

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Vice-Chair Peggy Long at 1:30 p.m. on February 5, 2004, in Room 526-S of the Capitol.

All members were present except:

Representative Bob Bethell- excused
Representative Brenda Landwehr- excused
Representative Don Hill- excused
Representative Doug Patterson- excused
Representative Tom Holland- excused
Representative Joe McLeland - excused

Committee staff present:

Dr. William Wolff, Legislative Research Department
Rena Jefferies, Office of Revisor of Statutes
Gary Deeter, Secretary

Conferees appearing before the committee:

Sam Umscheid, Environmental Health Specialist, Wyandotte County
Lesa Roberts, Director, Consumer Health, Kansas Department of Health and Environment
Kevin Robertson, Executive Director, Kansas Dental Association
Dr. Jeff Stasch, Kansas Dental Association
Dr. Jon Tilton, Kansas Dental Association

Others attending:

See Attached List.

The Chair opened the hearing on **HB 2248** - repealing the sunset provision of an act concerning lead poisoning. Sam Umscheid, Environmental Health Specialist, Wyandotte County, spoke in support of the bill, saying that he had worked with Wyandotte County for many years, a county that has one of the highest incidents of lead poisoning in the state. (Attachment 1) He noted that federal Housing and Urban Development (HUD) grants are provided on a multi-year basis, and without assurances of continuity, HUD is less likely to grant funds. Representative Storm complimented Mr. Umscheid in his work of protecting children from the risk of lead poisoning.

Lesa Roberts, Director, Bureau of Consumer Health, Kansas Department of Health and Environment, said that passage of the bill would enable KDHE to continue its efforts to prevent lead-poisoning in children. (Attachment 2) She said the program, through HUD grants, enables the agency to collaborate on a number of initiatives that improve the lives of low-income families, noting the \$3 million grant for Wyandotte County and the possibility of new initiatives in Wichita.

The Chair announced that Sally Finney, Executive Director, Kansas Public Health Association, did not

CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at 1:30 p.m. on February 5, 2004, in Room 526-S of the Capitol.

appear before the Committee, but provided written testimony as a proponent. (Attachment 3) She then closed the hearing on **HB 2448**.

Staff Bill Wolff gave a briefing on the Athletic Trainers licensure bill, **HB 2737**. He stated that the basic thrust of the bill was to change the language from registration to licensure: all registration language is deleted and licensure language is inserted. He noted two new sections: one allows the Board of Healing Arts to issue a temporary permit for an athletic trainer, charging a fee for the permit; the second establishes how an athletic trainer practices, requiring the filing of practice protocols with the Board that are signed by the person who delegates services through athletic trainers.

A motion was made, seconded, and passed unanimously to pass out **HB 2248** favorably and place it on the Consent Calendar.

The Chair welcomed Kevin Robertson, Executive Director, Kansas Dental Association, who introduced the Kansas Mission of Mercy Project, a service project of dentists and dental hygienists to give free dental care to indigents. (Attachment 4) Dr. Jeff Stasch and Dr. Jon Tilton gave a brief overview of the project's two events, the first of which took place in February in Garden City, the second at Kansas Speedway in Wyandotte County. In both location, the said, individuals began arriving the night before, sleeping in line overnight, often arriving in busloads, creating traffic jams and, by their sheer numbers, indicating the great need for dental care in Kansas. They then showed a video clip that provided an emotionally powerful testimonial of what dental care meant to those with limited resources.

Many Committee members expressed appreciation for what the Dental Association and the dental hygienists were doing for communities and individuals through their Missions of Mercy. Representative Wilson announced that the next event will occur in Pittsburgh in April 2004.

The Committee passed a motion to approve the Committee minutes for 2-4-04.

The Chair adjourned the meeting at 2:03 p.m. The next meeting is scheduled for Monday, February 9, 2004.

**HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST**

DATE: FEBRUARY 5 2004

NAME	REPRESENTING
Larry Williamson	Kansas Dental Board
Matthew Johns	Intern for Rep. Storm
Ludy Shaw	KAC
Jim Johnson	W, Co North
Frank Jacobsen	KDHE
Tom Morey	KDHE
Mike Klein	Kansas Dental Association
Davis Hamel	Kansas Dental Association
Glen Heimbauer	Kansas Dent. Ass.
Greg Hill	KS Dental Assoc.
Janelle Delinger, RDH	Kansas Dental Hygienists' Assoc.
Jeff Stasch	Kansas Dental Association
Jan Tilton DDS	Kansas Dental Assoc.
CINDI SHERWOOD DDS	KS Dental Ass.
RUSTY COAN DDS	KS Dental Assoc.
BERT DETMANN DDS	KS Dental Assoc.
Kevin Cassidy DDS	KS Dental Assoc.
Greg Poppes DDS	Kansas Dental Assoc.
TEVIN ROBERTSON	KS DENTAL ASSN.

