Approved: February 25, 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 February 15, 2004 in Room 231-N of the Capitol.

All members were present except:
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:
Ronald Hein, Kansas Beverage Association
Kevin Robertson, Executive Director of Kansas Dental Association
Donna Whiteman, Kansas Association of School Boards
Jim McLean, Kansas Health Institute
Cindy D'Ercole, Sr. Policy Analyst of Kansas Action for Children
Richard Morrissey, Interim Director of Health, KDHE
Reginald Robinson, President and CEO, Kansas Board of Regents
Elaine Schwartz, Ex. Director, Kansas Public Health Association, Inc.
Carolyn Middendorf, Kansas State Nurses Association
Nick Badgerow, Christian Science Committee on Publication

Others attending:
See attached list.

Final Action on SB 116

SB 116--Injunctive authority to cease operations of unlicensed psychiatric hospitals, community mental health centers and facilities for the mentally ill, mentally retarded or other handicapped persons.

Upon calling the meeting to order, Chairperson Barnett announced the Committee would be taking final action on **SB 116**, an act concerning social and rehabilitation services; providing injunctive authority against unlicensed facilities, amending K.S.A. 75-3307b and repealing the existing section. The Chair asked Mr. Norm Furse, Revisor of Statutes, to give a brief overview of the bill and it's amendments. A copy of the amendments are (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The Chair asks the Committee for any questions and/or comments for Mr. Furse.

Senator V. Schmidt asks, what classifies as "reasonable" in Section D. Senator Palmer asks if the legislation is opening up the Advocacy and State systems.

Senator Brungardt motioned to accept **SB 116** as amended, excluding amendment on page 3. Senator Journey seconded the motion. Motion Passed.

Senator Gilstrap motioned to pass the legislation favorably as amended. Senator Haley seconded the motion. Motion Passed.

Approval of Minutes

Senator V. Schmidt motioned to accept the Committee minutes for January 31, 2005 and February 1, 2005. Senator Palmer seconded the motion. Motion Passed.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 15, 2004 in Room 231-N of the Capitol.

Hearing on SB 154

SB 154– Food service standards for public schools

The next order of business was a hearing on **SB 154**, an act relating to food and beverages available to students in Kansas school districts; providing for the adoption of certain standards. The Chair then asked Mr. Norm Furse to give a brief overview of the bill.

The Chair then asked the Committee for and questions and/or comments for Mr. Furse. Senator Haley requested the Fiscal Note for **SB 116**. Chairperson Barnett called upon Jodi Mackey, Child Nutrition & Wellness, Kansas Dept. Of Education, to give a brief financial summary of the legislation.

Chairperson Barnett then asked the Committee for any questions and/or comments for Ms. Mackey.

Senator Palmer asked about the Federal Wellness Policy, did the study show school lunches as being unhealthy, and what level do the parents get involved. Senator Haley asked about the availability of the nutritional value of foods served daily.

As there were no further questions for Ms. Mackey, the Chair called upon the first proponent conferee to testify. Ron Hein, Kansas Beverage Association, submitted written testimony in support of **SB 154**. A copy of his testimony is (Attachment 2) attached hereto and incorporated in to the Minutes as referenced.

The second proponent to testify was Kevin Robertson, Executive Director, Kansas Dental Association. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced. His testimony included that the KDA supports **SB 154** as effective legislation to promote the overall health of Kansas children. The KDA would, however, like to ask that **SB 154** be amended to include oral health concerns between line 17 by inserting "and dental caries" following "obesity".

As there were no questions for either proponent, the Chair called upon the only opponent conferee to testify, Donna Whiteman, Kansas Association of School Boards. A copy of her testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

As there were no question for Ms. Whiteman, Chairperson Barnett called upon the only neutral conferee to testify, Mr. Jim McLean, Kansas Health Institute. A copy of his testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

Chairperson Barnett recognized a final proponent to testify, Cindy D'Ercole, Sr. Policy Analyst, Kansas Action for Children. Ms. D'Ercole stated that **SB 154** will help school districts comply with federal legislation by relying on the state's collective expertise coordinated by the Department of Education. A copy of her testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

Chairperson Barnett announced this would conclude the hearing of the above bill.

Hearing of SB 217

SB 217– Tuberculosis evaluations for faculty, staff and students who enter high school, college or university classrooms.

The next order of business was a hearing on **SB 217**, an act requiring tuberculosis evaluations for certain faculty, staff and students who enter high school, college or university classrooms. The Chair then asked Mr. Furse to give a brief overview of the bill.

As there were no question and/or comments for Mr. Furse, Chairperson Barnett called upon the first proponent to testify. Richard Morrissey, Interim Director of Health, Kansas Department of Health and Environment, stated that this bill in not only an effort to protect the health and safety of those attending academic institutions

in Kansas, but it is also a fiscally sound and responsible measure to effectively improve health and save dollars. A copy of his testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

Chairperson Barnett calls the Committee's attention to the written testimony submitted by Reginald Robinson, President and CEO, Kansas Board of Regents. A copy of his testimony is (Attachment 8) attached hereto and incorporated into the Minutes as referenced.

The Chair called upon the third proponent to testify, Elaine Schwartz, Executive Director, KPHA. Ms. Schwartz stated that **SB 217** is sound public health policy as a measure to continue to protect our Kansas citizens and visitors in the academic setting. The long range effect of not passing this measure could prove to be very costly as the incidence of multi-drug-resistant tuberculosis is increasing. A copy of her testimony is (Attachment 9) attached and incorporated into the Minutes as referenced.

Due to time constraints the Chair submitted Carolyn Middendorf's, R.N., Kansas State Nurses Association, testimony as written testimony. A copy of her testimony is (Attachment 10) attached hereto and incorporated into the Minutes as referenced.

As there were no questions for any of the proponents, Chairperson Barnett called upon the first opponent conferee to testify. Nick Badgerow, Christian Science Committee on Publication for Kansas, requested an amendment that respects the state's need to isolate and quarantine those infected with tuberculosis disease, while at the same time accommodating those who are practicing spiritual, prayer-based healing. A copy of his testimony is (Attachment 11) attached hereto and incorporated into the Minutes as referenced.

The Chair called upon the final opponent to testify, Ms. Donna Whiteman, Kansas School Board Association. Ms. Whiteman stated that the KASBs' position is that current law adequately addresses this issue for high school students and staff. A copy of her testimony is (Attachment 12 and Attachment 13) attached hereto and incorporated into the Minutes as referenced.

Chairperson Barnett announced this would conclude the hearing of the above bill.

Adjournment

As there was no further business, the meeting was adjourned at 2:40 p.m.

The next meeting is scheduled for Thursday, February 17, 2005.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: February 15, 2005

NAME	REPRESENTING
Lori Nuebel	SRS
John Badger	SRS
Elaine Schwartz	Ks Public Health Assn.
Sharon Patnode	KDHE
Dick Morrissey	KDHE
Phil Griffin	KDHE
Donna Whiteman	Ks Assn. of School Boards
Jodi Mackey	KSDE
Cindy D'Ercole	Kansas Action for Children
Kevin Robertson	Kansas Dental Assn
Jessica L. [illegible]	Kearney & Assoc
[illegible]	KACCT
Julie Hein	Hein Law Firm
Chad Austin	KHA
Carolyn Middendorf	Ks St Ns Assn
[illegible]	DRC KS
Michelle Peterson	Ks. Governmental Consulting
Bruce Linhos	Children's Alliance
Jon Josserand	University of Kansas

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: 2/15/05

NAME	REPRESENTING
Kip Peterson	KBOR
C. Seager	University of Kansas
Michelle Burhenn	KC Star
Mike Steiner	KKID
Susan Kang	KDHE
Larry Tobias	Sunflower Foundation

Session of 2005

SENATE BILL No. 116

By Committee on Public Health and Welfare

1-26

9 AN ACT concerning social and rehabilitation services; providing injunc-
10 tive authority against unlicensed facilities; amending K.S.A. 75-3307b
11 and repealing the existing section.
12
13 *Be it enacted by the Legislature of the State of Kansas:*
14 Section 1. K.S.A. 75-3307b is hereby amended to read as follows: 75-
15 3307b. (a) The enforcement of the laws relating to the hospitalization of
16 mentally ill persons of this state in a psychiatric hospital and the diagnosis,
17 care, training or treatment of persons in community mental health centers
18 or facilities for [the mentally ill, mentally retarded or other handicapped
19 persons] is entrusted to the secretary of social and rehabilitation services.
20 The secretary may adopt rules and regulations on the following matters,
21 so far as the same are not inconsistent with any laws of this state:
22 (1) The licensing, certification or accrediting of private hospitals as
23 suitable for the detention, care or treatment of mentally ill persons, and
24 the withdrawal of licenses granted for causes shown;
25 (2) the forms to be observed relating to the hospitalization, admission,
26 transfer, custody and discharge of patients;
27 (3) the visitation and inspection of psychiatric hospitals and of all
28 persons detained therein;
29 (4) the setting of standards, the inspection and the licensing of all
30 community mental health centers which receive or have received any
31 state or federal funds, and the withdrawal of licenses granted for causes
32 shown;
33 (5) the setting of standards, the inspection and licensing of all facili-
34 ties for [the mentally ill, mentally retarded or other developmentally dis-
35 abled persons] receiving assistance through the department of social and
36 rehabilitation services which receive or have received after June 30, 1967,
37 any state or federal funds, or facilities where [mentally ill, mentally re-
38 tarded or other developmentally disabled] persons reside who require su-
39 pervision or require limited assistance with the taking of medication, and
40 the withdrawal of licenses granted for causes shown. The secretary may
41 adopt rules and regulations that allow the facility to assist a resident with
42 the taking of medication when the medication is in a labeled container
43 dispensed by a pharmacist. No license for a residential facility for eight

[persons with mental illness, developmental disabilities or other persons with disabilities]

[with mental illness or developmental disabilities]

Norm Furse
Senate Public Health & Welfare
2-15-05
Attachment #1

(1)

1 or more persons may be issued under this paragraph unless the secretary
2 of health and environment has approved the facility as meeting the li-
3 censing standards for a lodging establishment under the food service and
4 lodging act. No license for a residential facility for the elderly or for a
5 residential facility for persons with disabilities not related to mental illness
6 or [mental retardation], or both, or related conditions shall be issued under
7 this paragraph;
8 (6) reports and information to be furnished to the secretary by the
9 superintendents or other executive officers of all psychiatric hospitals,
10 community mental health centers or facilities for [the mentally retarded]
11 and facilities serving other [handicapped] persons receiving assistance
12 through the department of social and rehabilitation services.
13 (b) An entity holding a license as a community mental health center
14 under paragraph (4) of subsection (a) on the day immediately preceding
15 the effective date of this act, but which does not meet the definition of a
16 community mental health center set forth in this act, shall continue to be
17 licensed as a community mental health center as long as the entity remains
18 affiliated with a licensed community mental health center and continues
19 to meet the licensing standards established by the secretary.
20 *(c) Not withstanding the existence or pursuit of any other remedy,*
21 *the secretary of social and rehabilitation services, as the licensing agency,*
22 *in the manner provided by the act for judicial review and enforcement of*
23 *agency actions, may maintain an action in the name of the state of Kansas*
24 *for injunction against any person or facility to restrain or prevent the*
25 *operation of a psychiatric hospital, community mental health center or*
26 *facility for [the mentally ill, mentally retarded or other handicapped per-*
27 *sons] operating without a license.*
28 Sec. 2. K.S.A. 75-3307b is hereby repealed.
29 Sec. 3. This act shall take effect and be in force from and after its
30 publication in the statute book.

developmental disability

persons with developmental disabilities

with disabilities

civil

persons with mental illness, developmental disabilities or other persons with disabilities

(d) The state protection and advocacy system shall have reasonable unaccompanied access to public and private facilities and programs in the state which render care, treatment or services for individuals with disabilities, and to those individuals with disabilities who receive care, treatment or services from those facilities and programs, and to the records of individuals with disabilities who receive services from those facilities and programs.

kllpasec

New Sec. . The state of Kansas shall take active measures to help ensure that Kansans with disabilities residing in a group home, or other congregate setting of two or more persons will be protected from abuse, neglect and exploitation. The respective state agencies will promulgate the necessary rules and regulations to ensure that the providers of group homes, or other congregate settings of two or more persons who are not self-directing their services, or the facilities themselves, are licensed and monitored in order to ensure that the residents are free from abuse, neglect and exploitation.

Sec. . K.S.A. 2004 Supp. 65-5603 is hereby amended to read as follows: 65-5603. (a) The privilege established by K.S.A. 65-5602 and amendments thereto shall not extend to:

(1) Any communication relevant to an issue in proceedings to involuntarily commit to treatment a patient for mental illness, alcoholism or drug dependency if the treatment personnel in the course of diagnosis or treatment has determined that the patient is in need of hospitalization;

(2) an order for examination of the mental, alcoholic, drug dependency or emotional condition of the patient which is entered by a judge, with respect to the particular purpose for which the examination is ordered;

(3) any proceeding in which the patient relies upon any of the aforementioned conditions as an element of the patient's claim or defense, or, after the patient's death, in any proceeding in which any party relies upon any of the patient's conditions as an element of a claim or defense;

(4) any communication which forms the substance of information which the treatment personnel or the patient is required by law to report to a public official or to be recorded in a public office, unless the statute requiring the report or record specifically provides that the information shall not be disclosed;

(5) any information necessary for the emergency treatment of a patient or former patient if the head of the treatment facility at which the patient is being treated or was treated states in writing the reasons for disclosure of the communication and makes such statement a part of the treatment or medical record of the patient;

(6) information relevant to protect a person who has been threatened with substantial physical harm by a patient during the course of treatment, when such person has been specifically identified by the patient, the treatment personnel believes there is substantial likelihood that the patient will act on such threat in the reasonable foreseeable future and the head of the treatment facility has concluded that notification should be given. The patient shall be notified that such information has been communicated;

(7) any information from a state psychiatric hospital to appropriate administrative staff of the department of corrections whenever patients have been administratively transferred to a state psychiatric hospital pursuant to the provisions of K.S.A. 75-5209 and amendments thereto;

(8) any information to the patient or former patient, except that the head of the treatment facility at which the patient is being treated or was treated may refuse to disclose portions of such records if the head of the treatment facility states in writing that such disclosure will be injurious to the welfare of the patient or former patient;

(9) any information to any state or national accreditation, certification or licensing authority, or scholarly investigator, but the head of the treatment facility shall require, before such disclosure is made, a pledge that the name of any patient or former patient shall not be disclosed to any person not otherwise authorized by law to receive such information;

(10) any information to ~~Kansas-advocacy-and-protective-services,-inc.~~ the state protection and advocacy system which concerns individuals who reside in a treatment facility and which is required by federal law and federal rules and regulations to be available pursuant to a federal grant-in-aid program;

(11) any information relevant to the collection of a bill for professional services rendered by a treatment facility; or

(12) any information sought by a coroner serving under the laws of Kansas when such information is material to an investigation or proceeding conducted by the coroner in the

performance of such coroner's official duties. Information obtained by a coroner under this provision shall be used for official purposes only and shall not be made public unless admitted as evidence by a court or for purposes of performing the coroner's statutory duties;

(13) any communication and information between or among treatment facilities regarding a proposed patient, patient or former patient for purposes of promoting continuity of care between the state psychiatric hospitals and the community mental health centers; the proposed patient, patient, or former patient's consent shall not be necessary to share evaluation and treatment records between or among treatment facilities regarding a proposed patient, patient or former patient; as used in this paragraph (13), "proposed patient" and "patient" shall have the meanings respectively ascribed thereto in

K.S.A. 2004 Supp. 59-2946 and amendments thereto;

(14) the name, date of birth, date of death, name of any next of kin and place of residence of a deceased former patient when that information is sought as part of a genealogical study; or

(15) any information concerning a patient or former patient who is a juvenile offender in the custody of the juvenile justice authority when the commissioner of juvenile justice, or the commissioner's designee, requests such information.

(b) The treatment personnel shall not disclose any information subject to subsection (a)(3) unless a judge has entered an order finding that the patient has made such patient's condition an issue of the patient's claim or defense. The order shall indicate the parties to whom otherwise confidential information must be disclosed.

1-5

HEIN LAW FIRM, CHARTERED

5845 SW 29th Street, Topeka, KS 66614-2462
Phone: (785) 273-1441
Fax: (785) 273-9243

Ronald R. Hein
Attorney-at-Law
Email: rhein@heinlaw.com

Senate Public Health and Welfare Committee
Testimony Re: SB 154
Presented by Ronald R. Hein
on behalf of
Kansas Beverage Association
February 15, 2005

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Beverage Association (KBA), the state trade association for beverage bottling companies operating in Kansas. Previously we were the Kansas Soft Drink Association, but the KBA changed their name to more truly reflect the membership and the products made, which include carbonated diet and regular soft drinks, bottled waters, isotonic drinks, juice, juice drinks, sports drinks, dairy-based beverages, teas, and other beverages.

The KBA supports the concept of SB 154 which provides for the State Board of Education to establish nutritional standards for foods and beverages made available to school children during the school day.

The Kansas Board of Education has already testified before a House committee regarding the wellness program that they are implementing as a result of requirements set out in the recent re-implementation of the federal school nutrition lunch program legislation. This bill will fit in well with the steps they have already taken to deal with the very complex issue of obesity in our society in general, and childhood obesity in particular.

Studies show that caloric consumption has increased only 1% in the past 20 years. However, during that same 20 years, physical activity has decreased 13%. The experts in nutrition recommend that the solution lies with a comprehensive approach that focuses on activity and exercise, moderation in food choices and food consumption, and an over all healthy, nutritious diet. Some have suggested quick answers to this complex problem that involve restrictions on food choices, banning of certain foods, and other approaches that nutrition experts generally agree are not the answer. These experts recommend instead a comprehensive solution that involves a moderate diet and proper exercise. They agree that there are no bad foods, that there is room for all foods in a healthy diet, that moderation is key, and that banning or restricting of any foods can be counter-productive. Studies indicate that restricting foods only increases the desire for those foods.

Thank you very much for permitting me to submit written testimony. If I am able to make it to the hearing, I will be happy to yield to questions.

Senate Public Health and Welfare
2-15-05 Attachment #2

KANSAS DENTAL ASSOCIATION

Date: February 15, 2005

To: Senate Committee on Public Health & Welfare

From: Kevin J. Robertson, CAE
Executive Director

RE: Testimony supporting SB 154

Chairman Barnett and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing 1,168, or some 80% of the state's licensed dentists.

The **KDA supports SCR 154** as effective legislation to promote the overall health of Kansas children. The KDA would, however, ask that SB 154 be amended to include oral health concerns between line 17 by inserting ***"and dental caries"*** following *"obesity."*

Sugar drinks and candy promote the formation of dental cavities because it feeds bacteria in the mouth that produces cavity causing acid. This bacteria is fed by the consumption of sugar in drinks and candy. In fact, the average 12 ounce serving of a regular soft drink contains between **9-11 teaspoons of sugar**.

In addition to the high sugar content, soft drinks (including diet soft drinks) are highly acidic with a **pH of 2.5 to 3.5**. Recalling your high school chemistry – a pH of 7.00 is neutral (water), while acids are pH 1.00-7.00 and alkaline are pH 7.00-14.00). The acidity of soft drinks can lead to the erosion of the tooth enamel (the hard outer coating) which can make the acid produced by the bacteria more dangerous to the teeth. New and developing permanent teeth in children have a softer enamel and can be more susceptible to this acid attack. Both regular and diet soft drinks using non-nutritive sweeteners are acidic, and studies have shown the repeated reduction in pH levels is significant in terms of enamel demineralization.

On the other hand, studies show that dairy products like cheese and milk strengthen the tooth enamel and protect against tooth decay. In addition, milk has a neutral pH and contains calcium as well as electrolytes that create equilibrium within the mouth.

As devastating to a child's oral health as the consumption sugar drinks and candies is the constant "sipping" or snacking of these items throughout the day. Studies show that the cavity-causing bacteria in the mouth produces acid for 20 minutes each time it is fed. Constant drinking and snacking throughout the school day, therefore, puts a child at increased risk for cavities because bacteria are continuously producing acid.

Good oral hygiene, brushing, fluoridated water and other factors can all reduce the formation of cavities in children. Many parents allow their children unaltered access to these same drinks and candies at home; however, there is no justification for schools to promote unhealthy and hazardous habits among our children when they are not under parental supervision.

5200 Huntoon
Topeka, Kansas 66604-2398
Phone: 785-272-7360
Fax: 785-272-2301

Senate Public Health and Welfare
2-15-05 Attachment #3

The consumption of soft drinks (nationally) by both boys and girls has increased over the past 30 years while the consumption of milk has decreased. At the same time, soft drink purchases by schools have increased by 1,100% over the past 20 years while school dairy purchases have decreased by 30%.

The KDA asks the committee to support SB 154 as an important step in moving toward reversing this trend.

Thank you for your time today.

(4)

KANSAS ASSOCIATION

OF SCHOOL BOARDS

1420 SW Arrowhead Road • Topeka, Kansas 66604-4024
785-273-3600

Testimony on **SB #154**
before the
Committee on Public Health and Welfare

by

Donna L. Whiteman
Assistant Executive Director/Legal Services
Kansas Association of School Boards

February 15, 2005

Mr. Chairman, Members of the Committee:

On behalf of the Kansas Association of School Boards, thank you for the opportunity to present testimony in opposition to SB 154.

The Kansas Association of School Boards supports Senate Concurrent Resolution No. 1604 which also deals with foods and beverages available to students. However, SCR 1604 as amended by this committee provides a broader, more cooperative approach among the state agencies and school districts as follows: "That the Kansas Department of Education is hereby requested in cooperation with other state agencies, private foundations and other private entities to study our state's public schools with regard to their school food programs, the availability of other food items available on school premises, any available classes on health and physical activities intended to promote healthy bodies and physical fitness, and to report to the legislature their findings and appropriate recommendations for improving the diets and physical well being of our students."

Thank you for the opportunity to present testimony on this matter.

Senate Public Health & Welfare
2-15-05
Attachment #4

KANSAS HEALTH INSTITUTE

For additional information contact:

Jim McLean, Vice President for Public Affairs
212 SW Eighth Avenue, Suite 300
Topeka, Kansas 66603-3936
Phone (785) 233-5443 Fax (785) 233-1168
E-mail: jmclean@khi.org
Web site: www.khi.org

Senate Public Health and Welfare Committee February 15, 2005
Senate Bill 154
Jim McLean **Vice President for Public Affairs** **Kansas Health Institute**

Healthier Kansans Through Informed Decisions

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

Senate Public Health & Welfare
2-15-05
Attachment #5

Testimony to Senate Public Health and Welfare Committee
February 15, 2005
Senate Bill 154

Chairman Barnett and members of the committee, I'm Jim McLean, vice president for public affairs, at the Kansas Health Institute.

KHI is an independent, nonprofit health policy and research organization. Our mission is to conduct research and policy analysis on issues that affect the health and well-being of Kansans and communicate that information to you and other policymakers so that you can make informed decisions.

KHI does not take positions on specific legislation. But advising policymakers on health issues is an important part of our mission. And we can say without qualification that the problem this bill seeks to address is real and in need of urgent attention.

The rate of childhood obesity has doubled in the last 20 years. Type 2 diabetes, an obesity related disease once uncommon in children, is now seen in children as young as six, placing them at risk of renal failure, blindness, and even death by the time they become young adults.

Research indicates that 70 percent of overweight children 10 to 13 years of age will be overweight or obese as adults.

Research also tells us that if we are going to successfully address this problem, schools must be part of the solution. Children spend about one-third of their waking hours at school and consume about 40 percent of their daily calories there.

Already, obesity related medical expenditures in Kansas total $657 million a year. If current trends—including the climbing rate of childhood obesity—continue, one of every five dollars spent on health care in the year 2020 will be spent on obesity related treatments.

The causes of child and adolescent obesity mirror those in the adult population. They include lack of regular exercise, a more sedentary lifestyle, and over-consumption of high-calorie foods driven in part by advertising that promotes the consumption of such foods.

It has been suggested in earlier testimony to a different committee that caloric consumption has not substantially increased in the last 20 years. That is incorrect. According to the United States Department of Agriculture, average caloric intake in the U.S. is up 12 percent since 1985. Further, the consumption of high-fructose corn syrup—a sweetener that contributes to obesity because of the way it is metabolized—grew by 1000 percent between 1970 and 1990.

Research suggests that numerous actions are needed to combat the problem of childhood and adolescent obesity. Certainly policies that promote nutrition in schools and educate both children and adults about the benefits of eating healthy foods and exercising regularly should be a part of that comprehensive strategy.

Thank you.

KANSAS ACTION FOR CHILDREN

Making a difference for Kansas children.

Kansas Action for Children, Inc.
3360 SW Harrison | Topeka, KS 66611
P 785-232-0550 F 785-232-0699
kac@kac.org | www.kac.org

Celebrating 25 years of child advocacy

February 15, 2005

To: Kansas Senate Public Health and Welfare Committee
From: Cindy D'Ercole, Sr. Policy Analyst
Re: Senate Bill 154 – Food service standards for public schools

Kansas Action for Children supports enactment of Senate Bill 154.

Proper nutrition has an immediate impact on children's ability to learn, as well as on children's oral health and obesity prevention. Research shows that changes in the school food environment can impact food choices and improve the quality of children's diets while at school. Growing awareness of the importance of the obesity epidemic and oral health presents a clear opportunity to require schools to develop nutritional standards for all foods and beverages made available to students in Kansas public schools during the school day.

Obesity Prevention
There are serious, long-term health consequences of childhood obesity. Childhood and adolescent obesity contributes to asthma, diabetes, high blood pressure, sleep apnea, low self-esteem, and adult obesity. The prevalence of obesity among adults in Kansas has increased by almost 70 percent since 1992. More than one in five adult Kansans are now obese and almost three in five are at least overweight. Reversing the epidemic of obesity in Kansas will require focusing on obesity prevention in children.

Oral Health
When teeth come in frequent contact with soft drinks and other sugar-containing substances, the risk of decay formation is increased. Oral health is a critical but often overlooked component of overall health and well-being among children and adults. Dental caries (tooth decay) is the most common preventable chronic childhood disease. Pain from untreated dental disease can lead to eating, sleeping, speaking, and learning problems in children and adolescents, which affect a child's social interactions, school achievement, general health, and quality of life. In fact, approximately 51 million school hours per year are lost because of dental-related illness.

Improving the health status of Kansans begins with improving the health of Kansas kids. Healthy eating patterns are essential for students to achieve their full academic potential, full physical and mental growth, and lifelong health and well-being. Healthy eating is demonstrably linked to reduced risk for mortality and development of many chronic diseases as adults. Schools have the opportunity to help students establish and maintain lifelong, healthy eating patterns. Well-planned and well-implemented school nutrition programs have been shown to positively influence students' eating habits.

This bill will help school districts comply with federal legislation by relying on the state's collective expertise coordinated by the Department of Education. We urge you to support efforts to improve the health of Kansas kids and SB 154.

EXECUTIVE DIRECTOR
Gary Brunk

BOARD OF DIRECTORS
Pat Anderson
Margot Breckbill
Dennis Cooley, MD
Tina DeLaRosa
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James McHenry, PhD
Zenab Mebed
Marge Petty
Jenifer Purvis
Pam Shaw, MD

A Member of Voices for America's Children

Senate Public Health & Welfare
2-15-05
Attachment #6

KANSAS

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on SB 217
Related to Tuberculosis Evaluation
Of High School, College and University Faculty, Staff and Students

Richard Morrissey, Interim Director of Health
Kansas Department of Health and Environment
Before the
Senate Committee on Public Health and Welfare

The intent of SB 217 is identification of individuals who may have infectious tuberculosis prior to entering academic environments in Kansas. This would occur through an initial process of requiring each new student, staff or faculty who would be in contact with others to complete a brief questionnaire aimed at identification of those who are at the highest risk for tuberculosis (see attached TB Questions for an example of this step). For those who are then identified as being at highest risk for tuberculosis, the individual would be required to have an evaluation completed to rule out tuberculosis before enrolling or having contact with others as a staff or faculty member. If the individual is found to have tuberculosis infection, they would be offered but not required to take preventative medications. If the individual is found to have tuberculosis disease, potentially very contagious, the individual will be required to begin treatment as directed in K.S.A. 65-116.

In the past four years alone, 30 cases of TB have been diagnosed among students (28 cases) or faculty (2 cases) attending high schools, universities and colleges in Kansas. This accounts for greater than 10% of all TB cases diagnosed in Kansas during the past four years. One of these cases was a multi-drug resistant (MDR) case of TB that is of particular concern because of the increased risk of treatment failure and high cost of treatment. The drugs used also carry the risk of multiple, potentially irreversible side effects to the patient and the contacts of the patient who have been infected.

The Healthy People 2010 goal for Tuberculosis (TB) Elimination is 1 case per 100,000 people. In Kansas that will translate to a goal of approximately 28 cases per year. In 2004, Kansas reported 62 cases of TB.

DIVISION OF HEALTH
Bureau of Epidemiology and Disease Prevention
TB Control and Prevention Section
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Voice 785-296-5589 Fax 785-291-3732 http://www.kdhe.state.ks.us/tb
Disease Reporting & Public Health Emergencies:
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Senate Public Health & Welfare
2-15-05 Attachment #7

TB is the number one killer of young adults worldwide, claiming 2 – 3 million lives each year. TB is considered pandemic or of high risk in all but 27 countries worldwide, including all of Asia, Central America, South America and Africa.

TB in the academic setting is of particular concern for multiple reasons. TB is transmitted from an infectious individual's lungs to those around them through bacilli expelled into the air. Physical contact with the infectious individual is not required for transmission; only contact with the air expelled by the infectious person is required. Because of the nature of the typical academic setting (dormitory living, communal dining, classroom settings, laboratory settings, etc.) many other people are potentially at risk when an individual is unidentified but infectious with TB.

Individuals with TB can be successfully treated. Individuals with TB who are being properly treated can and usually do carry on normal lives during treatment. They can attend classes and work without risking the health of those around them after two weeks of treatment in most cases.

As this is a national issue, other states are also working with their legislators to introduce similar measures at this time (Missouri and Colorado are examples). This bill is crafted after similar language found in statutes and regulations of Arkansas.

The fiscal impact of this statute would be negligible for the state and the academic institutions compared to the cost of investigating and treating tuberculosis cases and contacts found in academic settings. Beyond the administrative cost of securing the questionnaire from each student, staff or faculty, the bill places the cost of further evaluation on the students as a stipulation for enrollment in much the same manner as an activity fee, tuition or supply cost. In the case of faculty and staff, the minimal cost burden of further evaluation would be on the individual seeking employment just as it currently is with K.S.A. 72-5213. This statute mandates all employees of school districts who will have contact with students provide proof upon hire to the district of being free of infectious tuberculosis. K.S.A. 72-5213 has not proven to be a barrier for schools in their hiring practices.

The cost savings from exhaustive close contact investigations of an infectious person who is in class and exposing other students, staff and faculty could be huge. Conservatively speaking, an infectious student or faculty member in a college, university or high school is likely to identify with 200 close contacts that would need to be screened for infection. The average cost for each skin test is $15 or $3,000 for the investigation. Now assume that 20% of those skin test are positive, requiring a chest radiograph at an average minimum cost of $40 per patient or $1,600 for this phase of the investigation followed by treatment for each of those infected at an average cost of $200 per infected patient or $8,000. We have now spent $12,600 of state funds evaluating and treating contacts who could have fully avoided contact had the source case been evaluated and treated before entering the classroom. This example is a very simple one involving a non-multi-drug-resistant case and assuming all those close contact infections are identified before having opportunity for the infection to convert to disease. If this scenario were to be involving a multi-drug-resistant strain of tuberculosis, the cost of treating the patient would be over $100,000 as well as an additional $100,000 for the contact investigation and treatment of the infected contacts. If additional disease cases develop in the contacts, the cost for treating each additional case would be over $100,000.

The timing of this bill is in response to trends being seen nationally and early potential trends being seen in Kansas. Prior to 2002, Kansas had only one MDR case. In 2002 and 2003, Kansas saw one MDR case each calendar year, in 2004, Kansas diagnosed two MDR cases and one MDR case has already been diagnosed in 2005. Nationally as well as in Kansas, the largest group of high risk persons is international people and this risk group accounts for an ever-increasing percentage of cases each year. The median age of cases is dropping each year with the age groups affected most by this bill being the age groups with the greatest increase in cases.

It is expected that full implementation of the regulations required within this bill will take place no earlier than the 2006 – 2007 academic year if this bill is passed this current legislative session. Great care will be taken in writing these regulations in consultation with academic partners across the state. The initial drafts of these regulations will be created by the KDHE TB Program working hand in hand with the Kansas Advisory Council for the Elimination of Tuberculosis (KACET). KACET was established in 2002 to advise and assist the KDHE TB Program on issues related to the elimination of tuberculosis. This advisory council is made up of front line community partners working daily to effect progress toward the goal of TB elimination. Other community partners, particularly those in the academic community, will be invited to participate in the development of these regulations to ultimately achieve a set of regulations that will be minimally burdensome on the academic community while achieving the public health goal of protecting Kansans from tuberculosis.

In summary, this bill is not only an effort to protect the health and safety of those attending academic institutions in Kansas, but is also a fiscally sound and responsible measure to effectively improve health and save dollars.

I am happy to stand for your questions.

DRAFT

TB Questionnaire

Within in the last three months have you had any of the following?

a.	A productive cough lasting over 3 weeks?	Yes	No
b.	Unexplained loss of appetite or sudden weight loss?	Yes	No
c.	Fever, chills, or night sweats for no reason?	Yes	No
d.	Persistent shortness of breath?	Yes	No
e.	Increased fatigue?	Yes	No
f.	Unexplained chest pain?	Yes	No

Were you born in or have you spent six months or more in a country outside of North America? If yes, what country(ies)? (Note, it would be encouraged that institutions list the countries of low risk and ask if the individual has been in countries other than the low risk list as all but 27 countries in world are at high risk)

Have you been a resident or employee of high risk settings; prisons and jails, nursing homes and other long-term care facilities, hospitals and other health care facilities, and homeless shelters?

Have you had recent contacts to an active case of Tuberculosis?

KANSAS BOARD OF REGENTS

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February 15, 2005

Senator James Barnett
Chairman
Senate Public Health & Welfare Committee
Statehouse, Room 401-S
Topeka, KS 66612

Senator David Haley
Ranking Member
Senate Public Health & Welfare Committee
Statehouse, Room 140-N
Topeka, KS 66612

Dear Chairman Barnett and Ranking Member Haley:

On behalf of the Board of Regents, I write to you to express the Board's current opposition to Senate Bill 217. As you may know, Senate Bill 217 would require tuberculosis evaluations for certain faculty, staff and students who enter high school, college or university classrooms.

We share with the Kansas Department of Health and Environment (KDHE) what we believe to be the public health promotional objectives of this proposal. We are concerned, however, because the proposal has been developed and introduced without involvement from key stakeholders – the Board of Regents and its higher education institutions. In fact, conversations between university officials and KDHE representatives over the past 24 hours have only yielded more unanswered questions. The Board is concerned that the advancement of such a proposal in the absence of meaningful consultation with those affected could produce a raft of unintended consequences.

We believe that some consultation involving affected stakeholders should occur before new tuberculosis requirements are unilaterally imposed upon a higher education system comprised of 36 institutions with over 170,000 students and over 30,000 employees. We hope you will agree. Together, we could work to determine both whether serious problems exists and how best to address those issues.

No one takes more seriously the health and safety of their students than do the university CEOs. Kansas universities have tuberculosis prevention policies in place, and these policies generally conform to strict Centers for Disease Control (CDC) guidelines.

In conclusion, the Board respectfully requests that your Committee act on Senate Bill 217 only after KDHE consults with the stakeholders included in the bill. The Board shares KDHE's overall concern for the health and welfare of our students, faculty and staff, and we are more than willing to work hand-in-hand with KDHE to meet this objective.

Thank you for your time and consideration.

Sincerely,

Reginald L. Robinson
President and CEO

Senate Public Health and Welfare
2-15-05
Attachment # 8

(9)

KANSAS PUBLIC HEALTH ASSOCIATION, INC.

Kansas Public Health Association, Inc.
Affiliated with the American Public Health Association
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Web Site: http://www.kpha.us

To: The Honorable Senator Jim Barnett **Date: February 15, 2005**
Chair, Senate Public Health and Welfare
From: Elaine Schwartz, Executive Director, KPHA **Re: SB 217**

Thank you, Mr. Chairman for the opportunity to testify in support of SB217. I am Elaine Schwartz, Executive Director of the Kansas Public Health Association. KPHA is the professional home to 500 members committed to and working for a healthier Kansas.

KPHA stands in support of SB 217. It has clearly been a growing trend, nationally and in Kansas, that while the annual number of tuberculosis cases is on the decline overall groups the percentage of cases among the highest risk groups are increasing.

Highest risk groups include international individuals, those who are in congregate settings, those with lowered immune systems and those who are medically underserved. High schools, colleges and universities in Kansas are at risk settings because of the growing number of international students, staff and faculty. International students and faculty are not screened in any manner for diseases when being issued student or work visas. This is unlike those who are immigrants here through refugee programs who are subjected to a full battery of health screenings.

Academic settings are high risk for large outbreaks and wide spread infectious diseases such as tuberculosis. Because of the general air-borne nature of the tuberculosis disease, one does not have to have intimate contact with the infected individual, they only have to share air space.

Kansas statute 72-5213 already requires all staff and teachers in elementary and high schools to be tested for tuberculosis before they can have contact with students. Why would we not want to protect our students in colleges as well? The college setting also has increased risks associated with it as a result of dormitory living, communal dining settings and longer exposure times of students and faculty working together in laboratories or study sessions often in close and confined quarters.

We believe this is sound public health policy as a measure to continue to protect our Kansas citizens and visitors in the academic setting. The long range effect of not passing this measure could prove to be very costly as the incidence of multi-drug-resistant tuberculosis is increasing. We encourage passage of SB 217.

Again, thank you for this opportunity to testify, and I'd be happy to respond to questions.

Senate Public Health & Welfare
2-15-05
Attachment #9

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The Voice and Vision of Nursing in Kansas

Janice Jones, R.N., M.N., C.N.S.
President

Terri Roberts J.D., R.N.
Executive Director

For More Information:
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S.B. 217 Tuberculosis: Screening & Regulatory Authority, