Approved: 03-13-02
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The joint meeting of the Senate Public Health and Welfare and Health and Human Services Committees was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on January 16, 2002 in the Memorial Hall Auditorium, Room 210.

All members were present except:

Committee staff present: Ms. Emalene Correll, Kansas Legislative Research Department
Ms. Renae Jefferies, Revisor of Statutes
Ms. Lisa Montgomery, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant
Ms. Jocilyn Oyler, Senator Wagle's Intern

Conferees appearing before the committee: Mrs. Sharon Patnode, KDHE Assistant Secretary

Others attending: See attached guest list.

Overview of KDHE

Upon calling the joint meeting of the Senate Public Health and Welfare and the House Health and Human Services Committees to order, Chairperson Susan Wagle introduced Mrs. Sharon Patnode, Assistant Secretary, Kansas Department of Health and Environment.

Ms. Patnode offered an overview of the workings of the Kansas Department of Health and Environment (KDHE). A written copy of the overview is (Attachment 1) attached hereto and incorporated into the Minutes by reference. Mrs. Patnode shared information on the current snapshot of prevention, money saving issues, and funding and statistics. She also gave a quick overview of leading causes deaths in Kansas, the role of our local health department in improving health in Kansas, and public health intervention (ex. bioterrorism and the anthrax response.) Lastly, she presented preliminary informaiton on bills to be introduced.

Following Mrs. Patnode's presentation, Chairperson Wagle thanked her and requested comments or questions from the two Committees. Representative Wells asked, while Kansans are fairly healthy according to the chart provided, were there numbers to compare with other states. Ms. Patnode stated the numbers available were generally in different areas, ex. illnesses or behaviors. She called upon Mr. Dick Morrissey, Director of the Office of Local and Rural Health, who stated that there was a national ranking produced by the insurance companies, ranking the states by index. Senator Wagle asked that this be provided to Committee members.

Introduction of bills

Chairperson Wagle then said she would entertain a motion to introduce some bills that the KDHE has requested. Summary information and proposed statute language is (Attachment 2) attached hereto and incorporated into the Minutes by reference. Representative Morrison made the motion to introduce the proposed bills. Representative Swenson seconded the motion and the motion carried and allowing Chairpersons Wagle and Boston to determine where the bills will go so to start the process on only one side of the Capital. With this, the meeting was adjourned.

Adjournment

Adjournment time was at 1:59 p.m.

The next meeting is scheduled for January 23, 2002.

HEALTH AND HUMAN SERVICES

DATE January 16, 2002

NAME	REPRESENTING
Joe L. Turnbull	KDHE
Michael White	1-800-CONTACTS / KPTA
Scott Heidner	KS Dental Hyg. Assn.
Lenore Poline	KDHE / DHEL
Mary Grassmann	KDHE / BCH Food Protection
Dick Morrissey	KDHE
Gail Hansen	KDHE / BEDP
Marla Rhoden	KDHE
Ric Baird	KPTA
Ann Sundgren	KPTA
Jennifer Orth	Carlon Consulting
Chip Wheelen	KAOM
Carolyn Middendorf	Ks St Dr Assn
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Kevin Robertson	KS DENTAL ASSN
Michelle Peterson	Ks. Governmental Consulting
PHILIP A. HURLEY	PAT HURLEY & CO / KAFP
Mary Blubaugh	KSBN
Betty Lewis	KBOC
Julie Hein	Hein + Weir
Sarah Payne	Hein + Weir
Gary Robbins	KS Opt. Assn
Joanna Bowen	Payne Ray Merrick
Cathy McMorris	KTLA
Lou Saadi	KDHE
	KDHE
Sharon Patrick	KDHE

HEALTH AND HUMAN SERVICES

DATE______________________

NAME	REPRESENTING
LARRY BUENING.	BD OF HEALING ARTS

Kansas Department of Health & Environment

State of Health in Kansas

Volume 1, Issue 1

January 2002

2000 Demographics

- Estimated population: 2,688,418
- Median age: 35.2 years
- Percent of population below poverty (1999) 12.2
- 39,664 live births compared to 38,748 in 1999
- Infant mortality rate: 6.7 deaths per 1,000 live births (the lowest ever recorded in Kansas)
- 24,676 deaths compared to 24,380 in 1999
- Average age at death 74.7 years

Kansas Department of Health and Environment

1000 SW Jackson, Suite 540, Topeka, KS 66612

785-296-1500

Visit us on the web: www.kdhe.state.ks.us

Public Health in Kansas

The Department of Health and Environment attempts to prevent disease and injury by protecting, promoting, and improving Kansans' health through a variety of public health service delivery and regulatory programs at both the state and local level.

