

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 1, 2001 in Room 210 Memorial Hall

All members were present except: Representative Geraldine Flaharty, Excused  
Representative Nancy Kirk, Excused  
Representative Brenda Landwehr, Excused  
Representative Dale Swenson, Excused

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department  
Norman Furse, Revisor of Statute's Office  
June Evans, Secretary

Conferees appearing before the committee: Dr. Wayne Thompson, President, Donated Dental Services  
Tim Madden, Legal Council, Department of Corrections  
Dr. Gianfranco Pezzino, State Epidemiologist, KDHE

Others attending: See Attached Sheet

Representative Wells moved and Representative Merrick seconded approval of the minutes of January 11, 16, 17, 18, 22, 23, 24 and 25. The motion carried.

The Chairperson stated that Fiscal Note for **HB 2057** that had a hearing the day before had been distributed.

The Fiscal Note for **HB 2127** was received today and will be distributed February 5.

Dr. Wayne Thompson, President, Donated Dental Services, briefed the committee on the National Foundation of Dentistry for the Handicapped and that is known in Kansas as donated dental services. In Kansas, the donated dental services program is the second largest program per capita in the U.S. There are 270 dentists that participate. There are 73 dental labs that are providing free services as well. The National Foundation of Dentistry for the handicapped is headquartered in Denver, Colorado and is headed up by a Board of Directors of American Dental Association former presidents and other notables in the dental profession. We are endorsed by the Kansas Dental Association. In 1996 the program received \$40,000 from the Kansas Legislature. The program is now funded to a tune of about \$52,500 a year. The DDS program is also supported by grants, the Robert Wood Johnson Foundation, the American Dental Association, Oral Health America and Great West Life Annuity Insurance Co. The patients are usually elderly or handicapped. Medicaid does a little work for those under 20. There are no Medicare dental programs. Dental providers are linked with patients and they work out a treatment program. There is no paperwork involved. Participating dentists treats 1 or 2 patients per year, some dentists treats 4 - 5 patients. Treatment is provided in the dentist's office. The goal is to provide a \$5. return for every dollar funded that is received. During the recent fiscal year \$7.19 return was provided for every dollar of government funding received. Recently, we passed the \$1M mark in donated dental care. Dentists in the state of Kansas have provided \$1,063,445.90 worth of dental care. Laboratories in the state have provided \$120,234.12 for a total of \$1,183,679.02 have been provided for citizens of the state of Kansas. Dentists are very proud of this milestone that has been reached and hope to be perceived as a charitable and caring group of people. SRS programs in Kansas at times has a way of making dentists feel like second class citizens and people think there is too much being provided. In this program there are no overseers, the dentists do what they feel is best and provide care at no cost and the laboratories are coordinated to provide their support for dentures and partials or whatever at no cost and enjoy the opportunity to help indigent, handicapped people under these circumstances. A summary of the work done from 1996 through this far in 2001 was distributed (Attachment 1).

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210, Memorial Hall at 1:30 p.m. on February 1.

Representative Morrison asked why the donated dental services program doesn't work with medicaid?

Dr. Thompson stated there were many paperwork hoops that has to be jumped through. The paperwork is 20-25 pages long. If medicaid wanted us to do 1 patient a year, we would do that, but it isn't in the cards to subsidize. Medicaid fees haven't been upgraded in years.

The Chairperson opened the hearing on **HB 2127 - Court ordered testing for infectious diseases of certain offenders.**

Staff gave a briefing stating this was mainly clean-up. At the time this statute was enacted it was specific to HIV and Hepatitis B infections and this is changed from infectious disease, to any disease communicable from one person to another through contact with bodily fluids. The bill expands to include a contractor who is under contract to provide services in a correctional institution is added.

Tim Madden, Legal Council, Department of Corrections, testified as a proponent for **HB 2127**, stating this expands the types of infectious diseases that a court could order an inmate tested for in the event a corrections employee is exposed to this inmate's body fluids. Current law limits court orders to the testing for the human immunodeficiency virus (HIV) and hepatitis B. The proposed bill would provide authority for a court to order the testing of an inmate for any infectious disease communicable from one person to another through contact with body fluids (Attachment 2).

Gianfranco Pezzino, MD, MPH, State Epidemiologist, KDHE, testified stating KDHE has no objections to the expansion of the statutory provisions to include contractual employees in **HB 2127**, but there is concern about the proposed expansion of the scope of the current statute to include all diseases transmitted through body fluids.

From the medical point of view, the only infections that could concern correction employees accidentally exposed to body fluids of offenders, and for which knowledge of whether the source of the exposure was infected is helpful in the management of the exposed employee, are hepatitis B and HIV. These are already included in the current statute. Therefore, we cannot find any reason to expand the current statutory provisions that allow mandatory testing to include other disease.

The bill also requires the secretary of health and environment to approve tests for the detection of these infectious diseases. This is a list that could potentially include hundreds of tests, and its compilation and maintenance would cause a significant administrative and fiscal burden. On this ground KDHE opposes the **HB 2127** in its current format. (Attachment 3).

After discussion the Chairperson asked Dr. Pezzino to provide a definition of "exposure" and to consult with Mr. Madden and bring back a proposed amendment.

The Chairperson closed the hearing on **HB 2127**.

