

Approved: February 21, 2005

Date

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 17, 2005, in Room 526-S of the Capitol.

Committee members absent:

Representative Delia Garcia- excused  
Representative Judy Showalter- excused  
Representative Don Hill - 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:

Representative Paul Davis  
Amy Swan, Lawrence  
Brandon Kennedy, MD, pediatrician, Children's Mercy Hospital, and Associate Professor, University of Missouri-Kansas City  
Linda Kenney, Director, Bureau of Children, Youth, and Families, Kansas Department of Health and Environment  
Julie Burkhart, Director and Lobbyist, ProKanDo  
Libby Rosen, Kaw Area Breast Feeding Coalition  
Brenda Bandy, Professional Liaison, La Leche League of Kansas  
Darlene Cornfield, former legislator, Valley Center  
Evie Curtis, Public Member and Vice-Chair, Kansas Board of Examiners  
Sherry DuPerier, Executive Officer, Kansas Board of Hearing Aid Examiners  
Julie Hein, representing the Kansas Hearing Aid Association  
Heidi Daley, Audiologist, President-elect, Kansas Speech Language Hearing Association

Others attending:

See attached list.

The minutes for February 15, 2005, were approved.

The Chair opened the hearing on **HB 2284**.

Representative Paul Davis spoke as a proponent. He said a number of his constituents and other mothers statewide have related problems they have encountered while breastfeeding in public. He noted that it is not illegal to do so, but public opinion often makes it difficult for nursing mothers to feel comfortable. He said

## CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:37 P.M. on February 17, 2005, in Room 526-S of the Capitol.

two other states have a similar law. Answering a member's question, he said that there were no liability sections in the bill and no penalties; the bill primarily responds to a need for a greater public acceptance of breastfeeding. Another member noted that a retail establishment has the right to ban certain actions, such as smoking; she expressed concern that the state may be unnecessarily intrusive. Representative Davis replied that a retail business is free to ban breastfeeding; however, there are many public places where the proposed law would apply.

Amy Swan, a Lawrence mother with two children who nursed her two children for the first 18 months of their lives, told her story of being confronted by a man at a fitness club who objected to her nursing her baby at the club. (Attachment 1) When she wrote a letter to the owner of the club objecting to being reprimanded by the man, he replied by further rebuking her for breastfeeding. She said she felt humiliated and degraded by his comments, observing that such negative attitudes could dissuade mothers from breastfeeding their babies. She concluded by saying that what medical authorities encourage should not be socially discouraged.

Brandon Kennedy, a pediatrician at Children's Mercy Hospital in Kansas City and Associate Professor at University of Missouri-Kansas City, provided an extensive list of breastfeeding benefits. (Attachment 2) He said overwhelming evidence demonstrates the value of breastfeeding. Human milk:

- in the short-term protects infants from infections and provides long-term protection from several chronic illnesses, such as asthma, allergies, diabetes, lymphoma, and leukemia;
- protects babies against dehydration;
- protects the mother from post-partum complications and reduces the risk of breast and ovarian cancer and osteoporosis;
- enhances a developing child's neurological development, cognitive performance, and visual acuity;
- has the potential to decrease annual health-care costs by \$3.6 billion;
- eliminates the environmental impact of disposed formula containers;
- is recommended, among others, by the American Academy of Pediatrics, The American Academy of Family Practice, and the American College of Obstetrics and Gynecology.

Linda Kenney, Director, Bureau of Children, Youth, and Families, Kansas Department of Health and Environment, presented testimony as a proponent. (Attachment 3) Noting that the American Academy of Pediatrics recommends exclusive breastfeeding for mothers during the first six months of a baby's life, she said Kansas mothers are above the national average of mothers who nurse their babies (72.2% to 70.1%) when they are discharged from the hospital, but within six months, only 28.8% of Kansas mothers are still breastfeeding compared with 2% nationally. Commenting that less than two-thirds of low-income mothers reported breastfeeding, she said the Medicaid costs could be reduced by \$478 per child in the first six months of a child's life if the baby were breastfed.

Julie Burkhart, Director and Lobbyist, ProKanDo, spoke as a proponent. (Attachment 4) She said her organization supports women who choose to breastfeed their children, stating that doing so offers greater protection for the physical, emotional, and mental health of children as well as providing economic savings

## CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:37 P.M. on February 17, 2005, in Room 526-S of the Capitol.

in health-care costs, a fact especially significant for families and single mothers.

Libby Rosen, Kaw Area Breast Feeding Coalition, testified as a proponent. (Attachment 5) She said that in addition to benefits listed by previous proponents, breastfeeding is vital to the economy of Kansas, since when children are sick, parents miss work to care for them. She recounted two studies showing that mothers are more likely to continue nursing if they feel community and social support.

Brenda Bandy, Professional Liaison, La Leche League of Kansas, speaking as a proponent, said that she provides resources for mothers who encounter problems with breastfeeding. (Attachment 6) She recounted a story of a young mother whose husband was in Iraq who needed encouragement in taking her baby out in public.

Darlene Cornfield, a former legislator from Valley Center, told of her experiences in the legislature while raising children, noting the importance of shaping public opinion for breastfeeding in a more favorable light. (Attachment 7)

Danielle Huckins, Topeka March of Dimes, provided written testimony as a proponent. (Attachment 8) Further written testimony is listed in Attachment 9.

Members asked questions of conferees, to which they responded:

Ms. Burkhart said the organization she represented was pro-choice, but not anti-child. Dr. Kennedy said a child breastfed even for a brief time gains some protection.

The Chair closed the hearing on **HB 2284**.

A motion was made, seconded and passed to consider the bill for passage.

A motion was made and seconded to recommend **HB 2284** favorable for passage.

After brief discussion, the motion passed.

The Chair opened the hearing on **HB 2285**.

Evie Curtis, Public Member and Vice-Chair, Kansas Board of Examiners, spoke as a proponent of the bill. (Attachment 10) She said the Board was created in 1968 to protect Kansas consumers in the fitting and dispensing of hearing aids; reflecting the recommendations of the Attorney General, the present bill updates statutory language and allows the Board to be more responsive to complaints, deal more effectively with disciplinary actions, and make the training process more thorough. She said the bill does not change the scope of practice or staffing.

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:37 P.M. on February 17, 2005, in Room 526-S of the Capitol.

Sherry DuPerier, Executive Officer, Kansas Board of Hearing Aid Examiners, testified in support of the bill. (Attachment 11) She recounted the time involved with the Attorney General and meeting with those regulated by the bill, incorporating language suggested by other parties. However, she said a last-minute amendment by the Kansas Speech Language Hearing Association should not be accommodated, and she urged members not to accept it, saying the issue addressed by the amendment can be worked out later.

Julie Hein, representing the Kansas Hearing Aid Association, spoke in favor of the bill. (Attachment 12) She agreed with the testimony presented above, stating that the various associations had worked together at length to clarify language and make the process work more efficiently, noting that the amendment proposed below needed to be considered at a later time.

Heidi Daley, Audiologist, President-elect for the Kansas Speech Language Hearing Association, spoke in support of the bill, but recommended an amendment to simplify the licensing for audiologists. (testimony, Attachment 13; amendment, Attachment 14) She said the Association recommends moving toward a single license, saying that the license for audiologists was sufficient for them to fit hearing instruments.

Haris Zafar, Fellow, American Academy of Audiology, provided written testimony as a proponent. (Attachment 15)

The hearing for **HB 2285** was closed.

A motion was made, seconded and passed to recommend the bill favorable for passage as printed, excluding the proposed amendment by Ms. Daley.

The meeting was adjourned at 3:00 p.m. The next meeting is scheduled for 1:30 p.m., Monday, February 21, 2005.

