Approved: February 2, 2005
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on January 24, 2005 in Room 231-N of the Capitol.

Committee members absent: Pete Brungardt- excused
Susan Wagle- excused

Committee staff present: Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Norm Furse, Office of Revisor of Statutes
Whitney Nordstrom, Committee Secretary

Conferees appearing before the committee: Gary Daniels, Acting Secretary of the Kansas Department of Social and Rehabilitation Services
Mark Desetti, Kansas NEA
Jerry Slaughter, Kansas Medical Society
Mark Tallman, Kansas Association of School Boards
Judy Keller, American Lung Association

Others attending: Please See Attached List

Presentation on "Kansas Department of Social and Rehabilitation Services Agency Overview"

Upon calling the meeting to order, Chairperson Barnett introduced Gary Daniels, Acting Secretary of SRS, who began by stating he would be giving the Committee a brief overview of the Kansas Department of Social and Rehabilitation Services. A copy of his presentation is (Attachment 1) is attached hereto and incorporated into the Minutes as referenced. Highlights of his presentation include:

1) SRS Program Divisions
2) Prevalence of Mental Illness in Adults and Adults Served by Community Mental Health Centers (CMHC)
3) Prevalence of Mental Illness in Youth and Youth Served by Community Mental Health Centers (CMHC)
4) Community Supports and Services
5) SRS Addiction and Prevention Services
6) Medicaid Expenditures and Beneficiaries FY 2004
7) State Mental Health Hospitals Overview
8) State Developmental Disability Hospitals Overview
9) SRS Access Points
10) Return on Investment
11) Child Welfare FY2004
12) Adult Protective Services
13) Child Support Enforcement
14) Food Distribution Services
15) 2005 Legislative Proposals

Chairperson Barnett thanked Mr. Daniels for his presentation and asked the Committee for questions and/or comments.

Senator Palmer asked what percentage of funding goes towards child welfare.

SB 10- an act concerning schools and school districts; relating to the self-administration of medication; amending K.S.A. 2004 Supp. 72-8252 and repealing the existing section.

The next order of business was a hearing on **SB 10**, an act concerning schools and school districts; relating to the self-administration of medication; amending K.S.A. 2004 Supp. 72-8252 and repealing the existing section. The Chair asked Emalene Correll, Legislative Research, to give an overview of the bill.

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on January 24, 2005 in Room 231-N of the Capitol.

Ms. Correll stated that the **SB 10** deals with the use of self-medication by children in schools. These amendments come from the Legislative Educational Planning Committee in order to conform Kansas Law with Federal Legislation. She states that there are not very many major policy changes but there are a few and they are as follows:

1) In paragraph 1, the deletion of persons who can prescribe anaphylactic or asthma medication, which are made into a separate definition later in Sec. 2.
2) SB 10 requires school districts to obtain yearly authorization from parents
3) Requires that if a back up prescription is available it be kept in a location with immediate access
4)Extending under Kansas Law from June 30, 2005 to June 30, 2006

As there were no further questions of Ms. Correll, the Chair called upon the first proponent, Mark Desetti, Kansas NEA. A copy of his testimony is (Attachment 2) attached hereto and incorporated in the Minutes as referenced. Mr. Desetti stated that:

1) The intent behind this bill is simply to ensure that students, in emergency situations, receive medical attention that is life-saving. In emergency situations, we agree with the intent.

2) Other liability questions need to be addressed. First, what will protect the school or school personnel should these items be exchanged or not disposed of properly? Secondly, while the bill required that statements from health care providers and students be kept on file in either the nurse's office or the principal's office, there is no requirement that the teachers with whom the student comes in contact be informed of the permission to self-medicate.

3) We support **SB 10** and believe that it has the potential to save lives. We only ask that the committee look carefully at all liability issues and make sure you pass the best possible bill.

With no further questions for Mr. Desetti, Chairperson Barnett called the Committee's attention to written testimony from Jerry Slaughter, Executive Director of the Kansas Medical Society, who provided comments in proposition to the bill stating: **SB 10** represents a common sense approach to administration of medications at school facilities in situations where time is of the essence. This is helpful legislation that eliminates unnecessary administrative and legal barriers between children and their receipt fo easily administered potentially life-saving medications. His testimony was received today. A copy of his written testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

The third proponent conferee was Mark Tallman, Assistant Executive Director/Advocacy of the Kansas Association of School Boards. Reasons he gave for supporting **SB 10** are as followed:

1) The most important reason for KASB's support of this bill is it provides liability protection for school district officers and employees for damages resulting from self-administration of medication.
2) **SB 10** maintains the ability of local boards to set additional requirements to insure the safety of students and school district employees.
3) **SB 10** applies this law to all students in the grades K-12, rather than setting a requirement for grades 6-12 and an option for grades K-5.

Other comments include **SB 10** extends this legislation for one additional year. KASB does not object to this one year extension, but based on our policies, we would support the removal of the "sunset" altogether.

Chairperson Barnett asked the Committee for any questions and/or comments for Mr. Tallman.

Questions and comments came from Senator Palmer and Emalene Correll including the awareness of teachers and noting the legislation originally came from a Representative.

A copy of his testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

The fourth and final proponent conferee to testify was Judy Keller, Executive Director of the American Lung Association of Kansas. Her testimony stated: **SB 10** is sound policy and it will allow Kansas to be eligible for federal funding of asthma education programs. One request they do have of the Committee is that is

consider deleting the sunset provision. The legislation was in effect for one year; it was studied by Legislative Educational Planning Committee; and federal law is consistent with its content, so they do not anticipate the need to review the bill again in one year.

A copy of her testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

As there were no opponents or neutral conferees, the Chair announced this would conclude the hearing of the above bill.

Bill Introductions

Chairman Barnett then called for any bill introductions. Barbara Conant , Director of Communications/Legislative Liaison introduced an act relating to the department of aging; concerning duties thereof; amending K.S.A. 2004 Supp. 39-1404 and repealing the existing section. A copy of her bill introduction is (Attachment 6) attached hereto and incorporated into the Minutes as referenced

Senator V. Schmidt motioned to adopt the proposed bill. Senator Gilstrap seconded the motion. Motion passed.

Bobbi Silver, Administrative Officer for the Kansas Dental Board, introduced an act concerning fees; amending K.S.A. 65-1447 and repealing the existing section. A copy of her testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

Senator Gilstrap motioned to adopt the proposed bill. Senator Palmer seconded the motion. Motioned passed.

Adjournment

As there was no further business, the meeting was adjourned. The time was 2:35 p.m.

The next meeting is scheduled for January 25, 2005.

Please Sign In
January 24, 2005

PRINT PLEASE!

Name

Sarah Tidwell - KSNA
Gary Daniels - SRS
Laura Howard - SRS
Rae Anne Davis - SRS
Ileen Meyer - KDHE
Clint Pahy KBB
Bobbi Silver KDB
Rebekah Gonzales KDB
Larry Pitman KFMC
Kevin Barone - KTLA
John Badger - SRS
Mike Hattles - RGC
Stephanie Wilson - The Alliance
Jenny Rezac - SRS
Kyle Kessler - SRS
Sky Westwood, KNASW
Barb Conant, KDOA
Josie Torrez, SILCK
Chad Austin, KHA

Chip Wheelen - KAOM
Ron Seebe Hein Law Firm
Cindy Shaw KAC
Cindy D'Ercole KAC
Judy Keller, American Lung Assn/KS.

Mark Desetti KNEA
Mark Tallman KASB
Shelli Sweney - ACMHCK
Akiko Motegi - Intern

Senate Public Health and Welfare Committee
Whitney Nordstrom- Sec. 401-S

Senate Public Health and Welfare 1-24-05 Attachment #1

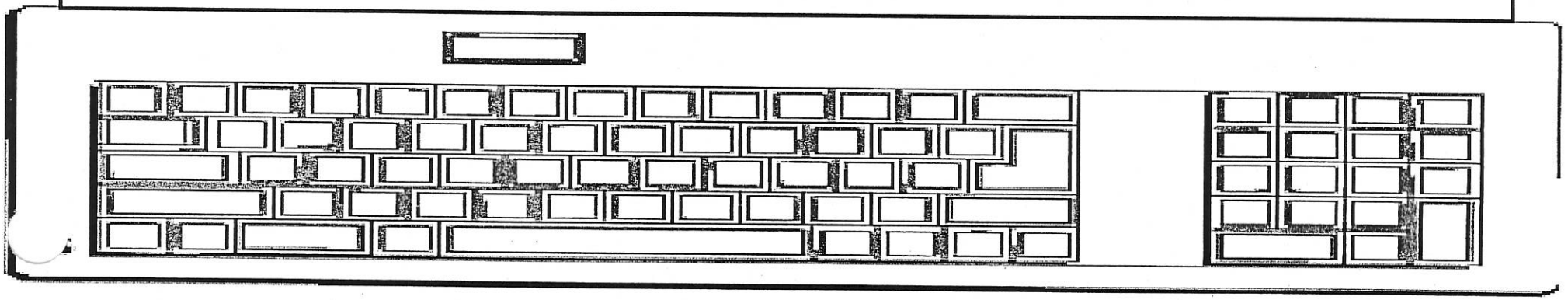
Agency Overview

Senate Public Health and Welfare Committee

Gary Daniels, Acting Secretary

January 24, 2005

Kansas Department of Social and Rehabilitation Services



SRS Program Divisions

Office of the Secretary

Gary Daniels, Acting Secretary

Health Care Policy

- Addiction and Prevention Services
- Community Supports and Services
  - -Developmental Disabilities Waiver
  - -Physical Disabilities Waiver
- Medical Policy/Medicaid
  - -HealthWave
- Mental Health Services
- State Hospitals
  - -Kansas Neurological Institute
  - -Larned State Hospital
  - -Osawatomie State Hospital
  - -Parsons State Hospitals
  - -Rainbow Mental Health Facility
  - -Sexual Predator Treatment Program

Integrated Service Delivery

- Child Protective Services
- Child Support Services
- Children and Family Services
  - -Adoption
  - -Family Preservation
  - -Foster Care
- Economic and Employment Support
  - -Food Assistance
- Child Care and Early Childhood Development
- Rehabilitative Services
- Regional Offices
  - -Kansas City Metro
  - -Northeast Region
  - -South Central Region
  - -Southest Region
  - -West Region
  - -Wichita Region

Administration

- Accounting & Administrative Operations
- Audit and Consulting Services
- Financial Management
- Customer Affairs
- Human Resources
- Information Technology
- Legal
- Legislative Affairs
- Media Affairs
- Strategic Management Support

Health Care Policy Division

Mental Health

Community Supports and Services (Developmental Disability and Physical Disability)

Addiction and Prevention Services

Medical Policy

State Hospitals

Health Care Policy Outcomes

✓ Community Inclusion
Community Based Services

✓ Prevention

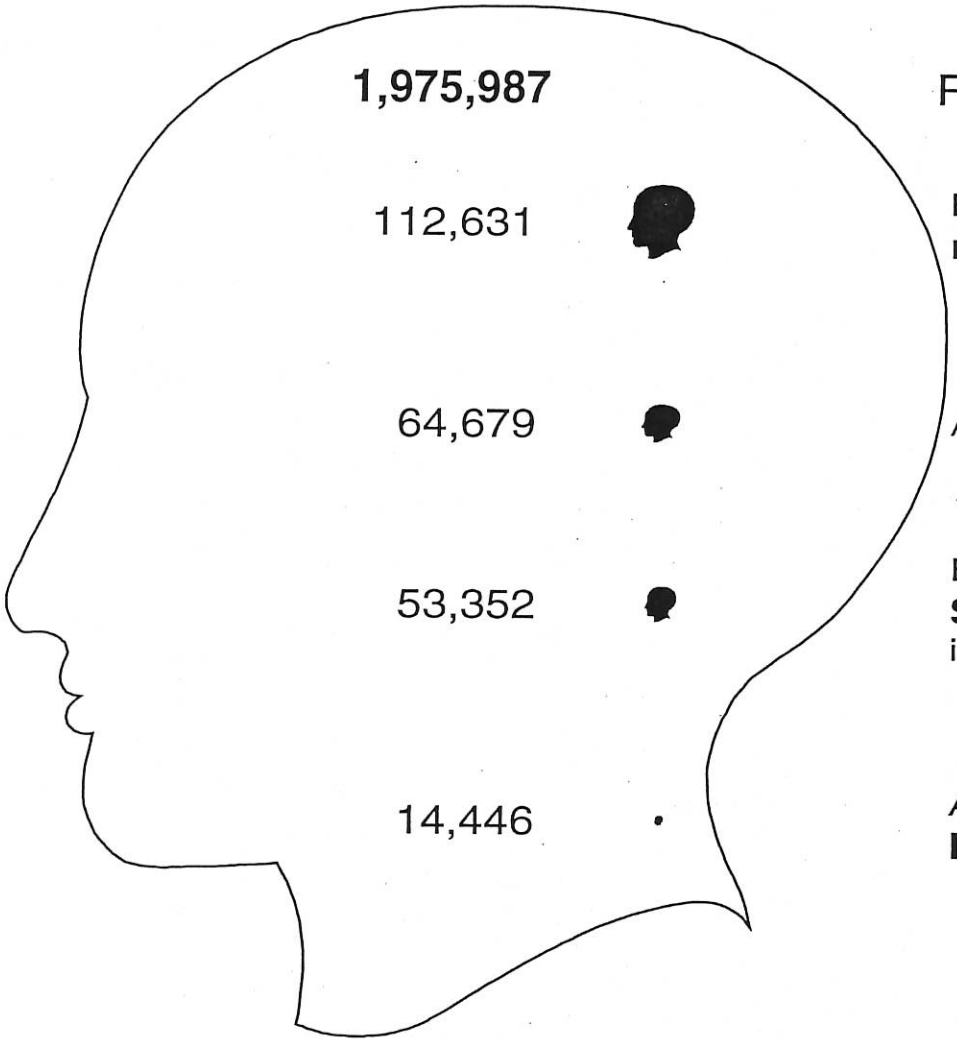
✓ Consumer driven

✓ Evidence-based practice

✓ Independence
Housing
Employment
Health

✓ Co-occuring Issues *(those diagnosed with more than one disorder)*

Prevalence of Mental Illness in Adults and Adults Served by Community Mental Health Centers (CMHC)



Population of adults in Kansas

Estimated prevalence of **adults with mental illness** in Kansas

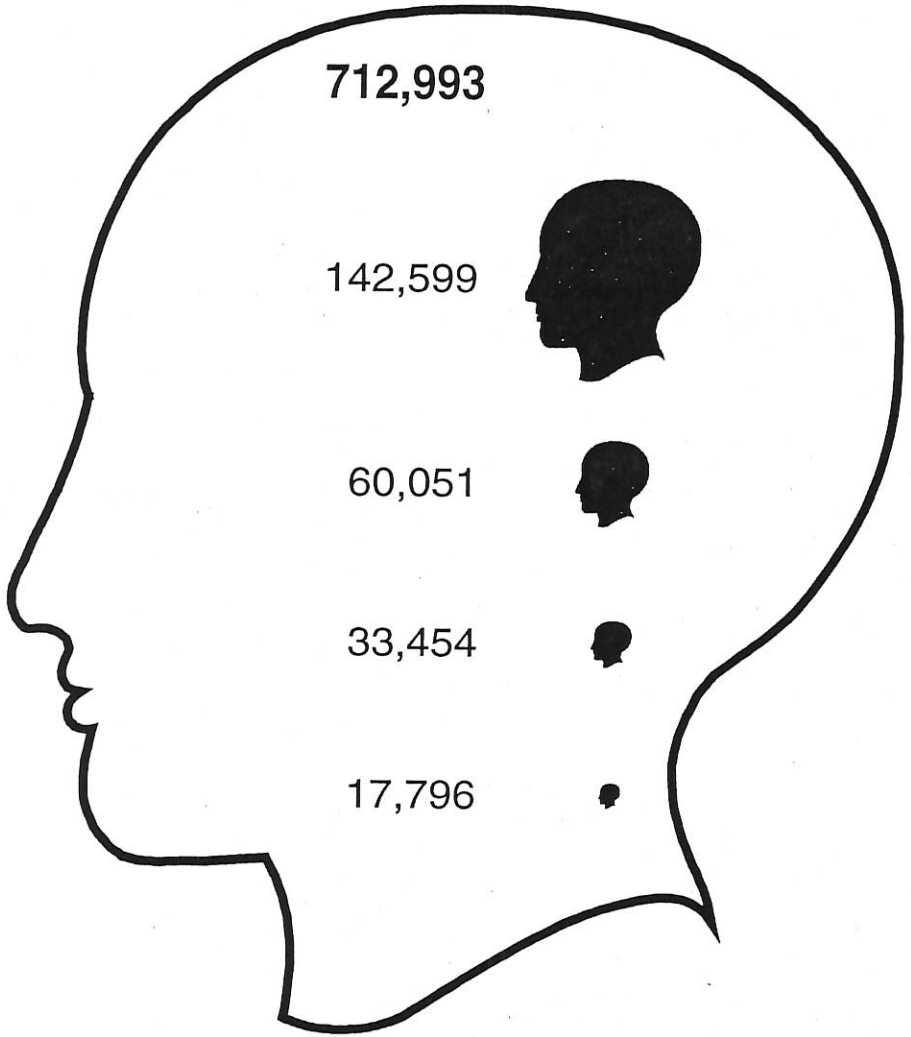
Adults served by CMHCs in FY 04

Estimated prevalence of **adults with Severe and Persistent Mental Illness** in Kansas

Adults with **Severe and Persistent Mental Illness** served by CMHCs in FY 04

An adult with a severe and persistent mental illness (SPMI) means one who meets specific diagnostic criteria, displays significant functional impairment and/or evidences a high level of risk in their recent life circumstances.

Prevalence of Mental Illness in Youth and Youth Served by Community Mental Health Centers (CMHC)



Population of youth in Kansas

Estimated prevalence of **youth with mental health needs** in Kansas

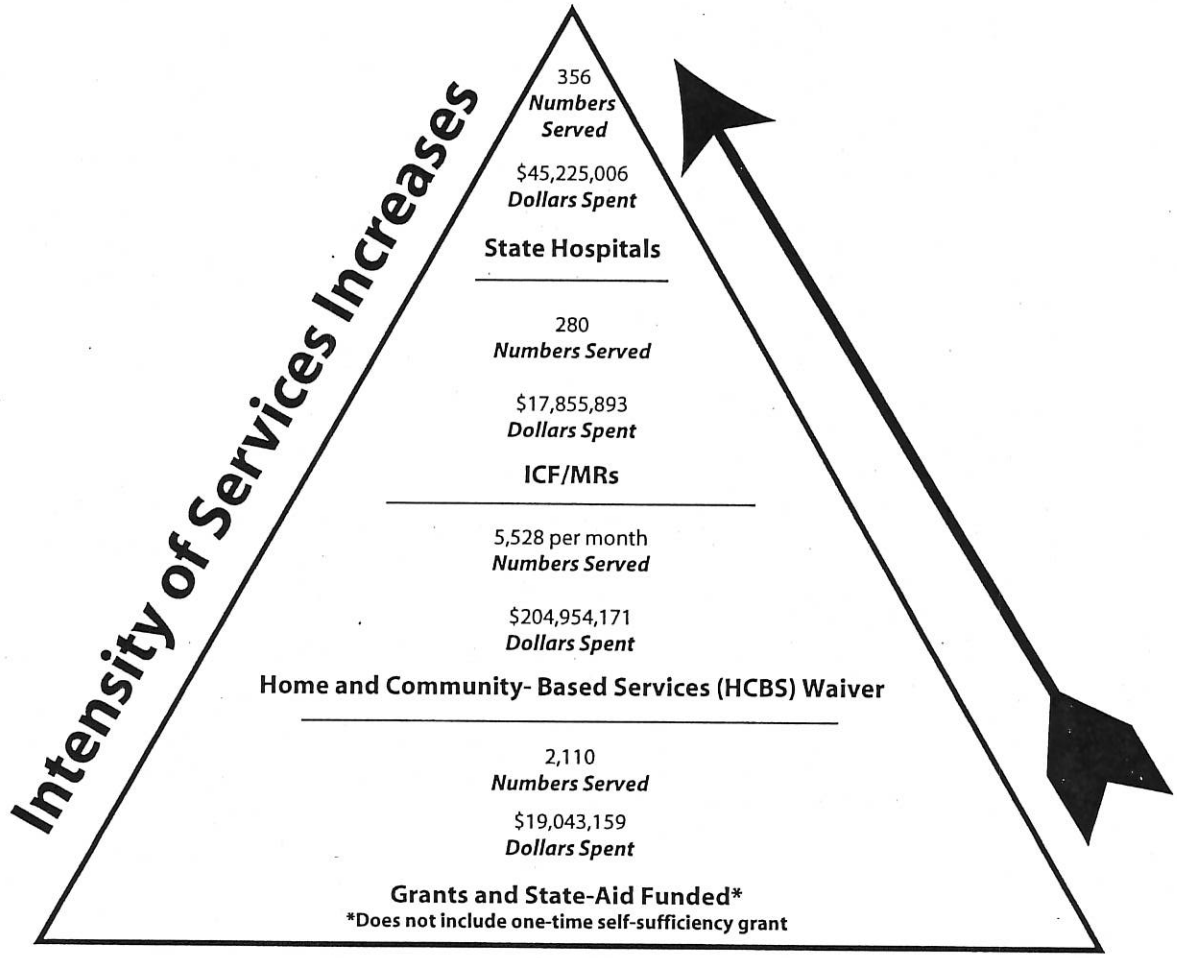
Estimated prevalence of **youth with Serious Emotional Disturbance (SED)** in Kansas

Youth served by CMHCs in FY 04

Youth with SED served by CMHC, including youth on the SED waiver in FY04

The term serious emotional disturbance (SED) refers to a diagnosed mental health condition that substantially disrupts a youth's ability to function socially, academically, and emotionally.

Community Supports and Services
Developmental Disability Services
FY 2004



Waiver Overview

Technology Dependent

- Children birth to 18 years, hospitalized or imminent risk of hospitalization
- Requires medical device to compensate for loss of vital body function
- Serves 40-48 children per month
- $181,244 all funds

Traumatic Brain Injury

- Individuals 16 years to 64 years of age
- Person has sustained a traumatically acquired brain injury
- Served an average of 123 individuals per month
- This is a rehabilitation waiver. Average length of stay on the waiver is 2 years and 11 months
- $5,455,886 all funds

Physical Disability

- Individuals 16 to 64 years of age
- Must be determined disabled by Social Security standards
- Must require assistance completing daily living activities or instrumental activities of daily living
- Are eligible for care provided in a nursing home
- Served average of 3,667 individuals per month (2004)
- $59,736,010 All Funds

Developmental Disability

- Individuals age 5 and up who meet definition of mental retardation or developmental disability
- Eligible for care in an Intermediate Care Facility/Mental Retardation (ICF/MR)
- Served an average of 5,528 individuals per month
- $204,954,171 all funds

SRS Addiction and Prevention Services

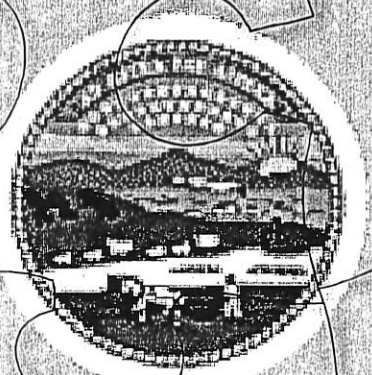
Treatment Trends
FY 2004

Total Person's Served 14,911

- 78.63% were at or below the Federal Poverty Guidelines
- 17.62% were 18 years or younger
- 24.40% of all clients that entered treatment were diagnosed with a psychiatric problem prior to admission

Services to Women

- 32.98% of all clients were female
- 6.71% were pregnant
- 28.79% that were pregnant at admission had a primary problem of cocaine
- 67% of SRS referrals entered treatment (Children & Family Services, Economic & Employment Services, Foster Care, etc.)



Department of Corrections
4th Time DUI Clients

Admissions into treatment
Males 590
Females 42

- 15.51% diagnosed with psychiatric problem prior to treatment
- 59.40% of total admissions completed treatment

Priority Populations

- SRS clients (TANF, Family Preservation, Foster Care, etc.)
- Low income Kansans (pregnant women and women with children, IV drug users, co-occurring, those at risk for HIV, involuntary commitments, those at risk for TB.)

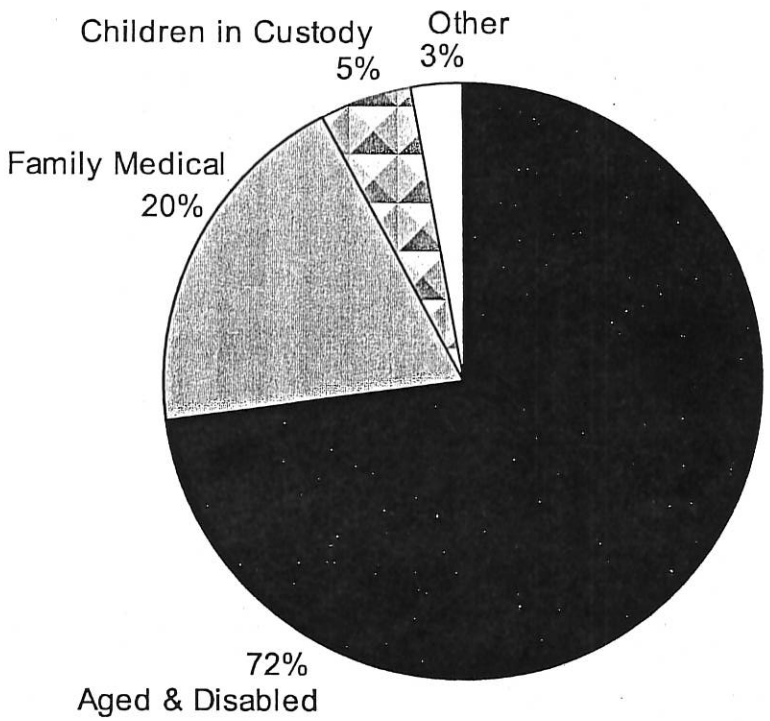
Risk and Protective Factors Predict Adolescent Problem Behaviors

SRS utilizes the Kansas Communities That Care Student Survey to assess the risk and protective levels of 6th, 8th, 10th and 12th graders.

