved: 3-17-99
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on March 15, 1999 in Room 423-S of the Capitol.

All members were present except: Representative David Haley, Excused
Representative Dale Swenson, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research
Norman Furse, Revisor of Statutes
June Evans, Secretary

Conferees appearing before the committee: Representative Melvin Neufeld
Douglas S. Wright, American Lung Association of Kansas
Renee Kelley, Tobacco Free Kansas Coalition
Mary Lou Davis, Board of Cosmetology
Sally Finney, Kansas Public Health Association, Inc.

Others attending: See Attached List

The Chairperson stated there would be a hearing on **HB 2523 - Smoking cessation programs.**

Staff gave a briefing on the bill.

Douglas S. Wright, American Lung Association of Kansas, testified stating smoking cessation is a very appropriate issue to be addressed by this committee, especially in light of the recent tobacco settlement and the expectation of a source of funding for statewide tobacco programs. The American Lung Association, as an active member of the Tobacco Free Kansas Coalition, has helped design a comprehensive statewide plan for tobacco control. The state needs a comprehensive tobacco control program with a goal on the need for providing cessation assistance to adults and youth who want to free themselves from the addictiveness of nicotine in cigarettes and tobacco products. (See Attachment #1)

Representative Melvin Neufeld testified as a proponent to **HB 2523.**

Renee Kelley, Tobacco Free Kansas Coalition, testified stating the cessation of tobacco is an important strategy in our attempts to reduce the number of people in Kansas who suffer and die from years of tobacco use. Most people who smoke or use tobacco products want to quit, but it's difficult to do so. (See Attachment #2)

The Chairperson stated the fiscal note on **HB 2523** had been distributed.

The Chairperson stated a summer interim would be requested to study **HB 2523.**

The Chairperson closed the hearing on **HB 2523.**

The Chairperson opened the hearing on **HB 2529 - Persons and Practices Regulated by State Board of Cosmetology.**

Staff gave a briefing on the bill.

Mary Lou Davis, Administrative Officer, Board of Cosmetology, testified as a proponent to **HB 2529,** stating this amends a number of statutes that concern the licensure of tattoo artists, permanent color technicians and body on piercers. This proposed legislation also pertains to the facilities in which these professions are conducted. **HB 2529** would enable the Board to issue cease and desist orders against an individual and/or a facility owner. (See Attachment #3)

There was discussion and it was felt there needed to be some clarification as the bill did not really do what

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on March 15, 1999.

it was intended to do. The Chairperson stated the committee would return to **HB 2529** on March 22 and decide if they wanted to work it.

The Chairperson closed the hearing on **HB 2529**.

The Chairperson opened the hearing on **HCR 5034 - Encouraging Health Care Providers to test Pregnant Women for HIV.**

Staff gave a briefing on **HCR 5034**.

Sally Finney, Kansas Public Health Association, Inc., a proponent for **HCR 5034**, testified it is believed that education and voluntary testing of pregnant women at risk for HIV infection is an important part of the total HIV prevention effort in Kansas. It means reduced risk of transmission to infants and would help to improve the health of HIV-infected women.

Educating pregnant women about HIV disease is vital to preventing transmission of the HI virus to infants. Until recently, 30-50% of babies born to HIV-infected mothers would themselves become infected. Treatment for HIV infection of pregnant women from early in their pregnancies through labor and delivery can reduce the chances of their delivering an HIV-infected baby to 10%. (See Attachment #4)

Representative Landwehr moved and Representative Morrison seconded to move **HCR 5034** out favorably and place on the consent calendar. The motion carried.

The meeting adjourned at 3:00 p.m. The next meeting will be March 16.

Ronald J. MD
President

Al Baldwin, PhD, RRT
President-Elect

Karen Schell, BSRT, RRT
Vice President

Jim Pelch, RRT, RPFT
Secretary

Robert A. Whippo
Treasurer

Judy S. Keller
Executive Director

State Office

4300 SW Drury Lane

Topeka, KS 66604-2419

Phone: (785) 272-9290

In State: 1-800-LUNG-USA

Fax: (785) 272-9297

E-mail: jkeller@kslung.org



Testimony on HB 2523
Before the House Committee on Health and Human Services
Douglas S. Wright
March 15, 1999

Mister Chairman and members of the Committee, thank you for the opportunity to speak with you today.

My name is Doug Wright. I am a volunteer and past president of the Board of Directors for the American Lung Association of Kansas. I am here today to applaud this effort to provide smoking cessation in Kansas, but to recommend additional study before a bill concerning cessation moves forward.

Smoking cessation is a very appropriate issue to be addressed by this committee, especially in light of the recent tobacco settlement and the expectation of a source of funding for statewide tobacco programs. The American Lung Association, as an active member of the Tobacco Free Kansas Coalition, has helped design a comprehensive statewide plan for tobacco control. Copies of the "Kansas Tobacco-Use Prevention and Cessation Plan" have been made available to you.