From: <Lovwins@aol.com>
To: <GaryD@house.state.ks.us>
Date: 2/3/04 9:21AM
Subject: House Bill 2248

To: Representative Morrison

From: Sam Umscheid

Re: Lead Bill 65-1,124

Date: 2-3-04

Representative Morrison, I strongly support extending HB65-1,124. If not extended the State of Kansas will not qualify for future funding in the year 2011. My experience with funding through HUD has been one of many years. The organization funds a second round of grants to HUD recipients if they have a proven track record. The clause that sunsets the bill would keep the state from applying for addition resources in the year 2011.

Childhood lead poisoning is the number one environmental threat to children from ages 6 months to 6 years of age. Childhood lead poisoning is also totally preventable.

The money that we have now secured through HUD will be used to do rehabilitation, training of local residents about the hazards of lead exposure during a remodel and will also train community partners in different organizations throughout Wyandotte County to have a sustainable program that has local people contracting to do the work in their communities.

The Hud grant also puts money into the local economy by, having trained workers do the abatement or rehabilitation in their communities which also helps the communities to have a sustainable program and helps businesses and local merchants by supplying the materials that are needed to do the work.

The 3.2 million dollars also improves the housing stock in Wyandotte County. The program can also piggy back on weatherization and other HUD programs the state has secured that help create a Healthy Home and Healthy Community.

I would like to testify on 2-5-04 at 1:30pm.

Sincerley,

Sam Umscheid
Environmental Health Specialist
Wyandotte County

Attachment 1
HHS 2-5-04

**Testimony on House Bill No. 2248: Repealing Sunset Provisions
For the Childhood Lead Poisoning Prevention Program**

to

The House Committee on Health and Human Services

by

Lesa Roberts

Director of the Bureau of Consumer Health

Kansas Department of Health and Environment

February 4, 2004

Chairman Morrison and members of the Health and Human Services Committee, as Director of the Bureau of Consumer Health, it is my responsibility to oversee the **Kansas Childhood Lead Poisoning Prevention Program (KCLPPP)**. Through this written testimony, I urge support of House Bill 2248: *An Act concerning repealing the sunset provision of K.S.A. 65-1,214* which will allow our program to continue its work on elimination of childhood lead poisoning throughout Kansas. CDC recognizes that the elimination of this preventable disease will be a major public health accomplishment for this century. KCLPPP has taken steps for success of this environmental health problem. However, we still face significant challenges to meet CDC's goal of elimination by the year 2010 and continued sustainability in Kansas after 2010.

It is clear that lead can do great harm, especially to young children. Lead exposure can have serious health effects, including a variety of neurological and behavioral disturbances as well as delayed development. The KCLPPP supports the development, implementation, and evaluation of the state and local childhood lead poisoning prevention programs. In particular, these programs support:

- Awareness and action among the general public and health care professional. KHDE has successfully developed and distributed screening and case management guidelines for lead poisoned children. Guidelines have been distributed to all 105 county health departments and 1,217 private health providers in Kansas. KDHE also contracts with nine county health departments to provide case management of lead poisoned children and 46 county health departments to conduct environmental investigations. • Screening of children who are potentially exposed to lead, environmental inspections of the homes of children who are identified with elevated blood lead levels, and referral to services for these children. KDHE surveillance data shows that 25,426 children were tested with 271 confirmed cases in 2003.
- Primary prevention of childhood lead poisoning in high-risk areas in collaboration

Attachment 2
HHS 2-5-04

with other government and community-based organizations. Census data for 2002 shows there are 75,116 children on Medicaid and we capture 33% of this population. CDC research shows higher risk children are from low-income families, live in older deteriorated housing, and many are minority children. In 2004, increased collaborations with the Kansas WIC/ Medicaid programs will significantly improve testing and identification of lead poisoning in Kansas children.

- Address adult blood lead (ABLES) poisoning prevention efforts through a surveillance program. Last quarter ABLES tested 2,373 adult Kansans and 626 tested reported $>24 \mu\text{g/dL}$. The Kansas ABLES program also works closely with the childhood section to match adults with elevated blood lead levels to children found to have elevated blood lead levels.
- Address contractors through the Pre renovation education programs. The Pre renovation program is only one of two pilot programs funded by the EPA in the nation.
- Certification and accreditation of contractors, setting standards for lead in paint, soil and dust, and mandating disclosure of lead risks to home buyers and renters.
- Healthy Homes Initiative (HHI), a demonstration project focused on visiting greater Kansas City area low-income homes to assess environmental health risks. This program provides tools to improve the home environment and the health of its residents. HHI program has performed more than 57 home visits and 12 healthy homes presentations.
- Enforce Kansas regulations - Article 72 Childhood Lead Poisoning Prevention Program;
- Housing and Urban Development (HUD) Lead Hazard Control program allows for abatement and interim controls of housing with lead for low income families with children with elevated blood levels. This is a newly funded program of \$3 million dollars over the next three years to fund projects in Wyandotte County, Kansas.