In FY2004, 36% of KS 6th, 8th, 10th, and 12th graders surveyed have high level of risk, while 46% have high levels of protection. KS youth experience less risk and more protection than other youth across the country.

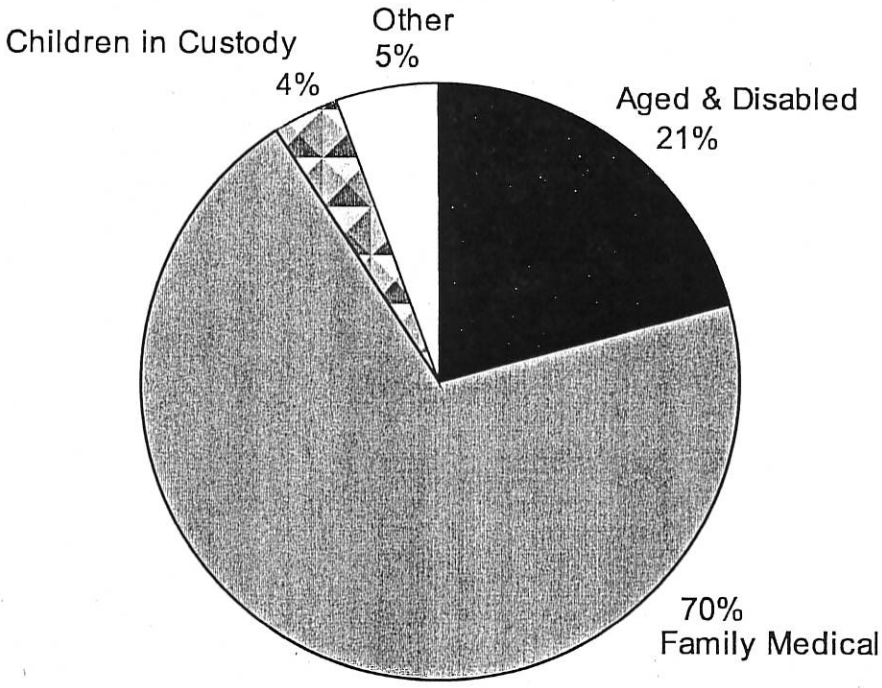
Medicaid Expenditures and Beneficiaries
FY 2004

Expenditures as a Percent of FY04 Medicaid Budget
Value in Dollars



Total Expenditures $1,051,056, 766 all funds

FY 04 Beneficiaries
Percent of people served in FY04 Medicaid Budget



Total Beneficiaries 247,109 monthly average

State Mental Health Hospitals Overview

SRS funds three hospitals

Larned State Hospital
Larned serves 59 western Kansas counties (including adults and children). Larned also serves as the state forensic hospital.

Osawatomie State Hospital
Osawatomie serves adults in 46 eastern Kansas counties (including Sedgwick).

Rainbow Mental Health Facility (Kansas City)
Rainbow serves adults in 10 eastern counties and youth with Serious Emotional Disturbance in 46 eastern counties

Adults Average Daily Census (2004)	259
Youth Average Daily Census (2004)	24
Total Expenditures	$58,351,089

Services Provided

Inpatient mental health facilities for adults who are:
-Diagnosed with Severe and Persistent Mental Illness (SPMI)
-Committed for forensic evaluation/treatment
-Children with Serious Emotional Disturbance

Sexual Predator Treatment Program (SPTP)

-Provides treatment to persons committed by courts pursuant to the Sexually Violent Predator Act
-In-patient treatment at Larned State Hospital

SPTP Census and Expenditures	
Number served (2004)	108 (increase from 88 in 2003)
Total Expenses	$4,517,045

State Developmental Disability Hospitals Overview

SRS funds two hospitals

Kansas Neurological Institute (Topeka)

Parsons State Hospital and Training Center (Parsons)

Responsibilities

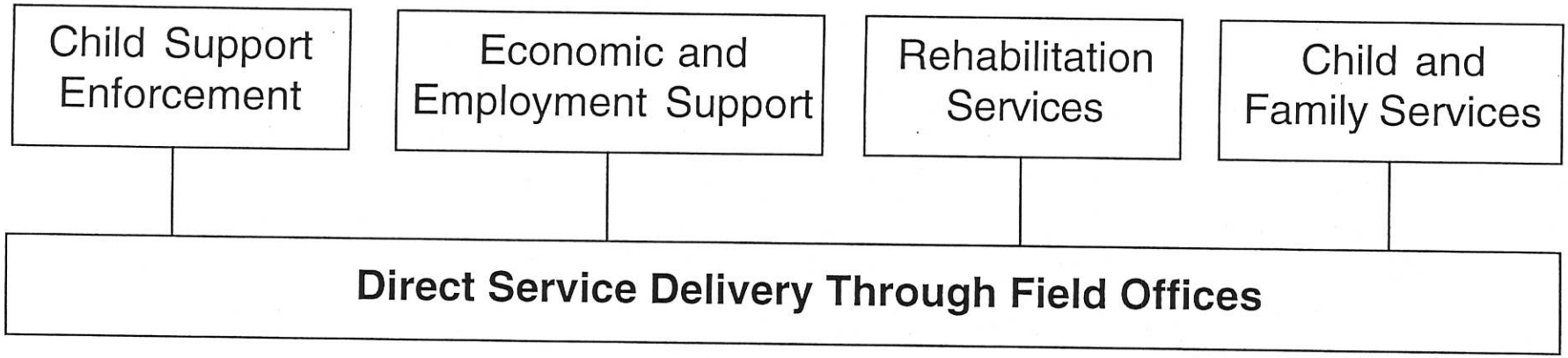
Residential treatment, training and care facilities for people with developmental disabilities

Meet compliance of federal Medicaid Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)

Census and Expenditures

Parsons Average Daily Census (2004)	188
Expenses (2004) $20,559,301	
KNI Average Daily Census (2004)	168
Expenses (2004) $24,665,705	
(more medically dependent)	

