

Approved: 2-1-99
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on January 28, 1999 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

- Mike Hutfles, SRS
- Carolyn Bloom, Kansas Physical Therapy Association
- Acting Secretary Clyde Graeber, Kansas Department of Health and Environment
- Don Brown, Public Information Director, KDHE

Others attending: See attached list

Introduction of Bills

Mike Hutfles, SRS, requested introduction of two bills: (1) expand the current "Use Law" relating to the blind and visually impaired, and (2) local CMHCs serve as "gatekeepers" before a person can be sent to a state mental health hospital. (Attachment 1) Senator Langworthy made a motion the Committee introduce the proposed legislation, seconded by Senator Hardenburger. The motion carried.

Carolyn Bloom, Kansas Physical Therapy Association, requested introduction of a bill that would change language relating to an evaluation by a physical therapist. (Attachment 2) Senator Hardenburger made a motion the Committee introduce the proposed legislation, seconded by Senator Salmans. The motion carried.

Senator Praeger requested introduction of a bill relating to insurance coverage for children that would create greater ability to merge Title XIX and XXI. Senator Langworthy made a motion the Committee introduce the proposed legislation, seconded by Senator Becker. The motion carried.

Presentation by the Kansas Department of Health and Environment

Acting Secretary Clyde Graeber, KDHE, addressed the Committee and called attention to the Department's 1999 Legislative Session Briefing Book that was distributed to the Committee. Secretary Graeber noted that the transcript is a brief description of the Department and the activities that it conducts as a state agency. (Attachment 3) Secretary Graeber called upon Don Brown, Public Information Office, KDHE, to brief the Committee on the Department's structure and describe some of the roles and functions of KDHE.

KDHE is divided into four Divisions, and Mr. Brown briefed the Committee on the following: Division of Health, Division of Environment, Division of Health and Environmental Laboratories, and the Center for Health and Environmental Statistics as outlined in his written material. (Attachment 4) Mr. Brown noted during Committee discussion relating to the Bureau of Environmental Remediation, a list of those entities who are out of compliance will be made available on February 28th. He noted that KDHE has a budget of approximately \$170 million, \$25 to \$30 million is from the state general fund, with the remaining from federal governments or grants. Committee discussion also focused on research grants for recycling old tires, surface stream runoff problems, air pollution sanctions, Water Surface Quality Act - status of review and report, and a need to focus more on rural health issues.

Adjournment

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

The next meeting date is scheduled for February 1, 1999.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 1-28-99

| NAME | REPRESENTING |
|-------------------|--|
| Don Brown | KDHE |
| Dell Chewers | The Farm Inc. |
| Joe L. Furd | KDHE |
| Scott Schneider | McCall Gracioso Assoc. |
| Mike Hottel | SRS |
| Kerrie Ruytman | Ko. Professional Nursing Home Administrators |
| Lakone Cole | Sen. Tyson - Intern |
| Danielle Noel | Governor's Office |
| Shary Seldon | Hein & Wier Child. |
| Rich Guthrie | Health Midwest |
| Tom Bell | Ks. Hosp. Assn. |
| Larry K. Shaffer | Ks. Health Service Corp. |
| James Keith | KADAM |
| Doug Bowman | CCECDs |
| Debra Zehr | KAHSA |
| Karen S. Vids | Intern. Sen. Praeger |
| Gary Rosen | Kan. Veterinary Med. Assn. |
| Harriet Ann Brown | KAHP |
| Meg Draper | KMS |

**Kansas Department of Social and Rehabilitation Service
Rochelle Chronister, Secretary**

**Senate Public Health and Welfare
Bill Introduction**

January 28, 1999

Madam Chairman, members of the Committee, I am here before you today to request the introduction of the following legislation. I will refer to them by their Revisor Number.

- 1) 9rs0103 - This is a request from blind and visually impaired constituents that SRS serves expands the current 'Use Law' provisions within Kansas Statutes. Current law requires that blind and visually impaired persons licensed by SRS-Division of Services for the Blind be given preference in the operation of vending facilities on state, county and city property. The change would allow for a 'Right of first refusal.'
- 2) 9rs0179 - As part of Mental Health Reform, current law utilizes the local Community Mental Health Center(CMHC) system as the 'gatekeeper' to state mental health hospitals. This legislation extends current law to misdemeanor, juvenile court and child in need of care cases the requirement that before a person can be sent to a state mental health hospital, the local CMHC must first determine that local services and resources can not meet this person's and/or the court's needs.

Thank you for your time. I will attempt to answer any questions that you may have.

January 28, 1999

Kansas Physical Therapy Association
1200 W. 10th Street
Topeka, KS 66601-2428
785.233.5400

Carolyn Bloom, PT
1045 SW. 10th Street
Topeka, KS 66604
785.273.7700

To: Honorary Chairwoman Praeger and the Senators of the Health and Welfare Committee:

On behalf of the Kansas Physical Therapy Association, as Chief Delegate and Past President, I present this bill to delete a clause in K.S.A. 65-2914 of the Kansas Statute Relating to Physical Therapy. Under Unlawful acts; misdemeanors, (c) to read:
(c) Shall mean that the physical therapist shall see all patients initially and evaluate them periodically...

Strike this part of the sentence: ~~'except in those cases in a hospital setting when the physical therapist is not immediately available, the physical therapist assistant may initiate patient care after the telephone contact with the physical therapist for documented instruction. The physical therapist must then evaluate the patient and establish a plan of treatment as soon as possible~~

Leave the last of the sentence: "with a minimum weekly review."

The request for this change is a result of a letter to the Kansas Physical Therapy Association from the American Physical Therapy Association stating 'the Kansas State Practice Act remains in conflict with the current Standards of Practice for Physical Therapy (HOD 06-96-30-42) in relation to its statement on the utilization of the physical therapist assistant. This also conflicts with Direction, Delegation and Supervision in Physical Therapy Services (HOD 06-96-16-31)'.

The clause was added in 1990 as compromise language to help cover the shortage of physical therapists in hospitals. With the changes in health care reimbursement, there is no longer a shortage of available physical therapists, and this clause is not needed anymore.

We respectfully request your consideration of this one change in the Physical Therapy Practice Act.

Carolyn Bloom, PT

Senate Public Health & Welfare
Date: 1-28-99
Attachment No. 2

Kansas Department of Health and Environment

1999 Legislative Session Briefing Book

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KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde Graeber, Acting Secretary

January 28, 1999

Honorable Chairwoman Sandy Praeger
State of Kansas Senate
Public Health and Welfare Committee
State Capitol Building

Honorable Chairwoman and Members:

Attached is the 1999 KDHE Legislative Briefing Book. This transcript is a brief description of the Kansas Department of Health and Environment and what activities it conducts as a state agency. KDHE staff has tried to review every facet of the agency, with the goal of improving efficiency and customer service. Following your review of the information contained in this book, I sincerely hope that you can use it as a resource in your efforts. To these ends, please insert additional information into this Briefing Book as it is presented.

We believe very strongly that KDHE should respect the wishes and needs of the citizens of the state of Kansas but at the same time make sure we are fulfilling our statutory mandates. Then if we have additional resources, address the myriad of changes that public health and the environment face in the state.

KDHE has many important functions to perform for the citizens of the state of Kansas. But to effectively accomplish our mission of protecting the public health and safety infrastructure, KDHE has to functionally provide the health and environment professional employees with the necessary management/infrastructure to do their job.

Increased Emphasis on Financial Management

We are using cost centered budgeting, meaning that bureaus are being assigned an annual budget and then expected to manage within that budget. By assigning an overall dollar figure to a bureau, this has increased the accountability of bureau directors while at the same time giving each Bureau Director more flexibility in determining what the priorities are for that bureau.

KDHE has hired our first auditor. This agency spend \$170 million of the taxpayers money, but in the past that money has not been audited to make sure it was being spent on its intended purpose. We had

previously required accounting audits, but really measuring the money spent with achieved measurable outcomes was not done.

During an internal review of our system, we learned that it took over 22 steps to execute a contract with local health departments. Once the contract was signed, for example with child care contracts, we dribbled the payments in 7 different payments. This was a frustrating process for the local health department and over burdened our internal accounting systems. We are striving to simplify this process.

And finally, in the last 18 months we have implemented an inventory control and tracking system so that we can keep track of capital goods and the cost of the same.

Improved Information/Computer Systems

KDHE as an agency, is scattered around five different locations in Shawnee County, with 6 district offices and 2 satellite offices, as a result maintaining the flow of information is crucial. In an effort to facilitate communications, the department has implemented an agency wide state of the art E-mail system. In the last year we have brought over 700 employees on-line with a Lotus Notes system.

Twenty months ago, little had been done to prepare the agency for the Year 2000 problem. Today, we have tested and are in the process of remediating our systems to make sure they are Year 2000 compliant. In the process of preparing for Year 2000, KDHE abandoned an internal accounting system that had been developed as a shadow system to the state's official accounting system (STARS). All of the necessary management information is being accessed through STARS and not making the internal accounting system Year 2000 ready, saved the state over 500 thousand dollars.

Should you have any questions regarding this Briefing Book or other matters, please do not hesitate to contact Joe Fund at 296-3148, or by E-mail at jfund@kdhe.state.ks.us.

Respectfully,



Clyde D. Graeber, Acting Secretary

cc: Governor Bill Graves

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Kansas Department of Health and Environment

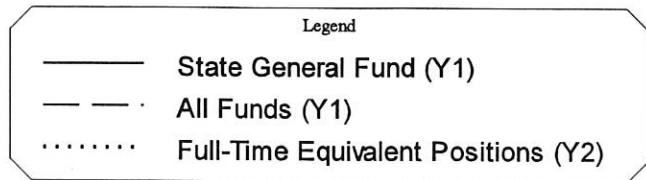
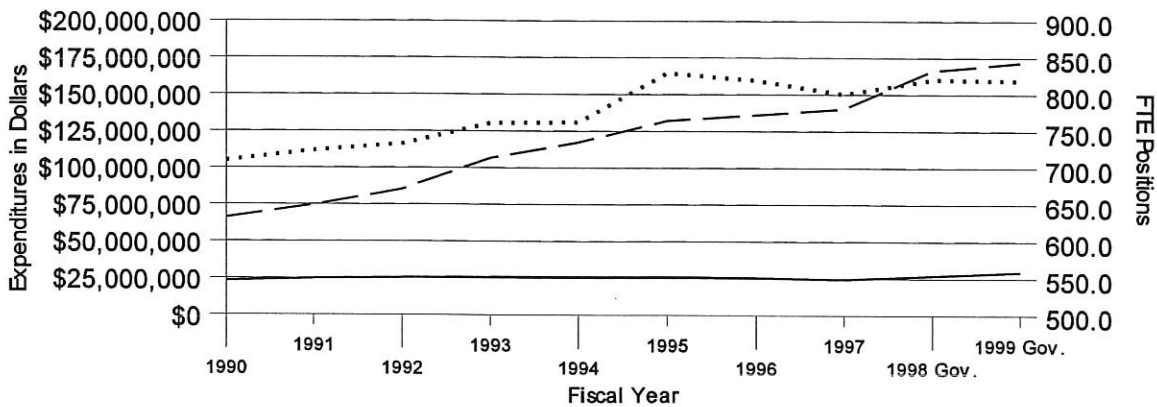
Acting Secretary Clyde D. Graeber

The mission of the Kansas Department of Health and Environment is to protect and promote the health of Kansans by providing community and personal health services, ensuring sanitary conditions in public and health facilities, and regulating and promoting environmental quality.

