

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:30 p.m. on March 10, 2004, in Room 526-S of the Capitol.

All members were present except:

Representative Brenda Landwehr- excused
Representative Sue Storm- excused
Representative Joe McLeland - excused

Committee staff present:

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

Conferees appearing before the committee:

Gwendolyn Cargnel, Director of Government Relations, American Cancer Society
Jan Lyle, RN
Paula Marmet, Director, Office of Health Promotion, Kansas Department of Health and Environment

Others attending:

See Attached List.

The Committee minutes for March 9 were approved.

Chairing the hearings were Representatives Tom Holland and Stephanie Sharp. Representative Sharp opened the hearing on **HR 6010**, a bill concerning cervical cancer screening. Representative Jo Ann Pottorff, a sponsor of the bill, provided written testimony. (Attachment 1)

Gwendolyn Cargnel, Director of Government Relations, American Cancer Society, spoke in support of the resolution. She said that by promoting education, the resolution has the potential to reach a segment of the population that may miss the opportunities that come with early detection of cervical cancer. (Attachment 2)

Jan Lyle, RN, recounted her story how early detection of cancer allowed her to be treated successfully. (Attachment 3)

The Chair noted that an amendment will be offered to change the wording on the resolution so that it will be directed toward the Kansas Department of Health and Environment (KDHE) rather than to the House Health and Human Services Committee.

The Chair closed the hearing on **HR 6010**.

CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at 1:30 p.m. on March 10, 2004, in Room 526-S of the Capitol.

Representative Holland opened the hearing on **SB 366**, which expands the health-care provider definitions for reporting to the cancer registry.

Paula Marmet, Director, Office of Health Promotion, Division of Health, KDHE, spoke as a proponent. (Attachment 4) She said that current law authorizes the Secretary of KDHE to collect data pertaining to all cancers in Kansas, but exempts physicians from reporting. Noting that the number of reported occurrences of cancer has been declining, KDHE concluded that, because an increasing number of physicians have moved out of hospital settings and into separate practice, more cases of cancer fail to be reported. She said that federal funding for this program is based on 90% reporting within one year, 95% after 2 years, further stating that several other states have recently added active physician reporting to their statutes. She urged the Committee to improve cancer reporting in Kansas.

The Chair closed the hearing on **SB 366**.

A motion was made, seconded, and passed to work **SB 511**.

A motion was made and properly seconded to pass out favorably **SB 511** and place it on the Consent Calendar. The motion passed.

Staff Bill Wolff outlined the main points of two bills to be heard the next day. He said that **SB 443** amends statutes regarding disciplinary action under the Behavioral Sciences Regulatory Board, noting that the Board regulates a number of professional entities, most licensed or registered; the bill amends the disciplinary powers as to condition, revocation, suspension, limitation, and refusal to issue a license. The Board additionally is allowed to assess a penalty, charge the cost of action to licensee, issue a cease and desist order, issue an injunction or restraining order, or censure a licensee.

Regarding **SB 452**, Dr. Wolff said that the bill concerns doctoral level psychologists, who under current law are allowed to hire psychologist assistants to work under them without a license. He stated that the proposed statute prohibits any such practice in the future, but grandparents into licensure those who are currently working under a psychologist without a license. Answering a question, Dr. Wolff said the grandparent clause was added when it was discovered that some psychologist assistants were presently practicing without a license.

A motion was made, seconded and passed to work **HR 6010**.

A motion was made and seconded to amend the resolution to direct the Secretary of KDHE rather than the House Health and Human Services Committee to review the data.. The motion passed.

It was moved, seconded as passed to recommend **HR 6010** as amended as favorable for passage.

By motion and second the Committee recommended **SB 366** as favorable for passage, further

CONTINUATION SHEET

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recommending it be placed on the Consent Calendar. The motion passed.

The Chair alerted the Committee to his intention to work **SB 418** the following day, noting that **SB 453** would be held for a possible amendment. He announce a plan to meet during veto session to finalize the report to the Legislative Coordinating Council regarding the Electronic Committee Project.

The meeting was adjourned at 2:03 p.m. The next meeting is scheduled for Thursday, March 11, 2004.