Integrated Service Delivery Division



Division Outcomes

Maximize Independence and Self Sufficiency

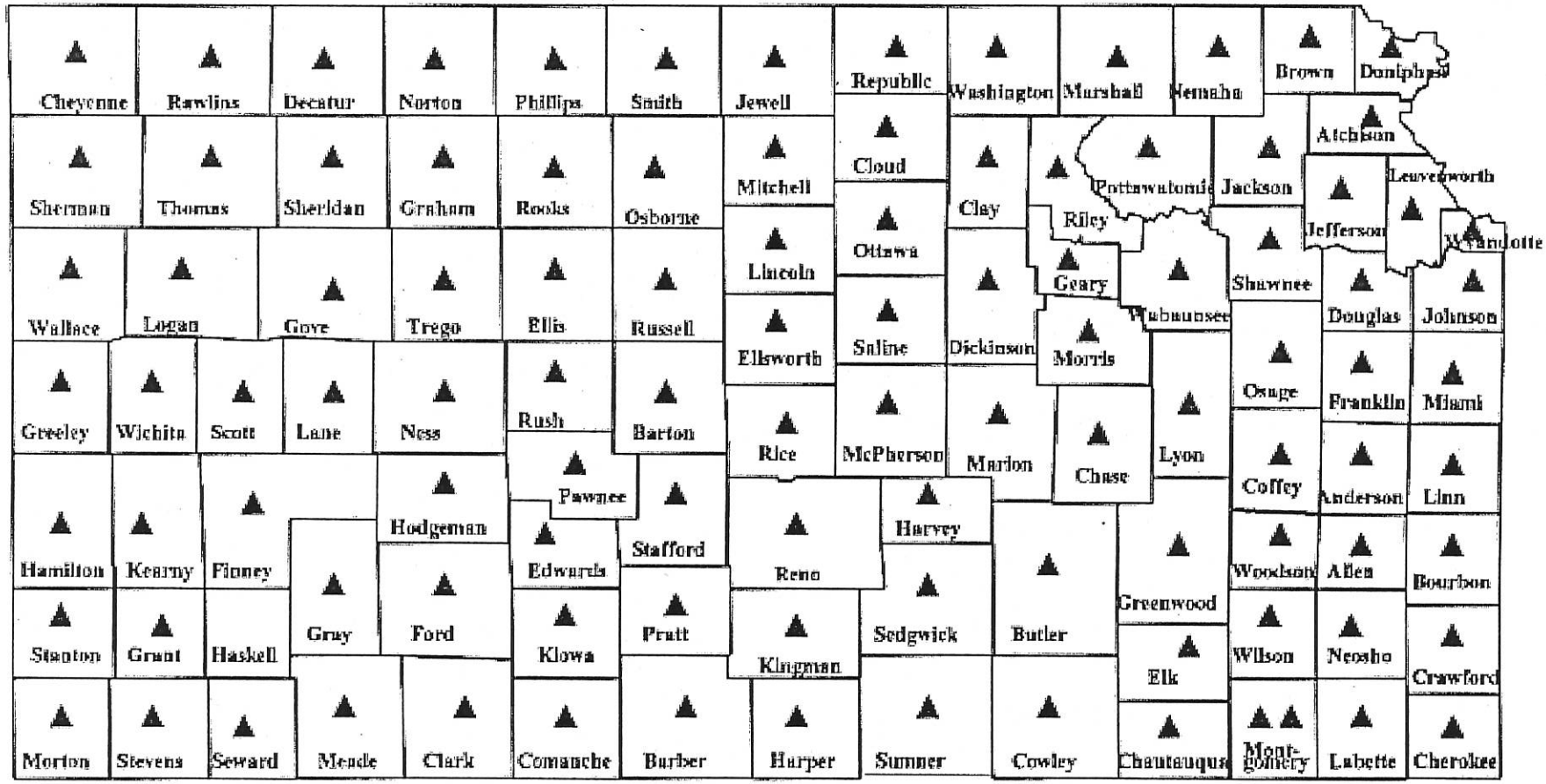
Maintain Families

Protect Children and Adults

Quality Customer Service

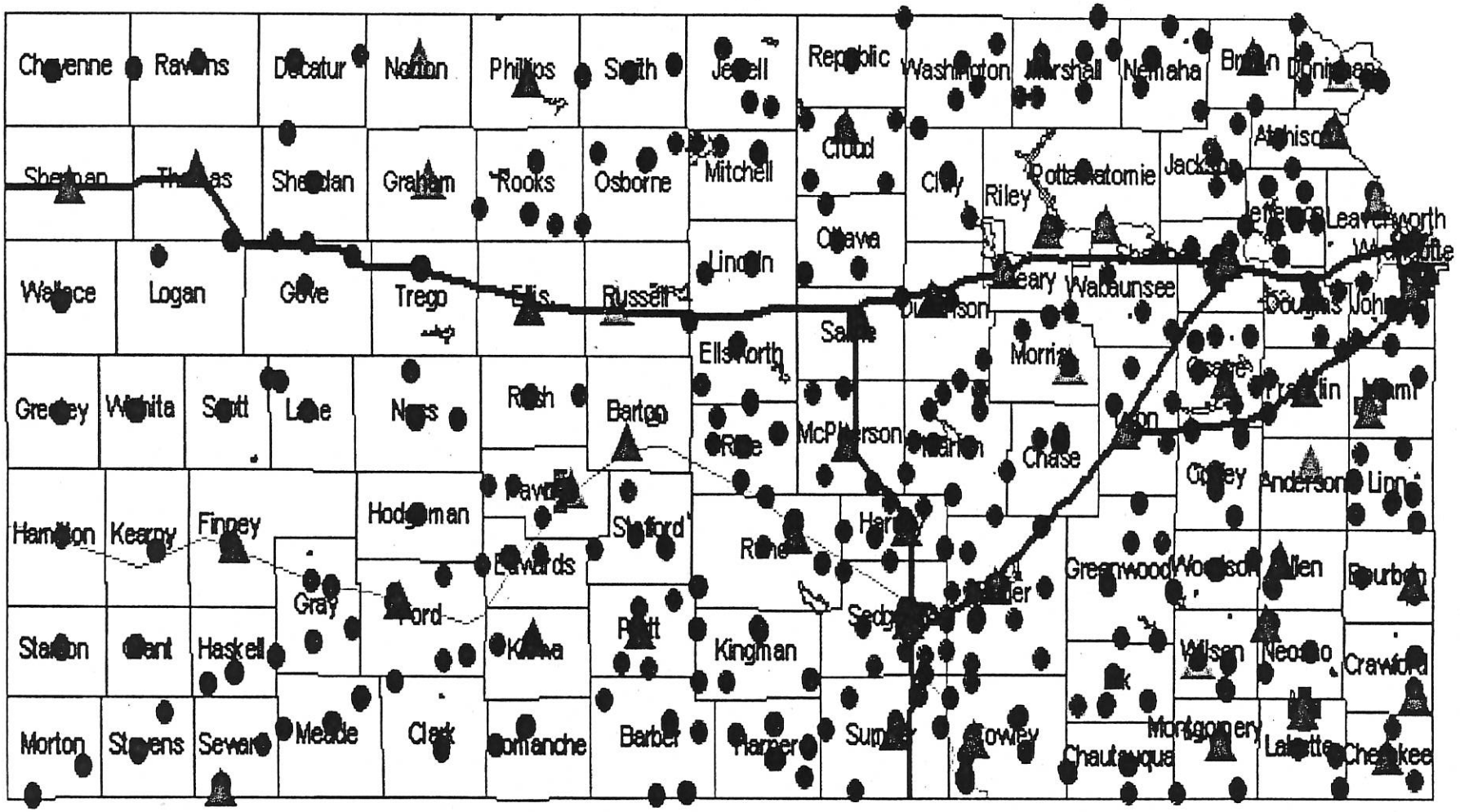
Community Capacity and Partnerships

Access to SRS Services Before Service Delivery Redesign
105 Local County Offices



SRS Access Points

Over 850 Access Points Statewide



1-800-369-4777

www.srskansas.org

Kansas Department of Social and Rehabilitation Services

4-1

Who Receives Public Assistance?

GENERAL CASH ASSISTANCE
(Disabled & 32% FPL= $1.43)

- 42 average age
- 99% are one person households
- 67% have high school diploma
- 55% have physical disability
- 4% have mental disability
- 18% also receive LIEAP benefits

TAF CASH ASSISTANCE
(32%FPL=$2.41/hr for 3 persons)

- Household head is 29 years old
- 96% are headed by female, Avg. children per household is less than 2,
- 59% have high school diploma,
- 50% have severe barriers to employment,
- Avg. time on assistance is 12 mo.,
- 30% also receive LIEAP

CHILD CARE ASSISTANCE
(185%FPL=$13.94/hr for 3 persons)

- Household head is 29 years old
- 95% are headed by female
- 5% are headed by grandparent
- $57 is the avg. family share/mo.
- Most are licensed provider

FOOD ASSISTANCE
(130%FPL=$9.80/hr for 3 persons)

- Household head is 41 years old
- 68% are Families and Children
- 32% are Elderly and Disabled
- 56% have high school diploma
- 30% have earned income
- Average time on assistance is 16 mo.

	Average Month Benefit	# of Served	
GENERAL CASH ASSISTANCE	$160	4,651	Individual
TAF CASH ASSISTANCE	$316	17,056	Families
CHILD CARE ASSISTANCE	$506	17,358	Children
FOOD ASSISTANCE	$257	77,027	Household

Every $5 in food benefits generates $9.20 in economic activity. Total Food Assistance benefits provided is $133.9 million or over $300 million in economic activity. Over 9,000 TAF parents at an average wage of $7.63/hr who join the labor force with the help of child care assistance earn about $110 million. This is in addition to the impact child care assistance has on the economy as a whole-another $87 million.

Work Matters - Return on Investment

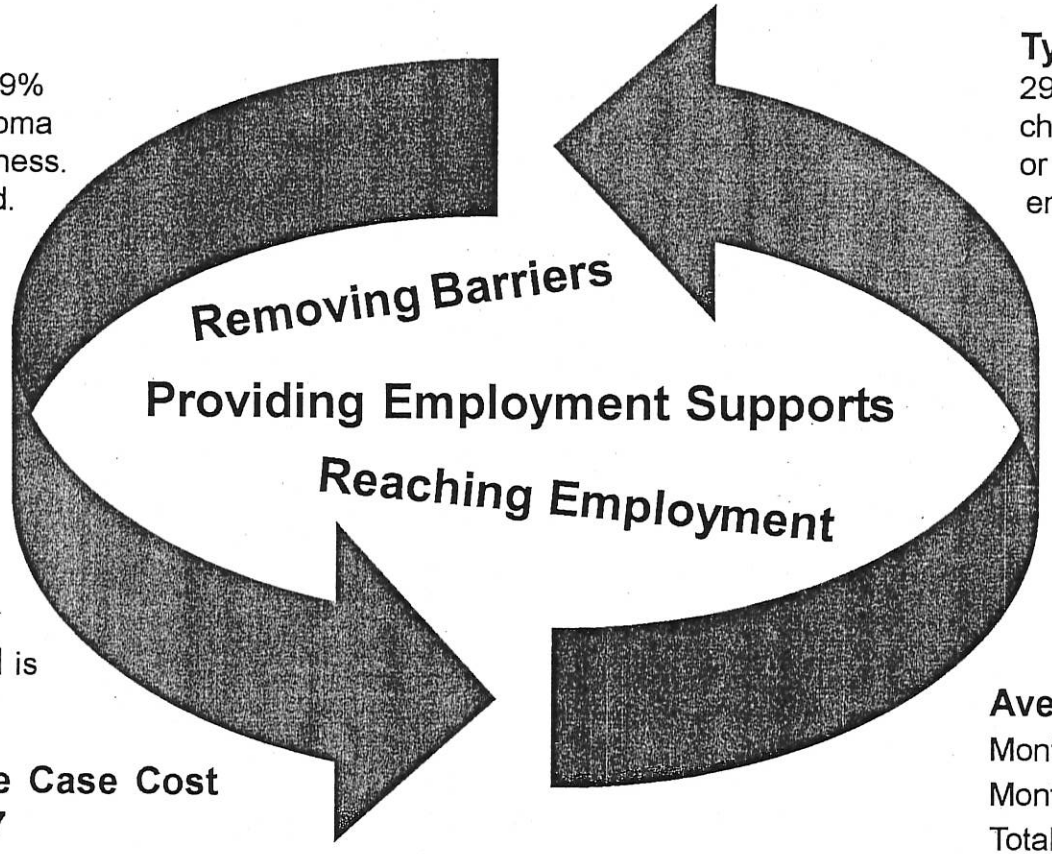
Rehabilitation Services

Typical Case
53% male. 82% white 59% never married. HS diploma or GED. 29% mental illness. 27% physically impaired.

Average Case Length 2 years

Return on Investment
For every **$1** spent, **$11** is returned in taxes.

Average Case Cost
$18,647



TAF Employment Service

Typical Case
29 year old single mom with 2 children. Mom has a HS diploma or GED and some barriers to employment.

Average Case Length 12 months

Return on Investment
Successful Employment
Performance Bonuses

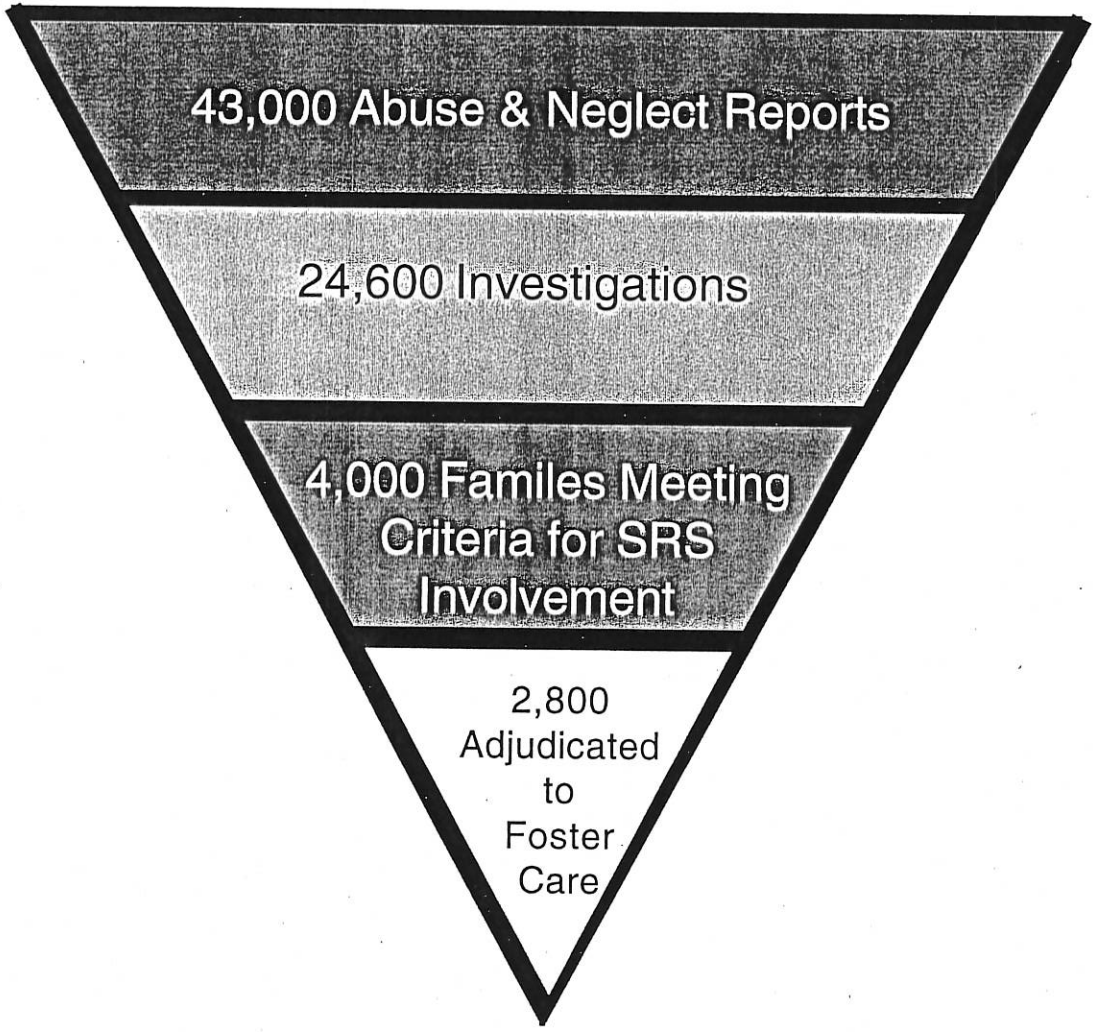
Average Case Cost
Monthly cash benefit: **$313**
Monthly employment benefit: **$63**
Total monthly benefit: **$376**
Total annual benefit: **$4,514**

Success Measured by:
95% of those rehabilitated achieved competive employment.

Success Measured by:
Employment
Continued Employment
Increase on Earnings

Child Welfare

Fiscal Year 2004



Building Blocks for a Quality Early Childhood System

Education of Child Care Professionals

Kansas Early Head Start

825 Children Served

Infant & Toddler Care

11,216 Child Care Professionals Served

Education of Child Care Professionals

3,622 Participants

$

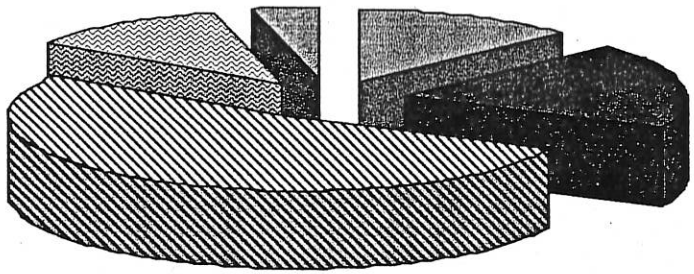
Economics
Child Care in Kansas is a 1/2 billion dollar industry.

Child Care Resource & Referral

20,397 Parents Served
48,850 Child Care Professionals Served

Adult Protective Services

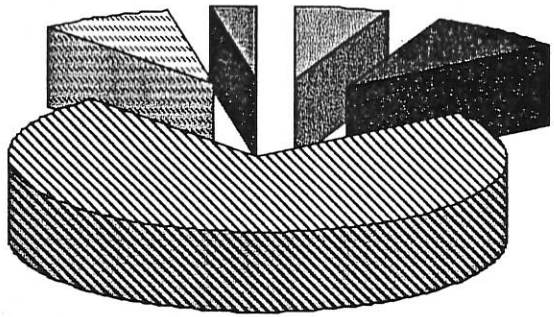
Investigations



- Abuse 790
- Neglect 1,165
- Self Neglect 3,218
- Exploitation 708
- Fiduciary Abuse 243

Total Investigations 6,124

Confirmations



- Abuse 100
- Neglect 140
- Self Neglect 1,180
- Exploitation 139
- Fiduciary Abuse 51

Total Confirmations 1,610

Child Support Enforcement (CSE)

Children and Custodial Parents

122,000 cases

28,000 cases with open TAF or Foster Care

94,000 non public assistance cases

91,000 of CSE's cases have support orders

Non Custodial Parents involved in CSE cases: 108,000

CSE has **54,000** active income withholding orders in place.