The Department of Health and Environment is a Cabinet-level agency administered a Secretary appointed by the Governor. The Mission of KDHE is carried out by two major divisions, the Division of Health and the Division of Environment. Agency wide support services are provided by two other smaller divisions--the Health and Environmental Laboratory and the Center for Health and Environment Statistics.

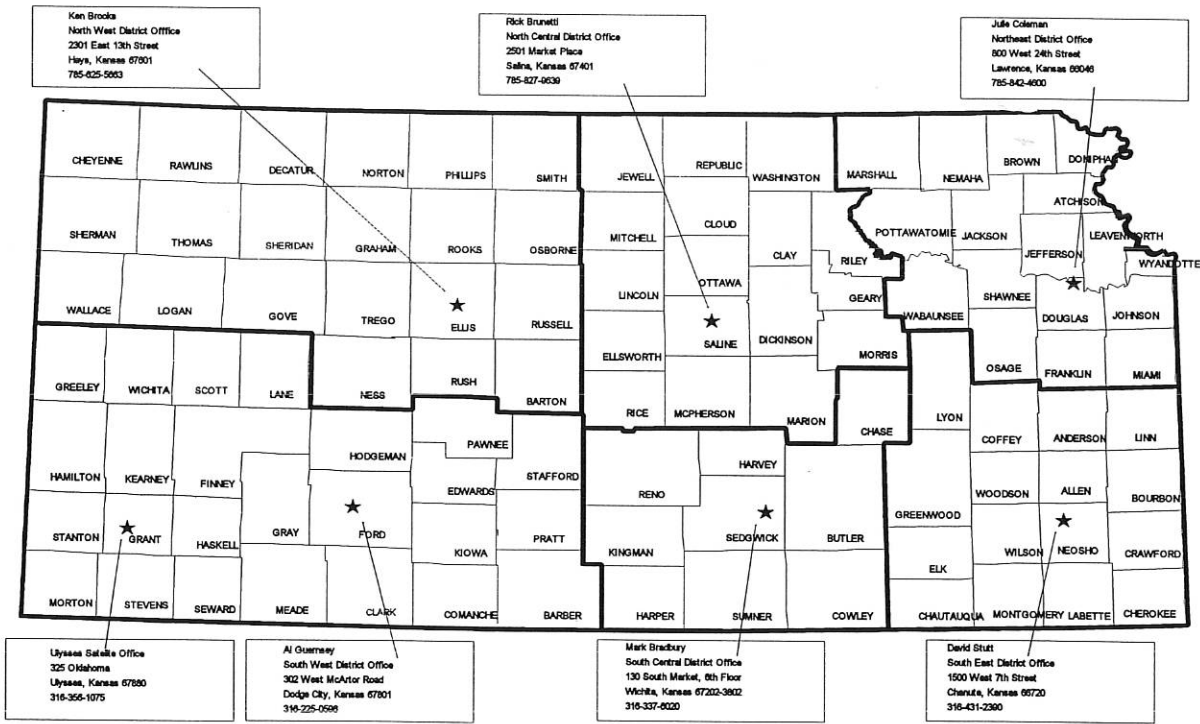
The Agency is authorized to have 834.6 full time equivalent (FTE) positions (total of 975 employees including unclassified) to carry out the mission and spends about \$170 million per year, with \$27 million of that being State General Fund dollars. The balance, or nearly 80 percent of the agency's budget (\$142 million) is Federal money and grants from private foundations. A representation of staffing and expenditures is as follows:

OPERATING EXPENDITURES FY 1990-FY 1999



The Agency maintains 6 District offices (Chanute, Lawrence, Salina, Wichita, Hays and Dodge City) to improve its customer service to the citizens of state of Kansas. The Agency maintains two satellite offices to address specific environmental challenges. In Southeast Kansas, the unique environmental clean-up necessitated by years of strip mining activity has led to the creation of satellite office in Frontenac (Pittsburg) and in Southwest Kansas, the cattle and hog feeding industry in the southwestern counties of the state has necessitated the opening of a satellite facility in Ulysses, as an office for confined animal feeding inspectors.

STATE OF KANSAS
 DEPARTMENT OF HEALTH AND ENVIRONMENT
 BUREAU OF ENVIRONMENTAL FIELD SERVICES



The agency protects the public health of the citizens of the state in a myriad of ways. First, the agency is charged with promoting public health and wellness by regulating public water supplies, encouraging citizens to be vaccinated against childhood diseases, inspecting establishments involved in the preparation and handling of food for the general public, inspecting and licensing childcare facilities in the state, regulating waste water discharges into the streams of the state and inspecting and licensing nursing and assisted living facilities. Nearly every environmental statute adopted by the United States Congress is delegated to the Kansas Department of Health and Environment through the Environmental Protection Agency.

The Secretary's Office

The Secretary's office provides the central management and administrative support for the entire agency, sets agency policy, coordinates operations and makes sure that the agency's statutory mandates are fulfilled. It coordinates the preparation of the agency's budget, grant management, maintains a current inventory of property, and process financial transactions. It is responsible for the filing of reports to Department of Administration at the state level and financial audit reports to the Federal government. The Secretary's office maintains a **legal services office** which supports all programs and bureaus of the agency in interpreting statutes, and provides legal support for the enforcement activities of the agency as it implements health and environmental statutes under the agency's jurisdiction. The Secretary's office maintains an **Administrative Appeals Section** to conduct hearings to make sure citizens impacted by the agency's regulatory actions receive a fair and impartial hearing.

With six district offices, 2 satellite facilities, 98 local health department partners, and a myriad of Federal agencies to which the agency supplies information and data, the Secretary's office maintains an **Information Systems** office that coordinates the collection, storage, processing and dissemination of data for the Department and provides support and training on computerized systems and programs to all agency staff. The Secretary's office manages the considerable activities associated with 975 employees with a **Personnel Services** office. Personnel Services is responsible for all of the agency's personnel transactions, such as recruitment and selection, benefit administration, classification, work force planning, examination and certification of qualified candidates, employee relations and EEO and affirmative action program implementation. The **Public Information** office handles media inquires, coordinates the dissemination of information regarding activities by the agency's regulatory programs to make sure the public are aware of imminent public health issues and enforcement actions taken by the agency. The Public Information office is also coordinating the agency's posting of information to the agency Internet Web Site.

Overview of the Re-Organization of Health

The 1998 Legislature directed the Secretary of Health and Environment to reorganize the Division of Health. The reorganization was defined in SB 495 by the following language: *“...expenditures from this account [general fund salaries and wages] shall be made for the purposes of reorganization and reassignment of duties of staff with the division of healthfor the purposes of providing better service and greater efficiency.”*

At that time, the Division of Health structure consisted of the Director of Health, which included Office of Epidemiology, and the Bureaus of Adult and Child Care, Children, Youth & Families, Disease Prevention and Health Promotion, Environmental Health Services, and Local & Rural Health Systems.

The Secretary appointed a task force which included KDHE staff and a local health department representative to provide recommendations for reorganization by September 1, 1998. The final reorganization included many of the task force’s suggestions: enhanced fiscal tracking resources at the bureau level; locate senior epidemiologists together and distribute staff epidemiologists to appropriate bureaus; retain TB program with Epidemiology; retain Childhood Lead Poisoning Prevention Program with single point of contact and plan for program performance improvements; division of Bureau of Disease Prevention and Health Promotion into two separate bureaus for better focus and more responsive management; proceed with planning to combine administrative management and operation of the STD and AIDS programs into a single integrated unit; relocate Child Care Licensing and Registration with local and rural health programs; and retain current district office structure and supervisory relationships.

The reorganization became effective October 23, 1998. All previous programs, functions and staff were retained within the Division of Health, and the five bureaus: Consumer and Local Health, Health Facility Regulation, Epidemiology and Disease Prevention, Health Promotion, and Children, Youth & Families.

The **Bureau of Consumer and Local Health (BCLH)** was created to highlight the link between KDHE and local health departments, and build upon that relationship to provide crucial public health programs. The positions previously under the local health, rural health, primary care, child care licensing and registration, food and lodging, and consumer safety programs have been assigned to this revised bureau. Establishment of BCLH’s structure includes an assistant director and one position responsible for fiscal management.

The **Bureau of Health Facility Regulation (BHFR)** is the largest bureau in the Division of Health. The regulatory functions include surveying of adult care homes, assisted living, board and care homes, home health agencies, hospitals, mental retardation and mental health facilities, and health occupation credentialing.

The **Bureau of Epidemiology and Disease Prevention (BEDP)** includes the AIDS program, STD program, immunization program, tuberculosis program, and the senior epidemiologists. This unit works closely with the Director of Health, and provides epidemiological support for the entire agency, and functions under the guidance of a medical doctor, the State Epidemiologist.

The **Bureau of Health Promotion** focuses on exclusively on health promotion activities including chronic disease, cancer and tobacco prevention, injury and disability prevention, nutrition and special studies.