The Chairperson stated the Sub-Committee on Licensing would be meeting after the briefing on credentialing on February 5 and again on February 7th, and would like for the Sub-Committee to focus on the scope of practice and report to the committee before a scheduled hearing on a bill.

The meeting adjourned at 2:30 p.m. and the next meeting will be February 5.





**KFDH**

KANSAS FOUNDATION  
OF DENTISTRY  
FOR THE HANDICAPPED

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Goal for 7/2000-6/2001

YTD

1. \$400,000. Donated treatment (\$33,334 a month)	\$194,158.
2. 260 people served (22 people a month)	132
3. \$44,000. Donated from labs. (\$3,667 a month)	\$18,906.
Lab budget \$4,400.	-\$1,952.

Goals for 7/1999-6/2000

1. \$368,629 Donated treatment (\$93,629 over goal)
2. 247 served (72 over goal)
3. \$42,981 lab work donated (\$12,981 over goal)

year	people	amount donated
1996	2	\$200.
1997	118	\$121,028.
1998	154	\$222,812.02
1999	181	\$293,304.50
2000	261	\$413,806.50
so far 2001	9	\$10,494.

H&HS  
2-1-01  
Atch # 1



STATE OF KANSAS



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Bill Graves  
Governor

Charles E. Simmons  
Secretary

**Memorandum**

Date: February 1, 2001

To: House Health and Human Services Committee

From: Charles E. Simmons  
Secretary

Re: HB 2127

HB 2127 amends K.S.A. 65-6015, 65-6016, and 65-6017 by expanding the types of infectious diseases that a court could order an inmate tested for in the event a corrections employee is exposed to that inmate's body fluids. Current law limits court orders to the testing for the human immunodeficiency virus (HIV) and hepatitis B. The proposed bill would provide authority for a court to order the testing of an inmate for any infectious disease communicable from one person to another through contact with body fluids.

The requirements provided by current law that the inmate who is the subject of the court order must have refused to voluntarily submit to the testing unless exigent circumstances exist and the employee exposed to the body fluid has voluntarily agreed to testing, including appropriate follow-up testing, are retained. The bill also expands the definition of "corrections employee" to include the employees of contractors who provide services in a correctional institution.

Tests utilized for the detection of infectious diseases would be limited to those tests approved by the Secretary of Health and Environment. HB 2127 would permit courts to order testing based upon the most current medical advancements in testing and therapy.

Due to the length of time that is required for a person who is exposed to and infected with a disease to test positive for the disease, it is beneficial in the provision of prophylactic treatment

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HB 2127

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or decisions regarding future testing to know whether the person who is the source of the potential infection actually has the disease. Knowledge of whether a person with whose body fluids an officer has been exposed has hepatitis C is useful information to the officer's medical provider in determining appropriate follow up testing for the officer. In the case of sexually transmitted diseases such as Gonorrhea, Chlamydia, and VDRL, knowledge that an assailant tested positive for those diseases provides a basis for the administration of prophylactic treatment to the officer.

The Department requests favorable consideration of HB 2127.

CES/TGM/cj

cc: Legislative file



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

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*KDHE Testimony Example*

**Testimony on HB 2127**

to

**House Health and Human Services Committee**

**Presented by Gianfranco Pezzino, MD, MPH**

**State Epidemiologist**

**Kansas Department of Health and Environment**

**296-6536**

**[gpezzino@kdhe.state.ks.us](mailto:gpezzino@kdhe.state.ks.us)**

**February 1, 2001**

Chairperson Boston and members of the Health and Human Services Committee, I am pleased to appear before you today to discuss HB 2127.

This bill expands the provisions for disclosure to corrections employees of information on individuals affected by hepatitis B or HIV, if the body fluids of these individuals come in contact with an employee. The statute allows also for a court-ordered laboratory test of an individual who exposes to his or her body fluids a correctional employee, if the individual refuses to submit to the test voluntarily.

While we have no objections to the expansion of the statutory provisions to include contractual employees, we are concerned about the proposed expansion of the scope of the current statute to include all diseases transmitted through body fluids. This expansion appears unnecessarily broad, and would include many diseases that are very unlikely to be transmitted to correctional employees during their duty, such as sexually transmitted diseases. This is coupled with a very broad definition of "body fluids" and with a lack of definition of "exposure" as an event likely to transmit the infection. If the current bill is approved, a court could in theory order an individual who, for example, spit on a correction officer to be tested for a sexually transmitted disease, even though this disease could not be transmitted to the officer through a similar incident.

From the medical point of view, the only infections that could concern correction employees accidentally exposed to body fluids of offenders, and for which knowledge of whether the source of the exposure was infected is helpful in the management of the exposed employee,

are hepatitis B and HIV. These are already included in the current statute. Therefore, we cannot find any reasons to expand the current statutory provisions that allow mandatory testing to include other diseases.

The bill also requires the secretary of health and environment to approve tests for the detection of these infectious diseases. This is a list that could potentially include hundreds of tests, and its compilation and maintenance would cause a significant administrative and fiscal burden. The fiscal burden is hard to quantify at this time, because we have not had a chance to research the issue thoroughly and assess how many diseases and tests would be included in this list, but it is likely that it would require a significant portion of a staff position's time to compile and maintain the list.

On this ground the Kansas Department of Health and Environment opposes the bill in its current format.

I thank you for the opportunity to appear before the Health and Human Services Committee and will gladly stand for questions the committee may have for me on this topic.