FY 2004 Total Support Collected by CSE: $152,000,000

.....75% to Families

..... 8% to State to recover public assistance paid

.....17% to Federal to recover public assistance paid

Food Distribution Services

Total Food Received 7,807,198 lbs

Home Use Programs

The Emergency Food Assistance Program

3,438,919 lbs
400 sites

Commodity Supplemental Food Program

2,067,014 lbs
5 sites

Meal Preparation Programs

Soup Kitchen Food Bank

1,063,021 lbs
76 sites

Charitable Institution Commodity Program

643,068 lbs
8 sites

Nutrition Services Incentive Program

595,176 lbs
55 sites

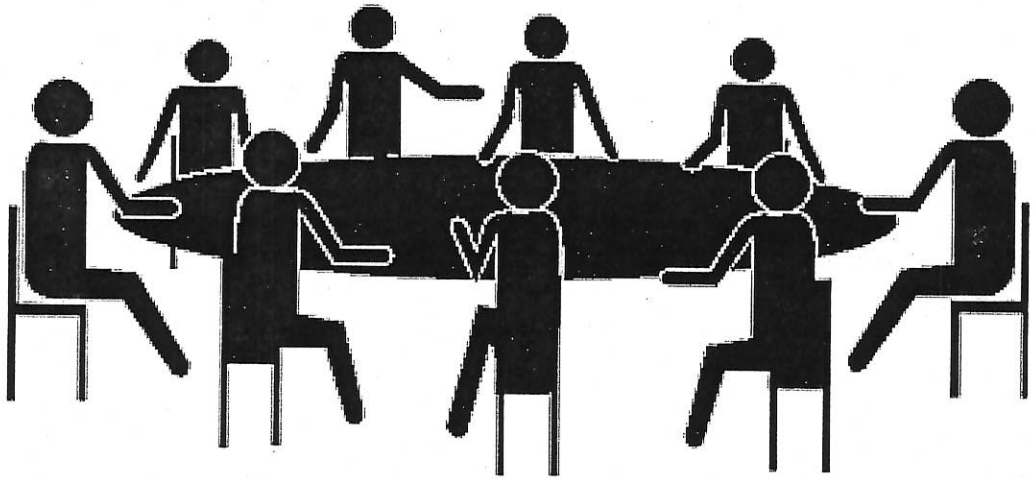
Consensus Caseload Estimating Process

SRS, Division of Budget, Legislative Research Department

Temporary Assistance for Families

Adoption

Foster Care

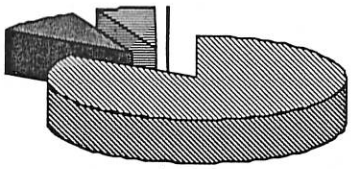


General Assistance

Nursing Facilities - Mental Health

Regular Medical Assistance

SRS Expenditures by Category
FY 2006 Governor's Budget Recommendation



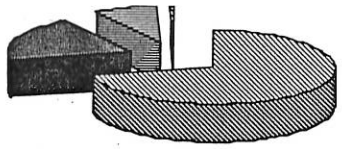
- Direct Assistance, Grants and Benefits $2,349.0 million (83.9%)
- Direct Services Delivery $268.9 million (9.6%)
- Administration $175.1 million (6.2%)
- Capital Improvements $8.2 million (0.3%)

Direct Assistance, Grants & Benefits (millions)

Medical Assistance & HW	$1,526.3
Developmental & Physical Disability Services	$353.2
Children & Family	$167.3
Mental Health	$74.6
Child Care & Employment	$87.7
Cash Assistance	$92.7
Substance Abuse	$21.0
Rehabilitation Services	$25.4
Other	$0.7

Total $2,801.2 million
(totals may not add due to rounding)

Proposed Department of Human Services Expenditures
FY 2006 Governor's Budget Recommendation



- Direct Assistance $972.7 (71.4%)
- Direct Services Delivery $268.9 million (19.7%)
- Administration $113.1 (8.3%)
- Capital Improvements $8.2 (0.6%)

Direct Assistance, Grants & Benefits (millions)

Developmental & Physical Disabilities	$353.2
Children & Families	$167.3
Medical Services for MH, DD, PD, SA & CFS (Estimate)	$150.0
Cash Assistance	$92.7
Child Care & Employment	$87.7
Mental Health	$74.6
Rehabilitation Services	$25.4
Substance Abuse	$21.0
Other	$0.7

Total $1,362.9 million
(totals may not add due to rounding)

2005 SRS Legislative Proposals

1. Process for Reviewing Prescription Drugs (HB 2107)
2. Supporting Children to Support our Future Act: Full Administrative Process for Child Support Establishment and Enforcement
3. Sharing Forensic Mental Health Records

4a. Expanded Access to State and Federal Criminal History Records Through KBI and FBI

4b. Enhanced Background Checks for SRS Employment

5. Reporting Abuse, Neglect or Exploitation of Certain Persons
6. Injunctive Authority to Cease Operations of Unlicensed Facilities
7. Maintaining Families and Supporting Older Youth Act

KANSAS NATIONAL EDUCATION ASSOCIATION / 715 SW 10TH AVENUE / TOPEKA, KANSAS 66612-1686

Mark Desetti Testimony
Committee on Public Health and Welfare
January 24, 2005
Senate Bill 10

Thank you for the opportunity to appear before you today to speak on **Senate Bill 10**. My name is Mark Desetti, and I represent the Kansas NEA.

We believe that the intent behind this bill is simply to ensure that students, in emergency situations, receive medical attention that is life-saving. In emergency situations, we agree with the intent.

Section 3 (d) protects that school district, school, and school personnel from liability and we think that is essential. If a student must self-medicate and the requisite permissions are on file, then indeed the district, school, and personnel must never be held liable when things go wrong.

But there are other liability questions that need to be addressed.

First, what will protect the school or school personnel should these items be exchanged or not disposed of properly? In the wrong hands they are dangerous and care must be taken to control access to them both prior to use and after use. I wonder how the liability protections in this bill would address this situation. We understand the liability protections should the student for whom the medication is prescribed be harmed. We hope that there are assurances that protect the school should another student be harmed through no fault of the school or school personnel.

Secondly, while the bill requires that statements from health care providers and students be kept on file in either the nurse's office or the principal's office, there is no requirement that the teachers with whom the student comes in contact be informed of the permission to self-medicate. We believe that if this bill is passed, it is critical that school personnel know for whom such permission has been granted. An uninformed school employee might intervene with a student and unwittingly cause the very crisis that this bill attempts to address.

We support **Senate Bill 10** and believe that it has the potential to save lives. We only ask that the committee look carefully at all liability issues and make sure you pass the best possible bill.

Senate Public Health and Welfare
Attachment #2 1-24-05

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Senate Public Health and Welfare Committee
SB10; Concerning self-administration of medication in schools

Testimony of the Kansas Medical Society
Jerry Slaughter
Executive Director

January 24, 2005

The Kansas Medical Society appreciates the opportunity to comment in support of SB 10, which requires school districts to allow the self-administration of medications by students, when authorized by the student's health care provider. We support enactment of this legislation. We supported this legislation last year, and believe the revisions made since then have strengthened the proposal. This bill represents a common sense approach to administration of medications at school facilities in situations where time is of the essence. This is helpful legislation that eliminates unnecessary administrative and legal barriers between children and their receipt of easily administered potentially life-saving medications. We urge you to report this bill favorably for passage. We would be happy to respond to questions.

Senate Public Health and Welfare
1-24-05
Attachment #3

KANSAS ASSOCIATION OF SCHOOL BOARDS

1420 SW Arrowhead Road • Topeka, Kansas 66604-4024
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Testimony on
SB 10 – Student Self-Medication

Before the
Senate Committee on Public Health and Welfare

By Mark Tallman, Assistant Executive Director/Advocacy
January 24, 2005

Mr. Chairman, Members of the Committee:

Thank you for the opportunity to comment on the issue of student self-medication policies. KASB appears in support of **SB 10**.

Background. The issue contained in **SB 10** was passed last session in **SB 304** with a one-year "sunset" provision. At that time, KASB testified we did not have a formal policy on the issue of requiring schools to allow students to self-administer medication in certain circumstances. However, we believed the language included in section 5 of **SB 304** would be acceptable, particularly because of the liability protection it provided for schools and their employees.

SB 304 directed school districts to adopt a policy that allows student self-medication, but requires students to meet all requirements set forth in that policy. We believe that gave local school boards broad flexibility in setting appropriate local safeguards.