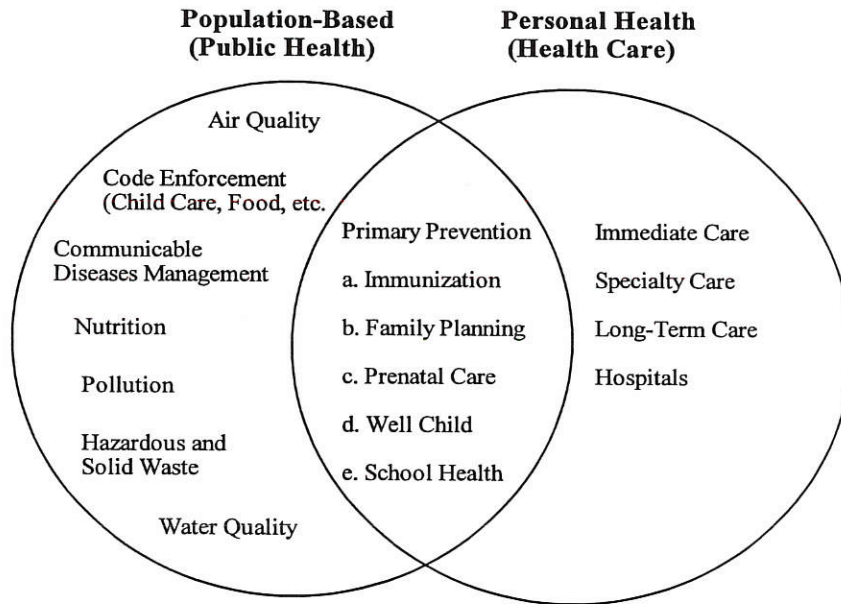
The **Bureau for Children, Youth & Families (BCYF)** remained unchanged, consisting of children's developmental services (including the WIC program), children and families, children's special health services, and the Coordinating Council on Early Childhood Developmental Services.

Division of Health

Acting Director Dr. Lorne Phillips

The mission of the Division of Health is to promote and protect health and prevent disease and injury in Kansas.

HEALTH SYSTEM



The **Division of Health** is charged with the tasks of:

- ▶ regulating health care facilities such as hospitals, nursing homes, and child day-care centers
- ▶ licensing certain health care providers
- ▶ regulating and conducting inspections of food service establishments, lodging enterprises, manufacturing facilities, retail food stores, pharmacies, and other food and drug related businesses
- ▶ developing control measures to prevent the occurrence and spread of preventable diseases
- ▶ developing and implementing a health service plan for children ages birth to five years who have or are at risk for developmental delays
- ▶ providing education and support services for the development of programs to prevent and control chronic diseases and injuries
- ▶ developing, maintaining and assuring an effective public health delivery system for the state
- ▶ administering the federal Women, Infants and Children (WIC) nutrition program and the Commodity Supplemental Food program.
- ▶ providing grants to local health departments and private entities for providing public health related services.

The 1998 Legislature instructed the Agency to re-organize the Division of Health. The Re-Organization, announced in October, 1998, combined programs of the previous six (6) bureaus into a five (5) bureau structure by consolidating programs with overwhelming similarities to ensure program efforts and resources could be maximized. This reorganization was developed to enhance efficiency of the division while maintaining the programs within the division. Program activities of the Division of Health are carried out by five bureaus: **Health Facility Regulation; Children, Youth, and Families; Epidemiology and Disease Prevention; Health Promotion; and Consumer and Local Health.**

The Agency attempts to foster a strong partnership between the state and local health departments in the delivery of core public health services. Local health departments for the most part are the service delivery component of the partnership. The Division also includes the Coordinating Council on Early Childhood Development Services, which coordinates the work of several state agencies that provide developmental services to young children.

STATUTORY HISTORY

Authorization for these programs is contained in Chapter 65 of the Kansas Statutes Annotated. KSA 65-101 requires the Secretary of Health and Environment to investigate the causes of disease and provides authority to make and enforce administrative regulations establishing isolation of cases, quarantine of contact, and other means to prevent the introduction and spread of disease into and within the state. KSA 65-128 requires the Secretary to designate those diseases which are infectious or contagious and to adopt administrative regulations for their control. KSA 65-118 requires physicians and others to report these diseases to the Secretary. KSA 65-116 mandates tuberculosis control programs by state and local health offices.

Bureau of Consumer and Local Health

The **Bureau of Consumer and Local Health** (BCLH) was created to develop an integrated approach to local health care delivery. Providing leadership and technical assistance, the Bureau helps local health departments, hospitals, doctors and other health care professionals maximize available government resources by determining manpower needs; providing technical assistance to communities; assisting in development of comprehensive health care systems; coordinating funding strategies for maximum efficiency; and coordinating federal, state, and local programs. This Bureau is charged with overseeing environmental health, food service, food manufacturing sanitation, consumer protection, and childhood lead poisoning prevention for the citizens of Kansas.

BCLH coordinates public health programs that involve Local Health, Primary Care Services/Farmworker Health Program, Child Care Licensing and Regulation, Food and Drug Program, Consumer Product Safety, and Childhood Lead Poisoning Prevention Program.

The **Local Health** program assists Kansas communities in providing public health, primary care, and preventive services access to essential public health services, promote the provision of core public health functions in local health departments, and to support communities in the delivery of quality health services through policy analysis and development, technical assistance, advocacy, educational and outreach activities and through promoting network development between communities, agencies and health care providers.

Primary Care Services is to assure that basic personal health care services are available to all Kansas residents. **Farmworker Health Program**, formerly known as the Migrant Health Program, is a statewide program providing for the care of low-income farm workers. The program focuses on prevention, provides bilingual staff, case managed access to medical services, direct nursing services, dental services, maternity and infant care and other health-related services to meet the needs of migrant and seasonal farm workers and their families.

The **Child Care Facilities Licensure Program** contracts with county health departments to license and inspect child care facilities and maternity centers. Applications for licensure or registration are processed at the state level. Child care facilities licensed or registered annually, include family foster homes, day care homes, child care centers, maternity centers, detention centers, child placing agencies and day care referral services.

The **Food and Drug** Program goal is to prevent morbidity and mortality related to food borne illnesses and consumer products. The Consumer Product Safety Section investigates consumer products believed to be unsafe. Inspections are conducted in food establishments and lodging facilities. Complaints have been steadily increasing since 1988 when 348 complaints were recorded. A record high of 1,752 complaints were recorded in FY 1998. The Records and Licensing Section manages required applications, inspection reports, fee assessments, issuance of licenses, and data management.

Program goals are achieved through standardized sanitation and safety inspections of over 18,000 food establishments including grocery stores (1,300), convenience stores (1,400), restaurants (12,500), concessions (600), school lunch programs (1,500), food manufacturers (600), vending machine companies (33) and pharmacies (500). The program experiences an annual turnover of approximately 2,000 regulated establishments. Included in inspection activities are evaluations of food and drug products to detect adulteration or misbranding. Complaints associated with potentially hazardous consumer products and regulated establishments are investigated by program staff. **A total of 1,752 complaints were received in FY 98. Included in this number were 340 complaints (20%) reporting illnesses.**

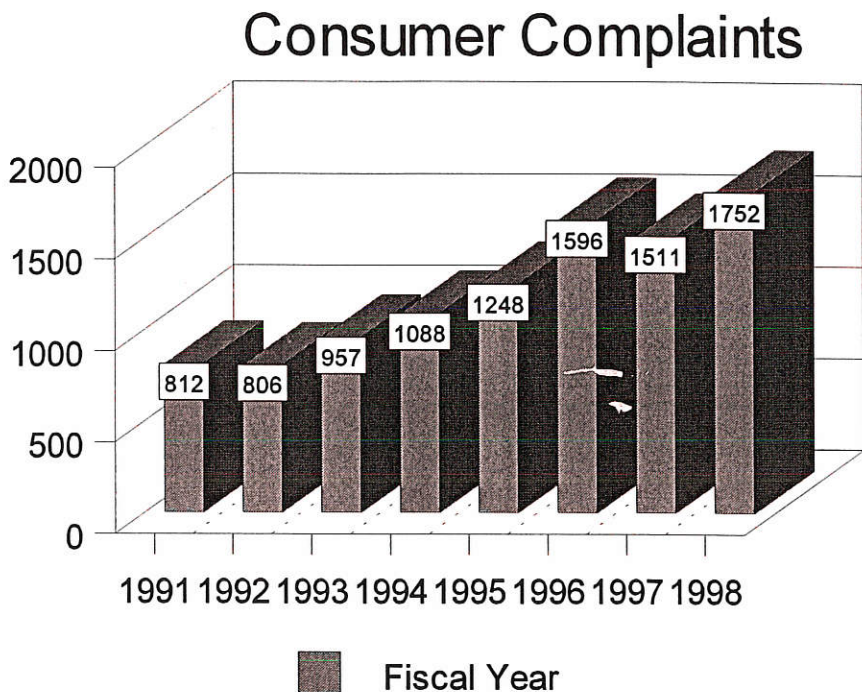
The Food and Lodging staff inspects and licenses food service facilities, lodging establishments, and manufacturing and retail food stores. The Bureau also investigates incidents or accidents involving food and drugs and alleged incidences of food borne illness. Staff inspects wholesale food facilities under contract with the U.S. Food and Drug Administration and investigates

hazardous consumer products under contract with the U.S. Consumer Product Safety Commission. The Bureau maintains contracts with local agencies to conduct inspections of food service establishments as agents of the Secretary.

The Division of Health, (BCLH) through an EPA grant conducts a Childhood Lead Poisoning Prevention Program in Kansas. The purpose of this program is to establish an infrastructure of trained personnel to screen, identify, and recommend proper medical and environmental management of lead-poisoned children. At the present time approximately 240,000 Kansas children are in the age group of 6 months to 72 months.

STATUTORY HISTORY

The statutory duties of the Department regarding food and drug regulation originated with the Food and Drug Act of 1907. The current program is administered under various state laws, including the Kansas Food, Drug and Cosmetics Act (KSA 65-655 through 65-680) and the Food Service and Lodging Act



(KSA 36-501 et seq.). The child care licensing duties of the Department are contained in KSA 65-501 et seq.

Bureau for Children, Youth and Families

www.ink.org/public/kdhe/bcyf

***BUREAU MISSION:** To promote and protect the health of Kansas families through optimal, comprehensive health care in partnership with communities.*

The **Bureau for Children, Youth & Families** oversees the development and administration of health resources and programs to meet the health needs of Kansas families. Comprehensive planning, training, consultation, and technical assistance are provided statewide to health providers and preventive screening, diagnosis and treatment health services are provided to local residents. The Bureau is comprised of three sections: Children and Families, Services for Children with Special Health Care Needs, and Children's Developmental Services.

The goal of **Children & Families Section** is to optimize the health of Kansas women and infants, children and adolescents, and their families through access to prenatal and reproductive health services, and through preventive and primary care for children and adolescents. The Section assists Kansas communities to maintain essential public health services for the maternal and child health population with funding of local projects (153 in 102 counties) including: Maternal and Infant, Healthy Start, Family Planning, Child Health, School Nursing Services, Adolescent Health, Teen Pregnancy Prevention, Black Infant Mortality and Abstinence Education.

The goal of **Services for Children with Special Health Care Needs (SHS)** is to assure access to a comprehensive, family centered system of services for children with special health care needs and their families. SHS promotes the functional skills of children with special needs by providing or supporting a system of specialty health care, pursuant to State and Federal funding and direction. SHS works closely with KSBE and SRS to assure access to screening, diagnosis and follow-up services. In addition to this program, the section houses the hemophilia and sickle cell testing and counseling programs.

The goals of **Children's Developmental Services (CDS)** are: to ensure early identification and early intervention services for newborns, infants and toddlers with developmental delays or disorders through Infant Toddler Services; to ensure identification of newborns with specific conditions leading to developmental delay through the Newborn Screening Program; and to improve the health status and nutritional well-being of Kansans through nutrition intervention services, supplemental foods, and health referrals to other health and social services. This section administers three major programs: Infant Toddler Services, Newborn Screening Services and WIC and Nutrition Services. Infant-Toddler Services coordinates a statewide system of early identification and intervention services through 37 local networks. The Newborn Screening Program coordinates screening and follow-up services with providers and families of infants. Pregnant, breast-feeding, and postpartum women, infants, and young children below 185% of the federal poverty level who are at nutritional risk are eligible for WIC benefits through local agencies throughout the state. Other services include breast-feeding promotion and support, and substance use identification. Income- and categorical-eligible Kansans may receive food supplements through the

Commodity Supplemental Food Program.

STATUTORY HISTORY

The following statutory cites are relevant to the Bureau for Children, Youth and Families: KSA 20-165, KSA 22a-215, KSA 22a-233, KSA 23-501, KSA 38-1521, KSA 38-1901, KSA 65-1105, KSA 65-1131 et seq, KSA 65-1149 et seq, KSA 65-1158, KSA 65-1160, KSA 65-153, KSA 65-1536, KSA 65-153f, KSA 65-176, KSA 65-177, KSA 65-180 et seq, KSA 65-202, KSA 65-2701, KSA 65-425, KSA 65-5a01 et seq, KSA 65-6701, KSA 65-105 et seq, KSA 72-1204 et seq, KSA 72-5201, KSA 72-5204, KSA 72-5208, KSA 72-5212, KSA 72-5214, KSA 74-7801, KSA 75-5648 et seq, KSA 75-5643, and KSA 75-5644.

Bureau of Epidemiology and Disease Prevention

Mission: To improve the quality and longevity of life for the citizens of the state by reducing the incidence of death and disability from infectious diseases.

The **Bureau of Epidemiology and Disease Prevention (BEDP)** was organizationally realigned to identify and respond to short and long term health problems in the state. Programs are conducted in response to the state's leading health problems in the areas of communicable diseases and address components from all three core functions of public health. This bureau supports Health programs by assessing public health problems and consulting on the appropriate medical and administrative measures to prevent and control single cases and outbreaks of disease. This is accomplished by applying the epidemiologic process, which involves studying worldwide geographic and population trends in the incidence and prevalence of disease. BEDP provides immunization vaccines for children; counseling and testing for HIV; medications to people with AIDS, STD's and Tuberculosis; partners' notification for infectious diseases; establishing partnerships with medical and community organizations to identify children at risk for disability.

The **Epidemiologic Services** section of this bureau has expanded from concentrating purely on infectious or epidemic diseases to include a focus on prevention, surveillance, evaluation, and relevant human health factors, including dental, maternal and infant, environmental, and animal health issues. Epidemiological Services provides information about managing diseases of public health relevance such as rabies and patients with active tuberculosis. It also publishes a yearly summary of incidence of communicable disease that is distributed to local health departments, health professionals, public libraries and interested individuals and organizations.

Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)

This program is designed to facilitate activities directed to preventing the spread of the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS), providing care for persons living with HIV infection and AIDS, and monitoring the progress of the epidemic in Kansas. The primary objective of this program is to provide HIV prevention counseling, testing, referral, and partner notification services for HIV-positive Kansans and persons at highest risk of contracting HIV.

The **Sexually Transmitted Diseases** program strives to prevent the spread of bacterial and viral sexually transmitted diseases (STD); intervention to reduce the spread and complications which may develop as a result of these infections; and surveillance to ensure proper case monitoring and reporting. Provision of drugs to treat patients is also a part of this program.

The purpose of the **Tuberculosis** program is to prevent the transmission of Mycobacterium tuberculosis, the bacteria that cause tuberculosis (TB). The program provides drugs for treatment of active disease; reimburses local health departments for the treatment of uninsured or indigent patients; and provides drugs for preventive therapy. The TB program provides skin test antigen at no cost to local health departments to promote screening of at-risk persons and treatment. The program maintains surveillance of TB cases to ensure appropriate treatment and prevent transmission of disease.

The **Immunization Program** was developed to prevent the spread of vaccine preventable diseases by providing vaccines and supporting age appropriate immunizations for the children of Kansas. This

program's goals are to increase the percentage of children in Kansas who have completed the age-appropriate vaccination series recommended by the Centers for Disease Control and Prevention.

STATUTORY HISTORY

Authorization for these programs is contained in Chapter 65 of the Kansas Statutes Annotated. KSA 72-5209 et seq. require immunization of school children. KSA 65-6002 requires and outlines HIV infection and AIDS reporting responsibilities.

Bureau of Health Facility Regulation

BUREAU MISSION: *To develop, adopt, and enforce standards of care to protect citizens of Kansas when they seek treatment or care in a health facility or from a health care professional.*

The **Bureau of Health Facility Regulation (BHFR)** licenses and certifies health care facilities which include nursing homes, adult care homes, hospitals, and home health agencies. This bureau also implements the Health Occupations Credentialing Program which makes recommendations to the Secretary regarding whether health occupations should be credentialed, and administers a number of credentialing programs. This bureau is organized into the following four programs by function: 1) Adult Care Home Program; 2) Health Occupations Credentialing Program; 3) Mental Health/Retardation and Residential Facilities Program; and 4) Field Services Program.

The **Adult Care Home Program** develops, adopts, and interprets standards for more than 500 Kansas adult care homes to assure that the 31,000 residents in these homes receive services that help them function at their highest level.

The **Health Occupations Credentialing Program** provides the Secretary and the Legislature with information regarding credentialing of health care occupations including the administration of seven credentialing programs that encompass more than 91,000 individuals. Four of the seven programs are licensure categories: dietitians, speech-language pathologists, audiologists, and adult care home administrators. Three of the seven programs involve implementing credentialing statutes and training standards for nonprofessional health care occupations such as nurse aides, medication aides, home health aides; additional training standards are implemented for social service designees, activities directors and adult care home operators. The Kansas Credentialing Review Program is administered by Health Occupations Credentialing. The regulated community and the public serve as advisory bodies for these licensure programs and complaints are investigated through procedures established by the profession, advocates and program staff.

The **Mental Health/Retardation and Residential Facilities Program** performs federal certification and state licensure surveys for 36 community and two state hospitals for persons with mental retardation and 14 nursing facilities for mental health. Together, 2,331 Kansans requiring specialized health care are served in these facilities. Residential services are monitored at 211 free-standing residential care facilities for 6,995 Kansans under a state licensure program. Facilities surveyed include assisted living, residential health care, boarding care, home plus, and adult day care. The MH/RF program, through its survey processes assures Medicare and Medicaid funding for eligible Kansans and safety and protection for those served.

The **Field Services Program** surveys and inspects all health care facilities except mental health/retardation facilities. It is responsible for state licensing and federal certification of approximately 950 hospitals, ambulatory surgical centers, home health agencies and other medical care providers. Program

staff survey care providers to verify compliance with health care quality standards and implement combined risk management/licensure law enacted by the 1996 Kansas Legislature. Each year field staff perform about 4,200 surveys, inspections and investigations of free-standing and hospital-based long term care facilities, home health agencies, hospices, hospitals, end stage renal disease facilities, rural health clinics, and ambulatory surgical centers. This program also investigates allegations of resident, client or patient abuse, neglect, or exploitation.

Bureau of Health Promotion

Bureau Mission: Through partnerships with the people of Kansas, promote healthy behaviors and environmental changes that improve quality of life by preventing chronic disease, injury, and premature death.

The **Bureau of Health Promotion** (BHP) facilitates programs designed to reduce health risks among Kansas citizens. Programs within the bureau are conducted in response to the state's leading health problems in the areas of chronic and preventable diseases and injuries. Primary prevention strategies to reduce identified risk factors such as high blood pressure, elevated blood cholesterol levels, physical inactivity, tobacco use, poor nutrition, and behaviors related to preventable injuries are implemented. BHP contains the Cancer/Tobacco, Injury/ Disability, Kansas LEAN and Healthy Kansans programs.

The **Cancer/Tobacco** program entails two sections; 1) the Kansas Breast and Cervical Cancer Initiative; and 2) Tobacco Use Prevention. Breast Cancer is the most common cancer in Kansas women; every year 1,700 new cases are diagnosed, and nearly 400 women die. The best strategy for increasing survival from breast cancer is early detection through routine mammograms, clinical breast examinations and breast self-examinations. KDHE and CDC cooperate to develop the infrastructure of the Kansas Breast and Cervical Cancer Initiative FREE To Know program (FTK), to provide quality screening services by skilled health providers throughout Kansas to under served women.

Tobacco is the number one preventable cause of death in Kansas. Program activities focus on educating Kansans, especially youth, about the negative health and economic consequences of tobacco use. Through collaboration with more than 50 partner organizations of the Tobacco Free Kansas Coalition, strategies to reduce tobacco use are implemented, including the "It's Everybody's Business" community/school education program, the new "Media Sharp" public education campaign, the "Smoke-free Teens are Rising" (STAR) educational activity, supporting a teen tobacco use prevention advisory board called "TASK" (Teens Against Smoking in Kansas), and "Teens as Teachers" mentoring program. More than 3,250 teenagers throughout Kansas have conducted formal presentations to more than 107,800 elementary students as a result of these initiatives.

The **Injury/Disability** program works to reduce the incidence and severity of injuries and disabilities. Injuries are the number one cause of death in Kansans ages 1-44. Education and interventions are effective in preventing and reducing the severity of injuries. In Kansas, 16-18% of adults report having a disability or activity limitation due to an injury, chronic disease, or developmental disability. Environmental barriers and medical complications associated with disability may be prevented or ameliorated, enabling disabled Kansans to lead independent and productive lives.