These programs are designed to protect Kansans from communicable diseases, ensure safe adult and child care facilities, inspect food services for proper sanitation, assess environmental health risks, improve access to medical care, and promote healthy lifestyles which may help in diminishing chronic diseases.

Over the long-term, preventive health services reduce costs and save money. Treating problems is not enough, we must also invest in proven methods of reducing the demand for medical services.

As an example, reducing the number of premature and low birth weight babies has an important fiscal impact. Although most babies born in Kansas are healthy, those that are not cost the state millions in the Medicaid budget each year. The average baby born weigh-

(Continued on page 3)

Public Health Funding Low in Kansas*

- Kansas ranks **47th** in total public health expenditures per capita.
- Kansas ranks **44th** in public health expenditures per capita that come from SGF.
- Kansas spends 3.3% of its total health care expenditures on public health, ranking **45th**.
- Approximately 67% of the Division of Health's expenditures are from **federal funding.**
- $58.3 million of the Division of Health's expenditures are in the form of **aid to local governments** or grants to agencies and individuals.

*1999 data

Leading Causes of Death in Kansas

Since 1900, the life expectancy of Americans has increased from 45 to 75 years. Public health interventions, such as improved nutrition, safe drinking water, and sanitation, have been the most important factors in this improvement in our health status. Other types of health care are important but none have contributed as significantly as public health to the health gains we benefit from today.

During 2000, 24,676 resident deaths occurred. The number of Kansas resident deaths represented a 1.2 percent increase from the 1999 total of 24,380.

The average age at death of Kansas residents in 2000 was 74.7 years. This figure is 2 percent higher than the average age at death of 73.2 years in 1990. The average age at

(Continued on page 2)

Leading Causes of Death

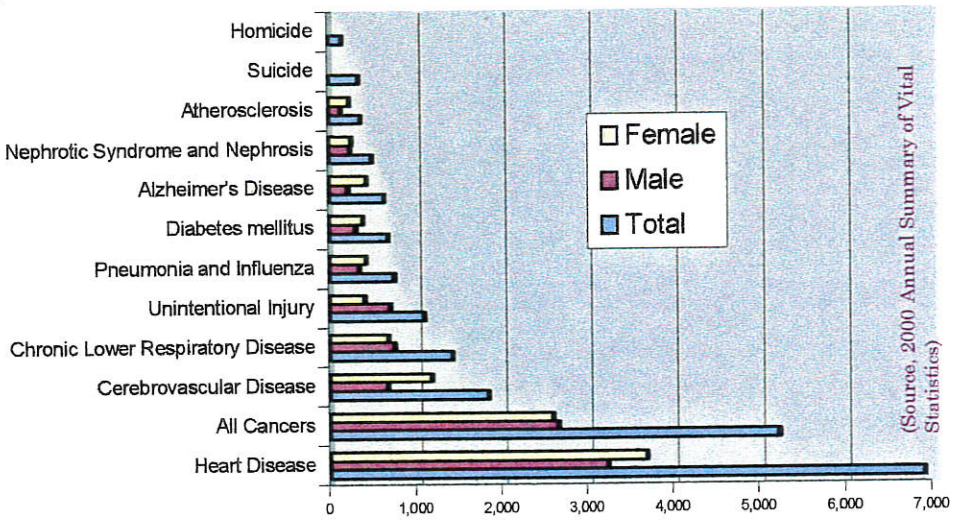
(Continued from page 1)
death for males in 2000 was 70.8 years and for females 78.3. The average age at death for blacks was 64.7 years, compared to 75.4 for whites.

In 1900, the leading causes of death in the United States were pneumonia, tuberculosis, and infectious diarrhea and enteritis, which together caused one third of all deaths. In 2000 the leading causes of death in Kansas were heart disease and cancers, which together accounted for 49% of all deaths.