The state needs a comprehensive tobacco control program like the one outlined in that document. It calls for the "promotion of quitting of tobacco use among adults and youth. This goal focuses on the need for providing cessation assistance to adults and youth who want to free themselves from the addictiveness of nicotine in cigarettes and tobacco products."¹

The challenge is to identify those programs that are effective. The Tobacco Free Kansas plan calls for the appointment of a tobacco-control advisory panel to identify, design and monitor the implementation of the tobacco control plan in Kansas and that the Kansas Department of Health and Environment be assigned the responsibility, as the facilitating agency, for management and administration of statewide tobacco cessation and prevention programs. The plan also calls for continuing evaluation of programs used to assure effectiveness.

These proven cessation programs do exist. I am proud to say that the American Lung Association has what is recognized as one of the premier adult smoking cessation programs in the group or clinical setting. "Freedom From Smoking" uses eight sessions, generally over a seven week period, to help participants explore their personal cigarette use and strategies to become successful quitters.

**When You Can't
Breathe,
Nothing Else
Matters®**

HHS
3-15-99
Atch# 1

Quitting is tough; nicotine addiction is very real. With the necessary will power, this excellent program finds just over 50 percent of the class have quit by the end of the sessions and, at the end of a year, 27 percent are still smoke free.

Recent studies suggest that the addition of nicotine replacement products and cessation drug therapies can raise this stop rate to between 40 and 60 percent.

And most smokers do want to quit. A study conducted for the American Lung Association last year showed that nearly 70 percent of smokers want to stop, and have tried an average of 5.3 times each to do so.² What they need is help to find the most effective quitting strategies.

This is what well-directed use of the tobacco settlement can do for Kansans — provide these smokers with the information and means they need to successfully quit using tobacco products.

Although HB 2523 begins to address this issue, it is extremely limited. Its call for approved programs without clarification; its limited time period for programs; its reliance on physicians to provide counseling; and its exclusion of proven voluntary health organizations' cessation programs are all serious concerns for our organization.

For these reasons we respectfully submit that additional study and consultation with the public health experts and the sponsors of this bill will provide a better, more complete plan to help Kansans who so desire to end their tobacco habits.

Thank you for your attention. We look forward to working with you to assure that a comprehensive tobacco control plan is enacted in Kansas--one that protects the health of all Kansans.

¹ Kansas Tobacco-Use Prevention and Cessation Plan, January 1999, page 4

² "New survey shows consumer confusion, loss of ritual limit stop-smoking success," ALA, 1998, attached.

**NEW SURVEY SHOWS CONSUMER CONFUSION, LOSS
OF RITUAL LIMIT STOP-SMOKING SUCCESS**

*New American Lung Association Action Plan
Helps Clear the Air*

WASHINGTON, DC - Nearly 70 percent of smokers want to stop smoking and have tried to do so an average 5.3 times each, but they clearly do not understand the most effective means to do it, according to a national survey released today by the American Lung Association and Yankelovich Partners. Smokers surveyed also pinpointed key behavioral and emotional aspects of smoking that undermined their attempts to quit.

The nationwide survey of 1,001 smokers who previously tried to quit found that three-quarters attempted it "cold turkey" -- the least successful method according to scientific studies. Despite a variety of innovative treatments, almost 40 percent of smokers said they are confused about products available to them. Furthermore, nearly three-quarters of all smokers incorrectly believe that nicotine causes cancer.

"These findings show us that many of the 47.2 million U.S. smokers have a lot of mistaken ideas about smoking and how to quit," said Alfred Munzer, M.D., of the American Lung Association. "Most smokers wish they could stop, but they desperately need help identifying the appropriate tools that can improve their chances of living healthier, smoke-free lives."

The survey also offered a valuable glimpse into behaviors and emotions that present obstacles to successfully overcoming a cigarette addiction. Smokers identified an important reason they relapsed during a quit attempt was because they missed the rituals of smoking, such as "having something to hold in my fingers" (33%) and "having something to do with my hands" (21%).

While one-third of all smokers cited "health concerns" as their main motive for trying to quit, the same percentage also said they went back to smoking because of "stress and nerves." Contrary to popular perception, weight gain was cited by only 4 percent of

smokers as a primary reason for resuming smoking.

The importance of the hand-to-mouth smoking ritual was especially evident when people tried to quit: An overwhelming 80 percent of smokers said they found themselves looking for something to put in their mouths to obtain the comfort and distraction that cigarettes used to provide.

In response, the American Lung Association today released its Quit Smoking Action Plan. Based on a consensus of smoking cessation experts, the Action Plan assists smokers in creating a personalized quit plan and includes a chart of all available FDA-approved smoking cessation products, explaining the pros and cons of each.

"The Action Plan outlines in very simple terms the steps a smoker can take to enhance the likelihood of success in smoking cessation," said Dr. Munzer, who also is Director of Critical Care and Pulmonary Medicine at the Washington Adventist Hospital in Takoma Park, MD. "The three key elements of the plan are preparation to quit smoking, medications, and how to remain smoke-free."

The American Lung Association Quit Smoking Action Plan helps smokers decide which cessation method is most likely to work for them. For instance, the plan says hospital or volunteer programs are "best for those who work well with others... (or) whose family or friends are unlikely to provide support;" books, manuals and self-help guides are "unlikely to be successful" without a complete quit-smoking plan; and of all nicotine replacement products, the nicotine inhaler is the only one that mimics the comforting hand-to-mouth behavior.

"Smokers smoke for different reasons," Munzer said. "Those who want to quit also need a wide array of tools to suit their personalities. Our new Action Plan will be a roadmap to guide them down the right course."

The Smoking Cessation Study was funded by an unrestricted educational grant from McNeil Consumer Products, marketers of Nicotrol® nicotine replacement therapies.



Tobacco *Free* Kansas Coalition, Inc.

FOR MORE INFORMATION CONTACT:

Terri Roberts, J.D., R.N.
700 S.W. Jackson, Suite 601
Topeka, Kansas 66603-3758
785.233.8638

March 15, 1999

HB 2523 Smoking Cessation Programs

Chairman Boston & Members of the House Health & Human Services Committee, my name is Renee Kelley and I am here today representing the Tobacco Free Kansas Coalition. Cessation of tobacco is an important strategy in our attempts to reduce the number of people in Kansas who suffer and die from years of tobacco use. Unfortunately, it doesn't go far enough. In order to reduce the heavy burden of tobacco use and abuse, we must implement a comprehensive tobacco control plan statewide. Tobacco cessation is just one component of a four-pronged strategy that includes elimination of exposure to environmental tobacco smoke, prevention of initiation of tobacco use among youth, and the identification and elimination of disparities among different populations.

Most people who smoke or use tobacco products want to quit, but it's difficult to do. Nicotine is known as one of the most addictive drugs around, more addictive than heroin or cocaine. Research shows that it usually takes an average of 5-7 attempts at quitting before a person is finally successful at becoming an ex-tobacco user.

Because of the Kansas lawsuit, we now know that the tobacco industry went to great lengths to deceive the public about the addictiveness and health hazards of their product. Even while they knew the dangers, they continued to aggressively promote their tobacco products, especially to the young.

It is our obligation to improve the access and availability of services that will help support and increase an individuals' motivation, ability, and success at ending their addiction to tobacco products. It is also our obligation to provide community-based prevention programs aimed at protecting the health and future well-being of Kansas children.

HHS
3.15.99
Atch #2

TOBACCO FREE KANSAS COALITION INCORPORATED OFFICERS

Judy Keller, B.A., M.B.A.

EXECUTIVE DIRECTOR
AMERICAN LUNG
ASSOCIATION OF KANSAS

Renee Kelley

DIRECTOR OF TOBACCO CONTROL/
SCHOOL HEALTH EDUCATION
AMERICAN CANCER SOCIETY, HEARTLAND DIVISION

Maxine Burch, M.S., R.D., L.D.

CHRONIC DISEASE RISK REDUCTION
HEALTH PROMOTION COORDINATOR
MARION COUNTY HEALTH DEPARTMENT

Topeka Office

4300 SW Drury Lane
Topeka, Kansas 66604

Phone 785-272-8396

Fax 785-272-9297

Tobacco Free Kansas Coalition

March 15, 1999

Page 2

We know that the tobacco industry will continue to promote their product and that each day another 3,000 youth will be sucked in by their campaign strategies. To counter this, we know there is no magic bullet that can single-handedly prevent tobacco use and its many consequences. A real solution demands a comprehensive approach that deals with the forces causing tobacco use as well as the methods to resolve it. We must combine prevention, education, and treatment efforts to achieve results.

The Tobacco Free Kansas Coalition would like to have further discussions with the authors of this bill. While we feel access to cessation programs is an important step in the effort to reduce tobacco use, the Tobacco Free Kansas Coalition cannot support House Bill 2523 in its current form without language that clarifies the bills intent, focus, and includes research, prevention, and education.

Thank you.

Renee Kelley
American Cancer Society
1100 Pennsylvania Ave.
Kansas City, MO 64105
(816) 842-7111
rkelly@cancer.org (E-mail)

2-2



BILL GRAVES, Governor

2708 NW Topeka Blvd.
Topeka, Kansas 66617-1139
Phone: (785) 296-3155
Fax: (785) 296-3002

**House Bill 2529 - House Committee on Health and Human Services
Monday, March 15, 1999**

House Bill 2529 amends a number of statutes that concern the licensure of tattoo artists, permanent color technicians and body piercers. This proposed legislation also pertains to the facilities in which these professions are conducted.