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

DATE: FEBRUARY 17 2005

NAME	REPRESENTING
Elizabeth (Libby) Rose	Kawarea Breastfeeding Coalition Perinatal Association of Kansas, SVHC
Brandon Kennedy, MD	Children's Mercy Hospital
Linda Kenney	KDHE
Gunda Leukopf	
Frank Baker	
Darci Inbody	
Shveta Shura	KDHE
Ward Cook	American Cancer Society
M. Day Kaufman	Ks Hemophilia Aid Assoc.
Elizabeth Karlsen	Ks Board of H. Aid Examiners
Cindy Taylor	student
Terese Kennalley	Kansas Speech Hearing Association
Camille Nohe	Attorney General
Joni Lewis	Ks Board of H Aid Examiners
Jarah London	Planned Parenthood of Kansas
Kelly Shrenke	KNOF
Lara Williams	La Leche League St. Francis Health Center Kansas Area Breastfeeding Coalition
Kathy Walker	Renov Co Breastfeeding Coalition
SHERY DU PERIER	Ks. BOARD OF HEG AID EXAMINERS

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE  
GUEST LIST

DATE: 2-17-05

NAME	REPRESENTING
Melissa Peat	<del>KS</del> La Leche League of Topeka
Patricia Briggs	KS Sentencing Commission
Marty Kennedy	KS Dept on Aging
David Klepp	KC STAR
Bill Brady	KSHA
Marla Rhoden	KDHE
Heidi Bailey	<del>KS</del> KSHA

TESTIMONY OF AMY SWAN IN SUPPORT OF  
BREASTFEEDING LEGISLATION (HB 2284)

Distinguished Members of the Health and Human Services Committee, my name is Amy Swan. I was born in Topeka and have lived my entire life in Lawrence, Kansas. I have two children, a son age six named Trey and his sister Maya, who is two. I work as a parent educator with Parents as Teachers and I have my own independent business to supplement our family's income.

In November of 2003, I was at a Lawrence health club working out and doing some shopping at their "Mother's Day Out" event. When I went to pick up my daughter, she was extremely fussy, so I sat on the couch in the nursery to breastfeed her. When I got up to leave, the male worker came up to me and told me when he was in there, he did not want me breastfeeding. He claimed he did not want his son to see a nursing mother and he told me I could go across the hall to a room with a blow up bean bag.

I left the club feeling very upset and decided to write the owner to tell him about my experience. The owner wrote me back shaming me for nursing in front of a man I did not know and questioned why I didn't think of other people's feelings when I chose to nurse my daughter. He also gave me some alternative places I could have gone to nurse my daughter, including going in the bathroom and shutting the door.

What happened to me at the health club was one of the most degrading and humiliating experiences of my life. What was always such a natural and beautiful experience for me was now being treated as a very shameful "act" that I should have been doing in private. I still continued to breastfeed my daughter in public, but felt very self-conscious every time I nursed her. Unfortunately, other women who have such an experience may choose to either stop nursing altogether, or opt to take along formula or a bottle because they don't want to offend anyone or be accused of "exposing" themselves. It doesn't seem fair that a bottle-fed baby in Kansas has fewer restrictions than my daughter, simply because my daughter is nourished with mother's milk.

Distinguished Committee Members, I earnestly ask that you pass this very basic legislation that protects the very natural and very beneficial act of breastfeeding. Our dedicated Representative Paul Davis said it best, "A kid needs to be breastfed when they need to be breastfed." A mother should be able to breastfeed her baby anytime and

*A Attachment 1  
HHS 2-17-05*

anyplace her baby is hungry, without having to worry about what the repercussions may be. The CDC, the US Department of Health and Human Services, the AMA, and the American Academy of Pediatricians strongly recommend breastfeeding. If we are medically encouraged to breastfeed, we should not be socially discouraged.

This legislation will help eliminate the demeaning and damaging experiences that far too many Kansas mothers have faced in the past. When our Kansas mothers feel public support for this vital act of breastfeeding, their esteem and effectiveness as mothers will be greatly strengthened.

Please help Kansas join the 26 other states that protect a woman's right to breastfeed wherever she has a legal right to be.

Thank you very much for your attention and consideration of this legislation.

Amy Swan

Nursing Mother



Testimony on bill # 2284  
February 17, 2005  
Brandan Kennedy, MD Pediatrics

To whom it may concern:

I am speaking to you today as a proponent of this bill which will clarify the right of a lactating woman to nurse her child on demand including in public arenas. Evidence based medicine readily demonstrates that breastfeeding is by far the best nutrition for any infant. Moms who are nursing have to feed their infants frequently and on demand which may require that she feeds her infant in a public place. The American Academy of Pediatrics has recently published a new policy statement in support of breastfeeding. This revised statement explains in detail the advantages of breastmilk over human milk substitutes.

Human milk has chemical properties which appear to affect infants both in the short term and potentially for the rest of their lives. In the short term, human milk helps protect the infant against infection, has a direct impact on development, and in the long term, it appears to be protective against several chronic illnesses which have been on the rise over the last several years. These effects may then, have a profound positive impact on the economy and society as a whole.

Human milk protects against a wide variety of infections, and this protection can be dynamic and ongoing as long as the infant breastfeeds. There is a wide variety of chemical components in human milk which protect against various bacteria and viruses. An example is rotavirus, a common gastrointestinal virus that causes significant morbidity every year in the U.S. Due to the protection of provided human milk, it is rare to have to admit an infant to the hospital with dehydration, which is a common complication in formula fed infants. Breastmilk also appears to lower the incidence of pneumonia, meningitis, ear infection, and hepatitis. This then results in a potential significant impact on health care costs and could lead to a drop in lost work days due to child illness.

Human milk additionally has significant effects on various chronic diseases in the infant and potential protective effects for the mother. Children who breastfeed have a lower incidence of sudden infant death syndrome (SIDS), asthma, food allergies, skin allergies, diabetes both type 1 and type 2, lymphoma, leukemia, and Hodgkin's disease. Later in life these children exhibit lower incidence of obesity and hypercholesterolemia. Maternal health benefits include decreased post partum complications, especially bleeding, decreased risk of breast cancer and ovarian cancer, and possibly decreased risk of hip fractures and osteoporosis in the post menopausal period.

In addition to the above benefits, human milk is the only infant nutrition that has been demonstrated through research to lead to advanced neurological development including slightly enhanced performance on cognitive tests, and enhanced visual acuity in infancy.

Finally, when one considers that the benefits of wide spread breastfeeding has the potential to decrease annual health care costs by 3.6 billion dollars annually, and decrease the costs of the WIC program with decreased formula use. Not to mention the fact that there would also be impacts on the environment with less burden of disposing of formula

Attachment 2  
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cans, bottles and other waste products.

It is important to understand that there are some contraindications to breastfeeding. Certain types of infections and medical conditions, as well as some medications which the mother may be required to take. These cases certainly are taken case by case, and many situations can be dealt with in such a way as to allow Moms to nurse their children.

In conclusion, when one considers the overwhelming evidence in the literature, and the policy statements in support of breastfeeding by multiple medical organizations including The American Academy of Pediatrics, The American Academy of Family Practice and The American College of Obstetrics and Gynecology to name a few. It is imperative that we support mothers who have the desire and are dedicated to providing the best nutrition for their children. It is imperative that this committee and the legislature adopt bill #2284 to protect lactating mothers and allow them to perform one of the most natural acts a mother can perform, feeding her infant. It is our responsibility as professionals and government officials to support our children as they are our future. Thank you.



K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

**Testimony on  
House Bill 2284  
to  
House Health and Human Services Committee**

**Presented by: Linda Kenney**

**February 17, 2005**

Chairperson Morrison and members of the House HHS Committee, the Kansas Department of Health and Environment (KDHE) is pleased to support HB 2284.

The department joins with the American Academy of Pediatrics and others in supporting public policy measures that help Kansas' mothers and families who choose to breastfeed their infants. The AAP recommends exclusive breastfeeding of infants during the first 6 months and continued breastfeeding for a minimum of a year. How does Kansas fare when it comes to this important public health measure? When assessed at the time of hospital discharge, Kansas is doing better than the U.S. (72.2% of Kansas mothers breastfeed at hospital discharge compared to only 70.1% for the U.S.). In the first few weeks after they leave the hospital, however, there is a sharp drop in the numbers of women who breastfeed. And at 6 months, the trend is reversed, only 28.8% of Kansas' mothers breastfeed compared to 33.2% for the U.S. Less than two-thirds of low-income mothers participating in the Kansas WIC program reported any breastfeeding. The data suggest a need to build supportive community and work environments through public policy as necessary.