Effective public health measures, in combination with effective antibiotics, produced a steady decrease in many types of infectious diseases during the 20th century. These infectious diseases are kept in check by a mostly invisible mesh of public health and medical control measures. Public health constantly monitors the occurrence of critical infections to be sure that those control measures are working.

The leading causes of death at the start of the 21st century are caused by a complex mix of behavior and biology. Public health efforts to reduce unhealthy behaviors have already had significant impact on the toll of illness and death from these diseases.

Leading Causes of Death in Kansas, 2000



Health Behaviors and Risk Factors

While Kansans are fairly healthy, compared to residents of other states, many of us still engage in a number of unhealthy behaviors. State and national surveys indicate that Kansans report high rates of the following unhealthy behavior patterns:

- 82% are physically inactive (less than 30 minutes a day, five days a week)
- 59% are overweight or obese
- 45% fail to use a seat belt
- 21% are regular cigarette smokers
- 13% regularly use alcohol or tobacco

Unhealthy behaviors are markers for a higher probability of disease. The leading killers of our time are felt to be caused by combinations of factors; unhealthy behaviors are often part of the lethal combination, but they are also the part that is most readily removed. Where unhealthy behavior is part of the cause of a disease such as heart disease or cancer, reduction or elimination of the unhealthy behavior has the potential to save thousands of lives each year, as well as reducing suffering and the cost of medical care. Some unhealthy behaviors are so important in the development of certain diseases that they can be thought of as the cause in the more usual sense of that word. For example, cigarette smoking is strongly linked to occurrence of emphysema in that way. In Kansas, more than $500 million in direct and indirect health care costs each year are attributable to smoking.

Another important factor in health status is access to care. Access to primary care plays an important role in the prevention of complications or death due to dis-

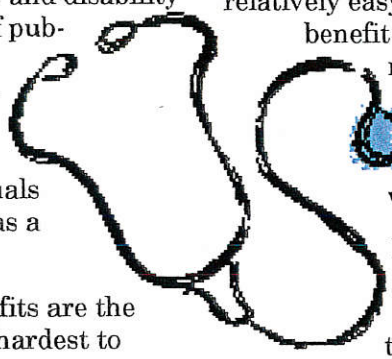
(Continued on page 3)

Estimated "Real" Causes of Death in Kansas 1999

Cause	Estimated Number of Deaths	Percent of Total Deaths
Tobacco	4600	19.0
Diet/Inactivity	3500	14.3
Alcohol	1200	4.8
Certain Infections	1050	4.3
Toxic Agents	700	2.9
Firearms	400	1.7
Sexual Behavior	350	1.4
Motor Vehicles	300	1.2
Drug Use	250	1.0
Total	**12,350**	**50.5%**

The Role of Local Health Departments In Improving the Health of Kansans

Prevention of disease and disability is the central focus of public health. To accomplish disease prevention, public health agencies deliver services both to individuals and to communities as a whole.



The community benefits are the largest, but also the hardest to measure or even understand. It is relatively easy to understand the benefit when children do not get measles, whooping cough and diphtheria because they were immunized.

It can be harder to appreciate the benefits of prevention activities directed at the chronic conditions that are today's leading causes of death. Such conditions include heart attack, stroke, cancer, diabetes, obesity and unintended injuries.

The most effective preventive measures for these conditions are not clinical interventions. According to scientific research, comprehensive blends of individual and

(Continued on page 4)

Public Health in Kansas

(Continued from page 1)

ing less than 2 pounds, 4 ounces will stay in the hospital 112 days at a cost of approximately $285,000. Prenatal care provided through local health departments to low income women emphasizes the reduction of risks such as substance abuse, late or no prenatal care, environmental and psychosocial stresses, and nutritional needs. Services often include family planning, child health assessments and immunizations, supplemental food and nutrition programs, substance abuse counseling, and parenting education.

Another example of the impact that public health initiatives have on reducing medical costs is in senior health care. Kansas tops the US Census Bureau's list of twenty-five counties in the United States with the oldest populations having 8 of the 25 oldest counties. This shift in demographics will have a direct impact on future Medicaid and Medicare costs.

Kansas is well below the national goal of 90% of all adults over age 65 immunized against influenza and pneumonia. Kansas immunizes 68% for influenza and 59% for pneumonia. Each year almost 800 Kansans will die from pneumonia and influenza alone. A direct medical care cost savings of $73 per person could be realized by simply providing an influenza vaccination to senior citizens.