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

DATE: MARCH 10 2004

NAME	REPRESENTING
Chris Collins	KMS
Heather Grace	Damron + Associates
Sue Min Lai	Kansas Cancer Registry, KCMC
Gwendolyn Carguel	ACS
Michelle Peterson	K. Gov. Consulting
Norman Best	March of Dimes
Sue Key	KDHE
Paula Manna	KDHE
Charles Hunt	KDHE
Jan Lyle	Self
Nora Jankovic	CS Comm on Pub.
Dick Morrissey	KDHE
Doug Bowman	CCECOS
Ron Seeber	Main Law Firm

STATE OF KANSAS



TOPEKA

HOUSE OF REPRESENTATIVES

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HIGHER EDUCATION
ARTS & CULTURAL RESOURCES
Chairman
BUDGET COMMITTEE ON GENERAL
GOVERNMENT AND HUMAN RESOURCES
Vice-Chairman
STATE BUILDING COMMITTEE

Testimony

HR 6010- Cervical Cancer Education

Health and Human Services Committee

I am sorry that I am not here today to discuss the *Challenge to Eliminate Cervical Cancer* Campaign and HR 6010 that are designed to help reduce of the number of women in Kansas who die each year of this highly preventable disease. This resolution urges all of you to review the data regarding cervical cancer and human papillomavirus, and to improve the public education about the disease.

Although cervical cancer rates have decreased significantly over the last 60 years due to widespread use of the Pap test, there are still around 12,000 American women diagnosed with the disease each year. Two key issues have traditionally held us back from eliminating this preventable disease: First, we need more education and wider access to screening, and second, women need to be screened with greater accuracy so that early intervention is possible. With the recent approval of a test for human papillomavirus or HPV, the culprit behind virtually all cervical cancer cases, we have a tremendous opportunity to reduce the number of deaths still further, or even eliminate them all together.

Research shows that approximately half of all cervical cancer cases are in women who have never been screened and, 10 percent are in women who have not been screened in the last 5 years. However, the Pap smear's ability to identify women with cervical cancer or its precursors ranges between 51 percent and 85 percent, according to studies. Recent research shows that HPV testing is more effective at identifying women needing early intervention to stop the disease. However, a new report in an issue of the journal *Cancer* suggests that women lack important information about HPV and its role in the development of cervical cancer testing. With proper testing, widespread awareness, and complete dedication, cervical cancer will be a disease of the past.

I call on all of you to support this effort to ensure that no family in Kansas loses a mother, wife or sister to cervical cancer.

Jo Ann Pottorff

Attachment 1
HHS 3-10-04



March 10, 2004

**House Committee on Health and Human Services
HR 6010**

Chairman and Members of the Committee:

My name is Gwendolyn Cargnel, Director of Government Relations for the American Cancer Society. I represent over 5,000 volunteers and supporters in Kansas, and on their behalf, I would like to thank you for the opportunity to ask for your support on House Resolution 6010.

House Resolution 6010 urges this committee to review information and data regarding cervical cancer and cervical cancer screening. A review of this information may provide better options for increasing screening accuracy and for ensuring access to regular cervical screening.

While mortality rates from cervical cancer have declined sharply over the past several decades an estimated 4,100 deaths will occur.

Symptoms do not appear until abnormal cervical cells become cancerous and invade nearby tissue. The Pap test is a simple procedure that can be performed by a health care professional as part of a pelvic exam. When detected at an early stage, invasive cervical cancer is one of the most successfully treatable cancers. Unfortunately for many women the lack of education and understanding keeps them from having their cancer caught early when it is most treatable.

This committee has an opportunity to find ways to reach out to a segment of the population that at this point is missing the opportunities that come with early detection of cervical cancer. I urge this Committee to recommend HR 6010 for passage to the House.

Heartland Division, Inc.

6700 Antioch Road, Suite 100, Merriam, KS 66204-1200 t) (913) 432-3277 f) (913) 432-1732
Cancer Information 1(800) ACS-2345 www.cancer.org

*Attachment 2
HHS 3-10-04*

**Testimony provided to the Health and Human Services Committee
in support of House Resolution # 6010**

Presented by Jan Lyle, RN March 10, 2004

Members of the Committee:

I appreciate this opportunity to relate my personal experience with cervical cancer.

