

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:37 P.M. on February 15, 2005, in Room 526-S of the Capitol.

Committee members absent:

Representative Jason Watkins- excused
Representative Judy Showalter- excused
Representative Mike Kiegerl- excused
Representative Nancy Kirk- excused

Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department
Mary Galligan, Kansas Legislative Research Department
Rena Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Pamela Johnson-Betts, Secretary, Kansas Department on Aging
Representative Jo Ann Pottorff
Billie Hall, President, Sunflower Foundation, Healthcare for Kansans
Kathy Damron, Girl Scouts of Kansas
Doug Farmer, Assistant Secretary, Kansas Department of Health and Environment
Ron Hein, Kansas Society of Radiologic Technologists
Larry Buening, Executive Director, Kansas Board of Healing Arts

Others attending:

See attached list.

The committee minutes were approved for the meeting on Monday, February 14.

The Chair opened the hearing on **HB 2178**.

Pamela Johnson-Betts, Secretary, Kansas Department on Aging, spoke as a proponent. (Attachment 1) She said the bill amends the Senior Care Act to expand services to senior citizens to include preventive measures, thereby delaying the need for expensive long-term care. She said the benefits of senior wellness through preventive measures are increasingly evident, noting that the bill is consistent with the Governor's *Healthy Kansas Initiative* launched last year.

Answering a question, Ms. Johnson-Betts said the agency was looking for grants to help fund the additional programs; if the bill is passed, the additional services would be advanced as funds became available.

The Chair closed the hearing on **HB 2178**.

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:37 P.M. on February 15, 2005, in Room 526-S of the Capitol.

A motion was made and seconded to work the bill; an objection prompted the Chair to hold the bill to be worked later.

The hearing on **HB 2208** was opened.

Representative Jo Ann Pottorff testified in support of the bill. (Attachment 2) She noted that obesity has doubled in the past 10 years and is second only to smoking as the leading cause of preventable deaths, stating that obesity-related medical expenses cost Kansans \$657 million last year, \$281 million of which was financed by Medicaid or Medicare. She commented that obesity is a growing problem in children, and she urged members to support the bill.

Billie Hall, President, Sunflower Foundation, Healthcare for Kansans, told of the Foundation's work, which was created out of the settlement agreement with Blue Cross. (Attachment 3) She stated that an alarming trend is the rise in juvenile obesity, a trend which falls within the scope of the Foundation's mission. Observing that obesity is a complex issue that defies simple solutions, she stated that the Foundation has become a convener of public/private efforts to address the problem and is collaborating with many organizations and agencies to develop measurable outcomes. She said that the immediate need is to develop a model program from which a statewide framework can provide individuals and organizations with comprehensive and effective strategies.

Kathy Damron, representing the Girl Scouts of Kansas, spoke in support of the bill. (Attachment 4) She said a long-term initiative is needed, especially for a target market such as the Girl Scouts, since obesity is the most chronic health problem facing young people.

Doug Farmer, Assistant Secretary, Kansas Department of Health and Environment, spoke as a proponent. (Attachment 5) He provided statistics to highlight the problem of obesity: over 60% of Kansas adults are overweight or obese, a ratio which since 1992 has increased by 70%; 11% of Kansas children between the ages of 6 and 12 are overweight; 5.5% of all medical costs paid by Kansans or by Medicare last year were caused by obesity. He then stated that the Governor's *Healthy Kansas: Taking Steps Together* initiative addresses the intent of this bill, targeting physical inactivity, poor nutrition, and tobacco use in school children, in adults in the workplace, and in seniors. He listed ongoing activities of this initiative that overshadow the intent of the bill and requested the committee not advance the bill, since other more comprehensive measures were already underway and would supersede the bill's intent.

Answering a question, Mr. Farmer said the bill carried an estimated fiscal cost of \$300,000. A member commented that much of what the bill hoped to initiate is already being done through private entities and state agencies; he recommended that the bill not go forward at this time. Ms. Hall replied that the Foundation has made available over \$3 million to assist in developing policy options and testing models for obesity prevention, and has launched many initiatives envisioned by the bill.

The Chair closed the hearing on **HB 2208** and opened the hearing on **HB 2330**.

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:37 P.M. on February 15, 2005, in Room 526-S of the Capitol.

Ron Hein, representing the Kansas Society of Radiologic Technologists, gave testimony as a proponent. (Attachment 6) He said that the bill addressed only technical changes except for one substantive alteration: the Board of Healing Arts had requested a delay of the effective date for licensure to October 1, 2005 to enable the Board time to establish rules and regulations. He also requested the bill be amended on page 2, line 28, changing the term radiography to radiologic technology. (Attachment 7)

Larry Buening, Executive Director, Kansas Board of Healing Arts, also spoke as a proponent, saying that the only problem the Board had with the original licensure bill from last year was that it did not give enough time to develop the process of licensure. (Attachment 8)

The hearing on **HB 2330** was closed.

The Chair recommended working the bill. A motion was made to accept Mr. Hein's balloon amendment, changing the term radiography to radiologic technology. The motion was seconded and, after a brief discussion, the motion passed.