Supporting House Bill 2248 will remove any barriers to continued services, surveillance and investigations to increase our knowledge about the relation between human health and the environment. We will continue to face challenges from environmental hazards, but the KCLPPP and our partners have learned many lessons over the last few years that have prepared us well. In any public effort such as this, one of the biggest challenges we face is to keep resources focused. The improved quality of life for children freed from the threat of damage caused by environmental hazards cannot be overstated. Our children, the most important resource for the future, deserve nothing less. I appreciate your time and interest in supporting this vision.

Testimony Submitted to
House Committee on Health and Human Services
by Sally Finney, CAE, Executive Director

Feb. 5, 2004

The Kansas Public Health Association enthusiastically supports **House Bill 2248**.

KPHA is a non-profit membership organization dedicated to promoting sound public health programs and policies in Kansas. Lead poisoning can seriously impair health, and children are particularly susceptible. Providing education to prevent it is good public policy.

Lead poisoning is preventable. The provisions of this act will allow Kansans to continue to receive the kind of education and training they need to prevent cases of residential and occupational lead poisoning.

KPHA was intimately involved in the passage of the original act. That involvement was based on our belief that the Kansas Department of Health and Environment's lead program would be able to deliver on its promises to secure federal funding to support the program and to deliver quality services to professionals and members of the general public who might have an interest in preventing exposure to lead. We believe KDHE has done so. Therefore, on behalf of the 500 members of the Kansas Public Association, I ask that you support SB 204 so that the agency may continue its efforts to eliminate childhood lead poisoning in Kansas.

Thank you.

Attachment 3
HHS 2-5-04

Date: February 5, 2004

To: House Committee on Health and Human Services

From: Dr. Jon Tilton, DDS
Dr. Jeff Stasch, DDS

RE: KANSAS MISSION OF MERCY UPDATE

Chairman Morrison and members of the Committee, thank you for providing us the opportunity to discuss the Kansas Dental Charitable Foundation's Kansas Mission of Mercy (KMOM) dental charity project. One year ago KMOM was just an idea that was forwarded to the Kansas Dental Association by Drs. Jon Tilton (Wichita) and Jeff Stasch (Garden City), and today it is the largest dental charity clinic in the world - in terms of volunteers, clinic size, and the number of patients served.

Thanks again to legislators on both sides of the aisle and legislators to help the Kansas Dental Association pass a bill last year to amend the Charitable Healthcare Provider Act to limit the liability of dental professionals who volunteer at KMOM projects.

Today we are going to discuss the some different aspects of KMOM: where we have been, where we are, and where we are going as KMOM evolves. We have a seven to eight minute video form the Kansas City project in August that we will be showing and we understand that you also have access online to the video that was produced after the Garden City project in February 2003 that we encourage you to review at your leisure. You may have heard some of these facts on the House floor today. As you heard on the House floor today:

- the Kansas Mission of Mercy dental charity project was organized by the Kansas Dental Association through the Kansas Dental Charitable Foundation with funds from dentists, private foundations and other private sources, and
- 574 total volunteers, including 81 dentists, 51 dental hygienists, and 85 dental assistants provided \$554,000 in dental care to 1,734 patients at the Finney County Fairgrounds in Garden City, Kansas on February 28-March 2, 2003, and
- 863 total volunteers, including 207 dentists, 128 dental hygienists, and 153 dental assistants provided \$758,455 in dental care to 2,659 patients at the Kansas Speedway in Kansas City, Kansas on August 22-24, 2003, and
- the Kansas Mission of Mercy dental charity project will continue in the future and currently is scheduled to be held on the campus of Pittsburg State University in Pittsburg, Kansas on April 30-May 2, 2004 and in Salina, Kansas on February 16-18, 2005.

Attachment 4
HHS 2-5-04

- Two KMOM projects have now been held - one in Garden City and one in Kansas City - serving a total 4,400 people and providing \$1.3 million in dental care.
- The KDA's Kansas Dental Charitable Foundation has invested heavily in infrastructure to continue conducting KMOM projects throughout the state and has purchased 24 mobile dental chairs, 24 mobile dental lights 12 dental delivery units, as well as numerous sterilizers, dental instruments, chairs, and other supplies. The KDA also owns two 12-foot trailers and a semi trailer to store and transport equipment and supplies.
- In all, some 1,400 volunteers have supported KMOM.
- KMOM is supported entirely by private contributions and non-government foundation grants. KMOM's service to cost ratio is approximately 9 to 1.
- The Kansas Dental Hygienist's Association and Kansas Dental Assistants Association support KMOM.

Thanks again for your time, we'll be happy to answer any questions about KMOM or the Kansas Dental Charitable Foundation at this time.