

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 25, 2005 in Room 231-N of the Capitol.

Committee members absent: Susan Wagle- excused

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

Conferees appearing before the committee: Roderick L. Bremby, Secretary, KDHE

Others attending: See attached list

Bill Introductions

Upon calling the meeting to order, Chairperson Barnett asked for any bill introductions. Kyle Kessler, Director; Governmental and Media Affairs with KDHE introduced two bills in place of Gary Daniels, Acting Secretary. First proposal amends current statute to extend the time line for completion of an Adult Protective Services investigation from 30 working days to 90 working days if conducting the investigation within 30 working days would interfere with an ongoing criminal investigation. The second proposal provides the Secretary of the Department of Social and Rehabilitation Services the injunctive authority to cease operations of facilities and/or providers who do not meet or seek to meet established minimum standards of care or treatment through licensure. A copy of his bill introduction is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

Senator V. Schmidt motioned to adopt the introduced bills. Senator Brungardt seconded the motion. Motioned passed.

Chairman Barnett, on behalf of the Senate Public Health and Welfare Committee, introduced a draft resolution concerning healthy eating and physical activity in public elementary and secondary schools.

Senator V. Schmidt motioned to adopt the introduced bill. Senator Brungardt seconded the motion. Motioned passed.

Presentation on the Kansas Department of Health and Environment Division of Health

Chairman Barnett introduced Roderick Bremby, Secretary of KDHE, who began by introducing his staff and stated he would be presenting an overview of the KDHE Division of Health. A copy of his presentation is (Attachment 2) attached hereto and incorporated into the Minutes as referenced. Highlights of his presentations included:

- 1) Summary of Division of Health Responsibilities
- 2) Recent Division of Health Successes and Initiatives
- 3) Division of Health Budget and Finance Information
- 4) Division of Health Organizational Structure
- 5) Office of Health Promotion
- 6) Office of Local and Rural Health (OLRH)
- 7) Bureau of Child Care and Health Facilities (BCCHF)
- 8) Bureau of Children, Youth and Families
- 9) Bureau of Epidemiology and Disease Prevention (BEDP)
- 10) Bureau of Consumer Health
- 11) Other KDHE Divisions

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

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on January 25, 2005 in Room 231-N of the Capitol.

A range of questions and comments came from Senators Barnett, Haley, Palmer, and Jordan including what are some deficiencies of KDHE, will Lead Prevention Programs in the state be enhanced, and if any environmental conditions are cause for the increase in child asthma.

Adjournment

Chairperson Barnett reviewed next weeks agenda and with no further business, the meeting was adjourned. The time 2:15 p.m.

The next meeting is scheduled for January 31, 2005.

Please Sign In
January 25, 2005

Please Print

Name:

MIKE REECHT	
Susan Kang	KDHE
LOANNE PHILLIPS	KDHE
Deane Zabne	KDHE
Lucas Bell	Kearney and Associates
Carolyn Middendorf	Ks 5+ No assn
Brad True	KC Homebuilders Assoc.
Mike McGowan	Owen Lumber
Chris Mead	Home Builders Association (Kansas City)
Larry Whorman	KFMC
Chad Austin	KHA
Melissa Hungerford	KHA
Donna Williams	HBA
Tricia Batchelder	H.B.A.
Bill West	HBA
Michael Cox	H.B.A.
Sherri Coffman	KPTA
Greg Bachman	KPTA



K A N S A S

GARY J. DANIELS, ACTING SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

SOCIAL AND REHABILITATION SERVICES

January 25, 2005

Honorable Jim Barnett, Chair
Public Health and Welfare Committee
Kansas Senate
Room 401-S, Statehouse
Topeka, Kansas 66612

Dear Senator Barnett:

I would like to request the introduction of two legislative proposals in your Committee. The first proposal amends current statute to extend the time lme for completion of an Adult Protective Services investigation from 30 working days to 90 working days if conducting the investigation within 30 working days would interfere with an ongoing criminal investigation.

The second proposal provides the Secretary of the Department of Social and Rehabilitation Services the injunctive authority to cease operations of facilities and/or providers who do not meet or seek to meet established minimum standards of care or treatment through licensure.

I appreciate your Committee's introduction of these bills, and will be glad to testify or provide additional information as requested.

Sincerely,

Gary J. Daniels
Acting Secretary

cc: Audrey Dunkel, KLRD
Jim Wilson, Office of Revisor of Statutes
Julie Thomas, Budget Division

*Senate Public Health & Welfare
1-25-05 Attachment #1*



K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

**Presentation on the Kansas Department of Health and Environment
Division of Health
To
Senate Committee on Public Health and Welfare**

**Presented by Roderick L. Bremby, Secretary
Kansas Department of Health and Environment**

January 25, 2005

Chairperson Barnett and members of the Committee, I am pleased to appear before you today to provide an overview of the Division of Health at the Kansas Department of Health and Environment.

The mission of the Division of Health is to promote and protect health and prevent disease and injury among the people of Kansas. This is accomplished through three basic functions:

Assessment - The Division systematically collects, analyzes and publishes information on many aspects of the health status of Kansas residents. Assessment includes examining trends in health, disease and injury.

Policy Development - The Division uses information from its assessments and other sources to develop policies needed to promote and protect health and prevent disease and injury among the people of Kansas. Public health policies incorporate current scientific knowledge about health and disease. Examples of such policies are new or improved service programs, regulatory changes, and recommendations to the Kansas Legislature and the Governor.

Assurance - The Division provides services that are needed to achieve state health goals. In some programs, services are provided by state employees. In other programs, public health services are provided by employees of local health departments or other community-based organizations, with financial and/or technical support from the Division. Services may also be provided indirectly through activities encouraging individuals and organizations to become involved in serving the health needs of the people of Kansas.

*Senate Public Health and Welfare
1-25-05 Attachment #2*

OFFICE OF THE SECRETARY

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* Summary of Division of Health Responsibilities:

KDHE's Division of Health is responsible for investigating disease outbreaks and taking steps to prevent the spread of communicable diseases, as well as preparing for acts of bioterrorism against the state. In addition, the Division of Health promotes healthy lives by developing and supporting programs to reduce the preventable chronic diseases and promote health activities such as good nutrition and physical activity. The division also provides assistance to Kansas communities in establishing or modifying health care delivery. It is also responsible for ensuring children's special needs are addressed through screenings and treatments and the administering of two USDA programs: the Commodity Supplemental Food Program (CSFP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Division of Health also licenses and regulates numerous facilities in the state including childcare, hospitals, home health agencies/ mental health facilities/ restaurants / and food service facilities. In addition, health care workers receive credentials and certifications through the KDHE Division of Health.

* Recent Division of Health Successes and Initiatives:

- Kansas also received good news from the annual *America's Health: State Health Rankings*. The state moved up to 16th in the nation this year, from 20th in 2003. Kansas' strengths include a decreasing prevalence of smoking, a high rating for access to adequate prenatal care, a low incidence of infectious disease and a decrease in infant mortality. It is programs in many local health departments that assist communities with achieving these successes.
- Kansas was ranked near the top in the country for its state-preparedness level for a terrorist attack. According to a Trust for America's Health report that ranks all 50 states, Kansas is significantly more prepared for an attack this year than ever before. In fact, only six states scored higher and only eight states tied with us, putting Kansas in the top 25-percent in the nation.
- Kansas was recently assessed on how well prepared *local* communities could respond to bioterrorism. Through a study commissioned by the Kansas Association of Local Health Departments (KALHD), and prepared by the Kansas Health Institute (KHI), Kansas communities showed significant improvement in its level of preparedness for bioterrorism and other public health emergencies during the first year of significant federal funding (2002-2003).
- The Kansas Department of Health and Environment (KDHE) has advanced the importance of oral health issues in Kansas significantly within the last year alone. In 2003, KDHE added an Office of Dental Health and is currently recruiting a Director for the office. This is in an effort to bring oral health issues to the forefront in Kansas. KDHE also developed a strong Oral Health Coalition in the state, worked to expand the practice of registered dental hygienists, and to ensure quality oral health guidelines in schools and childcare settings. In addition, KDHE has secured grant funds and provided oral health training for public health personnel, school nurses, and childcare

workers. The agency has increased oral health promotions and enhanced its Web site (www.kdhe.state.ks.us/ohi) as a resource for oral health issues.


- KDHE is beginning the Healthy Kansas: *Taking Steps Together* initiative to improve the state's health with a focus on three chronic disease and illness risk factors: lack of proper nutrition, physical inactivity, and tobacco use in three strategic areas (children in schools, adults in the workplace and aging seniors). KDHE's Office of Health Promotions will work with schools through the Coordinated School Health program to improve opportunities for increased physical activity and sound nutritional programs. KDHE will also work to co-develop workplace wellness programs for state employees and resources for businesses, and KDHE will work with Dept. on Aging and other partners to address these health issues for the elderly.
- KDHE is introducing legislation this year to improve the state's quarantine and isolation authority (HB 2890). The bill will add to existing law the right to hearings and other due process protections, and the authority for the Secretary of KDHE or local health officer to quarantine or isolate a group of individuals. It would authorize the Secretary of KDHE or the local health officer to require an individual who the secretary or the local health officer believes has been exposed to an infectious or contagious disease to seek medical treatment or submit to quarantine or isolation. It would also authorize the Secretary of KDHE or the local health officer to order isolation or quarantine if it's determined that it's medically necessary to prevent or reduce spread of outbreak believed to be caused by an infectious or contagious disease.

Division of Health Budget and Finance Information:

The Division of Health utilizes a mixture of state general funds, federal funds, and fees to support programs and activities. Expenditures for state fiscal year 2005 and 2006 reflect this mixture of funding sources. The total budget for fiscal year 2006 is approximately \$103.5 million of which approximately \$14.6 million comes from the State General Fund.

Division of Health Organizational Structure:

The Division of Health is organized into two distinct offices and four bureaus: Office of Health Promotions; Office of Local and Rural Health; Bureau of Children, Youth and Families; Bureau of Childcare and Health Facilities; Bureau of Epidemiology and Disease Prevention; and Bureau of Consumer Health. The staff of the Division is authorized at 363 (FTEs and non-FTE permanent unclassified employees).

 **Office of Health Promotion:** The mission of the Office of Health Promotion is to improve the quality of life and reduce the incidence of death and disability from chronic disease and injury. The Office is responsible for the core public health functions relating to reducing the preventable burden of chronic diseases and injuries and which were identified as health priorities for Kansas

through the Healthy Kansans 2000 Planning process. Program activities are supported by federal and private grant funds, which have been obtained through competitive process and through collaboration with partner organizations to leverage funds from existing resources.

- Healthy Kansans 2010 – Planning process involving external partners to identify the priority health issues for the state to focus its efforts on and to develop plans for addressing the selected issues.
- Partnership for Prevention – Planning process engaging key leaders in Kansas to explore options for influencing health behaviors through design of employee wellness and insurance benefits.
- Coordinated School Health – Collaborative project between KDHE and KSDE to integrate chronic disease prevention strategies into the school setting by utilizing the Coordinated School Health Model. Specific risk factors addressed include physical inactivity, nutrition, tobacco use and obesity.
- Cancer
The Breast and Cervical Cancer Screening Program provides screening to women statewide who meet income (250% poverty) and age (40-54) guidelines. The Comprehensive Cancer Plan is a statewide planning process with over 60 partner organizations for identifying priorities for intervention in Kansas.
- Diabetes
A Quality of Care Initiative underway provides funding and training to private and public providers for implementation of a Quality of Care Model that utilizes a Diabetes Electronic Management System (DEMS) for improving health of people with diabetes.

Statewide planning is underway facilitating identification of statewide priorities for interventions to improve diabetes outcomes.

- Cardiovascular Disease
Heart Disease and Stroke Prevention efforts involve statewide planning for identifying priorities for intervention. Continuing Education Units (CEU) are available for providers regarding stroke recognition and treatment, as well as heart disease prevention and management. Public education is also done regarding stroke recognition and response, women and heart disease.
- Worksite- in conjunction with CVH partners, planning for piloting the Heart Healthy and Stroke-Free WorkSite Tool Kit, in development by CDC.
- Arthritis

Arthritis management and treatment provides funding to the Arthritis Foundation to expand the People with Arthritis Can Exercise (PACE) program and other evidence based programs statewide.