A motion was made, seconded, and passed to recommend **HB 2330** as amended favorable for passage.

Staff briefed the committee on two bills:

HB 2211—enacts a new statute which will require every ambulance to carry a written explanation for several legal documents.

HB 2158—amends existing law to require an applicant for an attendant's certificate to meet certain requirements, extending the time of application from one year to two years and changing the term *course* to *program*. The bill would also allow the Board to issue a temporary certificate during the interim.

The meeting was adjourned at 2:37 p.m. The next meeting is scheduled for Wednesday, February 16, 2005.

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

DATE: FEBRUARY 15 2005

NAME	REPRESENTING
DEBORAH STERN	KS. HOSPITAL ASSN.
Ron Seiber	Ken Law Firm
Amy Salisbury	Budget
LARRY BUENING	BO OF HEALING ARTS.
CLARA Mossman	KS Chiropractic Assn
Sarah Holroyd	SRS/Medicare
Heidi Bailey	KMS
Ron Hein	KS Society of Radiologic Technologists
Wayne Probus	KS Podiatric Med Assn
Javis DeBe	KDOA
Marty Kennedy	KDOA
Kathy Hannah	Crim Sci
Josh Bender	Rep. Betzell
Ward Cook	American Cancer Society
Nan Moran	Interim Rep Kirk
Jenny Davis	Conlce Consulting
Gail Marmat	KDHE
Barb Conant	KDOA

Testimony before House Committee on Health and Human Services
House Bill 2178
Secretary Pamela Johnson-Betts
February 15, 2005

Thank you for the opportunity to appear before you in support of this bill amending the Senior Care Act (KSA 75-3927, et seq.). Currently, programs conducted under the act focus on community-based in-home services for senior Kansans with functional impairments. Participants pay for services on a sliding fee basis. With passage of this bill and within the limits of appropriations, the Department on Aging will be allowed to expand Senior Care Act activities to include preventive services designed to delay or avoid the onset of chronic conditions that create the need for costly long term care.

Poor health and long periods of dependency need not be the inevitable consequences of aging. Although chronic conditions such as heart disease, diabetes and obesity are common and costly, many of them are preventable and manageable when appropriate measures are pursued. There are proven strategies to promote independence and prevent chronic diseases, disabilities, and injuries among seniors. Strategies to prevent and manage chronic conditions can improve the health of older adults, slow the rise in medical and social service costs, and ultimately benefit people of all ages.

The Department on Aging is currently developing a senior wellness and fitness program based on the Seattle / King County Senior Wellness Project, an evidence-based health promotion and disease management program. The original project was created to provide accessible, low-cost health promotion programs to older adults with chronic conditions. The program is delivered through wellness sites, which typically offer:

- 1 Walking program
- 2 Daily hot lunch
- 3 Nutrition and health education
- 4 Interest groups and classes
- 5 Volunteer opportunities
- 6 Assistance with Transportation

In Kansas, as in King County, the senior wellness program will be supported by a coalition of community partners. KDOA will work with groups such as AARP, Kansas health foundations, faith based groups, recreation associations and the Area Agencies on Aging to provide broad community involvement in senior wellness programming. With its outcomes based focus and proven record of success, the new program has the potential to add great value for Kansas seniors. It will also help shape the attitudes of all Kansans to expect and plan for healthy lifestyles as they age.

The KDOA focus on prevention is consistent with and supports the Governor's Healthy Kansas Initiative launched last year. In cooperation with the Kansas Department of Health and Environment "Taking Steps Together" initiative, KDOA is pursuing other activities supporting preventative health measures for Kansas seniors. They include

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People with Arthritis Can Exercise (PACE) Program, an exercise based program to help increase joint flexibility, range of motion and muscle strength, as well as the Senior Farmers Market Program.

The Senior Farmers Market program last year provided about 6,000 Kansas seniors with vouchers redeemable for fresh fruits and vegetables grown by Kansas farmers. Our follow-up surveys have shown the effectiveness of this program. Participants display greater knowledge of food preparation methods, understand safe food handling better, and consume greater varieties and quantities of fresh fruits and vegetables.

We know prevention programs work. Our society faces a number of problems related to health, such as rising health care costs, an epidemic of obesity, and an aging population. These problems will be solved, in part, by addressing chronic conditions through healthy lifestyles and other preventive strategies. HB 2178 will provide one tool for us to use in supporting this goal.

Thank you for the opportunity to appear before you today in support of this proposed legislation. I urge you to recommend HB 2178 favorable for passage.

Additional Sources of Information:

“Healthy Aging for Older Adults: Promoting Health, Preventing Disease and Enhancing Quality of Life Among Older Americans,” Department of Health and Human Services, Centers for Disease Control and Prevention.

“State Programs in Action Exemplary Work to Prevent Chronic Disease and Promote Health, 2004,” Department of Health and Human Services, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion.

“Healthy Aging and States: Making Wellness the Rule, Not the Exception,” National Governors Association.

“National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older,” Active Aging Partnership, Robert Wood Johnson Foundation.