Studies show that breastfed infants have improved health and reduced medical costs. Breast milk lowers the risk of the baby developing asthma, ear infections, respiratory infections, and obesity. Studies show reduced Medicaid expenditures for breastfed babies of \$478 during the first six months of life. Public policy can be supportive not only of mothers and families but also of physicians, hospitals and local health departments in their efforts to promote breastfeeding. We urge you to support the bill as written. Thank you for the opportunity to speak today. I will be happy to answer any questions.

DIVISION OF HEALTH  
Office of Health Promotion  
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE.230, TOPEKA, KS 66612-1274  
(785) 296-1207 Fax 785-296-8059 <http://www.kdhe.state.ks.us>

Attachment 3  
HHS 2-17-05

16 February 2005

Chairman Jim Morrison  
House Health and Human Services  
300 SW 10th Ave. Room #171W  
Topeka, Kansas 66612-1504

Dear Chairman Morrison:

My name is Julie Burkhardt and I am the executive director of ProKanDo, which is a pro-woman, reproductive rights organization. I would like to thank you, Mr. Chairman, for allowing me to address the committee regarding HB 2284.

HB 2284 would exempt women from criminal statutes, should they choose to breast-feed their children in a public place, which is ultimately good for children, mothers and community. The text of the bill acknowledges breast-milk as the most complete form of nutrition for infants. The bill also acknowledges that breastfeeding has economic and environmental gains for society. These are only a few of the benefits of breastfeeding. Across the United States, thirty-nine states have already passed protective breastfeeding legislation, so that women will feel comfortable giving their children the best possible start in life.

Breast milk offers children immunity from serious illnesses such as bacterial meningitis, respiratory tract infections and asthma. Children who are breastfed also show slightly enhanced performance on cognitive development tests. Health benefits for the mother include decreased risk of breast cancer, earlier return to pre-pregnancy weight and decreased risk in ovarian cancer. It is also well known that breastfeeding increases bonding between mother and child.

Breastfeeding also offers many benefits to society, such as decreased health care costs. Breastfed children have significantly less illnesses than do non-

Attachment 4  
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breastfed children, thus reducing the number of doctor visits. According to the American Academy of Pediatrics policy statement on breastfeeding, the annual health care cost for the United States could be decreased by \$3.6 billion. The cost of public health programs, such as Supplemental Nutrition Program for Women, Infants and Children (WIC), could also be decreased if the number of breastfed children increased. WIC could potentially save millions of dollars if there were a decreased need for formula. In turn, there would be a decreased environmental burden for disposal of formula cans and bottles if more women were to nurse their children.<sup>1</sup> Breastfeeding also holds an economic benefit for families and single mothers, who would save money by not purchasing formula.

Recently, the American Academy of Pediatrics issued its strongest endorsement of breastfeeding (this article has been made available for your review). In this article, the Academy recommends that legislation be passed that will protect the right of women to breast-feed their children.

It is for these reasons that I strongly urge you to support this bill. We must support and protect a woman's right to breastfeed her child. The benefits of breastfeeding are far too great. Mothers should be encouraged to nurse their children and should be able to do so in an environment that is hospitable. Thank you for this opportunity to testify.

Sincerely,

Julie Burkhart  
Executive Director

<sup>1</sup> See American Association of Pediatrics, "Children's Health Topics: Breastfeeding", <http://www.aap.org/healthtopics/breastfeeding.cfm>

Testimony for House and Human Services Committee  
RE: HB 2284

I am Libby Rosen, RN, Internationally Board Certified Lactation Consultant representing the Kaw Area Breastfeeding Coalition. This coalition is a partnership of the local health department, both community hospitals, Parents As Teachers, Part C Infant and Toddler Services and La Leche League. Our group is a community collaboration of parents and health care providers whose mission is to provide breastfeeding support and information to the community. I have been an obstetrical nurse in the Topeka Community for 31 years, attending over 2,000 births. Currently I supervise the breastfeeding and follow up clinic at Stormont-Vail Regional Health Center, a free community service that provides over 600 visits a month to families during their baby's first year. I am also a graduate student at Kansas University in the PhD program, focusing on research and higher education.

As a health care provider, I must stress the tremendous health benefits of breastfeeding to mother and baby. I do this with the same passion that I support the immunization program and use of car seats. Human milk reduces morbidity and mortality rates. Current studies show less obesity in children who are breastfed. There is also well-documented research showing positive maternal-infant interaction as a result of breastfeeding, leading to a lower incidence of child abuse. This speaks to why this legislation is so important.

The Healthy People 2010 objectives have as a goal for at least 75% of all moms to initiate breastfeeding and at least 50% to still be breastfeeding at 6 months. Current 2003 statistics for Kansas and nationally are:

Location	Any breastfeeding at hospital discharge	Any breastfeeding at 6 months	Any breastfeeding at 1 year	Exclusive breastfeeding at 3 months	Exclusive breastfeeding at 6 months
Kansas	76.5 ±5.1	37.3 ±5.6	17.2 ±4.0	43.4 ±5.8	16.1 ±4.1
National	70.9 ±0.8	36.2 ±0.8	17.2 ±0.7	41.1 ±0.9	14.2 ±0.6

The initiation rates in Kansas meet the goal, however the six-month goal lacks by a range of 7.1-18.3%. This continuation of breastfeeding is where the focus is needed. Ball and Wright (1999) reported breastfeeding saved \$341 to \$475 in **health care costs alone** during the first year of the babies' life. This does not include the approximately \$2,500 per year in savings realized by not buying formula, and if those mothers are WIC participants, that saves us as taxpayers. Babies all around the world have improved morbidity and mortality rates due to the consumption of their mother's milk (Cunningham et al., 1991). Formulas fed babies have more hospitalizations, respiratory tract infections, otitis media, diarrhea, pneumonia, urinary tract infections, necrotizing enterocolitis, and invasive bacterial infections. Mothers who can and do choose to breastfeed are afforded better health as well, showing a reduction in postpartum bleeding, reduced risk of ovarian cancer and premenopausal breast cancer as well as an earlier return to pre-pregnancy weight (<http://www.cdc.gov/breastfeeding/report-blueprint.htm>)

Bill 2284 would support breastfeeding and has the potential to improve the rates of breastfeeding in our state, consequently assisting in lowered insurance premiums, as well as less ill time on the job. Babies that are healthier have parents able to be present at work. Passing this bill would show nursing families

*Attachment 5  
HHS 2-17-05*

that the state recognizes and supports their right to nurse as well as the health benefits for both the mother and baby.

Even though we are doing well in Kansas with the initiation rate, meeting that goal, the benefits of breastfeeding are proportionally related to the duration of breastfeeding and the Kansas 6 months statistics drop to 37% and that is any breastfeeding, not exclusively human milk, exclusive breastfeeding is at 16.1%. If a mother does not feel supported to nurse in public, she might choose to offer human milk substitutes (formula).

Two studies express ways to improve the duration of breastfeeding: McLeod et al. (2002) discussed potential ways to improve rates are:

- 1) Creating realistic expectations about breastfeeding,
- 2) Ensuring access to consistent information,
- 3) Ensuring quality ongoing support from partners, family friends, professionals, **and the community.**

A second study by Heinig and Farley (2001) "*Development of effective strategies to support breastfeeding*" found that **social support efforts** by health care providers and combined information, guidance, support that are long-term and intensive are two of the factors that support ongoing breastfeeding.

I have heard many stories from women who are my patients about how hard it is to feel supported about continued breastfeeding. Including, where can they nurse their babies or pump their milk? Comments are made even if they are subtly nursing their baby's in public, showing much less skin than a Victoria's Secret ad. Would you eat your lunch in a public restroom stall? Why would we ask mothers to do that!