Faced with funding these health care costs, it is essential that our Kansas communities have adequate preventive health services such as communicable disease control to minimize these future cost increases.

Health Behaviors and Risk Factors

(Continued from page 2)

ease. Approximately 11% of Kansans go without health insurance. Lack of insurance is most prevalent among young adults, low-income families, the unemployed and self-employed, and non-whites and Hispanics. Adults who lack health insurance are more likely to forego primary care due to costs.

Socio-economic factors and demographics also play a part in health status. For example, increased economic well-being is associated with increased positive health behaviors such as use of seat-belts, better nutrition, and lower use of cigarettes and alcohol. Each factor, age, gender, income, education attainment, and population density, can be implicated as its own risk factor in a number of behaviors. Thus, investments in changing one factor may be leveraged into a positive pay-off in a number of other behaviors associated with that factor.

The Role of Local Health Departments In Improving The Health of Kansans

(Continued from page 3)
population services are the most effective ways to reduce these problems. Effective prevention of these conditions in communities and states depends on prevention activities spread across one's entire life span. Local health departments are irreplaceable elements of an effective community response to these needs.

The 99 local health departments in Kansas provide prevention services in all 105 counties across the state. The services they provide encompass everything from immunizations to health education to restaurant inspections to enforcement of sanitation codes.

Local health departments are the direct interface between the citizens and the public health system. They provide a tremendous resource to the community and do a tremendous job providing services in their communities.

However, many local health departments are not prepared to handle the global health threats of the 21st century The lack of preparedness is largely due to gaps in workforce capacity, the lack of specialized training, and the organizational capacities of local and state health departments and laboratories.

The shortage of resources has a direct impact on the health of our population. Kansas continues to fall behind in preventive health services due to stagnant and, in some cases, decreasing funding. The state formula funding is only $0.3 M more than it was in 1984. We can no longer afford to be 45th in the nation.

Anthrax Response Since October 1, 2002

- A total of **1150** phone calls to KDHE about anthrax and/or bioterrorism.
- Of those calls over **813** were received on the toll-free disease reporting hotline.
- **202** nasal swabs collected from members of a Topeka group that were visiting in the Hart Senate Office Building when the letter was received by Sen. Daschle.
- **96** monitoring samples collected at the Docking building from the Department of Revenue mail machines.
- Over **60** environmental samples consisting of pieces of mail, suspicious powders and other miscellaneous specimens including cash from KTA toll booths, mail carts, posters, cassette tapes and file cabinets.
- Almost **400** samples tested in Kansas; **all** samples tested negative for anthrax.

New Threats in the 21st Century

Recently, all of our lives were touched by the threat of bioterrorism. The deliberate contamination of letters with anthrax on the East Coast produced a heightened awareness across the nation of the danger of bio-terrorism.

No cases of anthrax have occurred in Kansas as a result of the recent outbreaks. In fact, the last reported case of anthrax in Kansas occurred in 1972.

After the first diagnosis of anthrax in Florida, KDHE began receiving inquiries from local health departments, law enforcement agencies, physicians, businesses, and members of the public. KDHE staff maintained constant communication with federal health officials and assured that critical information was transmitted to Kansas health care providers and health departments.

KDHE began preparing for bioterrorism in 1999. The Kansas Health Alert Network, combined with, enhanced capacity at the State Health and Environment Laboratory, and trained epidemiology staff were some of the results of that preparation that allowed KDHE to deal adequately with the information and laboratory needs that emerged from the anthrax problems. KDHE staff are continuing to improve public health preparedness for bioterrorism in Kansas.

This preparation is a partnership involving state and local health departments, law enforcement, emergency management agencies, and health providers across the state.

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT

BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

KDHE Agency Briefing
to the
Joint Committee Meeting of the
Senate Public Health and Welfare Committee
and the
House Health and Human Services Committee

January 16, 2002

Chairs Wagle and Boston and members of the Joint Committee meeting, the Kansas Department of Health and Environment is pleased to appear before you today with an update of activities the agency has conducted.

Since September 11th, much of KDHE has been focused on responding to and preparing for activities and issues related to bioterrorism. Our staff has been cooperating and coordinating with the Office of the Adjutant General who has primary responsibility for dealing with such events in Kansas.