Thank you Mr. Chairman and members of the committee for the opportunity to testify on HB 2208.

Obesity is an epidemic in America whose rate has doubled in the past 10 years. At present, obesity is second only to smoking as the leading cause of preventable deaths, and the Center for Disease Control has announced that at its current rate of growth, obesity will by-pass smoking as the leading cause of preventable deaths this year. Being overweight or obese can lead to illnesses such as heart disease, stroke, high blood pressure, diabetes, and cancer. At last count, sixty percent of all Americans are overweight or obese and 400,000 die annually from morbid obesity.

In Kansas, one in four persons is obese, and more than six of every ten adults are overweight. Due to this, Kansas spent \$657 million last year on obesity related medical expenses, \$281 million of which was financed by Medicaid or Medicare. Yet there is no organized, comprehensive approach to solving the problem. Nationally, obesity costs society \$90 billion a year in direct medical expenses. About \$45 billion of those costs come out of taxpayers dollars to finance expenditures in Medicare and Medicaid. This comes out to about \$180 per year per taxpayer. Other potential costs of obesity include absenteeism, productivity, and quality of life.

Obesity is also a growing problem in children, its rates have doubled in children ages 2-5 and 12-19, and has tripled in children ages 6-11. Now, one-fourth of the children in the United States aged 5-10 years old have high cholesterol or high blood pressure, and studies indicate that one in three children born in the United States will be diagnosed with type II diabetes at some point in their life. Obese children are more likely to become obese adults, therefore treating and preventing obesity in children could be the answer to reducing the risk of adult obesity.

Nationwide, steps are being taken to fight this growing crisis. The Internal Revenue Service now allows taxpayers to claim weight loss expenses as medical deductions, while many state governments are targeting schools as the starting point for encouraging healthy lifestyles. Other states are creating obesity task forces and encouraging community efforts to increase public education on nutrition and health.

You can hardly pick up a magazine anymore without seeing an article on obesity. Just recently my husband gave me an article from a veterinary magazine about overweight people and their canine pets.

The purpose of this legislation is to form a task force to focus on obesity, and determine the best ways to deal with an illness that has affected sixty percent of our population. It will identify the extent and consequences of obesity for Kansas and develop an integrated statewide strategy for preventing and treating obesity. Addressing this issue can significantly reduce medical expenses, and ultimately, save lives.

Thank you for the opportunity to present this issue to you.

Representative Jo Ann Pottorff

*Attachment 2
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Sunflower Foundation
HEALTH CARE FOR KANSANS

**Testimony before the House Health and Human Services Committee
HB 2208 – An act establishing a task force on the prevention and treatment of
obesity
February 15, 2005**

Thank you, Mr. Chairman. My name is Billie Hall. I am President and CEO of the Sunflower Foundation, Healthcare for Kansans. The Sunflower Foundation was established in August of 2000. Since its inception, the foundation has been concerned about issues related to access to health care, building the capacity of the health care safety net and disease prevention/health promotion. With a mission to serve as a catalyst for improving the health of Kansans, the foundation's program is a balance between grantmaking, foundation initiatives and special projects. In FY 2004, our program focused on the following areas:

- 1 ***Improving Access to Health Care*** – Projects that support a process to look for options to address health care access and the related issues of costs, coverage and quality;
- 2 ***Building Capacity within the Health Care Safety Net*** – Projects that build the capacity of core safety net providers to serve the health care needs of growing numbers of uninsured and underinsured;
- 3 ***Reducing the Prevalence of Obesity*** – Projects to increase our understanding of the problem and test solutions, as well as funding to convene public and private stakeholders to develop a plan of action for consideration at the state and community level;
- 4 ***Strengthening Tobacco Use Prevention and Control*** – Projects that support community-based tobacco use prevention and control efforts; and
- 5 ***Special Projects*** – Projects that offer unique opportunities for partnerships, collaborations and leveraging.

We appear today to support the intent of HB 2208. At the request of the sponsor of the bill, we are here to provide what we hope are insights and lessons learned from our efforts over this past year with a public/private partnership convened for the purpose of putting together a state plan to address obesity.

We compliment the sponsor and this committee for identifying a role for the legislature in their commitment to address one of the most complex social issues of our time: reducing

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the prevalence of obesity and overweight among Kansans.

Convening a Statewide Planning Effort: Role of the Sunflower Foundation

As convener of a public/private effort to address this problem, the Sunflower Foundation provided the forum for a diverse group of leaders in this arena to explore what is possible, connect individuals and organizations and facilitate an ongoing dialogue. The foundation believed it was critical to bring together public and private leaders to identify what current activities and initiatives were in place, and to explore if there were results that could guide a statewide planning effort. This provided the chance to plan, look at funding resources and set a direction for a collective effort in this state.