Since the enactment of the regulatory responsibility for these professions in July 1997, it has become apparent that some technical corrections and revisions are necessary. Several revisions would more adequately insure the health and safety of the consuming public.

H.B. 2529 does provide further legal recourse for violation of law, rules and regulation. Although the Board can presently assess fines, H.B. 2529 would enable the Board to issue cease and desist orders against an individual and/or a facility owner.

Additionally the proposed legislation would be amended to specify the procedure for licensing facilities and the inspection of those facilities. A "grace period" and delinquent fee is established for the renewal of licenses, and H.B. 2529 further outlines that individuals must successfully pass a written and practical examination before a practitioner's license can be issued.

It is anticipated that the Board will see minimal growth in these professions and facilities. Those individuals who practiced tattooing, permanent coloring, or body piercing prior to the enactment of the law in 1997 have been "grandfathered" and have completed the licensure process. Presently, the state has 95 licensed individuals and 68 licensed facilities.

It should be noted that individuals may seek licensure through reciprocity or by serving an apprenticeship under the direct supervision of a licensed trainer.

For fiscal year 1998, the Board receipted approximately \$24,000 in fees for professional and facility licensure for tattoo artists, permanent color technicians and body piercers. It is anticipated that the budget as it relates to these professions and facilities, will remain constant over the next several years.

The Board also proposes the attached fee schedule. (Sec. 15 K.S.A. 1998 Supp 65-1950). It is my understanding that with the enactment of the law in 1997, it was uncertain what fees were necessary to support this regulatory effort. Therefore no fees were legislatively established. These nonrefundable proposed fees will meet the Board's budgetary needs as they relate to these professions.

These above noted revisions would not adversely impact either our present agency responsibilities, budget or present staffing. The Kansas Board of Cosmetology respectfully requests your favorable action on House Bill 2529.

HHS
3-15-99
Atch# 3

HOUSE BILL 2529---FEES

SEC. 15 K.S.A. 1998 SUPP 65-1950

1)	Application fee for permanent color technician and tattoo artist license or body piercer license	\$ 35.00
2)	Examination fees	
	a) Written	\$ 25.00
	b) Practical	\$ 50.00
3)	Reexamination fees	
	a) Written	\$ 25.00
	b) Practical	\$ 50.00
4)	Reciprocity fee	\$ 35.00
5)	Permanent color technician and tattoo artist or body piercer license fee	\$ 50.00
6)	License renewal fee for permanent color technician and tattoo artist or body piercer	\$100.00
7)	Delinquent renewal fee for any personal or facility license	\$ 50.00
8)	Apprentice license fee	\$ 35.00
9)	Duplicate license fee	\$ 25.00
10)	Temporary license fee for permanent color technician and tattoo artist or body piercer	\$ 50.00
11)	Tattoo, permanent color technology or body piercing facility license fee and renewal fee	\$100.00
	7) Delinquent renewal fee	\$ 50.00
12)	Temporary tattoo, permanent color technology or body piercing facility license fee	\$100.00
13)	Application fee for trainer license	\$ 25.00
14)	Trainer license fee and renewal fee	\$ 25.00

**KANSAS
PUBLIC
HEALTH
ASSOCIATION, INC.**

KANSAS PUBLIC HEALTH ASSOCIATION, INC.

AFFILIATED WITH THE AMERICAN PUBLIC HEALTH ASSOCIATION

215 S.E. 8TH AVENUE

TOPEKA, KANSAS 66603-3906

PHONE: 785-233-3103 FAX: 785-233-3439

E-MAIL: kpha@networksplus.net

Testimony on HCR 5034

Presented by Sally Finney, Executive Director

March 15, 1999

I am appearing today on behalf of the members of the Kansas Public Health Association to support HCR 5034. We believe that education and voluntary testing of pregnant women at risk for HIV infection is an important part of the total HIV prevention effort in Kansas. It means reduced risk of transmission to infants and will help to improve the health of HIV-infected women.

Educating pregnant women about HIV disease is vital to preventing transmission of the HI virus to infants. Until recently, 30 to 50 percent of babies born to HIV-infected mothers would themselves become infected. We now know, through medical research, that treatment for HIV infection of pregnant women from early in their pregnancies through labor and delivery can reduce the chances of their delivering an HIV-infected baby to 10 percent.

Educating pregnant women about risk factors for HIV disease, about the availability of HIV testing, and, if they choose to be tested and are diagnosed with the infection, about earlier medical intervention will give their children a better chance of being born free of this deadly virus. It will also give their mothers access to care that will keep them healthier longer.

On behalf of the Kansas Public Health Association, I ask your support for this legislation.

HHS
3-15-99
Atch #4