Injury and Disability program activities identify target (high risk) populations, educate the public about risk factors and effective interventions, develop data systems that track trends in the incidence and prevalence of injury and disability, and evaluate injury and disability interventions. The Injury and Disability

Program also supports low-cost distribution programs for proven injury interventions such as smoke detectors, child safety seats, and bicycle helmets, and provides resource materials on brain injuries and developmental disabilities. Activities are conducted in collaboration with partners at other state agencies, state universities, and the local level to coordinate efforts, reduce duplication, and capitalize on expertise throughout the state.

Six of the 10 leading causes of death in Kansas are due to dietary behaviors and physical inactivity. The **Kansas LEAN (Leadership to Encourage Activity and Nutrition)** program is a statewide coalition of over 100 organizations, businesses, agencies, and school districts developing and implementing community-based programs to decrease the risk of cancer and heart disease through improvement of dietary and physical activity behaviors.

Kansas LEAN provides the leadership and coordination for a cross section of agencies, organizations and businesses in Kansas, at the program or agency level, of disease prevention nutrition and physical activity interventions. Kansas LEAN provides technical assistance, training and resource identification through five task forces (Pre-School Age, Schools/School Meals, Youth Organizations, Older Adults, and Food Professionals) to assist communities in the development of interventions that result in effective programs and maximized use of resources. Examples of successful interventions include the *Good For You* Child Care Providers' nutrition curriculum development, training and dissemination, the Kansas LEAN School Health Project, community-based youth health education initiatives, *Senior Nutrition and Activity Project*, and 5 A Day for Better Health initiatives in schools and communities. Kansas LEAN also conducts statewide studies to determine the dietary intake of Kansas adults. Primary funding is provided by grants from the Kansas Health Foundation, United Methodist Health Ministry Fund, Centers for Disease Control and Prevention and the National Cancer Institute. Statewide support for projects is provided by its Coalition Members and Partners.

The **Healthy Kansans** programs work with other bureau and agencies to establish public health goals through Healthy Kansans 2000, conduct the Behavioral Risk Factor Surveillance (BRFS) which monitors progress toward Healthy Kansans goals, direct the Community Health Intervention Program (CHIPr) which works with community coalitions across Kansas to address health problems selected by those communities, and administer the Diabetes Control Program as well as conducting special studies to support and/or evaluate other Division of Health programs.

The Kansas Behavioral Risk Factor Surveillance System is an annual telephone survey of 4,000 Kansas residents to learn about their knowledge, attitudes, and behaviors that contribute to the leading causes of preventable disability, disease and premature death. This information is utilized to health policy leaders and community coalitions, as well as public and private health agencies to assist them in designing effective programs to prevent avoidable injury, illness, and premature death among Kansans..

STATUTORY HISTORY

Authorization for these programs is contained in Chapter 65 of the Kansas Statutes Annotated.

Center for Health and Environmental Statistics Acting Director Dr. Lou Saadi

CHES Mission Statement: To collect, analyze and disseminate timely, comprehensive and accurate health records, data and information for use by policy makers, program managers, researchers and the public for decision making and development of health policy in the state of Kansas.

The **Center for Health and Environmental Statistics (CHES)**, established in May 1988, is designed as a data and information support group for the entire agency and has consolidated various information functions of the Department. The primary responsibilities of CHES are data and information acquisition, analysis, and distribution/publication, including the collection, certification, and dissemination of vital records; the establishment of an integrated health care data system; and the development of statistical and informational reports and publications for the public, policymakers, and program managers. CHES is composed of the Office of the Director, Vital Statistics, and Health Care Information.

Office of the Director (CHES)—oversees the management of Vital Statistics and Health Care Information. KDHE has been provided the authority to collect and analyze health data through several statutes. The role of transforming the data collected through these statutes into information has been assigned to the Health Care Information (HCI) subprogram within CHES.

Vital Statistics (VS) registers all vital events occurring in Kansas insuring the certificates are not only filed promptly but that they are complete and accurate; issues certified copies or vital record data to authorize by state statute our partnership with the courts. Vital Statistics generates over two (2) million dollars for the state from the sale of certificates, etc.

Through the years, statutory changes have been made primarily to update provisions and comply with the Uniform Vital Statistics Act in order to maintain a standardized nationwide system; to add new registration and/or records service responsibilities; and to eliminate requirements no longer deemed necessary.

Health Care Information (HCI) makes data available and accessible to those requesting it while assuring confidentiality; acquire data in the least burdensome manner possible for data providers; provide information to data customers about strengths and limitations of data collected by the office and provide technical assistance in use of the data; promote a customer-friendly atmosphere for internal and external customers, survey respondents and other information requesters; establish partnerships where possible to accomplish the work necessary to accomplish HCI's goals and objectives; and promote the use of health data in making health policy decisions.

Under KID (Kansas Insurance Department) Statistical Plan (KSA 40-2251) the Kansas Commissioner of Insurance has the authority to develop a statistical plan for health insurance in the state. The Commissioner has adopted a statistical plan and KDHE, authorized as administrator of the health care

database, serves as the statistical agent for the plan. KDHE collects health claims and membership data from the twenty largest health insurance carriers in Kansas.

STATUTORY HISTORY

K.S.A. 65-102 initially established the registration of vital statistics as a responsibility of the State Board of Health in 1885, providing for the registration of marriages, births, deaths, and diseases prevalent in the State. Vital Statistics and the statewide registration system were established by legislation effective July 1, 1911, per K.S.A. 65-2401 et seq., mandating a central registration system and records repository and setting forth the respective local and state level registration responsibilities as well as the registration time frame, the various records services to be performed, the authority for fee schedules, the confidentiality of records, and the responsibility for the preservation and security of the vital records files. Vital Statistics is also governed by the Domestic Relations Act, 23-101 et seq. with regard to marriage registration, coroner laws (K.S.A. 65-21-2502), the Parentage Act (K.S.A. 38-1130 - 38-1138), adoption laws pertaining to foreign born, foreign adopted children (K.S.A. 59-2144).

A number of state and federal mandates have also affected Vital Statistics; i.e., school enrollment laws (K.S.A. 72-53,106(b)), law enforcement statutes (K.S.A. 21-2502), mandates that require proof of citizenship for employment (8 USCS Section 1324a), proof of citizenship for HUD housing assistance (42 USCS Section 1436a), verification of parentage (Title IV-D) and proof of identity to claim dependents on income tax forms (Code 6109, P.L. 99-514). Health and environmental research and analysis is provided under KSA 65-101 and 65-177.

Health Care Database KSA 65-6801-6809 requires a health care database be established for the state. This database, administered by the Secretary of KDHE and guided by the Health Care Data Governing Board, is charged with collecting health care data on utilization and cost of health care services.

Health and Environmental Laboratories Director Dr. Roger H. Carlson

The Mission of the Health and Environmental Laboratories is to provide timely and accurate analytical in support of Kansas public health programs and assure the quality of state-wide laboratory services through certification and improvement programs.

The Health and Environmental Laboratories (DHEL) provide comprehensive chemical and biological analyses on a large volume of samples and specimens received each year. For example, in FY 1997, the laboratory received 240,729 samples and specimens and promptly returned 946,490 quality assured results to more than 2,000 primary public health clients located throughout the state.

These analyses provide diagnostic and assessment information necessary for the operation of public health and environmental programs. In addition, the quality of several million analyses performed in regulated health, environmental and law enforcement laboratories in Kansas is assured through laboratory certification and improvements efforts. The DHEL Program has five subprograms: (1) Administration (2) Reporting, (3) Chemistry, (4) Microbiology, and (5) Laboratory Improvement and Certification.

The **Laboratory Administration and Reporting** office provides internal support to Laboratories including budgeting, revenue collections, clerical/reporting support, and stockroom receiving/inventory to carry out statutory mandates and program priorities.

The four **Chemistry Laboratories** provides accurate, comprehensive analytical data in support of the environmental and public health priorities of Kansas. The Organic Chemistry Laboratory performs analyses for volatile organic compounds (VOC's), pesticides, synthetic organic compounds (SOC's), and priority pollutants in support of public drinking water monitoring programs, routine ambient water monitoring programs, hazardous waste management programs, and remedial cleanup activities of contaminated sites.

The Neonatal Chemistry Laboratory is the central laboratory for screening approximately 39,000 newborns in Kansas for four metabolic deficiency diseases within 30 days after birth. Newborn screening includes neonatal blood tests for the early detection and treatment of galactosemia, hypothyroidism, phenylketonuria (PKU), and hemoglobinopathies which could cause death during infancy, morbidity, or mental retardation.

The Radiochemistry Laboratory provides analyses for environmental monitoring in the vicinity of the Wolf Creek Power Generating Plant. This program ensures safe public drinking water and detects airborne radioactivity. This laboratory also ensures that radioactive material in equipment used in medicine, research, and industry in Kansas is safe. The Radiochemistry Laboratory provides radioanalytical support for the Agency's Radiological Emergency Response Program.

The Inorganic Chemistry Laboratory performs inorganic analyses in support of public drinking water monitoring programs, hazardous waste management programs, air quality programs, environmental remediation programs, and ambient water quality programs. The screening of children for lead toxicity is also conducted by this laboratory.

The three **Microbiology Laboratories** in cooperation with environmental and public health programs in the agency provide accurate and comprehensive analytical data in support of environmental and public health priorities in Kansas. The Environmental Microbiology program provides laboratory testing to ensure statewide safe drinking water throughout the state.

The Diagnostic Microbiology and Virology and Serology Laboratory programs provide analytical tests to support the agency's Bureau of Epidemiology and Disease Prevention programs as well as the public health needs of County Health Departments and other local medical facilities in Kansas. Reference evaluations for viral isolation and identification, detection of unusual and vaccine-preventable diseases, and identification of individuals infected with sexually transmitted diseases are provided by this laboratory.

The **Laboratory Improvement and Certification** subprogram evaluates regulated clinical, environmental and breath alcohol laboratories using established standards of laboratory operation and performance to ensure data quality. This subprogram also assists in providing court defensible data necessary for the prosecution of more than 20,000 DUI subjects each year.