Goals and Expectations

This planning initiative began with the vision of creating a statewide strategic plan. More specifically, the goals and hopes for this project included:

- 1 Producing a statewide plan for reducing the incidence of obesity and overweight;
- 2 Developing and establishing support and buy-in from key leadership in the state about the need to work together and coordinate efforts;
- 3 Increasing communication and exchange of ideas among leaders, stakeholders and key players interested in the growing crisis of obesity;
- 4 Creating a replicable model for future planning initiatives around key state policy; and
- 5 Assessing the effectiveness of this planning approach and how it could be replicated.

We are pleased to have the opportunity to share our experience in addressing these goals with this committee today.

Planning Process

This initiative began with the formation of a structure to guide the process. First, a “Leadership Advisory Group” was identified, consisting of representatives from the Department of Education, Kansas Department of Health and Environment, Kansas Department of Social and Rehabilitation Services, the State Insurance Commissioner, other foundations, the Governor’s Office, state associations, and healthcare professionals. These Secretaries, Commissioners and other participants endorsed the need for a coordinated state effort on this issue. A “Core Planning Group” was then established, with representatives from each of the areas listed above assigned to participate as experts and guide the development of a coordinated, comprehensive state plan.

Supporting the work of this group was an inventory of current initiatives in the state, a review of other state planning efforts, a survey completed by the Kansas Health Institute

relative to public policy initiatives nationwide and the first hand front-line experience of the Core Planning Group members.

Planning Framework

As the process unfolded, the group moved from developing a statewide plan to developing a statewide framework that would provide individuals and organizations an opportunity to engage in the process without sacrificing or comprising current efforts. With families and individuals in the center, key strategic sectors were identified in which opportunities exist to address these issues (see the diagram below). The focus of our work became fostering an environment where we **seek solutions and share information in a way that leads to effective and comprehensive approaches.**

Lessons Learned

HB 2208 frames a similar approach to that undertaken by the Sunflower Foundation in its convener role. As a result-of our work over the last year, we leaned several important lessons which we believe can help guide the discussion as the legislature determines how best to approach or be a part of a coordinated effort to reduce the prevalence of obesity and overweight in Kansas. These lessons include:

1. We don't need to reinvent the wheel. The current activity and expertise in Kansas provides a wealth of information and a solid foundation for moving forward. Information about current initiatives and about research underway is readily available. Data is also available about the extent and consequences of obesity in Kansas.

2. No single intervention and approach will be successful on its own. A review of planning activities and efforts to develop a statewide plan in other states confirmed that developing a statewide plan was only one approach to a coordinated effort. The complexity of the issue, coupled with significant activities already in place in the state, made it difficult to build consensus around the most appropriate strategy. The planning group working with the Foundation identified and suggested a number of interventions and approaches, many of which are mentioned in HB 2208. According to a survey and report from the Kansas Health Institute, there is consensus around the harm obesity causes, but population interventions have not had time to demonstrate their effectiveness.

3. Long term commitments are critical. This condition took years, even decades, to develop. Efforts to reverse this situation will require long-term commitment, community support and the ability to document results

4. Collaboration is a key component in making progress. This process clearly demonstrated that no intervention or solution would be effective if individuals or groups acted alone. Collaborations and partnerships are essential to advance improvements around this issue.

Sunflower Foundation Commitment

Over the last year, we have achieved many of the goals we outlined, with one modification: rather than developing a statewide plan, we believe our statewide framework provided a more effective way to target intervention, support and investment that move the dialogue and activity forward.

The Sunflower Foundation remains committed to this issue and is prepared to:

- 1 Provide information to support the legislature in their efforts to reduce the prevalence of obesity and overweight in Kansas;
- 2 Continue to facilitate the dialogue among state leaders, community leaders, experts and key stakeholders;
- 3 Provide a resource for exchange of information and solution based efforts; and
- 4 Through our grantmaking activities, support research based, collaborative approaches in the community that tackle this complex issue.

In conclusion, all of our experience can be summarized by reiterating that we have come to recognize that public/private partnerships will be essential to advance solutions to the growing and complex problem of obesity in Kansas. The Sunflower Foundation stands willing to help this body and other essential stakeholders in that process. We thank you for the opportunity to appear before this committee today.

Testimony of Kathy Damron
On behalf of the Girl Scouts Councils serving Kansas Girls
Before the Kansas House Health and Human Services Committee

In Support of House Bill No. 2208
Tuesday, February 15, 2005

The Girl Scout Councils of Kansas strive to inspire girls with the highest ideals of character, conduct, patriotism, and service so that they may become happy and resourceful citizens. In 2004, there were 41,930 girls, ages 5-17, from across Kansas that benefited from the programs offered through Girl Scouts. There are currently twelve Girl Scout Councils serving Kansas, of which distributed over \$303,000 in financial assistance in 2004 to allow girls opportunities to participate in Girl Scouts.

In addition to the overall mission of the organization, the Girl Scouts is dedicated to providing girls with unlimited opportunities in sports and fitness, and supporting them in eating well. The Girl Scout Research Institute recently completed a report on health and obesity. The report entitled, "Weighing In," showed that obesity rates have doubled in children and tripled in adolescents, such that obesity is now the most chronic health problem among American children.