Bottom line is that human milk is for human babies, serving to promote and support the baby. It provides warm ready milk any time, anywhere, even in the event of a natural disaster like a tornado or power outage. It provides babies with literally millions of antibodies and live cells that promote brain growth and development and overall good health. Seeing other women nurse in public introduces its normalcy, it provides the next generation with role modeling. Breastfeeding assures maternal infant contact, as a state we want connected solid relationships, resulting in less child abuse and neglect.

Please support this bill, help us to help moms who have decided to nurse their babies to receive the confirmation they need from the State of Kansas to promote family values at their roots: warmth, health, security and with the best benefits available.

#### References

Ball, TM, and Wright, AL. (1999). Health care costs of formula-feeding in the first

year of life. *Pediatrics*. 103:870-876.

Cernadas, J.M., Noceda, G., Barrera, L., Martinez, A., Garsd, A., (2003). Maternal and perinatal factors influencing the duration of exclusive breastfeeding during the first 6 months of life. *Journal of Human Lactation* 19(2), 136-144.

Center for Disease Control. Breastfeeding practices, results from the 2003 national immunization survey. Retrieved on November 9, 2004, [http://www.cdc.gov/breastfeeding/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/NIS_data/index.htm) .

Cunningham, A.S. et al. (1991). Medical progress: breast-feeding and health in the

1980's: A global epidemiological review. Journal of Pediatrics, 118 (5): 659-666.

Heinig, M.J., Farley, K., (2001). Development of effective strategies to support breastfeeding. Journal of Human Lactation, 17(4), 293-294

McLeod, D., Pullon, S., Cookson, T., (2002). Factors influencing continuation of breastfeeding in a cohort of women. Journal of Human Lactation 18(4), 335-343.





# La Leche League of Kansas



Brenda Bandy, Professional Liaison

3005 Cherry Hill Rd. • Manhattan, Kansas 66503 • 785-539-3993  
• bandy@kansas.net

February 15, 2005

RE: HB 2284

To: Health and Human Services Committee Members

Representative Jim Morrison, Chairperson	Representative Peggy Mast, Vice-Chairperson	
Representative Bob Bethell	Representative Pat Colloton	Representative Willa DeCastro
Representative Mario Goico	Representative Don Hill	Representative Kasha Kelley
Representative Nancy Kirk	Representative S. Mike Kiegerl	Representative Patricia Kilpatrick
Representative Geraldine Flaharty	Representative Delia Garcia	Representative Tom Holland
Representative Brenda Landwehr	Representative Frank Miller	Representative Bill Otto
Representative Eber Phelps	Representative Judy Showalter	Representative Sue Storm
Representative Jason Wakins		

I am testifying in support of HB 2284, protecting a woman's right to breastfeed in public, wherever she has the right to be. I am an accredited La Leche League Leader and the Professional Liaison for La Leche League of Kansas. In this capacity, I provide mother-to-mother help with breastfeeding information and support, through monthly meetings, phones calls and home visits. As the Professional Liaison for LLL of Kansas, I am a resource for LLL Leaders and mothers throughout Kansas with medical and legal questions. I have seen and heard firsthand from mothers in Kansas who have been asked to leave a public place when breastfeeding. They, in general, feel humiliated, frustrated, embarrassed, ridiculed and harassed. I would like to make the following points for you to consider:

- Kansas is one of only 13 states without breastfeeding legislation. Colorado, Oklahoma, Missouri and Texas all have laws in place protecting a woman's right to breastfeed in public. Nebraska has breastfeeding legislation pending. HB 2284 would increase the incidence and duration of breastfeeding by helping to change the public's opinion about breastfeeding. Overall, mothers are encouraged to breastfeed, yet the underlying message from some is that breastfeeding is accepted as long as it is done in the privacy of one's own home. Legislation brings the importance of breastfeeding into the sphere of public awareness, and by doing so legitimizes breastfeeding for the general public and lets women know that their babies have the right to be breastfed wherever they happen to be.
- Women do not stop being mothers and babies do not stop being hungry when they are in public. When mothers fear being embarrassed, humiliated or facing criminal prosecution when breastfeeding in public, they may choose to stop breastfeeding, or not to choose breastfeeding at all. Increases in breastfeeding rates are a part of the Breastfeeding Healthy People 2010 goals set by the US Department of Health and Human Services. In the HHS Blueprint for Action on Breastfeeding, the 2010 target rates for breastfeeding initiation is 75%, 50% for breastfeeding at 6 months and 25% for breastfeeding at one year. However, according to the Center of Disease Control, in 2003 in Kansas, only 37% of babies were still breastfed at 6 months and an even lower 17% were still being breastfed at one year. These rates are far below the targeted rate. While there are several factors contributing to these low breastfeeding rates, one factor is surely the fear of being asked to leave, cover-up, hide, or being ashamed when breastfeeding in public. Many mothers do not breastfeed in public simply because they do not see enough other mothers doing it. When mothers feel confident in their ability to meet their babies' needs, wherever they are, more women may chose breastfeeding and choose to breastfeed for longer periods. Breastfeeding duration rates would increase.

Thank you for your support of this important bill that will have a lasting impact on the health and well being of mothers and babies throughout Kansas.

Sincerely,

Brenda Bandy  
Professional Liaison  
La Leche League of Kansas

*Attachment 6*  
*HHS 2-17-05*

Testimony before the House Health and Human Services Committee  
February 17, 2005

H. B. 2284

Good afternoon Chairman Morrison and members of the committee. My name is Darlene Cornfield, a resident of Valley Center, Kansas. It is my privilege to testify in support of H. B.

I must say that it is disappointing that we need to enact a law to protect an activity that has been the norm for all civilization since the beginning of man. Modern science has manufactured a substitute for mother's milk and now after centuries of feeding our children as women were created to do it is now deemed a taboo or offensive act in public. We as a society have legalized nude dancing, topless waitresses and a myriad of other distasteful practices to some but ask a nursing mother to leave the establishment or be harassed for the conduct.

I myself have been publicly vilified for the practice, cited in the Wichita Eagle, dated July 25, 1992, in an article that was to have been a profile of the candidates for the 90th District House Race entitled "Abortion, Education are Focus in 90th, and I quote" State Representative Darlene Cornfield caused a minor ruckus in the Kansas House last year when she breast-fed her infant son during floor debate. ..." I must say that when I read that I thought to myself, I was there I never saw a ruckus created or any problem at the time. I also wondered what that had to do with issues pertaining to the upcoming election, but all of us here know that the Press cares not about relevancy if they can tarnish the image of someone they do not like. Most of the time I did nurse my son in the ladies lounge, but as you know during veto the votes come quickly and my seat was on the opposite side of the aisle and the smoker's lounge was behind me and the roll would have closed before I would have been able to make it back into the chamber to cast some votes and on occasion had to nurse him on the floor. I was not disruptive or creating any disturbance as evidenced by the picture taken of us one day in the chamber.

Let us restore the dignity of women by enacting this legislation. I would ask you to support this bill to ensure that the right of a woman to nurse her child is protected and viewed as a good and natural conduct not an aberrant behavior.

Thank you. I will stand for questions, Mr. Chairman

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Attachment 7  
HHS 2-17-05

**Testimony in Support of HB 2284**

Submitted on behalf of the March of Dimes  
To the House Committee on Health and Human Services  
February 17, 2005

On behalf of the volunteers and staff of the Greater Kansas Chapter of the March of Dimes, I would like to express our support for HB 2284, ensuring a woman's right to breastfeed in any place she has a right to be.

Breastfeeding offers a host of health benefits to infants. Breastmilk provides the ideal amounts of protein, sugar, fat and most vitamins a baby needs for healthy growth and development. Breastmilk also contains antibodies that help protect a baby from many infectious diseases. Studies show that breastfed babies are less likely than formula-fed babies to have ear infections, lower respiratory tract infections, meningitis, urinary tract infections, vomiting and diarrhea. Some studies also suggest that breastfeeding may offer babies some protection against sudden infant death syndrome (SIDS), diabetes, obesity and asthma.

