

Approved: 3-13-01
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on January 25, 2001 in Room 231-N of the Capitol.

All members were present except: Senators Salmans and Harrington

Committee staff present: Ms. Emalene Correll, Legislative Research Department
Ms. Lisa Montgomery, Revisor of Statutes
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee: Dr. Michael Moser, Director of Health,
Kansas Department of Health & Environment
Dr. Gianfrance Pezzino, MD, State Epidemiologist
Kansas Department of Health & Environment
Mr. Thomas Bell, Sr. Vice President/Legal Counsel,
Kansas Hospital Association
Ms. Susan George, ARNP-C, Director
Kansas State University Research & Extension Associate
Mr. Kevin Robertson, Director of Public Advocacy
American Heart Association

Others attending: See attached guest list.

Hearing on SB64 - HIV and AIDS reporting.

Upon calling the meeting to order, Chairperson Wagle announced that before the hearing, Ms. Emalene Correll, Legislative Research, would present a brief overview of the bill. Ms. Correll explained SB 64.

Chairperson Wagle then introduced Dr. Michael Moser, Director of Health, Kansas Department of Health & Environment, who introduced Dr. Gianfrance Pezzino, MD, State Epidemiologist who gave a report based on the first 12 months of HIV surveillance that was completed in December 2000. A copy of his presentation is (Attachment #1) attached hereto and incorporated into Minutes by reference.

Next proponent to testify was Mr. Thomas Bell, Senior Vice President/Legal Counsel, Kansas Hospital Association. Mr. Bell stated that the bill makes two changes to current law: adding "hospital administrator" to the category of those who must report cases of HIV infection and it removes the July 1, 2001 sunset provision for the HIV reporting requirements. They do support the bill but do suggest that the "hospital language" is not well defined in Kansas law. A copy of his presentation is (Attachment #2) attached hereto and incorporated into Minutes by reference

A healthy discussion of questions, comments, and answers ensued between Committee members and Mr. Bell, Dr. Moser, and Dr. Pezzino.

Overview of the Kansas Rural Stroke Prevention Project

The Chairperson then introduced Ms. Susan George, ARNP-C, Director, Kansas Rural Stroke Prevention Project, Kansas State University Research & Extension Associate. A copy of her presentation is (Attachment #3 and #4) attached hereto and incorporated into Minutes by reference. Ms. George shared information on the history of the Kansas Rural Stroke Prevention Project, stroke warning signs, its coalition partners, and its educational programs. Ms. George also introduced Mr. Kevin Robertson, Director of Public Advocacy, American Heart Association.

A healthy discussion of questions, comments, and answers ensued between Senators Barnett, Brungardt, and Praeger and Ms. George and Mr. Walter.

Introduction of bills

The next order of business was bill presentation. Dr. Moser introduced legislation concerning child care records. Mr. Kevin Robertson introduced legislation that would allow certain practices to practice under a trade name. A copy of Dr. Moser and Mr. Robertson's proposals are (Attachments #5 and 6) attached hereto and incorporated into Minutes by reference. Senator Praeger also introduced legislation that she said somewhat related to dentists that would require the Board of Regents to negotiate education placements. And lastly, legislation was introduced by Chairperson Wagle for Senator Salmans who had to leave for a meeting. Senator Salmans wanted to call for an individual bill allowing addiction counselors to receive licensure.

As there was only one minute left before the meeting was to end, Senator Praeger made a motion the Committee introduce the proposed legislation. It was seconded by Senator Haley. The motion carried.

Adjournment

The meeting adjourned at 2:30 p.m.