STATUTORY HISTORY

The Kansas Health and Environmental Laboratory program can be traced to the first biological and chemical analyses performed at the Kansas Board of Health in 1886 and 1893, respectively. As early as 1885, laboratory support of occupationally related health problems was required in K.S.A. 65-101. Laboratory tests for the analysis of waters and waste waters began in 1915 according to K.S.A. 65-156 and 157. Kansas requirements for prenatal (K.S.A. 65-153f) syphilis tests were enacted in 1943. In 1953, statutes requiring the analyses of food, drugs, and cosmetics (K.S.A. 65-171) were established. The Kansas statute requiring PKU tests on newborn babies was enacted in 1965 (K.S.A. 65-180) and was amended to include hypothyroid and galactosemia screening in 1985. The current laboratory responsibilities were established per K.S.A. 75-5608 with the reorganization of the Department in 1974. Certification of Kansas hospital laboratories is required under the state hospital licensure statutes, K.S.A. 65-425 and 65-477, which were originally enacted in 1947. Laboratories performing tests for controlled substances/drugs of abuse must be approved as required by K.S.A. 65-1,107. All clinical laboratories must be certified as stipulated by 42 CFR 493 (Clinical Laboratory Improvement Amendments of 1988). Environmental laboratory certification is required under Kansas statutes governing public drinking water supply permits and wastewater pollution discharge permits K.S.A. 65-171 (1976), and regulations promulgated to implement solid waste management, K.S.A. 65-3406 (1979) and hazardous waste analyses, K.S.A. 65-3431 (1981). The requirements of these Kansas statutes are similar to those found in Federal statutes on these subjects enacted in the 1960s and 1970s: public drinking water supplies, PL. 93-523, wastewater analysis, PL. 92-500, and the Hazardous Waste Resource Conservation and Recovery Act of 1976. K.S.A. 65-1,109a authorizes the environmental laboratory certification program.

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Laboratory certification of law enforcement laboratories is prescribed in K.S.A. 65-1,107 (1947) and is supported by Kansas statutes governing driving under the influence of alcohol.

Analytical Support of a statewide plan on Bioterrorism

Description: The federal government and congress have identified biologic and chemical terrorism as a potential and serious threat to the health and safety of the U.S. public. An intensive review of the national government's capacity to respond to bioterrorism events is underway and budget recommendations are being developed to provide funding to states to respond to bioterrorism. Currently, the state public health laboratory can evaluate only small numbers of bioterrorism pathogens which require Biosafety Level 2 (BSL2) and BSL3 containment. Other virulent bacteria and viruses requiring BSL3 containment are not routinely processed in the laboratory at this time and BSL4 pathogens including hemorrhagic viruses such as Ebola can only be handled in 3-4 facilities nationwide. The primary current risk is associated with small incidents involving some of the more common bacterial pathogens. In these cases, rapid and definitive identification of the organism involved will be necessary to protect first responders and any exposed citizens. Nationally, forty-three million dollars is available to improve state capacity to deal with bioterrorism threats.

Division of Environment

Director Dr. Ronald F. Hammerschmidt

The Mission of the Division of Environment is the protection of the environment and public health. This mission includes compliance, enforcement, and proactive activities in a wide range of areas, including solid and hazardous waste, environmental remediation, water protection, air quality, environmental planning, pollution prevention and radiation control.

The **Division of Environment** is responsible for the protection of the public health and environment through the administration of a wide variety of regulatory, prevention and remediation programs. These programs directly affect a wide variety of activities within the state including business, industry, agriculture and local governments. The division has regulatory programs in place to protect the air quality, water and soils of the state. In addition, the division conducts a wide variety of compliance assistance activities including the assisting the regulated community and statewide pollution prevention and small business assistance programs. These regulatory and compliance assistance programs are described in greater detail in the bureau descriptions that follow.

The most visible areas of Division of Environment activity in the recent past have included:

- ▶ Water quality.
- ▶ Confined animal feeding operations.
- ▶ Development and administration of major revolving loan funds for wastewater treatment facilities and drinking water systems.
- ▶ Updating of the air quality protection programs.
- ▶ Solid waste.
- ▶ Waste tires.
- ▶ Contaminated site remediation.
- ▶ Regulation of petroleum storage tanks across the state.

The Director of Environment administers the division to achieve the federal and state environmental goals and legislative mandates that are regulatory in nature but aimed at protecting the public health and environment. Continued emphasis will be placed on the management of all environmental programs to preserve the long-term integrity and balanced regulatory approach to multimedia environmental control.

The Division of Environment's philosophy is to achieve the greatest level of protection for the environment to ensure the public's health is protected in partnership with citizens, communities and stakeholders. This effort includes the development and utilization of consistent, equitable and innovative approaches to the administration of state and federal statutes and regulations. In addition, the Director guides the development of proactive and innovative programs to improve the environment and protect the public health.

The Division of Environment administers state and federal environmental laws and programs in an effort to reduce man's impact on the environment, while simultaneously recognizing the citizens of the state need a strong, sustainable economy. Part of the Division of environment's job is to balance protecting the environment with economic costs associated with environmental regulation. The Division of Environment has statutory authority to regulate many activities that may impact the environment and the citizens of Kansas and is comprised of five bureaus, four of which are organized into media specific program areas. Division program bureaus include **Air and Radiation, Waste Management, Water and Environmental Remediation**. The fifth bureau, the Bureau of **Environmental Field Services**, provides field and support services for the Division of Environment.

STATUTORY HISTORY

Specific authority to develop and implement environmental programs is found in state and federal laws. Authority for the Director of Environment is contained in KSA 75-5605 and the environmental statutes found in Chapter 65 of the Kansas Statutes Annotated. Specific citations for each program are found in the details of the program bureaus.

Bureau of Air and Radiation

The mission of the Bureau of Air and Radiation is to protect the public from the harmful effects of air borne pollutants and radiation and conserve the natural resources of the state by preventing damage to the environment from releases of air contaminants and radioactive materials.

The **Bureau of Air and Radiation** is responsible for the administration of regulatory programs for air quality, radiation control, chemical information reporting, and asbestos abatement. The major activities of this program involve the review, monitoring, inspection, and approval of permits and licenses to ensure that facilities or operators meet state regulations.

The **Air Permit** Section issues approvals, construction permits, and operating permits for air emission sources in the state. Sources must obtain a construction permit before they begin construction on the facility. After a facility is built the source must obtain an operating permit before actual operations begin. These permits provide a framework for limiting the amount of pollution emitted into the ambient air.

The **Air Monitoring Services** Section maintains the statewide network of air monitors, maintains the air emission inventory, and maintains the fee inventory. The network consists of permanent trend monitoring sites and special purpose monitoring sites for evaluation of special potential problems. Inventories are conducted annually to maintain current status of sources. The data collected by this section provides the basis for determining statewide air emissions.

The **Planning and Analysis** Section develops legislation and regulations, evaluates future program involvement, and fosters overall planning activities for the program. This program area provides information and guidance through its direct involvement in national, regional, and local air environmental issues. This proactive arm of the bureau helps establish the direction the program will take toward protecting the public and conserving the natural resources of the state.

The **Air and Asbestos Compliance** Section reviews field inspections, reviews compliance reports, and completes compliance determinations. The section is also responsible for the licensing and certification of firms and persons engaged in asbestos abatement. The Right-to-Know area of this program collects data on quantities and locations of hazardous chemicals and toxic releases, whereby, this data is available to communities for use in planning emergency response and other planning activities.

The **Radiation Control** Section protects Kansans from the harmful effects of radiation. This task is achieved through a regulatory program including licensure, registration and inspection of all radioactive materials and low level radiation producing equipment used in medicine, research, and industry in Kansas. This program conducts ambient monitoring at the Wolf Creek Nuclear Power Generating Plant as well as participating in the emergency response activities. The section also oversees the Indoor Radon Program, through a contract with Kansas State University.

STATUTORY HISTORY

K.S.A. 65-3001 et seq., provides the statutory framework for the implementation of a comprehensive air pollution control program in Kansas. K.S.A. 48-1601 et seq., establishes a broad statewide radiation protection program to regulate radioactive materials and radiation-producing devices. K.S.A. 65-3406 and related statutes provide additional authorities for the management of radioactive waste. K.S.A. 65-5301 et seq., establishes a statewide program to license contractors and certify employees performing asbestos abatement work. K.S.A. 65-5701 et seq., authorizes the implementation of the Community Right-to-Know program within the bureau. This program collects and disseminates information to the public and local emergency planning organizations pertaining to hazardous chemicals used or stored throughout the state.

Bureau of Environmental Field Services

The Bureau of Environmental Field Service's mission is to provide environmental regulatory compliance activities closer to the regulated community and work with citizens of the state in a partnership effort to solve environmental challenges by maintaining staff in each of the six district offices and to provide scientific, technical, and operational support to the program bureaus of the division.

The Bureau of Environmental Field Services is the result of the reorganization (August, 1997) of the Bureau of District Operations and the Office of Science and Support. In this reorganization, some functions of the former Office of Science and Support were transferred to the Bureau of Water.

The **Bureau of Environmental Field Services** administers all environmental program operations at the six district offices and provides scientific, technical and operational support to the other bureaus as well as providing direct field service, conducts inspections and provides technical assistance to businesses and communities. **District offices** are located in Chanute, Lawrence, Wichita, Dodge City, Salina and Hays with a District Environmental Administrator in each of these offices. In addition to these six district offices, a satellite office to the Dodge City operation is located in Ulysses. The Ulysses office deals primarily with confined animal feeding operations. The Bureau staff are often the first to deal with the public on field compliance situations, take environmental monitoring samples, investigate complaints and work with the public to ensure the environment is protected.

The **Technical Services Section** administers the division's statewide surface and groundwater quality monitoring programs, monitors wastewater discharges to evaluate compliance with permit conditions, conducts use attainability analyses to determine designated uses of streams, and conducts ambient air quality monitoring near Wolf Creek nuclear generating center. The **Data Analysis and Management Section** provides data support for the division. The ambient water monitoring data from this bureau provides the foundation for the Kansas Water Data Base, and the Governor's Water Quality initiative in the Lower Republican River Basin.

STATUTORY HISTORY

The Kansas State Board of Health was established in 1885 by an act of the legislature. In 1906 a division was authorized within the Board of Health to administer the water and sewer laws of the state. The authorities, power, and responsibilities of this division, the predecessor of the Division of Environment, were expanded in 1909, 1935, and 1951. Extensive changes in the federal and state statutes administered by the Division of Environment were begun in the 1960's and continue to the present. The detailed responsibilities and authorities of the Director, Division of Environment are contained in K.S.A. 75-5605.

Bureau of Environmental Remediation

The Bureau of Environmental Remediation's mission is to identify, investigate and take appropriate corrective actions when pollution endangers the natural resources and environment throughout the state, thereby minimizing damage to natural resources and eliminating the threat to the public health by implementation of appropriate corrective actions and to promote compliance with state and federal laws, achieve timely reclamation, deter environmental damage and abate threats to public safety from Priority 1 and 2 abandoned coal mine sites.