The March of Dimes supports the American Academy of Pediatrics recommendation that infants be fed only breastmilk (no water, formula, other liquids or solids) for about the first six months, and that breastmilk should continue to be provided along with solid foods through at least the first year of life. Kansas is one of fourteen states that exceed the national objective of 75% of mothers initiating breastfeeding of their newborns. At six months of age, 37.3% of Kansas babies are still being breastfed, which is above the national average.

Breastmilk is the best food for babies, and a mother should be able to do what is best for her baby without fear of reprisal. For this reason, we respectfully ask for your support of HB 2284.

**Danielle Huckins, Chair**

Topeka Division Program Services Committee  
March of Dimes, Greater Kansas Chapter  
1133 SW Gage Boulevard  
Topeka, Kansas  
785-228-0084

*Attachment 8  
HHS 2-17-05*

## LETTERS OF SUPPORT FOR HB 2284 –BREAST-FEEDING BILL

Theresa Weigel, IBCLC  
12660 W. Armstrong Rd.  
Brookville, KS 67425  
785-225-6787  
[weig@wtciweb.com](mailto:weig@wtciweb.com)

February 15, 2005  
RE: HB 2284, written testimony  
To: Health and Human Services Committee Members

I am testifying in support of HB 2284, protecting a woman's right to breastfeed in public, wherever she has the right to be. I wish that common sense prevailed and that such legislation were unnecessary. However, it has become apparent that a mother's right to breastfeed her child without question has been lost in the context of our culture's misinterpretation of normal human behavior. I would argue that this legislation could be a first step in providing women and their children an undeniable right with no strings attached. While I am saddened that some would find a nursing mother inappropriate under any circumstances, it is not the responsibility of the mother and child to alter healthful human behavior to accommodate those who are uninformed or without a cultural context for its normality.

While there are many studies to show the healthfulness that breastfeeding provides for both mother and baby, creating legislation that ensures a welcoming environment for mothers who are breastfeeding will have a positive impact on reaching the Breastfeeding Healthy People 2010 goals set by the US Department of Health and Human Services.

I feel that I am in a position to appreciate the necessity of this legislation. Having helped women wanting to learn about nursing their babies for the past 21 years through volunteer work with La Leche League, and supporting families for 10 years as a parent educator for Parents as Teachers, I know first hand the challenges of parents' feeling the social pressure of a "no breastfeeding here" attitude. For many babies, this means that their health is jeopardized when the benefits of breastfeeding is passed by in order to comply with an inaccurate cultural belief about women and breastfeeding. Mothers also lose health benefits that can result in serious illness.

Please take the responsibility and show courage in passing this bill. It will be a template for others to do the right thing in providing a supportive environment for mothers choosing to nurse their babies. Until the culture can reclaim the understanding of breastfeeding and its importance to the health of our communities, I feel that it is in the best interest of our citizenry to pass HB 2284.

Sincerely,  
Theresa J. Weigel

Dear Committee Members:

Being the father of 5 and having a wonderful wife (Florena) who nursed all 5 of our children we request that you support this bill. We feel that young nursing mother have all the support of the entire community as these mothers try to do the best for their children and need not have to worry that some restrictions be placed on them for nursing their children. Thank you for your consideration of this request and thank you for the time to read this letter.

Frank Schneweis  
Florena Schneweis  
Wichita KS

" Ask and you will receive. Seek, and you will find. Knock, and it will be opened to you. For the one who seeks, finds. The one who knocks, enters." Matt. 7- VS. 7 & 8 ( this is the power of constant prayer)

Attachment 9  
HHS 2-17-05

Feb. 14, 2005  
The Honorable Jim Morrison  
State Representative  
Kansas House of Representatives  
Topeka, KS 66612

Dear Representative Morrison,  
I am Mary Honas of Overland Park, KS. I am writing regarding House Bill 2284 concerning the encouragement of breastfeeding and protecting a woman's right to breastfeed in public, "where ever she has the right to be". Kansas is one of only 12 states without breastfeeding legislation. This law is needed in Kansas, and I ask you to vote in favor of HB 2284. Breastfeeding is an important and basic act of nurture which must be encouraged in the interests of maternal and child health. As a La Leche League Leader in Overland Park for over 18 years, I have observed and heard from many mothers who have been asked to leave a public area while nursing. Just this past summer, a woman who lives in Johnson County contacted me. She was the mother of a six month old, exclusively breastfed infant who was asked to leave the pool run by her neighborhood homes association. She contacted me to see if they had a right to ban her and her child from nursing in a shaded area close by while watching her other children in the pool. A law supporting this mother's right to care for her baby would have been a greater help to her than any words of moral support or encouragement I could offer her. Certainly it didn't help her to know that other states have breastfeeding legislation that would have made a difference in her situation. If the state of Kansas is serious about promoting public health, therefore reducing costs for health care, our laws need to support and encourage public acceptance of this basic right, for a mother to nourish and nurture her child in a natural, healthy way. No mother should be made to feel socially ostracized for breastfeeding.

If I can be of assistance to you as you consider HB 2284, please feel free to contact me at (913) 262-7104 or [honasbdmj-7@juno.com](mailto:honasbdmj-7@juno.com). I ask for your support of this important bill which will have a lasting impact on the health and well being of mothers and babies for generations to come. Thank you for considering my position on this issue.

Sincerely,  
Mary Honas  
7236 Goodman St.  
Overland Park, KS 66204

Feb. 13, 2005

The Honorable Jim Morrison  
State Representative  
Kansas House of Representatives  
Topeka, KS 66612

Dear Representative Morrison:

My name is Cheryl Peachey Stoner and I live in Hesston, Kansas. I am writing regarding House Bill 2284 concerning the encouragement of breastfeeding and protecting a woman's right to breastfeed in public, "where ever she has the right to be." Kansas is one of only 12 states without breastfeeding legislation. This law is needed in Kansas, and I ask you to vote in favor of HB 2284.

Breastfeeding is an important and basic act of nurture which must be encouraged in the interests of maternal and child health. As a La Leche League Leader in Newton, Kansas, I have observed and heard from many mothers how frustrating and embarrassing it is to nurse in public, knowing she may be asked to leave a public area while nursing. The social constraints of our society weigh against the choice of breastfeeding and lead new mothers to opt for formula feeding to avoid embarrassment, social ostracism or criminal prosecution. Any genuine promotion of public health should encourage public acceptance of this most basic act of nurture between mother and her child, and no mother should be made to feel incriminated or socially ostracized for breastfeeding her child.

If I can be of assistance to you as you consider HB 2284, please feel free to contact me via e-mail or at 620-327-4401. I ask for

your support of this important bill which will have a lasting impact on the health and well being of mothers and babies for generations to come. Thank you for considering my position on this issue.

Sincerely,

Cheryl N. Peachey Stoner

9129 W. Dutch Ave.

Hesston KS 67062

Hello All,

I have become aware that there is legislation being considered at the State level, which proposes to advocate for breastfeeding in public. Hoorah! This is wonderful news!

For the reputation of breastfeeding, I liken this time period to that of post-emancipation. Even though equality had been declared, it took a great deal of time for a large part of society to grab on to this idea and make it part of their actions. For many years/decades, until recently, breastfeeding has been frowned upon in the Western World. It has come to light, in the past decade, that, yes, breast milk \*is\* good for our babies and mothers really \*should\* breastfeed. It will take time for mothers and nonmothers to readjust their mentalities to the idea that seeing a mother nurse her baby is as natural as watching someone dine in a restaurant, just as it took time for the idea of equality for all to sink in for some.

It was unfortunate that we had to pass very specific laws to ensure equality for all; but we did and we have a more enlightened society as a result. Likewise, it seems to be necessary to pass a law to guarantee the right of a mother to nurse her child without having to go into a dirty toilet to do so.

I am so pleased to hear that this legislation is being considered, and I hope that your Committee will do it's best to promote it. If this legislation fails, our babies will continue to be subject to the whims of opinion in public settings. Our babies should have the same rights to eat anytime, anywhere, as does anyone else.