The next meeting is scheduled for January 29, 2001.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

15 in attendance

GUEST LIST

DATE: Thursday, January 25

NAME	REPRESENTING
Michael Moser	KDHR
GIANFRANCO PEZZINO	KDHE
Rav / Milhon	KDHE
Jim Schalanstky	KDOA
Tom Bell	KHA
John Peterson	Ks Government Consulting
Kevin Peterson	Ks Dental Assn
hou Saadi	ICDHE
Mally Finney	Ks. Public Health Assn.
KEITH R. LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
KEVIN M. WALKER	AMERICAN HEART ASSN.
Susan George ARNP	Kansas Rural Stroke Prevention Project
Kerri Spielman	Ben May Ldr's Office
Jalie Heia	Ham & Deer
Patti Kregel	Polsinelli Stratton Welte



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

Testimony on SB 64
to
Public Health and Welfare Committee
Presented by Gianfranco Pezzino, MD
State Epidemiologist
296-6536
gpezzino@kdhe.state.ks.us

January 25, 2001

Chairperson Wagle and members of the Public Health and Welfare Committee, I am pleased to appear before you today to discuss SB 64, which deals with reporting to public health authorities of HIV infections.

HIV name reporting was approved by the 1999 state legislature after years of discussion between our agency, community-based organizations, HIV infected individuals, and health care providers. At that time there was a broad support for this requirement. However, concerns and uncertainty remained around how the new requirement could impact HIV testing practices. For those reasons a requirement was introduced for the Secretary of Health and Environment to present a report on the impact of these changes by January 8, 2001, and for the statutes on HIV and AIDS reporting to be repealed on July 1, 2001 (in the absence of a legislative action to re-authorize them). It should be noticed that the sunset provision would affect not only HIV, but also AIDS name reporting, which has been in place in Kansas for almost a decade. This bill removes the sunset provision and makes HIV and AIDS reporting a permanent statutory requirement in Kansas.

A report based on the first 12 months of HIV surveillance was completed in December, 2000 and submitted to the state legislature, as required. The report showed that HIV name reporting resulted in the identification of 99 infected individuals, 11 of which were found as a result of case investigations and partner notification activities. The number of individuals seeking testing at public sites was virtually unchanged compared to the same period of the previous year. All public sites are also offering an anonymous testing option, as required by state law, but the great majority of test requests submitted to our state laboratory contained the name

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of the individual being tested.

The first year of implementation of the HIV name reporting requirement has shown some clear benefit:

1) The information collected is very valuable for preventive activities targeting groups at high risk of infection.

2) The reporting system provides direct benefits to the individuals identified as infected, through access to counseling on how to contain the infection, early therapy, and partner notification services.

3) The information collected enables Kansas to be more competitive in the allocation process of federal grant, because it allows to demonstrate more clearly the needs of our state.

4) All these benefits were obtained with no detectable adverse consequences. In particular, there was no reduction in the number of individuals tested through public sites, and there was no violation of individual privacy and confidentiality.

During the implementation of the new reporting requirements it became clear that many reports are being submitted by hospitals on behalf of their physicians, as it is customary for most reportable conditions. However, K.S.A. 65-6002 does not specifically require or authorize health care facilities to report cases of HIV or AIDS. For that reason, while these reports are essential for the good functioning of the HIV surveillance system, they are not subject to the same high level of protection granted by state laws to reports submitted by physicians and laboratories. The addition of these facilities to the list of individuals required to report HIV infection, as proposed in this bill, would address this limitation.

If this legislative initiative is not approved, both HIV and AIDS would no longer be reportable conditions in our state. This would preclude our agency from conducting any surveillance activities, identifying individuals and groups at high risk of infection and disease, and targeting prevention and care programs accordingly. It would also jeopardize federal funding for the HIV/AIDS program, since this funding is linked to demonstrated needs and outcome evaluations that can be defined only through a good surveillance system. AIDS is currently reportable in all states and territories, while HIV is reportable in over 30 states.

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

Memorandum



Donald A. Wilson
President

To: Senate Public Health and Welfare Committee

From: Kansas Hospital Association
Thomas L. Bell, Sr. Vice President/Legal Counsel

Date: January 25, 2001

Re: Senate Bill 64

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of Senate Bill 64. This bill makes two changes to current law. First, it adds "hospital administrator" to the category of those who must report cases of HIV infection. Second, it removes the July 1, 2001 sunset provision for the HIV reporting requirements.