The lifestyles, culture, and behavior of children is leading to this obesity epidemic. Most people believe obesity is just being overweight. However, according to the National Institute of Diabetes & Digestive & Kidney Diseases, health professionals define overweight as an excess amount of body weight which includes muscle, bone, fat,

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and water, while obesity specifically refers to a long-term (chronic), complex disease in which having too much body fat increases your risk for developing other health problems.

In addition to the physical harm that results from being overweight, research suggests that related social and emotional issues also have an impact on the overall quality of life. Overweight individuals, namely young females, struggle with self-esteem issues early into adolescents. It is important to address these issues early to prevent the social and emotional issues that will continue to cause psychological problems.

The overweight trend will continue without a change in the unhealthy tendencies of children. According to the center for Science in the Public Interest, only 2 percent of children eat a healthy diet, consistent with the standards set forth by the USDA food guide pyramid. Researchers also believe that whether or not a person remains physically active into adulthood is often determined by whether she or he develops an “athletic identity” during childhood.

Our concern for the health and well-being of young women and children will drive us to continue addressing these problems and promote a healthy lifestyle within our organization. However, we feel that it is important to create a plan to fight this problem by establishing a task force on the prevention and treatment of obesity.

The research conducted by our organization has proven that obesity is on the rise and without an increase in healthy habits the trend will continue to grow. For these reasons, I urge the Committee to recommend that the legislature adopt House Bill No. 2208. I would be happy to stand for questions.



KANSAS

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony

HB2208: Establishing a Task Force on the Prevention and Treatment of Obesity
Presented to the
House Health and Human Services Committee
by
Roderick L. Bremby
Secretary
Kansas Department of Health and Environment

February 15, 2005

Good afternoon. My name is Roderick L. Bremby, Secretary of Kansas Department of Health and Environment (KDHE). Chairman Morrison and members of the Committee, I appreciate the opportunity to address you regarding House Bill 2208, which establishes a task force on the prevention and treatment of obesity.

The stated purpose of establishing this task force is to analyze the extent and consequences of obesity and develop recommendations for an integrated statewide plan to prevent and reduce obesity. The growing prevalence of obesity in the general population and its subsequent health and economic impact certainly warrants the attention of state and local policy makers.

Kansas has not escaped the obesity epidemic. Data from the 2003 Kansas Behavioral Risk Factor Surveillance System (BRFSS) indicate that 60.5% of adults ages 18 years and older in Kansas are overweight and obese. 60.5% of adults ages 18 years and older in Kansas translates to an estimated 1,184,000 individuals who are overweight or obese. 37.8% of adults ages 18 years and older (approximately 740,000 adults) were overweight and 22.7% of adults ages 18 years and older (approximately 444,000 adults) were obese. According to 1992-2003 Kansas BRFSS data, the prevalence of obesity among adults has increased by almost 70% since 1992.

Adults are not the only victims of this epidemic. According to the 2002-2003 Kansas Youth Tobacco Survey, 11% of adolescents in grades 6-12 are overweight (body mass index \geq 95th percentile for age and sex). 13.6% of adolescents in grades 6-12 were at risk of overweight (body mass index \geq 85th percentile but less than 95th percentile for age and sex).

The estimated annual total direct medical cost attributed to obesity among adults in Kansas was \$657 million. This accounts for 5.5% of all medical expenditures. The estimated annual Medicare expenditures (direct medical cost) attributed to obesity among adults in Kansas were \$138 million. This accounts for 6.4% of all medical expenditures. The estimated annual Medicaid expenditures (direct medical cost) attributed to obesity among adults in Kansas were \$143 million, which accounts for 10.2% of all medical expenditures. These

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estimates are limited to direct medical costs and do not include indirect costs such as absenteeism and decreased productivity attributed to obesity. All above-mentioned information was developed using data from primary data sets that include: 1998 Medical Expenditure Panel Survey (MEPS) data set, 1996 & 1997 National Health Interview Surveys (NHIS) data sets and 1998-2000 BRFSS data sets. (Source: Finkelstein E.A., Fiebelkorn I.C., Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research*. 2004; 12(1): 18-24).

Recognizing that obesity has reached epidemic proportions, KDHE, as part of the Governor's overarching Healthy KANSAS plan, has developed the **Healthy KANSAS: Taking Steps Together** initiative. This initiative is designed to target three different preventable behaviors-- physical inactivity, poor nutrition and tobacco use-- in three different populations-- children in schools, adults in the workplace and seniors. For children in schools, we are working with the Kansas State Department of Education to coordinate this effort through the Coordinated School Health Program, the focus of which is to promote tobacco use prevention, physical activity, nutrition and obesity prevention through a coordinated school health approach that engages the broader community in supporting the schools' initiatives to improve child health.

In addition, the Governor recently announced the establishment of a Child Health Advisory Committee as part of the KDHE initiative. The 15-member committee will identify state priorities for child health and promote policies to improve the health of Kansas children. The process of making appointments to the Committee will begin immediately, and an initial meeting of the members is scheduled to occur before the Legislature adjourns. KDHE is also currently working to reconvene the Governor's Council on Fitness and researching guidelines for presenting fitness awards and healthy community designations.