I am a cervical cancer survivor of 15 years.

In 1989, at the age of 44, I had a Pap test with abnormal results.

It had been 10 years since my previous Pap test. I am a registered nurse and knew better, but I was healthy, busy working and raising a family and did not take the time to go in for an annual test.

Subsequent diagnostic tests determined that I had cervical carcinoma in situ, which is a pre-cancerous cervical condition. Because the abnormal cells were advanced I was treated with a hysterectomy.

I now follow up each year with a Pap test and have had no further problems.

Thank you again for this opportunity.

Attachment 3
HHS 3-10-04



K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND

Testimony for SB 366
Cancer Registry Reporting Requirements

To

House Health and Human Services Committee

By Paula F. Marmet
Director, Office of Health Promotion

Kansas Department of Health and Environment

March 10, 2004

Representative Morrison and members of the House Health and Human Services Committee, my name is Paula Marmet and I am the Director of Health Promotion in the Division of Health at the Kansas Department of Health and Environment. Thank you for the opportunity to appear before you today regarding SB366. The Kansas Department of Health and Environment supports the bill, which will remove the exemption for physicians (persons licensed to practice medicine and surgery) to report cancer cases to the state cancer registry.

Current law authorizes the Secretary of Health and Environment to collect data pertaining to all cancers occurring in Kansas into a registry and to adopt rules and regulations that specify who shall report, the data elements to be reported, timeliness of reporting and the format for collecting and transmitting data to the registry. However, KSA 65-1,169 specifically exempts persons licensed to practice medicine and surgery from reporting.

Under current rules and regulations, the cancer registry receives reports from hospitals, ambulatory surgical centers, radiology oncology centers, and pathology laboratories. These entities submit reports on about 12,000 cancer cases to the registry each year. In recent years we have observed that the number of cancer cases being reported to the registry is dropping. Analysis of vital statistics mortality data indicate 600-700 cancer deaths occur each year in which the cancer case has not been reported to the registry. Similarly, when comparing cancer cases in Kansas to the Surveillance Epidemiology End Results (SEER) registry standard, a state of our demographics would be expected to report over 13,000 cases of cancer each year.

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Voice 785-296-0461 Fax 785-368-6368 <http://www.kdhe.state.ks.us/>

Attachment 4

HHS 3-10-04



K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND

Hospital reports indicate that the number of reported cases have decreased due to physicians moving out of the hospital-based setting into private practices. As they move out of the hospital setting, more cases of cancer fail to be reported. As the number of unreported cancer cases increases, the ability of the state to conduct cancer cluster investigations with a high degree of reliability diminishes. Furthermore, the loss in completeness of reported cancer cases is beginning to impact quality control indicators upon which our funding is based. The registry operation is dependent upon federal grant funding, which specifies that 90% or more of all expected cancer cases be reported within 1 year of diagnosis and 95% be reported within 2 years of diagnosis. Several other states, including Florida, Minnesota and Colorado have added a requirement to include physician reporting which has resulted in obtaining more complete cancer data. The surrounding states of Colorado, Missouri and Oklahoma have already implemented state laws requiring active physician reporting.

The cancer registry staff routinely contact physicians to obtain missing cancer information on cases that are reported by an institution. Of about 850 physicians in Kansas contacted in 2003 to ascertain missing case information on reported cases, 55% responded with information to complete the case, 9% responded that they did not have the information or saw the patient before the cancer diagnosis was made, and 35% did not respond. Of those who responded, the most common reasons stated for not reporting proactively to the registry was due to fear of potential lawsuits because of the specific exemption contained in state statute.

It is critically important to improve and sustain cancer reporting in Kansas. Cancer is the 2nd leading cause of death in Kansas, accounting for 22% of deaths in 2001, despite the preventable and often treatable nature of many types of cancer. While we know that Kansans have a 1 in 3 chance of developing cancer in their lifetime, there is much about cancer that we do not know. Having reliable population-based data on cancer incidence is imperative in order for science to continue to improve the knowledge about cancer and for the state to respond effectively in its efforts in prevention and improvement of early detection and treatment.

Thank you for your attention to improving cancer reporting in Kansas. I will be happy to answer any questions you might have.