We support the removal of the sunset provisions as a way to maintain a public health tool for addressing this issue. However, we have a suggestion regarding the "hospital administrator" language. This term is not well defined in Kansas law and could mean different things in different facilities. It could also apply to numerous people in many hospitals. Additionally, the person most considered as the "hospital administrator" would often not receive the report indicating laboratory confirmation of HIV infection. Our suggestion is that the bill be amended to include the term "medical care facility", which is well defined in the Kansas statutes, in place of "hospital administrator." This would make it clear that each hospital has an obligation to make the report, but the proper person in the facility could be designated to report.

Thank you for your consideration of our comments.

Kansas Hospital Association

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Attachment 2-1*

The Kansas Rural Stroke Prevention Project

A project of Kansas Department of Health and Environment and K-State Research and Extension Office of Community Health
with program assistance from the United Methodist Health Ministry Fund
Susan George, ARNP-C, Box 755, Hays, KS 67601 phone/fax 785-628-1208 e-mail: stroke_project@media-net.net

- Started in 1995 as a regional program in Northwest Kansas. Expanded to a statewide project in 1999
- Provides medical education and community awareness programs on stroke, risk reduction and recent developments in stroke treatment
- Led effort to create a statewide coalition of healthcare decision makers to focus on stroke issues
- Coalition partners include:
 - American Heart Association/American Stroke Association
 - Kansas Department of Aging
 - Kansas Department of Health and Environment
 - Kansas State University Research and Extension Office of Community Health
 - Kansas Hospital Association
 - Kansas Medical Society
 - Kansas Chapter of the American Academy of Family Physicians
 - Kansas Chapter of the American College of Physicians
 - Kansas Association of Osteopathic Medicine
 - Kansas Pharmacy Association
 - Kansas University Medical Center – Center on Aging
 - United Methodist Health Ministry Fund
- 945 nurses and 104 long-term caregivers in 94 counties have been trained through the Project
- 1,089 seniors have participated in 23 educational sessions offered through the Area Agencies on Aging and other community groups
- Developed materials for educational program used in all County Extension Offices. 700 county agents and community volunteers have been trained to use the materials.
- 2000 workshop provided technical training to 145 nurses and physicians
- 389 emergency responders in 36 counties received training in rapid recognition and transport of stroke victims
- The Project, in conjunction with its Coalition partners, will provide stroke treatment standards to hospitals and offer a major educational opportunity to medical professionals this Spring
- State funding history – FY2000 budget included \$100,000 from the State General Fund. FY2001 budget included a maximum of \$156,000 through the KDHE's Trauma Fund. The Governor has not included the Rural Stroke Prevention Project in his FY2002 Budget Recommendations. This is consistent with his budget recommendations for FY2000 and FY2001

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Stroke Facts

- Stroke is the third leading cause of death in Kansas. According to the 1999 edition of Kansas Vital Statistics, 1,837 Kansans died from stroke. This is behind only heart disease causing 9,138 deaths and cancer causing 5,315 deaths
- Approximately 600,000 Americans suffer a new or recurrent stroke each year
- For people over age 55, the incidence of stroke more than doubles each successive decade
- Nearly 22-percent of Kansans are aged 55 or over
- 60.8 percent of stroke victims are women
- African-Americans have a 38-percent greater risk of incidence of first stroke than whites
- Approximately 4.4 million stroke survivors are alive today in the United States
- 50 to 70-percent of stroke survivors regain functional independence, but 15 to 30-percent are permanently disabled. Institutional care is required by 20-percent at three months after onset
- Risk of stroke can be greatly reduced through proper diet, exercise and controlling blood pressure and cholesterol levels. Non controllable risk factors include age, gender, race, family history of heart disease, stroke or diabetes
- Recent advancements, such as tissue plasminogen activator (tPA), aids physicians in treating stroke victims

Stroke Warning Signs

Sudden numbness or weakness of face, arm or leg – especially on one side of the body
Sudden confusion, trouble speaking or understanding
Sudden trouble seeing one or both eyes
Sudden trouble walking, dizziness, loss of balance or coordination
Sudden severe headache with no known cause

If you think you or someone with is having a stroke call 911 immediately! Time is critical in successfully treating stroke victims

K.S.A 2000 Supp. 65-525 is hereby amended to read as follows: 65-525 (a) Information in the possession of the department of health and environment received pursuant to K.S.A. 65-501 et seq. regarding child care facilities, maternity centers or family day care homes shall not be released publicly in a manner that would identify individuals, unless required by law.