The Health Alert Network is up and running connecting all local health departments with KDHE so that immediate notification regarding bioterroristic events and issues can be simultaneously given across the State.

Following are some examples of the issues and activities KDHE and local health departments have dealt with since September 11th.

First, I will assure you there were no positive cases of anthrax in Kansas in 2001. However, after the anthrax cases that began in Florida on October 1, 2001, KDHE's Bureau of Epidemiology and Disease Prevention began getting a large number of inquiries from law enforcement agencies, local health departments, physicians, businesses, and members of the public. The Bureau already had in place a toll free hotline for disease reporting with 24 availability, and were able to reconfigure that system to receive the larger volume of calls. Besides the five epidemiologist answering technical questions, there was a revolving team of 18 persons from throughout the agency who volunteered and were trained to help screen and refer calls.

In October, there were 602 calls on the hotline and a total of about 850 calls on anthrax and bioterrorism related issues. In November, there were 211 calls on the hotline and a total of about 300 bioterrorism calls handled by the Bureau. KDHE was in constant contact with the Adjutant General's office, and we shared our log of probable and suspicious calls with the Department of Emergency Management. We conferred with local, state and federal law enforcement on suspicious, threatening, or concerning incidents.

Epidemiologist carried pagers after hours and received over 50 emergency pages in the evenings and weekend in October regarding suspicious or threatening incidents. Incidents ranged from a suspicious white

Senate Public Health & Welfare Committee
Date: January 16, 2002
Attachment 3

powder found in an envelope at a school where the envelope traveled throughout much of the school building, to a letter with suspicious markings and white powder sent to a large beef packing plant, to concerns for members of a Kansas delegation who had been to the Hart Building in Washington, D.C. at the time the anthrax-laden letters were received by Senator Daschle.

In addition, we saw the number of website "hits" rise dramatically. The Epidemiology Services (infectious disease) website traffic increased from about 7,800 website visits for an average month to 13, 243 in October and 9,766 in November. The Health Alert Network (HAN), which has both member and public sections on its website, had a sharp increase from about 4,000 visits in September to 71,274 in October and 24,893 in November. This website includes specific information and links for public health, private health care providers and members of the public. We continued to keep the websites current with updates daily or more often as needed. The websites now are updated weekly, or more often if needed.

We gave informational presentations on anthrax and updates on information to agency staff, Facilities Management, the Department of Emergency Management, and the Department of Administration during October and November. Three mailings were sent to physicians across the state with updated information on anthrax and bioterrorism. Most mailings targeted physicians in family practice, general medicine, infectious diseases, pediatrics, internal medicine, public and emergency care as well as to all the local health departments. One mailing was sent to all licensed physicians and DO's in Kansas.

The agency was in constant communication with officials from all other states, Washington, D.C. and CDC on national and regional updates as they became available.

Not only did KDHE answer phone calls, but the KDHE Laboratory at Forbes Field Since the day the tested about 400 samples. Examples of items tested included:

202 nasal swabs collected from members of the Topeka delegation that were in the Hart building when the day the letter was received and employees of the Brentwood postal facility.

96 monitoring samples collected at the Docking building from the Dept. of Revenue mail machines.

Over 60 environmental samples consisting of pieces of mail, suspicious powders and other miscellaneous specimens including cash from Kansas Turnpike Authority toll booths, mail carts, posters, cassette tapes and file cabinets.

None of these samples tested positive for anthrax. The screening efforts of Epidemiological Services and numerous state and local agencies that eliminated low probability threats prevented the laboratory from being overwhelmed with specimens from an anxious public. The receipt of two one-dollar bills from a KTA toll booth illustrates the degree of anxiety. Only a minute number of crystals were found. Examination under a microscope indicated the most probable identity was sugar glaze of the type used on donuts. However, there was insufficient sample for further testing and none appeared to be warranted.

The incidents faced by our nation and those described above have brought many issues into high relief - one of those issues in Kansas has been the status of our local public health departments to meet the demands that could be placed upon them by a bioterrorism event. Secretary Graeber's first funding priority has for the past several years been a request for an increase in funding for local health departments. Investigation of bioterroristic or related events take a number of staff and training which is lacking in the majority of

Kansas' local health departments. The Governor's budget has recognized the importance of local health departments by holding them harmless in his budget recommendation. Local health departments continue to carry out crucial services to Kansans, such as providing childhood immunizations, providing services to low income moms and newborns, and a variety of other preventive services.