If you have any doubts about the importance of breastfeeding, here are a couple of links for further information:

<http://www.gnn.tv/H01076>

<http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;115/2/496>

Thank you for your attention,

Dawn Hawkins

Lawrence, KS

Feb. 14, 2005

The Honorable Jim Morrison  
State Representative  
Kansas House of Representatives  
Topeka, KS 66612

Dear Representative Morrison:

I am Pat Olson, Newton. I am writing regarding House Bill 2284 concerning the encouragement of breastfeeding and protecting a woman's right to breastfeed in public, "wherever she has the right to be." Kansas is one of only 12 states without breastfeeding legislation. This law is needed in Kansas. I ask you to vote in favor of HB 2284.

Breastfeeding is an important and basic act of nurture which must be encouraged in the interests of maternal and child health. Many mothers are hesitant to meet their baby's needs because of the fear that someone will say something unkind to them if they nurse in public. At times I nursed my children in restrooms when they were babies. I hope that my children and grandchildren will never feel compelled to do that because of fear of being incriminated against or socially ostracized for breastfeeding their children in public.

If I can be of assistance to you as you consider HB 2284, please feel free to contact me at 316.283.2755. I ask for your support of

this important bill which will have a lasting impact on the health and well being of mothers and babies for generations to come. Thank you for considering my position on this issue.

Sincerely,

Pat Olson  
326 W. Broadway  
Newton, KS 67114

Feb. 14, 2005

The Honorable Jim Morrison  
State Representative  
Kansas House of Representatives  
Topeka, KS 66612

Dear Representative Morrison:

My name is Laura McComb from Manhattan. I am writing regarding House Bill 2284 concerning the encouragement of breastfeeding and protecting a woman's right to breastfeed in public, "where ever she has the right to be". Kansas is one of only 12 states without breastfeeding legislation. This law is needed in Kansas, and I ask you to vote in favor of HB 2284.

Breastfeeding is an important and basic act of nurture which must be encouraged in the interests of maternal and child health. As a new breastfeeding mother, I feel extremely uncomfortable and self-conscious breastfeeding due to society's ill-natured feelings about women breastfeeding in public. This makes many new mothers choose to bottle-feed instead of breastfeed. I have considered this on occasion in order to avoid embarrassing people that I am with, receiving dirty looks, or being thrown out of establishments. I only want to do what is best for my baby in order to make her healthy and I truly believe that in a modern society like ours, we should support that. I have been told by my pediatrician that third world countries feed their babies better than we do when it comes to breast verses the bottle because they always choose the breast. If it were more accepted and women were praised instead of ridiculed for breastfeeding our babies, our country would be healthier. This would save all of us money spent on healthcare and later on medicare.

If I can be of assistance to you as you consider HB 2284, please feel free to contact me at (785)565-0539 or [lt\\_lyd@bearkan.com](mailto:lt_lyd@bearkan.com). I ask for your support of this important bill which will have a lasting impact on the health and well being of mothers and babies for generations to come. Thank you for considering my position on this issue.

Sincerely,

Laura McComb  
1966 Lincoln Dr.  
Manhattan, KS 66502

Dear Representatives of the Board-

I feel that it is necessary to address the issue of the House Bill No.2284 regarding breastfeeding. It is important to understand the need for such a bill to be passed based on the abundance of research supporting the positive aspects of breastfeeding and I believe that women and the children should have this right. Please support House Bill No.2284.

Sincerely,  
Seanna L. East-RN

Student  
(316)945-7378  
1343 N. Smith

Wichita, ks 67212

Feb. 15, 2005

The Honorable Jim Morrison

State Representative  
Kansas House of Representatives  
Topeka, KS 66612  
Dear Representative Morrison:

I am Christy Pate, OTR, IBCLC, from Overland Park, KS. I am writing regarding House Bill 2284 concerning the encouragement of breastfeeding and protecting a woman's right to breastfeed in public, "where ever she has the right to be". Kansas is one of only 12 states without breastfeeding legislation. This law is needed in Kansas, and I ask you to vote in favor of HB 2284.

Breastfeeding is an important and basic act of nurture which must be encouraged in the interests of maternal and child health. As an occupational therapist and lactation consultant, I have had the privilege of working with thousands of children. As you may know, becoming a parent can be the most overwhelming task a person ever undertakes. Selecting their baby's nutrition is just one of hundreds of decisions many new parents weigh with their baby's best interest at heart. It is so very sad that we live in a culture which often pushes parents to decide against breastfeeding a baby. This decision may be the right one for many parents, but is it ever the right one if it is made out of fear of embarrassment, social ostracism or criminal prosecution? Any genuine promotion of public health should encourage public acceptance of this most basic act of nurture between mother and her child, and no mother should be made to feel incriminated or socially ostracized for breastfeeding her child.

If I can be of assistance to you as you consider HB 2284, please feel free to contact me at 913-341-3151 or [kidmatter@familink.com](mailto:kidmatter@familink.com). I ask for your support of this important bill which will have a lasting impact on the health and well being of mothers and babies for generations to come. Thank you for considering my position on this issue.

Sincerely,

Christy Pate, OTR, IBCLC  
5915 W 100 Terrace  
Overland Park, KS 66207

Feb. 14, 2005

Dear Representative Morrison,  
Regarding State House Bill H2284, I support the passage of this bill that will protect a woman's right to breastfeed in public. I hope that you also will show your support for this bill as breastfeeding is an essential, positive factor in the physical health and emotional connection for both baby and mother. Thank you for your time and support of this important bill.  
Sincerely,

Melissa Peat  
3833 SW Dukeries Rd.  
Topeka, KS 66610

The Honorable Jim Morrison  
State Representative  
Kansas House of Representatives  
Topeka, KS 66612

Dear Representative Morrison:

I am Stacy Tidmore, a first-time mother, living in Manhattan, Kansas. I am writing regarding House Bill 2284 concerning the encouragement of breastfeeding and protecting a woman's right to breastfeed in public, "where ever she has the right to be". Kansas is one of only 12 states without breastfeeding legislation. This law is needed in Kansas, and I ask you to vote in favor of HB 2284.

Breastfeeding is an important and basic act of nurture which must be encouraged in the interests of maternal and child health. I breastfeed my 14 month old son, both at home and in public. It is important to me that we can comfortably and safely nurse wherever we go. Please support the rights of my son and myself to do what simply comes naturally to us, what my pediatrician

9-5



recommends we do, and what organizations around the world - such as the World Health Organization - support.

If I can be of assistance to you as you consider HB 2284, please feel free to contact me at [stidmore@hotmail.com](mailto:stidmore@hotmail.com). I ask for your support of this important bill which will have a lasting impact on the health and well being of mothers and babies for generations to come. Thank you for considering my position on this issue.

Sincerely,

Stacy Tidmore, PhD  
2120 Fox Meadows  
Manhattan, KS 66503

HB2285

Evie Curtis, Public Member and Vice-Chair of the Kansas Board of Examiners  
February 17, 2005

Kansas Board of Examiners in fitting and dispensing of hearing instruments was created in 1968 to protect Kansas consumers in the fitting and dispensing of hearing aids. During 2004, the Board, along with Camille Nohe of the Attorney General's office, undertook the task of addressing outdated language and outdated practices in the current bill. Many of the changes in HB2285 were recommended by the Attorney General's office.

Within HB 2285 many statutes are updated and clarified. In addition there are several statutes that have been created to augment the board's ability to handle disciplinary actions. These include fine authority, cease and desist authority, authority to apply for injunction and authority to censure. The bill will increase the agencies responsibilities by providing increased disciplinary options in regard to complaint issues.

In procedural areas of actual licensure application the board will see no change in responsibility but will have more clarity and consistency throughout the bill.

The bill revises and clarifies areas regarding reciprocity, supervision, board composition, re-application for temporary licenses, and the requirements for product description in purchase agreements. The changes are meaningful for Kansas consumers but do not impact scope of practice for our licensees.

HB2285 can be implemented within the currently approved staffing and operating expenditure levels.

The Board believes HB2285 will resolve issues of outdated language, provide an improved working foundation for licensees and the Board, and it will improve the Board's ability to protect Kansas consumers.