The **Bureau of Environmental Remediation** responds to environmental emergencies and manages environmental contamination through pollution source control, containment, and appropriate corrective action. Specific areas of responsibility include investigating pollution occurrences and sources; designing and overseeing remedial activities at contaminated sites throughout the state; negotiating with those responsible for effective cleanup; overseeing remediation at leaking petroleum storage tank sites; regulation of petroleum storage tanks; regulation of active coal mining and the reclamation of abandoned mine lands and emergency response activities. Site remediation and cleanup is funded by a variety of sources including: federal Superfund (C.E.R.C.L.A) funds (a very rigid federal program requiring 10% state match); state Environmental Response funds (state oversight costs only with funding provided by identified responsible parties, remediation costs are paid by the responsible party); State Water Plan funds (used for sites where no responsible party is identified or the responsible party is unable to pay or is recalcitrant); Above ground and Underground Petroleum Storage Tanks Release Trust funds; federal Leaking Underground Storage Tank funds; Drycleaning Facility Release Trust funds; federal Abandoned Mine Land funds (coal mining reclamation); various other funds.

The **Storage Tank Section** regulates underground and above ground petroleum storage tanks to reduce or prevent releases and to obtain remediation of contaminated sites. The section administers Petroleum Storage Tank Release Trust funds to assist owners of tanks with the cost of cleanup. A priority ranking system is used to focus resources toward sites which pose the greatest risk to the public and the environment. Efforts are coordinated with the state Fire Marshall's office to eliminate duplication.

The **Assessment and Restoration Section** inspects landfill closures and old dumps to assure past closure activities and long term care are protective of the environment. All past closure activities are coordinated with county commissioners, former operators and consultants involved with the closure operations. The **Drycleaning Environmental Response Act** is administered by the section to provide a regulatory preventive program with assessment and remediation activities at drycleaning facilities where releases have occurred. This section also provides oversight of the environmental activities at active and closed military bases, all the EPA - lead Superfund sites in the state, and administration of the emergency response spill program.

The **Remediation Section** identifies, investigates and remediates contaminated sites. Cleanup activities may include a large variety of activities from drum removal to installation of remedial equipment. The implementation of appropriate corrective actions reduces the pollution from contaminants, minimizes

damage to natural resources and eliminates the threat to public health. The **Voluntary Cleanup and Property Redevelopment Act** is administered by the section and provides a mechanism for site owners, operators, perspective purchasers and local governments to voluntarily address contaminated properties with KDHE oversight.

The **Mining Section**, located primarily in the satellite office in Frontenac (Pittsburg), Kansas, enforces laws and regulations governing active coal mining, including permitting. This section also oversees the Abandoned Mine Land Program to reclaim abandoned mine land problems and operates the emergency program to abate imminent hazards that occur because of the effects of coal mining prior to 1977.

STATUTORY AUTHORITY

Federal authority to respond to environmental emergencies is addressed in the Clean Water Act (PL 92-500), the Safe Drinking Water Act (PL 93-523), and the federal Superfund law, titled Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA, PL 96-510). Management of long-term environmental contamination also is addressed in CERCLA and in several sections of Chapter 65 of the Kansas Statutes Annotated.

The Mining Section formulates a state program to meet requirements of 30 CFR Chapter VII, Subchapter C, Parts 730, 731 and 732, Office of Surface Mining Reclamation and Enforcement (OSMRE), U.S. Department of the Interior. The Mining Section is also designated as the agency responsible for the Abandoned Mined Land Reclamation and Emergency Program (Public Law 95-87, title IV) in Kansas in accordance with KSA 49-401 et seq.

Bureau of Water

The mission of the Bureau of Water is to protect and improve the health and environment of the citizens of the state of Kansas by ensuring the highest quality of water possible.

The Bureau of Water administers programs related to the quality of water, including regulating public drinking water supplies; wastewater treatment facilities; livestock wastes; stormwater discharges from industries and construction; liquefied petroleum storage, solution mining, underground injection of wastes and water well driller licensing. Municipal, industrial, and commercial wastewater systems, including agricultural waste, are reviewed and permitted. The Bureau also assists larger cities in establishing local pretreatment controls on industries and also issues pretreatment permits to industries discharging to cities. The programs are designed to provide safe drinking water, prevent water pollution and ensure compliance with state and federal laws and regulations.

The Bureau, through a comprehensive review process, issues over 4,513 **permits** governing:

- ▶ 1,111 public water supply systems (drinking water)
- ▶ 370 industry wastewater treatment systems
- ▶ 751 municipal waste treatment facilities
- ▶ 179 commercial facilities
- ▶ 2,102 animal waste treatment facilities

As part of its regulatory action, the Bureau enforces applicable laws and regulations setting compliance limits for drinking water and wastewater discharges. The Bureau provides engineering and operational supervision of public water supplies and wastewater facilities; reviews engineering reports, plans and specifications for treatment of drinking water and wastewater; carries out a compliance, inspection and enforcement program; and issues permits for new or expanded systems.

The primary laws affecting the Bureau's operation are the Federal Safe Drinking Water and Federal Clean Water Act. KDHE administers these Federal laws in Kansas. The effectiveness of the Bureau's arduous task may be measured by the following parameters:

1. Quality of Kansas waters.
2. Permit issuance.
3. Compliance rates.
4. Waterborne disease outbreaks.
5. Quantities of pollutant treated.
6. Number of fish kills or environmental incidents related to pollution.

The Bureau regulates and issues permits for underground injection of wastes (except oil field brine), solution mining, and storage of liquefied petroleum gas. It licenses water well drillers, ensuring proper water well construction, as well as regulating the construction, reconstruction, or plugging of water wells. The Bureau administers a loan program for construction of municipal sewage treatment facilities. In

addition to responding to complaints staff located throughout the state, provide technical assistance and training to water and wastewater system managers and operators to help protect public health and the environment.

The Bureau implements the nonpoint source program from Section 319 of the Clean Water Act. The Bureau coordinates programs designed to reduce pollution not originating from a point source, such as a pipe. Examples of nonpoint sources include agricultural run-off of fertilizer and pesticides, livestock waste movement into streams and run-off from urban environments such as lawns and streets. The Bureau develops and reviews strategies, management plans, local environmental protection plans, and county environmental codes intended to control nonpoint source pollution.

The Bureau assists local government through two **State Revolving Loan Fund** Programs. One loan fund is for construction of municipal wastewater facilities, the other for water works. These programs have has loaned over \$375 million to about 130 local governments to improve their drinking and sewage treatment systems.

STATUTORY HISTORY

KSA 64-164 et seq. authorizes the Department to issue permits and regulate waste treatment systems. KSA 65-4501 et seq. directs the Department to maintain a certification and training program for water and wastewater operation. State law relating to public water supply systems is contained in KSA 65-162a et seq. Federal water quality standards, to which state law must conform, are provided in the Water Pollution Control Act of 1972, as amended. Other applicable federal laws include the Safe Drinking Water Act (PL 93-523) and the Clean Water Act (PL-92-500). Licensing of water well drilling contractors and establishing standards for well construction are authorized by the Groundwater Exploration and Protection Act (KSA 82a-1201 through 82a-1215).

Program authority for water supply and pollution control comes from state and federal laws. The Federal Safe Drinking Water Act (SDWA) and the Clean Water Act (CWA) dominate state program activities. Relevant state statutes include:

KSA 65-159, et seq for abatement of nuisances.

KSA 65-162a, et seq for public water supplies,

KSA 65-164, et seq for wastewater permits, underground injection control permits, pollution investigation, and general control of water quality and public Health,

KSA 65-4501, et seq for water and wastewater system operator certification,

KSA 82a-1201, et seq for water well contractors and records, and

KSA 75-5657, et seq for Local Environmental Protection Program.

Bureau of Waste Management

The Bureau of Waste Management's mission is to minimize impacts to human health and the environment associated with the generation, transport, storage, treatment, and disposal of all solid and hazardous wastes generated or managed in Kansas.

The **Bureau of Waste Management** (BWM) regulates the disposal, treatment, and storage of waste materials, ranging from hazardous wastes to household trash. BWM oversees the activities of businesses and communities that generate, treat, store, and transport hazardous waste and regulates these activities in accordance with state and federal regulations. The bureau issues permits to persons who treat, store, or dispose of hazardous wastes. A permit program for all solid waste processing and disposal facilities is also administered by the bureau. This includes hundreds of facilities ranging from landfills to household hazardous waste collection facilities to waste transfer stations. In addition, the bureau administers several grant programs designed to help communities improve waste management. An overall goal of the bureau is to reduce the amount of waste generated and landfilled in Kansas by providing education, technical training, and financial aid through grants to public and private sector service providers.

BWM's **Solid Waste Program** activities are funded by the collection of a tipping fee (\$1/ton) imposed on every ton of waste deposited in Kansas landfills. By statute, only 44 full time equivalent (FTE) staff positions may be funded in this program which is spread throughout several bureaus. The Solid Waste Program ensures that all "non-hazardous" wastes are properly managed in Kansas. These wastes include general household and commercial trash, waste tires, industrial wastes, and household hazardous waste. Over 5 million tons of solid waste are disposed of annually by Kansans, including over 2.5 million waste tires.

The Solid Waste Program oversees waste management at over 350 permitted facilities, including about 250 landfills. In addition to landfills, permits are also issued for transfer stations, composting facilities, incinerators, household hazardous waste facilities, waste processing facilities, and waste tire processors.

The Solid Waste Program administers grant programs designed to financially support community projects to improve waste management practices. Grants are awarded using tipping fee revenue for projects related to recycling, composting, solid waste public education, planning, household hazardous waste collection and disposal, and agricultural pesticide collection and disposal. The BWM also utilizes funds collected by the state through a \$.50 per tire excise tax to clean up old tire piles.

The **Hazardous Waste Program** is funded primarily by a federal grant and by a smaller amount of state general funds and state hazardous waste fees which provide the required state match for the federal grant. This program regulates the generation, transportation, storage, treatment and disposal of hazardous waste in accordance with state and federal regulations. Facilities that store, treat, and dispose of hazardous waste must meet strict standards before obtaining a hazardous waste facility permit. The program also regulates over 7000 hazardous waste generators and hundreds of registered transporters.