Thank you again for this opportunity, KDHE staff and I are pleased to respond to your questions at the appropriate time.

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

Presentation of Legislative Initiatives
to the
Joint Committee Meeting of the
Senate Public Health and Welfare Committee
and the
House Health and Human Services Committee

January 16, 2002

Chairs Wagle and Boston and members of the Joint Committee meeting, the Kansas Department of Health and Environment (KDHE) respectfully requests the introduction of Health related legislative initiatives for consideration during the 2002 Legislative Session. Summary information and proposed statute language is provided regarding each of these issues.

These initiative topics are as follows:

Division of Health
- Retail Food Service Establishment Enforcement Authority
- Length-of-Stay Provisions for Critical Access Hospitals
- BACHA Authority Clarification

Center for Health and Environmental Statistics
- Authority to Issue Certified Abstracts and Certified Copies of Vital Records
- Use of Electronic and Digital Signatures for Vital Records
- Eliminate Unfunded Liability for Payment of Coroner Autopsies of Children
- Presumptive Death Law

Division Health and Environmental Laboratories
- Breath Alcohol Program Fund Utilization

There are a variety of topics included in these initiatives. To assist in this review, staff from my office are available to discuss these matters upon your request. KDHE will gladly respond to your questions at the appropriate time.

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Retail Food Service Establishment Enforcement Authority

Issue Definition: The 2001 Legislature passed Senate Bill 100 requiring the licensure of Retail Food Stores and Food Processing Plants. The Secretary was given the authority to establish a licensure and fee structure. However SB100 did not give the department administrative enforcement authority to carry out the requirements in the law.

Recommendations: Statutory authority to enable KDHE to administratively enforce licensing and food safety requirements for retail food stores and food processing plants should be requested from the 2002 Legislature. The language found in the Food Service and Lodging Act granting this authority relative to food service establishments can serve as a model for such authority.

Length-of-Stay Provisions for Critical Access Hospitals

Issue Definition: Amend the Kansas CAH/Rural Health Network Statute (K.S.A. 65-468) to reflect changes in the federal Medicare Conditions of Participation for Critical Access Hospitals.

Recommendations: Specifically, K.S.A. 65-468 (f) would be amended so that limitations on length of stay for inpatient hospitalizations would be based on an annual average length of stay of 96 hours rather than the current, more restrictive 96 hour length of stay requirement for each patient hospitalization. This amendment would make state statute consistent with Medicare Conditions of Participation.

BACHA Authority Clarification

Issue Definition: Clarify the procedures used by the Board and make the Board's statutes more consistent with those of other licensing boards. The proposed changes are recommended by the Attorney General's office and would allow the Board to more effectively protect adult residents of adult care homes by being clearly able to revoke, suspend, or modify the license of an administrator who has been disciplined by another professional board.

Recommendations: K.S.A. 65-3503: The proposed amendment clarifies the Board's authority to assess fees for license replacements and duplicate licenses.

K.S.A. 65-3504: The proposed amendment clarifies the Board's authority to establish standards of character, training, and experience as eligibility criteria for admission to examination for licensure.

K.S.A. 65-3506: The proposed amendment clarifies that the Board's final orders will be issued in accordance with the Kansas Administrative Procedure Act (KAPA).

K.S.A. 65-3508: The proposed amendment to the introductory paragraph clarifies that the Board may deny licensure to an applicant who has violated the provisions of this section, and clarifies that the board may use the summary procedures in KAPA. Proposed new section (i) clarifies the Board's authority to discipline a licensee or applicant for misrepresentation or omission of a material fact in an application or communication to the Board. Proposed new sections (j) and (k) would allow the Board to deny, revoke, or suspend the license of an applicant or licensee who has been disciplined by the adult care administrator licensing board of another state, or by the health care, mental health care, or social worker licensing board of this state or another state.

Authority to Issue Certified Abstracts and Certified Copies of Vital Records

Issue Definition: Authorize the State Registrar to furnish to any eligible applicant a certified abstract or certified copy of any vital record (certificate of birth, death, fetal death, marriage or divorce). Currently, the State Registrar is authorized only to issue a certified copy (K.S.A. 65-2417).