Attachment 10  
HHS 2-17-05

## Testimony HB 2285

Sherry DuPerier, M.S., CCC-A  
Executive Officer  
Kansas Board of Hearing Aid Examiners  
P.O. Box 252  
Wichita, Kansas 67201  
1-316-263-0774 Fax 1-316-264-2681

Representative Morrison and Committee Members, my name is Sherry DuPerier and I am the Executive Officer of the Board of Hearing Aid Examiners.

Originally it was not my intention to testify at today's hearing as the bill, while long and with many changes, is technical and clean up in nature. However, yesterday I was made aware that an amendment will be introduced which will involve significant substantive changes. Hopefully those introducing the bill are aware of the Board's response to this amendment and will not introduce it. However, as a proponent of the bill, I feel it is necessary that I discuss the issue at this time.

The board and our representative from the Attorney Generals office have spent a great deal of time and effort over the past several months during which we have worked out many of the details relating to the requested changes. In addition, the board has incorporated all of the concerns that were brought up at a meeting of interested parties with the exception of the issue of licensure by endorsement for audiologists which was discussed at length.

After our meetings and subsequent correspondence, I am disappointed that the communication has seemingly ended and that our efforts to work together have failed. This last minute amendment is not the way to approach a change of such significance where attention to detail is paramount. The Board is very opposed to the addition of the change without further discussion between the parties to insure all aspects of the change are addressed in the necessary statutes.

In the mid to late 90's the associations of those regulated by this law met over a period of many months and discussed in great detail the possibility of merging the boards. After much time and effort the audiology and speech pathology association ended the communication.

In 2004 the Board of Hearing Aid Examiners dealt with several issues relating to consumer protection. During these discussions it was suggested by the Attorney Generals office that to better address recurring problems, statutory changes of a technical nature were advisable. As the bill was originally drafted in 1968, many

Attachment 11  
HHS 2-17-05

other clean up revisions were also recommended. It was of importance to our board that those persons regulated by the law be advised of the proposed changes. We initially contacted the interested parties the first week of November 2004 to schedule a meeting. Due to calendar problems with the members of the Kansas Speech Language Hearing Association, we did not meet until Jan 7. At that time we were made aware of their concerns with language in our proposed legislation. In addition we were made aware of their interest to amend the bill with endorsement language for audiologists. There was significant discussion regarding all requested changes, especially that of endorsement. The board has incorporated all changes, some minor and some quite significant, with the exception of the endorsement amendment. Our thoughts regarding this were explained in detail at the meeting.

On Sunday January 23, a proposal to include such a change was sent to the Board of Examiners by the President-Elect of the Kansas Speech Language Hearing Association (KSHA) and a response was issued on January 25 by the Board of Examiners regarding the concern with such significant changes at this last minute. We explained our understanding of the proposal, and our agreement to work through the details for introduction during the 2006 legislative session.

KSHA President-Elect Heidi Daley responded on January 27 that she would discuss our response with the KSHA Board members and proceed from there. She noted her appreciation of our willingness to continue discussions of KSHA's concerns and stated that she looked forward to meeting with the board in the future. As no further communication has been received regarding this proposal, it was our belief that our understanding of the requested legislation and our agreement to honor our offer to move forward had been accepted. The professions regulated and this Board have in my opinion had a good working relationship and have the ability to work this amendment and give it the time and detail that it deserves. It makes no sense to approach this issue in a last minute fashion.

The time and effort put in by many on this bill is significant and the agreed upon changes reflected in the bill strengthen and clarify many issues. We do not want to lose the time and effort spent by attaching a substantive issue such as is proposed and put the entire legislation at risk.

The issue under discussion is one to which the board is amenable but one which needs more time to make sure all aspects of the change are reflected correctly and completely throughout the law. Minor changes currently under revision went through numerous revisions to reach a consensus and to insure consistency. This major change to the statutes should not be treated with less importance. It deserves the time to be thought through, to insure accuracy, completeness and consensus.

I would encourage you not to adopt this last minute amendment to what was to

be, and is, a technical, clean up bill.

# HEIN LAW FIRM, CHARTERED

5845 SW 29<sup>th</sup> Street, Topeka, KS 66614-2462

Telephone: (785) 273-1441

Telefax: (785) 273-9243

*Ronald R. Hein*

Email: rhein@heinlaw.com

## Testimony re: HB 2285

### House Health and Human Services Committee

Presented by Ronald R. Hein

on behalf of

Kansas Hearing Aid Association

February 17, 2005

Mr. Chairman, Members of the Committee:

My name is Julie Hein, and I am representing the Kansas Hearing Aid Association (KHAA). KHAA is the professional association for licensed hearing aid fitters and dispensers in the state.

The KHAA supports HB 2285, which makes much needed technical and minor substantive changes in the hearing aid fitters and dispensers licensure act. This act has not been updated in numerous years, and the changes set out in the bill, though primarily technical, are badly needed. These changes are necessary for clarity, and, more importantly, for legal consistency and enforceability when the Attorney General must take action against a licensee.

Whenever licensure acts are "opened" there is always a possibility that amendments might be proposed to deal with other issues. We hope that will not occur here because of the amount of time and effort that went into preparing this legislation.

However, with that said, Ron Hein was given a copy of a proposed amendment on Tuesday which may be presented to this committee by the Kansas Speech, Language and Hearing Association (KSHA) which would provide that Licensed Audiologists are not required to pass an examination in order to be licensed by the Board of Examiners of Hearing Aid Dispensers.

The KHAA would oppose this amendment on this legislation. The board has offered to meet with KSHA to discuss this issue over the summer. However, to take action at this time would be inappropriate for a number of reasons, including the potential harm to the public this amendment might cause to occur, and the fact that HB 2285 is a simple bill which makes technical clean-up amendments in the statutes.

The KHAA is willing to meet with KSHA over the summer to address the issue, but the KSHA proposed amendment should be rejected at this time. If the committee desires to deal with this major policy issue, we would request that the Chairman schedule another committee hearing to address the substantive arguments for and against this major policy provision.

The KHAA supports this legislation as long as it is not amended in any substantive way.

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

Attachment 12  
HAs 2-17-05

TESTIMONY BY HEIDI DALEY, AUDIOLOGIST, KSHA PRESIDENT-ELECT  
HOUSE HEALTH AND HUMAN SERVICES COMMITTEE  
FEBRUARY 17, 2005  
HB 2285

It is proposed by the Kansas Speech Language Hearing Association (KSHA), on behalf of its licensed audiologist members that the need for duplicative licenses from two separate entities be re-evaluated. The goal is to maintain protections for consumers, while at the same time, reducing some of the costs and paperwork required of licensed audiologists and recognition of the audiology license. The KSHA is proposing an amendment to HB 2285, KSA 74-5814, that would allow licensed audiologists in Kansas to be eligible for the Kansas Board of Hearing Aid Examiners (KBHAE) License by virtue of the professional license in Audiology issued by the Kansas Department of Health and Environment (KDHE) Health Occupations Credentialing.

“Audiologists are professionals engaged in autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages through the prevention, identification, assessment, and rehabilitation of hearing, auditory function, balance and other related systems. Their unique education and training provides them with the skills to assess and diagnose dysfunction in hearing, auditory function, balance and related disorders. The delivery of audiologic rehabilitation services includes not only the selecting, fitting, and dispensing of hearing aids and other hearing assistive devices, but also the assessment and follow-up services for persons with cochlear implants.”

Presently, audiologists must meet rigorous educational and testing requirements to be licensed to practice in Kansas. The educational requirement by Kansas statute requires a graduate degree in audiology (Master's or Doctoral). This consists of approximately 45 hours of graduate level coursework in a variety of audiology courses, including hearing aids. In addition, a supervised clinical practicum of 375 hours with a minimum of 250 clock hours at the graduate level is required. An oral examination is taken at the end of the graduate program. The individual must also take a national examination in audiology, prior to obtaining a license. After fulfilling the requirements for the Master's Degree, audiologists are required to complete a Clinical Fellowship Year, (CFY), which is comprised of nine months of supervised experience in professional employment, with on-site observations and other related monitoring activities. This fellowship is closely supervised and documented, and the Clinical Fellow is evaluated every 12 weeks of the 36 week program, and provided with feedback on progress. After the successful completion of the CFY, the individual is granted a Certificate of Clinical Competence (CCC) from the American Speech Language Hearing Association (ASHA), which is a requirement for state licensure through the KDHE Health Occupations Credentialing. After the successful completion of the academic requirements and CFY, the individual is eligible to apply for a Kansas license in audiology. Once licensed, audiologists must meet continuing education requirements to maintain their license, which is renewed every two years, and includes a licensure fee.