Records or its agents

(b) The name, address and telephone number of a child care facility, maternity center or family day care home shall not be released publicly unless required by law.

Records containing the in the possession of the department of health and environment or its agents

(c) Information that cannot be released by subsection (a) or (b) may be released to: (1) An agency or organization authorized to receive notice under K.S.A 65-506, and amendments thereto; (2) a criminal justice agency; (3) any state or federal agency that provides child care services or provides child protective services; or (4) any federal agency for the purposes of compliance with federal funding requirements;

Records, funding for child care; (5) any local fire department; (6) any child and adult care food program sponsoring agency; or (7) any local disaster agency

(d) Any state or federal agency receiving information under subsection (a) or (b) shall not disseminate the information without the consent of the person whose information will be disseminated unless required by law. Any person, other than a state or federal agency, receiving information under subsection (a) or (b) shall not disseminate the information without the consent of the person whose name will be disseminated unless required by law.

or any person records records records Any state or federal agency or any person receiving records under subsection (e) may disseminate the information contained in the records without the consent of the person whose records will be disseminated.

Somebody's name is in there or the

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1-25-01
ATTACHMENT 5

e) The secretary of health and environment may release the name, address and telephone number of a maternity center, child care facility or family day care home when the secretary determines that the release of the information is necessary to protect the health, safety or welfare of the public or the patients or children enrolled in the maternity center, child care facility or family day care home.

2-5

(e) In any hearings conducted under the licensing or regulation provisions of K.S.A. 65-501, *et seq.* and amendments thereto, the hearing officer may close the hearing to the public to prevent public disclosure of matters relating to persons restricted by other laws.

(f)

044 amendments-5-2

KANSAS DENTAL ASSOCIATION

Practice Names

65-1435. Improper use of certain names by dentists; exceptions; suspension or revocation of license.

(a) Except as otherwise provided in this section, it shall be unlawful for any person or persons to practice or offer to practice dentistry under any name except such person's own name, which shall be the name used in the license certificate granted to such person as a dentist as provided in this act, ~~or to use the name of any company, association, corporation, clinic, trade name or business name in connection with the practice of dentistry as defined in this act.~~ **provided however,**

(b) a licensed dentist may use the name of any association, corporation, clinic, trade name or business name in connection with the practice of dentistry as defined in this act except that such name may not misrepresent the dentist to the public as determined by the Kansas Dental Board.

~~(b)~~ (c) Nothing herein contained shall be construed to prevent two or more licensed dentists:

(1) From associating together for the practice of dentistry, each in such person's own proper name; or

(2) from associating together for the practice of dentistry in a professional corporation, organized under the professional corporation law of Kansas, under a corporate name, established in accordance with the professional corporation law of Kansas, that may or may not contain the proper name of any such person or persons; or

(3) from associating together with persons licensed to practice medicine and surgery in a clinic or professional association under a name that may or may not contain the proper name of any such person or persons and may contain the word "clinic."

~~(c)~~ (d) It shall be unlawful, and a licensee may have a license suspended or revoked, for any licensee to conduct a dental office in the name of the licensee, or to advertise the licensee's name in connection with any dental office or offices, or to associate together for the practice of dentistry with other licensed dentists in a professional corporation, organized under the professional corporation law of Kansas, under a corporate name, established in accordance with the professional corporation law of Kansas, that may or may not contain the proper name of any such person or persons or to associate together with persons licensed to practice medicine and surgery in a clinic or professional association under a name that may or may not contain the proper name of any such person or persons and may contain the word "clinic," unless such licensee is personally present in the office operating as a dentist or personally overseeing such operations as are performed in the office or each of the offices during a majority of the time the office or each of the offices is being operated.

~~(d)~~ (e) Nothing in this section shall be construed to permit the franchise practice of dentistry.

~~(e)~~ (f) The violation of any of the provisions of this section by any dentist shall subject such dentist to suspension or revocation of a license.

History: L. 1943, ch. 221, § 19; L. 1984, ch. 230, § 1; April 26.

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