Public education and training constitute a major part of BWM efforts. Outreach activities include two newsletters (*Hazardous Waste Connection* and *Solid Waste Update*), a kids newsletter called *Trash Talk*, conferences and technical workshops, and an activity book for schools to implement various environmental projects. The bureau also originated the “**Kansas Don’t Spoil It**” public education and awareness initiative unveiled by the governor in 1996. This program encourages individuals and businesses to properly manage their wastes and to participate in local programs designed to reduce the amount of waste which is landfilled. Reductions in land filling comes from increased recycling, composting, and source reduction efforts.

STATUTORY AUTHORITY

State laws provide the Secretary of the Department of Health and Environment with the authority to establish and implement the hazardous and solid waste regulatory programs. K.S.A 65-3406 authorizes the Secretary to administer a solid waste program including the development and adoption of regulations to protect the public and environment from risks and nuisances caused by the improper management of solid wastes. K.S.A. 65-3424 authorizes the Secretary to establish a waste tire program which includes entering into contracts and grants for abatement of waste tire accumulations. K.S.A. 65-3431 authorizes the Secretary to administer a hazardous waste program, including the adoption and enforcement of rules and regulations, as necessary to protect public health and the environment. The department has also been authorized by the U.S. Environmental Protection Agency to administer the federal hazardous waste program and municipal solid waste landfill permitting program specified in Subtitles C and D, respectively, of the Resource Conservation and Recovery Act.

Helpful Phone Numbers:

Air quality & permitting, asbestos, radiation control, radon
Bureau of Air and Radiation (785) 296-1593

Infant and maternal health, WIC, special needs children
Bureau for Children, Youth and Families (785) 296-3368

*Rural health programs, migrant health care, child care,
food safety, consumer product safety, lead poison prevention*
Bureau of Consumer and Local Health (785) 296-0189

Environmental research and data
Bureau of Environmental Field Services (785) 296-6603

*Site remediation, Superfund, surface mining, storage tanks,
spill response*
Bureau of Environmental Remediation (785) 296-1660

Infectious disease, AIDS, STDs, immunizations, TB program
Bureau of Epidemiology
and Disease Prevention (785) 296-6179

Nursing home & home health licensing, health occupations
Bureau of Health Facility Regulation (785) 296-1240

Injury & disability prevention, cancer/tobacco, Ks. LEAN
Bureau of Health Promotion (785) 296-1206

Landfills, hazardous & solid waste disposal & permitting
Bureau of Waste Management (785) 296-1600

*Water quality & permitting, waste water treatment,
non-point source pollution, public water supplies*
Bureau of Water (785) 296-5500

Air and water monitoring, neonatal screening
Division of Health and Environmental
Laboratories (785) 296-1620

Health care database, occupational injury, vital statistics
Health Care Information (785) 296-8795

Laboratory improvement and certification programs
Laboratory Improvement Programs (785) 296-1640

Vital statistics, birth, death, marriage, divorce certificates
Vital Statistics Office (785) 296-1400

Visit us on the Web at:

www.kdhe.state.ks.us

For More Information:

Contact your local health department with questions or concerns about public health services in your community. For environmental concerns, contact the KDHE District Office in your area.

If you're not sure who to contact, call our **Public Information Office** at (785) 296-1529 and we will point you in the right direction!

KDHE District Offices

North Central District Office (785) 827-9639
Rick Brunetti, Dist. Env. Admin.
2501 Market Place, Suite D
Salina, KS 67401

Northeast District Office (785) 842-4600
Julie Coleman, Dist. Env. Admin.
800 West 24th Street
Lawrence, KS 66046-4417

Northwest District Office (785) 625-5663
Kenneth Brooks, Dist. Env. Admin.
2301 East 13th Street
Hays, KS 67601-3802

South Central District Office (316) 337-6020
Mark Bradbury, Dist. Env. Admin.
130 South Market, 6th Floor
Wichita, KS 67202-3802

Southeast District Office (316) 431-2390
David Stutt, Dist. Env. Admin.
1500 West 17th
Chanute, KS 66720-9701

Southwest District Office (316) 225-0596
Allen Guernsey, Dist. Env. Admin.
302 West McArtor Road
Dodge City, KS 67801

ZD8014

Kansas Department of Health and Environment

Prevent ♦ Protect ♦ Respond



**A quick and easy guide to
your state public health and
environmental department.**

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Purpose

The Kansas Department of Health and Environment (KDHE) is empowered by the Kansas Legislature to enhance the public health and environment of Kansans. We seek to prevent disease, unintentional injury, and pollution, while promoting healthier and safer lifestyles and environmentally sound practices.

A Brief History

Kansas was one of the first states to establish a public health agency. In 1885, the Kansas Legislature created the Board of Health with a single part-time physician and a part-time assistant.

In 1904, Dr. Samuel Crumbine of Dodge City was appointed Secretary to the Board of Health and agency chief. Under his leadership, Kansas became a recognized national leader in public health.

The need for environmental programs became increasingly apparent beginning in the 1970s. In 1974, the agency became the Department of Health and Environment, and began to administer state and federal programs aimed at reducing pollution and waste, as well as cleaning up contaminated sites and water resources.

KDHE offices are located in Topeka (Capitol Tower, Landon State Office Building, Mills Building, and Forbes Field Buildings 740 and 283), Lawrence, Chanute, Salina, Wichita, Dodge City, Hays, Frontenac, and Ulysses.

How We Assure Public Health



Public health practices have increased the life span of the average American by 25 years; and saved billions of dollars in hospitalization and other costs.

Public health work is different than the kind of work done by your family doctor or local hospital.

Public health works from a community-wide perspective to prevent disease and injury from occurring in the first place. Also, public health promotes healthy lifestyle practices.

KDHE partners with local health departments, physicians, hospitals, nonprofit groups, health care providers, and other government agencies to ensure the best level of public health service possible.

There are some public health functions which the law reserves exclusively for KDHE. These include maintaining birth, death, marriage, and divorce records; screening all Kansas newborns for life-threatening but preventable neonatal diseases; addressing disease outbreaks statewide; inspecting nursing homes and restaurants for proper sanitation and health practices; administering certain federally funded programs at the state level, such as WIC and some rural health programs; and more.

How We Promote Environmental Quality



A clean and safe environment is very important for everyone's quality of life and peace of mind.

Sources of pollution are more varied than many people imagine.

They are not limited to factories and landfills, but can include mining operations, abandoned sewage lagoons, farms, ranches, animal feeding operations, and entire cities and towns.

The goals of KDHE when it comes to pollution are first, prevention; and second, remediation or clean-up. Many of our efforts focus on not only minimizing pollution sources, but on ensuring that approved waste disposal sites are safely maintained.

KDHE works closely with small and large companies, farmers, ranchers, local water districts, and others to achieve compliance with state and federal environmental laws.

We also issue air, waste, and water permits; monitor air quality and public water supplies; administer waste water treatment and other grants to local communities; inspect landfills; facilitate development of local sanitary codes; conduct educational presentations; develop and promote economical, ecologically sound alternatives to pesticide use; conduct recycling and anti-litter campaigns; and more.

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KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Acting Secretary

January 28, 1999

Testimony
Senate Public Health and Welfare Committee

Don Brown
Public Information Officer
Kansas Department of Health and Environment

Madam Chair and members of the committee, thank you for the opportunity to appear this morning for a brief overview of the Kansas Department of Health and Environment. As you are all aware, Secretary Graeber is just getting acclimated to his role at KDHE, so he has asked me to give you a quick run-through of the agency's structure and describe some of the roles and functions of KDHE.

This presentation will be somewhat informal. If you don't understand something or if you have a question, please speak up; I'm here to answer your questions and provide any information you need. What will follow is an "outline" approach to the KDHE organizational structure. I will try to touch briefly on all of the divisions, bureaus, and programs in this agency, and in doing so, I will try to give examples of the day-to-day activities carried out in each of these areas.

I am sure that most of this information will be "old news" to the committee, but with legislatively mandated reorganizations of the Division of Environment in 1997 and the Division of Health in 1998, we wanted to make sure everyone is aware of the current structure of the agency. KDHE is divided into four Divisions: Division of Health, Division of Environment, Division of Health and Environmental Laboratories, and the Center for Health and Environmental Statistics.

Division of Health

Bureau for Children, Youth and Families

Coordinating Council on Early Childhood Developmental Services
Children and Families Section
Children's Developmental Services
Nutrition and WIC (Women Infants and Children) Unit
Services for Children with Special Health Care Needs

Bureau of Consumer and Local Health

Child Care Facilities, Inspection and Licensing
Childhood Lead Poisoning Prevention
Food, Drug, and Lodging
Primary Care Section, Rural Health, Farmworker Health

Bureau of Epidemiology and Disease Prevention

Epidemiology
AIDS Program
Sexually Transmitted Disease Program
Immunization Program
Tuberculosis Program

Bureau of Health Facility Regulation

Adult Care Home Program
Field Services
Health Occupations Credentialing
Mental Health/Residential Facilities Program

Bureau of Health Promotion

Cancer Program
Breast and Cervical Cancer Program
Tobacco Use Prevention
Diabetes Program
Health Promotion Program
Injury and Disability Prevention

Division of Environment

Bureau of Air and Radiation

Air Monitoring Services
Air Permits
Air Planning and Assessment
Air and Asbestos Compliance
Radiation Control

Bureau of Environmental Field Services

KDHE District Offices
Environmental Data Support
Environmental Planning Group
Pollution Prevention–Small Business/Community Support
Science and Standards

Bureau of Environmental Remediation

Assessment and Restoration
Remedial Section
Storage Tank Section ✓
Technical Services
Surface Mining Section (Frontenac)

Bureau of Waste Management

Permitting Section
Technical Support
Waste Policy/Planning/Outreach

Bureau of Water

Confined Animal Feeding Operation Section
Industrial Programs
Municipal Programs
Public Water Supply
Non-Point Source Pollution
Technical Services Section

Division of Health and Environmental Laboratories

Organic Chemistry
Inorganic Chemistry
Radiation Chemistry
Neonatal Screening
Diagnostic Microbiology
Environmental Microbiology
Virology/Serology
Laboratory Improvement Program
Laboratory Information and Reporting
Laboratory Safety and Quality Assurance

Center for Health and Environmental Statistics

Office of Health Care Information

Health Care Database

Kansas Health Insurance Information System

Vital Statistics Information

Occupational Injury Surveillance

Office of Vital Statistics

Certification

Customer Service

Processing

Information Request

Registration

Amendments and Corrections

Data Entry Support

Again, this is a quick and simple look at the KDHE organizational structure. If I can be of any assistance to you now or at any time in the future, please don't hesitate to ask. Thank you for allowing me time in your busy committee schedule and I'll be happy to take any questions.