In December 2005, the Masters level program will be phased out at WSU, and be replaced by the Doctor of Audiology (AuD), which will be the entry-level degree for

Attachment B  
HHS 2-17-05

clinical practice in audiology. The AuD program requires a minimum of 109 credit hours, 2000 hours of supervised clinical practicum and a full-time residency at a clinical site. Beginning Jan 1 2012, the AuD will be the entry level degree in all audiology programs, as mandated by ASHA.

Kansas' licensed audiologists must also hold a second license through the KBHAE, if they are engaged in the practice of fitting and dispensing hearing instruments. To hold the additional license, licensed audiologists must pay another license fee. KSHA recognizes that this license fee goes to support the activities of the KBHAE, and KSHA supports the continuation of an additional fee structure for licensed audiologists who also choose to engage in the practice of fitting and dispensing hearing instruments. In addition, Kansas licensed audiologists who engage in the fitting and dispensing of hearing instruments must meet the continuing education requirements set forth by the KBHAE to continue this license.

#### SUMMARY:

- 1 KSHA proposes that language be added to KSA 74-5814 (p.8 line 15 of HB 2285) to read as follows: (a) The board shall issue a license to each applicant who 1) satisfactorily passes the examination **or 2) is currently licensed as an audiologist under K.S.A. 65-6501 et seq.**, who pays the license fee provided for in K.S.A. 74-5810a and amendments thereto and who submits documentation that calibration of the applicant's audiometric testing equipment has been tested and verified as accurate within the preceding two year period. The license shall be effective for one year.
- 2 Complaints against the licensed audiologist in the practice of audiology will be made to the KDHE. Disciplinary actions may result in the loss of the license to practice audiology.
- 2 Complaints regarding the fitting and dispensing of hearing instruments against the licensed audiologist with the hearing instrument fitting and dispensing license will be made to the KBHAE. Disciplinary actions may result in the loss of the hearing instrument fitting and dispensing license.
- 3 Audiologists who have met the educational and testing requirements to obtain a Kansas license from KDHE to practice audiology will be eligible through reciprocity to fit and dispense hearing instruments upon payment of the applicable fee to the KBHAE.
- 3 There are currently 27 states where audiologists can dispense hearing instruments with a single audiology license. \*Idaho is proposing a bill during the 2005 session.
- 4 The training required of individuals licensed to fit and dispense hearing instruments is vastly different from that required of individuals licensed in audiology. The qualifications for license applicants to fit and dispense hearing instruments as stated in 74-5811; a) Is 21 years of age or older; b) has graduated from an accredited high school or has a degree equivalent to graduation from an accredited high school.
- 5 KSHA wishes to proceed forward, following the trend of other states, and move to a single license for audiology to include the fitting and dispensing of hearing instruments.



- 6 The fitting and dispensing of hearing instruments is within the audiology scope of practice.
- 7 There would be no budget impact on the KBHAE.
- 8 Applicants who have reportedly failed the exam administered by the KBHAE should be judged by their quality of practice, and not solely by a test score, when they have met the competencies required to obtain an audiology license.
- 9 With the impending entry-level clinical Doctorate in Audiology (AuD) in 2007, KSHA maintains it is unreasonable to require licensed audiologists to take an additional exam, to obtain a license to fit and dispense hearing instruments, and therefore, propose reciprocity for individuals currently licensed in audiology.

I would be pleased to answer any questions that you may have.

Source: American Speech Language Hearing Association. (2004). Scope of Practice in audiology. ASHA Supplement 24, pp. 27-35.

Attachment 1 - Heidi Daloy

1 audiometry to determine hearing aid instrument candidacy.  
 2 (5) Selection and adaptation of hearing aids instruments and testing  
 3 of hearing aids instruments.  
 4 (6) Taking earmold impressions.  
 5 (7) Troubleshooting and modification of hearing instruments.  
 6 (8) Food and drug administration medical referral criteria.  
 7 (9) The hearing instrument act and rules and regulations adopted  
 8 thereunder.  
 9 (7)(10) Other skills as may be determined by the board for the fitting  
 10 and dispensing of hearing aids instruments.  
 11 (c) The tests under this section shall not include questions requiring  
 12 a medical or surgical education.  
 13 Sec. 13. K.S.A. 74-5814 is hereby amended to read as follows: 74-  
 14 5814. (a) The board shall register each applicant and issue a certificate  
 15 of registration thereto; license to each applicant who satisfactorily passes  
 16 the examination, who pays the certificate of registration or endorsement  
 17 license fee provided for in K.S.A. 74-5810a and amendments thereto and  
 18 who submits documentation that the calibration of the applicant's audi-  
 19 ometric testing equipment has been tested and verified as accurate within  
 20 the preceding two-year period. The certificate of registration license shall  
 21 be effective for one year.  
 22 (b) Whenever the board determines that another state or jurisdiction  
 23 has requirements equivalent to or higher than those in effect pursuant to  
 24 this act for the selling and the practice of fitting hearing aids and such  
 25 state or jurisdiction has a program equivalent to or stricter than the pro-  
 26 gram for determining whether applicants pursuant to this act are qualified  
 27 to sell and fit hearing aids, the board may issue certificates of endorse-  
 28 ment to applicants therefor who hold current, unsuspended and unre-  
 29 voked certificates or licenses to sell and fit hearing aids in such other state  
 30 or jurisdiction. No such applicant for a certificate of endorsement pur-  
 31 suant to this subsection shall be required to submit to or undergo any  
 32 examination, investigation or other procedure other than the payment of  
 33 the appropriate fees pursuant to K.S.A. 74-5811 and 74-5812 and amend-  
 34 ments to those sections in the amounts provided for in K.S.A. 74-5810a  
 35 and amendments thereto and the requirements provided for in K.S.A. 74-5810a  
 36 that the calibration of the applicant's audiometric testing equipment has  
 37 been tested and verified as accurate within the preceding two-year period.  
 38 The holder of a certificate of endorsement shall be registered in the same  
 39 manner as holders of certificates of registration. The fee for an initial  
 40 certificate of endorsement shall be the same as the fee for an initial cer-  
 41 tificate of registration. Fees, grounds and procedures for renewal, sus-  
 42 pension and revocation of certificates of endorsement shall be the same  
 43 as for renewal, suspension and revocation of certificates of registration.

1)  
 or 2) is currently licensed as an audiologist under  
 K.S.A. 65-6501 et seq,

Attachment 14  
 HHS 2-17-05

----- Original Message -----

From: Audiology & Hearing Aid Services, Inc.

To: [sduperier@hearinghealthcareassoc.com](mailto:sduperier@hearinghealthcareassoc.com)

Sent: Wednesday, February 16, 2005 11:32 AM

Subject: testimony

This is to provide testimony to the issue regarding the proposed amendment by the Kansas Speech-Language-Hearing Association for giving blanket licensure for licensed audiologist to be able to dispense hearing aids without going through the current process of credentialing through the State Board of Hearing Aid Examiners. It is my opinion that while this is an extremely important matter and needs to be addressed. In order to look at all of the issues involving the regulatory and statutory changes that will be needed to bring this about more time needs to be spent in evaluating everything. It has been proposed and been agreed to in principle by both the State Board of Hearing Aid Examiners and the Kansas Speech-Lanaguage-Hearing Association that it would be more prudent to work through the summer and bring this amendment in front of the next legislative session rather than the current one. This approach seems to be in the best interest of all of the licensed professionals and consumers in the State of Kansas.

Haris Zafar, Ph.D., C.C.C.-A.

Fellow of the American Academy of Audiology

Attachment 15  
HHS 2-17-05