The re-engineered Vital Statistics Integrated Information System (VIIS) will be able to electronically capture and store all of the source information of each new vital record. To enhance timeliness of service to customers, this capability will make it possible to create a new type of legal document, a certified abstract.

Recommendations: To capitalize on capability provided by technological advances, particularly web-based communication and electronic transaction systems, authority to create a certified abstract of each new vital record should be established.

Use of Electronic and Digital Signatures for Vital Records

Issue Definition: Enact legislation to ensure the Vital Statistics Act (K.S.A. 65-2401 *et seq.*) conforms with the Uniform Electronic Transactions Act (2000 Supp. K.S.A.16-1601 *et seq.*) for electronic and digital signatures related to vital records.

Recommendations: To ensure the Act conforms with the Uniform Electronic Transactions Act, regarding use of electronic transactions, K.S.A. 65-2402 should be amended to read as follows:
2402. The secretary shall: (1) Establish within the division of health suitable offices properly equipped for the preservation of official records. (2) Maintain a complete cross-index on all records filed under the provisions of this act. (3) Install a statewide system of vital statistics. (4) Make and may amend, after notice and hearing, necessary regulations, give instructions and prescribe forms for collection, transcribing, compiling and preserving vital statistics. (5) Enforce this act and the regulations made pursuant thereto. *Pursuant to 2000 Supp. K.S.A.16-1601 et seq., the secretary may use electronic transactions, including electronic and digital signatures, to conduct the foregoing activities.*

Eliminate Unfunded Liability for Payment of Coroner Autopsies of Children

Issue Definition: Amend K.S.A. 22a-241(f) to eliminate future unfunded liability for KDHE to pay for autopsies ordered by coroners when deaths of children occur.

Recommendations: To eliminate future unfunded liability for KDHE to pay for autopsies ordered by coroners when deaths of children occur, K.S.A. 22a-242(f) should be amended to read as follows:

> 22a-242(f) The fee for an autopsy performed under this section shall be the usual and reasonable fee and travel allowance authorized under K.S.A. 22a-233 and amendments thereto ~~and shall be paid from moneys available therefor from appropriations to the department of health and environment. The reasonableness of all claims for payment of a fee for an autopsy under this section shall be determined by the secretary of health and environment~~.

Presumptive Death Law

Issue Definition: In light of the disasters of September 11 in New York and Washington D.C. issues have arisen related to the registration of death certificates for individuals for which no body is found. I believe there is a need to change the Kansas statutes related to an "absentee presumed dead" or K.S.A. 59-2704 to effectively address the needs of family members in settling the affairs of the deceased. These "affairs" include the claim for a life insurance policy which may be needed due to lost income, settling of bank accounts and other personal affairs and to be able to dispose of the body because current law does not provide for disposition without a death certificate.

Recommendations: Amendment of K.S.A. 59-2704 which describes conditions under which a person can be declared dead when no body is found. The amendment establishes a process by which provisions in which K.S.A. 59-2704 can be waived in the event of a catastrophic event resulting in the death of a person for which no body is found. Provisions to address this issue would include:

–A mechanism to declare a catastrophic event that will supersede the provisions in K.S.A. 59-2704 and shorten the time period for declaring an individual deceased.

–Procedures in which evidence can be presented to declare the individual deceased. This evidence can be presented to the appropriate official (coroner, state registrar, court).

–Upon presentation of evidence from the appropriate officials, provisions for the state registrar to create the presumptive death certificate and

–A process in which the death certificate is rescinded in the event the individual not deceased and found to be alive.

Breath Alcohol Program Fund Utilization

Issue Definition: Revision of Statute 75-5660 would clearly define how the Breath Alcohol Program, Division of Health and Environmental Laboratories, can utilize money from Fund 2101, DUI Equipment Fund. This fund is necessary to cover costs associated with the purchase of breath testing equipment used to produce court-defensible data used in the conviction of DUI court cases.

Recommendations: Revise the wording in Chapter 75, Article 56, section (b): Moneys in the driving under the influence equipment fund shall be used by the department of health and environment only for the purpose of purchasing ~~blood or~~ breath alcohol ~~concentration~~ testing equipment, ~~establishing and maintaining drivers' safety programs~~ *and expenditures related to court-defensible activities and statutory requirements.*