- Tobacco Use Prevention

Quit Line is a 24/7 hot line service to Kansans to access help to quit smoking and/or to assist patients with quitting.

The Tobacco Use Prevention Program provides technical assistance and funding to communities across Kansas who are working to implement the nine components of a comprehensive tobacco use prevention program, including implementing clean indoor air policies, strengthening enforcement of tobacco sales to minors, and implementing school-based programs.

A new initiative this year is smoking cessation during pregnancy, which is funded with Children's Initiative funds.

- Injury

The Unintentional Injury Program facilitates the activities of the Kansas SAFE KIDS program, including promotion of bicycle helmets, child passenger safety restraints, smoke detectors, and carbon monoxide detectors.

The program facilitates a statewide planning process to identify the leading injury issues for Kansas and devises collective action plans among the agencies and organizations committed to decreasing the burden of injury in the Kansas population.

The program provides professional CEUs regarding Emergency Medical Services for Children.

The program provides local grants, distribution of smoke detectors and technical assistance to communities that have identified fire/burn related injuries as a health issue.

- Intentional Injury – The program facilitates a state Suicide Prevention Coalition, provide funding and technical assistance to communities to support Rape Prevention Education and domestic violence prevention among women with disabilities.

- Health Risk Behavior Surveillance

The program conducts a continuous, confidential, population-based survey of Kansas adults to estimate the prevalence of health risk behaviors, utilization of preventive health practices and knowledge of health risks in the population.

Youth surveys are also conducted periodically to estimate the prevalence of tobacco use among middle and high school students.

Kansas Child Health Assessment and Monitoring Project (K-CHAMP) is a study to estimate risk of overweight among Kansas children K-12 is set to begin this year.

- Nutrition and Physical Activity

The Kansas LEAN21 facilitates the activities of a practitioners group to identify resources for improving nutrition practices and increasing physical activity among Kansas adults and youth.

The Kansas LEAN Campaign facilitates a planning process in conjunction with key partners across the state to develop consistent nutrition and physical activity messages for professionals and the public.

The Kansas Kids Fitness and Safety Day coordinates implementation of a statewide event to promote physical activity among Kansas third grade students. Incentives and program enhancements connect this event to activities throughout the year, focused on elementary students.

- Chronic Disease Risk Reduction Grants

The local grants and technical assistance are provided to communities to address tobacco use, physical inactivity and nutrition and the three leading, cross-cutting risk factors for the prevention of chronic disease.



Office of Local & Rural Health (OLRH):

This office provides assistance to Kansas communities in establishing or modifying health care delivery systems. The mission of the office is to assist communities to provide public health, primary care, and prevention services for all Kansans. A comprehensive approach using policy development and resource coordination is used to fulfill this mission. Cooperation with local health departments, community based primary care clinics, the primary care association and other non-profit voluntary organizations is essential.

This comprehensive approach involves the achievement of the following three goals:

1. Kansas achieve the highest standards of health through delivery models that focus on core public health functions and philosophy.
2. Public policy for health care is consumer and community driven.
3. Kansas communities succeed in the health care marketplace through consumer-oriented integrated systems of care.

The Office of Local & Rural Health is composed of four sections: Local Health, Rural Health, Primary Care, Trauma Systems.



Bureau of Child Care and Health Facilities (BCCHF)

The child care program of the bureau involves licensure and regulation of many types of child

care facilities in Kansas including day care homes, group day care, school age programs, pre-schools and child care centers, family foster homes, detention and secure care centers for children and youth, secure residential treatment facilities, residential centers and group boarding homes for children and youth, and private child placing agencies and day care referral agencies.

The health facilities program of the bureau involves licensure and certification of all types of health facilities in Kansas, including hospitals, home health agencies, and facilities for the mentally retarded. The programs exist to assure quality care through two primary means -- establishing licensing standards and inspecting facilities to assure these standards are being met.