One of the major services KASB provides to our members is helping school boards draft policies to comply with state and federal requirements, as well as best practices for school management. Following the passage of **SB 304**, KASB legal and policy experts developed a model policy for districts to carry out the requirements of the new law. A copy of our recommended policy is attached. Note that it gives school boards the option of applying this policy to grades 6-12 only, or to grades K-12, as provided by the law. It also indicates that the policy, like the law, will expire on June 30 of this year.

We also presented this issue to our association's Legislative Committee, which is the first step in developing the policy positions we represent in the Legislature. This committee recommended support for the concept of student self-medication, providing that it retains appropriate safeguards and liability protection for school districts. This recommendation was adopted overwhelmingly by the KASB Delegate Assembly in December.

Reasons for Supporting SB 10. The most important reason for KASB's support of this bill is it provides liability protection for school district officers and employees for damages resulting from self-administration of medication. Frankly, we think liability concerns are the only reason most school districts would limit student self-medication in the first place.

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Second, **SB 10** maintains the ability of local boards to set additional requirements to insure the safety of students and school district employees.

Third, **SB 10** applies this law to all students in grades K-12, rather than setting a requirement for grades 6-12 and an option for grades K-5. Although our policy does speak to this issue, we know that some districts have been confused about why the Legislature left the option of different grade spans.

Other comments. **SB 10** extends this legislation for one additional year. KASB does not object to this one year extension, but based on our policies, we would support the removal of the "sunset" altogether.

Finally, although we understand that **SB 10** was in part drafted to comply with new federal legislation, we have some concerns about subsection (f) on page three, which requires that districts keep back-up medication "at the student's school in a location to which the student has immediate access in event of an asthma or anaphylaxis emergency." While the goal of this section is laudable, it raises questions about just how to keep medication both secure from theft or abuse and at the same time "immediately accessible" to students. We suggest this issue might be better addressed at the local level rather than being placed in statute.

Thank you for your consideration.

As used in this policy medication means a medicine for the treatment of anaphylactic reactions or asthma which is prescribed by a physician licensed to practice medicine and surgery; a certified, advanced registered nurse practitioner who has authority to prescribe drugs; or a licensed physician assistant who has authority to prescribe drugs pursuant to a written protocol with a responsible physician. (Also see JGFGB)

Student Eligibility

The self-administration of medication is allowed for students in grades **{6–12 or K–12}**. To be eligible, a student shall meet all requirements of this policy. Parents/guardians shall submit a written statement from the student's health care provider stating:

- the name and purpose of the medication;
- the prescribed dosage;
- the conditions under which the medication is to be self-administered;
- any additional special circumstances under which the medication is to be administered; and
- the length of time for which the medication is prescribed.

The statement shall also show the student has been instructed on self-administration of the medication and is authorized to do so in school.

Authorization Required

The student shall provide written authorization from the student's health care provider and parent or guardian stating the student has been instructed on self-administration of the medication and is authorized to do so in school. The student's parent or guardian shall provide written authorization

for the self-administration of medication. An annual renewal of parental authorization for the self-administration of medication [shall/may] be required.

Employee Immunity

A school district, and its employees and agents, which authorizes the self-administration of medication in compliance with the provisions of this policy, shall not be liable in any action for any injury resulting from the self-administration of medication. The school district shall provide written notification to the parent or guardian of a student that the school and its employees and agents are not liable for any injury resulting from the self-administration of medication.

Waiver of Liability

The parent or guardian of the student shall sign a statement acknowledging that the school incurs no liability for any injury resulting from the self-administration of medication and agreeing to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication. The provisions of this policy shall expire on June 30, 2005 (Kansas Law.)

Approved: KASB Recommendation – 6/04

Permission for Self-Administration of Medication

Name of Student _____

School_____Grade _____

Teacher _____

Medication _____Dosage _____

Date Started _____

Conditions under which the medication is to be given:

_____

Any additional circumstances under which the medication is to be given:

_____

Length of time mediation is to be administered:

_____

I hereby give my permission for **(name of student)** to administer the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

My child has been instructed on self-administration of the medication and is authorized to do so in school.

Signature of Parent or Guardian

_____

Date _____

Signature of Health Care Provider

_____

Date _____

Approved:

AMERICAN LUNG ASSOCIATION®
of Kansas

To Members of the Kansas Senate Public Health Committee
Re: SB 10 Student Self-Medication Policies
Presented by Judy Keller, Executive Director
January 24, 2005

Asthma is a chronic condition that requires lifetime ongoing medical intervention. With proper treatment, asthmatics can lead normal, healthy lives, but without it asthma can be deadly. Twenty million Americans have asthma. In Kansas approximately 37,000 asthmatics are under the age of 18 and have had an asthma attack in the past year. We have had Kansas children die as a result of an asthma attack while on school property.

The American Lung Association of Kansas applauds Senate Bill 10 because it allows properly diagnosed and managed asthmatic children to carry their own medications and is consistent with the US Centers for Disease Control and Prevention, "Strategies for Addressing Asthma within a Coordinated School Program."

We agree with the National Association of School Nurses, whose policy statement says, "….children have the right to easily accessible quick relief inhalers, including the right to carry these inhalers and self-administer medications when developmentally able."

Concerns expressed about possible scenarios in which a non asthmatic child takes a puff of another's medication are answered by Steven Simpson, MD, Associate Professor of Medicine, Division of Pulmonary Disease and Critical Care Medicine, University of Kansas, "The risk of a student dying from lack of an epinephrine auto-injector or of appropriate medication for an acute asthma attack is far, far greater than the risk of harm from taking an inappropriate dose of either medication."

SB 10 is sound public policy and it will allow Kansas to be eligible for federal funding of asthma education programs. US House Resolution 2023 gives preference in funding to states that require schools to allow elementary and secondary students to self administer asthma and anaphylaxis medication.

One request we do have of this Committee is that you consider deleting the sunset provision. The legislation was in effect for one year; it was studied by Legislative Educational Planning Committee; and federal law is consistent with its content, so we do not anticipate the need to review the bill again in one year.

Most children have mild to moderate asthma problems, and their illness can be controlled by regular treatment at home or in the doctor's office. Most Kansas school districts have adequate policies in place to provide for children to carry their own medications. Senate Bill 10 ensures that all children in all our schools have life saving medication when they need it.

Thank you.

Senate Public Health and Welfare
1-24-05
Attachment #5

KANSAS

DEPARTMENT ON AGING
PAMELA JOHNSON-BETTS, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

Jan. 24, 2005

TO: Senate Committee on Public Health and Welfare

FROM: Barbara Conant
Director of Communications/Legislative Liaison

RE: REQUEST FOR BILL INTRODUCTION

Sen. Barnett and members of the Senate Committee on Public Health and Welfare, thank you for the opportunity to appear before you today on behalf of the Kansas Department on Aging.

During the 2004 legislative session, Kansas law (K.S.A. 39-1404) was amended to clarify the role of the Department in protecting adult care home residents from abuse, neglect or exploitation. One statutory reference was not amended at that time so that the current statute incorrectly identifies the Kansas Department of Health and Environment as the agency responsible for informing adult care homes about findings of abuse, neglect and exploitation. We are requesting clean-up language to correctly reflect that it is the responsibility of KDOA to notify the facility of the findings.

In addition to our request, I am submitting a copy of the proposed bill.

Thank you for your consideration of our request.

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Senate Public Health and Welfare
1-24-05 Attachment #6

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Public Heath and Welfare Committee
January 24, 2005
Regarding Kansas Dental Board Fee Increase

Distinguished members of the committee, my name is Bobbi Silver. I am the Administrative Officer for the Kansas Dental Board. I have been asked by my Executive Director, Larry Williamson, to provide testimony in regards to our proposed fee increase bill.

As part of the budget preparation process for the Fiscal Year 06 and 07, the Kansas Dental Board conducted a long-range financial analysis of the existing and projected fee fund balances. This analysis considered the anticipated revenues principally from license renewals and the projected expenditures based on an assumed continuation of the Fiscal Year 05 authorized appropriation. The analysis revealed that the fee fund balances would be insufficient for continued operations of the Board beyond Fiscal Year 06. Consequently, the Board decided to ask the Legislature to increase the authorized statutory caps on fees that can be assessed by the Board.

Other than the fixed personnel costs of the 3 FTE's in the current budget, the major expenditure of the Board supports the investigation and adjudication of complaints as well as necessary inspections of dental offices. Without an increase in the authorized caps on fees for Fiscal Year 06 and beyond, the Board will be forced to cut back on these programs. There is a dangerous negative consequence to public health and safety in Kansas if this were to happen.

The proposed increase in caps of fees has been discussed with the Kansas Dental Association and we believe that they understand the necessity of these increases.

We respectfully request that you introduce this bill for further consideration by the Legislature.

Senate Public Health and Welfare
1-24-05
Attachment #7