For adults in the workplace, we are working with other partners to design a model workplace wellness plan for state employees as well as private businesses. One goal is to provide a "tool kit" on the Healthy KANSAS website (www.healthykansas.org) that would address strategies for on-site weight management and nutrition classes, employee sponsored physical activity programs and healthy food options. Finally, for Kansas seniors, KDHE will work with the Department on Aging to provide technical assistance for local wellness programs for seniors; expand the senior farmers' markets; and encourage community gardens.

House Bill 2208 proposes to address the health and economic impacts of obesity in Kansas by establishing a task force comprised of professionals appropriate for making recommendations and working towards common objectives related to prevention and treatment issues. The agency believes the components of Healthy KANSAS: *Taking Steps Together* initiative will address the issue of obesity in a comprehensive manner and will achieve many of the same goals outlined in HB 2208. The agency applauds your recognition of the serious health impacts of obesity and welcomes your assistance in developing a response to this epidemic in our state.

To the extent possible, I request that the components of this bill that address the underlying causes of obesity be addressed through the Healthy KANSAS: *Taking Steps Together* initiative. Doing so would result in greater coordination, administrative efficiency, and ultimately a greater level of success.

Thank you for your time and I will be happy to stand for any questions.

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**Testimony Re: HB 2330
House Health and Human Services Committee
Presented by Ronald R. Hein
on behalf of
Kansas Society of Radiologic Technologists
February 15, 2005**

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Society of Radiologic Technologists. The KSRT is the professional association for radiologic technologists in Kansas.

The KSRT requested the introduction of this bill, which basically does two things: 1) it delays the effective date of the licensure of Radiologic Technologists three months to permit rules and regulations to be developed and to permit a better timing sequence for the Board of Healing Arts (BOHA); and 2) to make minor, technical amendments to the Radiologic Technologists Licensure Act which was passed by the 2004 Legislature (2004 HB 2698). The licensure date delay was requested by the Board of Healing Arts, the regulating agency, to complete the rules and regulations process and to better coordinate the collection of fees and the actual licensure process.

The radiologic technologists advisory council to the Board of Healing Arts has approved the provisions which were incorporated into this bill. The Board of Healing Arts will be testifying in support of the changes to the licensure dates in this legislation.

I do not believe that there are any substantive changes in this legislation which would affect any other interested groups or health care providers. I would leave to the will of the committee and the Chairman as to whether this bill is appropriate for the consent calendar or not.

Thank you very much for permitting me to testify, and I will be happy to yield to questions.

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Ron Hein
balloon

Session of 2005

HOUSE BILL No. 2330

By Committee on Health and Human Services

2-7

9 AN ACT concerning the radiologic technologists practices act; amending
10 K.S.A. 2004 Supp. 65-7303, 65-7304, 65-7306, 65-7310, 65-7314 and
11 65-7315 and repealing the existing sections.
12

13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 2004 Supp. 65-7303 is hereby amended to read as
15 follows: 65-7303. (a) On and after ~~July~~ *October* 1, 2005, except as oth-
16 erwise provided in this act, no person shall perform radiologic technology
17 procedures on humans for diagnostic or therapeutic purposes unless the
18 person possesses a valid license issued under this act.

19 (b) A person holding a license under this act shall use radioactive
20 substances or equipment for radiologic technology procedures on humans
21 only for diagnostic or therapeutic purposes by prescription of a licensed
22 practitioner.

23 (c) No person shall depict one's self orally or in writing, expressly or
24 by implication, as holder of a license who does not hold a current license
25 under this act.

26 (d) (1) Only persons licensed under this act as a radiologic technologist
27 shall be entitled to use the title "radiologic technologist" or "*licensed*
28 *radiologic technologist*", abbreviations thereof, or words similar thereto
29 or use the designated letters "R.T." or "~~R.T. (R)~~" "*L.R.T.*".

30 (2) ~~Only persons licensed under this act as a radiologic technologist~~
31 ~~and who have received additional certification from the American registry~~
32 ~~of radiologic technologists (ARRT) or the nuclear medicine technology~~
33 ~~certification board (NMTCB) shall be entitled to use the title "radiation~~
34 ~~therapist" or "nuclear medicine technologist", abbreviations thereof, or~~
35 ~~words similar thereto or use the designated letters "R.T. (N)" or "R.T.~~
36 ~~(F)".~~ *Only persons licensed under this act as a radiologic technologist and*
37 *who have received certification from the American registry of radiologic*
38 *technologists (ARRT) in radiography shall be entitled to use the title "ra-*
39 *diologic technologist radiographer" or "licensed radiologic technologist*
40 *radiographer" or abbreviations thereof, or words similar thereto or use*
41 *the designated letters "R.T. (R)" or "L.R.T. (R)".*

42 (3) *Only persons licensed under this act as a radiologic technologist*
43 *and who have received additional certification from the American registry*

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1 of radiologic technologists (ARRT) in radiation therapy shall be entitled
2 to use the title "radiation therapist" or "licensed radiation therapist",
3 abbreviations thereof, or words similar thereto or use the designated let-
4 ters "R.T. (T)" or "L.R.T. (T)".

5 (4) Only persons licensed under this act as a radiologic technologist
6 and who have received additional certification from the American registry
7 of radiologic technologists (ARRT) in nuclear medicine technology shall
8 be entitled to use the title "nuclear medicine technologist", "licensed nu-
9 clear medicine technologist" or "registered nuclear medicine technolo-
10 gist", abbreviations thereof, or words similar thereto or use the designated
11 letters "R.T. (N)" or "L.R.T. (N)".

12 (5) Only persons licensed under this act as a radiologic technologist
13 and who have received additional certification from the nuclear medicine
14 technology certification board (NMTCB) shall be entitled to use the title
15 "certified nuclear medicine technologist", abbreviations thereof, or words
16 similar thereto or use the designated letters "C.N.M.T.".

17 ~~(e)~~ (e) This section shall not prohibit a person who is licensed as a
18 respiratory therapist by this state from using any letter or designation
19 indicating that such person is engaged in the practice of respiratory
20 therapy.

21 ~~(f)~~ (f) This section shall take effect on and after ~~July~~ October 1, 2005.
22 Sec. 2. K.S.A. 2004 Supp. 65-7304 is hereby amended to read as
23 follows: 65-7304. The following shall be exempt from the requirement of
24 a license pursuant to this act:

25 (a) A licensed practitioner;

26 (b) a person issued a postgraduate permit by the board or students
27 while in actual attendance in an accredited health care educational pro-
28 gram for radiography and under the supervision of a qualified instructor;

29 (c) health care providers in the United States armed forces, public
30 health services, federal facilities and other military service when acting in
31 the line of duty in this state;

32 (d) persons rendering assistance in the case of an emergency;

33 (e) a licensed dental hygienist or an unlicensed person working under
34 the supervision of a licensed dentist who has been trained by a licensed
35 dentist on the proper use of dental radiographic equipment for the pur-
36 pose of providing medical imaging for dental diagnostic purposes consis-
37 tent with K.S.A. 65-1422 et seq., and amendments thereto; and

38 (f) a licensed physician assistant, a licensed nurse or an unlicensed
39 person performing radiologic technology procedures who is (1) working
40 under the supervision of a licensed practitioner or a person designated
41 by a hospital licensed pursuant to K.S.A. 65-425 et seq., and amendments
42 thereto, and (2) who has been trained on the proper use of radiographic
43 equipment for the purpose of performing radiologic technology proce-

1 dures consistent with K.S.A. 65-2001, et seq., or K.S.A. 65-2801, et seq.,
2 and amendments thereto. The board shall adopt rules and regulations to
3 assure that persons exempted from licensure under this subsection re-
4 ceive continuing education consistent with their practice authorized
5 herein.

6 (g) This section shall take effect on and after July 1, 2005.

7 Sec. 3. K.S.A. 2004 Supp. 65-7306 is hereby amended to read as
8 follows: 65-7306. The board shall waive the education and examination
9 requirements for an applicant who, on or before July 1, 2005:

10 (a) (1) Has been engaged in the practice of radiologic technology for
11 a period of at least two years of the three years immediately preceding
12 July 1, 2005;

13 (2) is 18 years of age or older; and

14 (3) has successfully completed secondary schooling or its equivalency;
15 or

16 (b) (1) has been engaged in the practice of radiologic technology prior
17 to July 1, 2005;

18 (2) has, at the time of application, a current valid certificate by the
19 American registry of radiologic technologists, nuclear medicine ~~technol-~~
20 ~~ogist~~ *technology* certification board or other recognized national voluntary
21 credentialing bodies, which the board finds was issued on the basis of an
22 examination which meets standards at least as stringent as those estab-
23 lished by the board;

24 (3) is 18 years of age or older; and

25 (4) has successfully completed secondary schooling or its equivalency;

26 (c) This section shall take effect on and after July 1, 2005.

27 Sec. 4. K.S.A. 2004 Supp. 65-7310 is hereby amended to read as
28 follows: 65-7310. (a) There is established the radiologic technology coun-
29 cil to assist the state board of healing arts in carrying out the provisions
30 of this act. The council shall consist of five members, all citizens and
31 residents of the state of Kansas appointed as follows: The board shall
32 appoint one member who is a physician licensed to practice medicine and
33 surgery who is also certified as a radiologist and one member who is a
34 member of the state board of healing arts. Members appointed by the
35 board shall serve at the pleasure of the board. The governor shall appoint
36 three radiologic technologists who have at least three years' experience
37 in radiologic technology preceding the appointment and are actively en-
38 gaged, in this state, in the practice of radiologic technology or the teaching
39 of radiologic technology. At least two of the governor's appointments shall
40 be made from a list of four nominees submitted by the Kansas society of
41 radiologic technologists.

42 (b) The members appointed by the governor shall be appointed for
43 terms of four years except that of the members first appointed, one shall

1 be appointed for a term of two years, one for a term of three years, and
2 one for a term of four years, with successor members appointed for four
3 years and to serve until a successor member is appointed. If a vacancy
4 occurs on the council, the appointing authority of the position which has
5 become vacant shall appoint a person of like qualifications to fill the va-
6 cant position for the unexpired term.

7 (c) Radiologic technologists initially appointed to the council must be
8 eligible for licensure under K.S.A. 2004 Supp. 65-7305, and amendments
9 thereto. On and after ~~July~~ *October* 1, 2005, new appointees shall be li-
10 censed under the provisions of this act.

11 (d) The council shall meet at least once each year at a time and place
12 of its choosing and at such other times as may be necessary on the chair-
13 person's call or on the request of a majority of the council's members.

14 (e) A majority of the council constitutes a quorum. No action may be
15 taken by the council except by affirmative vote of the majority of the
16 members present and voting.

17 (f) Members of the council attending meetings of the council, or a
18 subcommittee of the council, shall be paid amounts provided in subsec-
19 tion (e) of K.S.A. 75-3223, and amendments thereto, from the healing
20 arts fee fund.

21 Sec. 5. K.S.A. 2004 Supp. 65-7314 is hereby amended to read as
22 follows: 65-7314. (a) When it appears that any person is violating any
23 provision of this act, the board may bring an action in the name of the
24 state in a court of competent jurisdiction for an injunction against such
25 violation without regard as to whether proceedings have been or may be
26 instituted before the board or whether criminal proceedings have been
27 or may be instituted.

28 (b) This section shall take effect on and after ~~July~~ *October* 1, 2005.

29 Sec. 6. K.S.A. 2004 Supp. 65-7315 is hereby amended to read as
30 follows: 65-7315. On and after ~~July~~ *October* 1, 2005, any violation of this
31 act shall constitute a class B misdemeanor.

32 Sec. 7. K.S.A. 2004 Supp. 65-7303, 65-7304, 65-7306, 65-7310, 65-
33 7314 and 65-7315 are hereby repealed.

34 Sec. 8. This act shall take effect and be in force from and after its
35 publication in the statute book.

KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR



KATHLEEN SEBELIUS, GOVERNOR

MEMO

TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: February 14, 2005

RE: **H.B. No. 2330**

Thank you for the opportunity to appear before you on behalf of the State Board of Healing Arts in support of H.B. No. 2330. The changes in the dates from July 1, 2005 to October 1, 2005 were incorporated into this bill at the Board's request and with the assistance of the Revisor's office.

Substitute for H.B. 2698 was passed by the Legislature toward the end of the 2004 after considerable work among all interested parties. It was not approved by the Governor until April 14, 2004. All provisions of the original H.B. No. 2698 would have gone into effect July 1, 2004. This effective date would not have provided the Board with adequate time to adopt the necessary rules and regulations and create the required forms in order to implement the licensing process. Therefore, the Board requested that required licensing be extended to July 1, 2005. As a result, four sections of the bill became effective July 1, 2004 (65-7301, 7310, 7311 and 7312). One section (65-7315) became effective July 1, 2004, but specifically provides that violation of the act would not constitute a misdemeanor until July 1, 2005. The other 10 sections of the bill provided that they would not become effective until July 1, 2005.

K.S.A. 65-7303 requires that individuals be licensed by July 1, 2005 in order perform radiologic technology procedures. To license individuals by July 1, 2005, it is necessary that applications be totally complete, including the payment of the application fee, and be received in the Board office prior to that date. Unfortunately, K.S.A. 65-7305, describing the process for filing an application, does not go into effect until July 1, 2005. Although K.S.A. 65-7312 allows the Board to adopt rules and regulations prior to July 1, 2005, K.S.A. 65-7308 authorizing the Board to charge and collect fees in advance and to establish the amount of the fees by rules and regulations does not become effective until July 1, 2005. Also, K.S.A. 65-7309, requiring the Board to remit fees received to the state treasurer does not go into effect until July 1, 2005.

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We have worked with the Revisor's office to correct the situations created when Substitute for H.B. No. 2698 was originally enacted. As a result, the dates have been changed from July 1, 2005 to October 1, 2005 in K.S.A. 65-7303(a) (Page 1, line 15); 65-7303(f) (Page 2, line 21); 65-7310(c) (Page 4, line 9); 65-7314(b) (page 4, line 28) and 65-7515 (Page 4, line 30).

The Board is on schedule to be able to start issuing licenses to between 3000 and 3300 individuals from after July 1, 2005. The Radiologic Technology Council has met on three occasions and six rules and regulations have been presented to the Department of Administration for approval. These are:

- 100-73-1. Fees.
- 100-73-2. Expiration of license.
- 100-73-3. Criteria for approval of programs.
- 100-73-4. Examinations.
- 100-73-5. Application.
- 100-73-6. Unprofessional conduct; defined.

The Board urges this Committee to recommend H.B. No. 2330 favorably for passage so that the Board can continue to proceed with the steps necessary to license individuals as radiologic technologists in strict conformity with the statutes. Thank you again for allowing me to testify in support of H.B. No. 2330. I would be happy to respond to any questions.