- Health Occupation Credentialing--Paid Nutrition Assistant Curriculum. A cross section of industry and related interested persons was formed and has recommended a 12-hour course including a competency exam. Sponsors will include adult care homes and post secondary schools. The KDOA has drafted regulations, under review by the Department of Administration, to allow the use of these assistants.
- Web Based access to Nurse Aide Registry --The program has converted to a Web based system, which will allow access to the status of nurse aides by computer. The credentialing program has also upgraded other systems to provide more and quicker access to credentialing records.
- Hospital and Medical Program-- Although this section successfully restructured after the transfer of adult care home responsibility to KDOA, completing required workload with existing resources is difficult. Since FY 04 over 30 new providers have become licensed or certified, with over 30 applications pending. CMS has also significantly increased the number of Emergency Medical Treatment and Labor investigations.
- Child Care Registration and Licensure--- The agency regulates more than 11,000 childcare facilities and day care homes. A Legislative Post Audit evaluating whether the program is providing effective oversight and whether there is KDHE/SRS duplication was completed in October 2003⁴. The audit concluded that overall the program was effective, and that any duplication identified was difficult to resolve. The audit found the department designed a good system for overseeing childcare providers, showing improvements regarding oversight of child care providers since a 1997 audit. Enforcement actions have increased by 250 percent since that time. The audit determined 88 percent of annual inspections were on time, and 85 percent of follow up inspections were on time.

The audit found KDHE's enforcement philosophy is consistent with other states, in that we regulate the same types of facilities. In fact, Kansas regulates more small day cares than other states.

* **Bureau of Children, Youth and Families:** Through its four Sections and State/Community Partnerships, BCYF engages in Ten Essential Public Health Services to Promote Maternal and

Child Health in Kansas.

1. Assessment and monitoring of maternal and child health status to identify and address problems.
2. Diagnosis and investigation of health problems and health hazards affecting women, children and youth.
3. Information and education to the public and families about maternal and child health issues.
4. Mobilizing community partnerships between policy makers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.
5. Providing leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth, and their families.
6. Promotion and enforcement of legal requirements that protect the health and safety of women, children, and youth, and ensuring public accountability for their well-being.
7. Linking women, children and youth to health and other community and family services and assure quality systems of care.
8. Assuring the capacity and competency of the public health and personal health work force to effectively address maternal and child health needs.
9. Evaluation of the effectiveness, accessibility and quality of personal health and population-based maternal and child health services.
10. Support for research and demonstrations to gain new insights and innovative solutions to maternal and child health related problems

- On October 19, 2004, the bureau submitted an application for 5-year federal funding to establish a Population-Based Birth Defects Surveillance Program to implement the provisions of SB 418 passed in the 2004 session. Federal notification to applicants is expected by March 1, 2005.
- The bureau completed the first ever 'open mouth' survey of Kansas third graders. The data allows us to compare oral health status of Kansas children with those of other states. Partnered with the Kansas Health Institute in development and dissemination of a written report.
- The bureau completed the draft of Maternal and Child Health 5-Year State Needs Assessment identifying 7-10 priorities for Kansas for 2005-2010 in partial fulfillment of the requirements of the MCH Block Grant. Soon it will be posted to the KDHE Web site and public comments will be solicited.

Bureau of Epidemiology and Disease Prevention (BEDP):

The Bureau of Epidemiology and Disease Prevention encompasses the following programs: HIV-STD, Immunization, Tuberculosis, Bioterrorism, and Epidemiologic Services.

- **Childhood Immunization Rates** - After much study and effort last year, KDHE

implemented new immunizations requirements for immunizations for school age entry, ensuring children entering kindergarten are better protected from illnesses including Hepatitis B and Varicella. Overall, Kansas immunization rates improved this year. However, some of the childhood immunization rates for Kansas are lower than many other states. The Governor convened a task force to review this issue and make recommendations for improving rates. Many of the recommendations are being undertaken currently, including development of a registry to record childhood immunizations from across the State.

KDHE is currently working on ways to increase immunizations by a child's current physician (their medical home) rather than at a separate location. This is a priority for KDHE and has been shown to improve overall immunization rates in other states. Unfortunately only about 50 percent of Kansas children are immunized by private sector physicians, compared to 80 percent nationally. KDHE is working with the medical community to better determine the reason for this difference in Kansas.

- **Pandemic Influenza Planning** - Experts agree that an influenza pandemic will sweep across the world in the not-so-distant future. A plan for dealing with this certainty is being finalized and includes participation by KDHE, local health departments, hospitals, and other public health partners.
- **Plan to Attract and Retain Epidemiologists** - In an effort to improve the State's disease investigation infrastructure, the bureau is implementing a career ladder for epidemiologists, which should aid in the retention of these vital staff members necessary to deal with infectious disease outbreaks as well as bioterror events.

Bureau of Consumer Health:

The Bureau of Consumer Health is composed of two programs: Food Protection and Consumer Safety (FPCS), and the Kansas Childhood Lead Poisoning Prevention Program (KCLPPP).

Food Protection and Consumer Safety regulates and inspects food service establishments and lodging facilities. Inspectors educate establishment workers on food safety issues during routine inspections, complaint inspections, and disaster related inspections.

The Kansas Childhood Lead Poisoning and Prevention Program handles medical surveillance, pre-renovation education, licensure and certification, adult blood lead epidemiology and surveillance. The program screens clients, identifies and recommends medical actions and environmental changes to address lead poisoned adults and children, and educates the public about exposure to lead hazards.

- The transfer of 3,700 food facilities (retail grocery stores, food manufacturing/distributing facilities, food vending machines, ice cream trucks) from KDHE to KDA was completed on October 1, 2004 per ERO #32. KDHE retains

about 12,000 food service establishments (restaurants, school food service, senior food service, mobile food facilities and seasonal food facilities).

- KDHE and KDA have entered into a MOU to address Foodborne Illness Outbreaks that would be under the jurisdiction of the KDA and involving the newly transferred food facilities.
- The Childhood Lead Prevention Program completed a Kansas Lead Elimination Plan and submitted it to the CDC. It is now posted on the CDC Web site.
- In 2004, the Childhood Lead Prevention Program served approximate 28,000 children ages 0-6 in blood lead screening and prevention activities; federal funds (CDC) expended for this service totaled \$525,000.

* **Other KDHE Divisions:**

In addition to the Division of Health, KDHE includes three other operational divisions the Division of Health and Environmental Labs, the Division of Environment, and the Center for Health and Environmental Statistics. Two support divisions, the Division of Fiscal Services and the Division of Human Resources and Service Quality, provide a centralized resource for internal fiscal, personnel and employee needs for the agency.

* Center for Health and Environmental Statistics (CHES):

CHES provides reliable public health statistics by collecting and processing data regarding various health and environmental issues in the state. Vital records including births, deaths, marriages and divorces in Kansas are recorded by this office and made available to individuals according to Kansas law. Health care information data, such as worker's compensation insurance and health insurance data, are collected and studied to determine trends.

* Division of Environment:

The mission of the Division of Environment is *protecting public health and environment for Kansas*. In order to fulfill this mission and meet these goals the Division of Environment has developed and implemented regulatory, compliance assistance, monitoring, and educational programs within each of the bureaus and the division as a whole. The Division conducts regulatory programs involving the following facilities: public water supplies, industrial discharges, wastewater treatment systems, solid waste landfills, hazardous waste, air emissions, radioactive materials, asbestos removal, refined petroleum storage tanks, and other sources which impact the environment. In addition, the Division administers other programs to remediate contamination, lessen non-point source pollution (such as storm water runoff, grazing livestock, feedlots, development, spills, and leaks), and to evaluate environmental conditions across the state. The Division of Environment works to ensure compliance with federal and state environmental laws through inspection and monitoring. In addition, the Division of Environment also conducts financial or technical assistance programs such as the Wastewater Revolving Loan

Fund and the Pollution Prevention Program to assist the regulated community. The Division of Environment works closely with the Environmental Protection Agency and other partners throughout the state to take the necessary steps to preserve the state's natural resources.

* Division of Health and Environmental Laboratories (DHEL):

DHEL provides timely and accurate analytical information for public health, and certifies laboratories in the state to assure the quality of services provided. State lab information is used to diagnose and prevent diseases of public health interest that range from AIDS to childhood lead toxicity. DHEL surveillance information also guards the safety of public drinking water as well as ambient air and water quality. Health and environmental analytical operations are performed in accordance with rigid scientific standards.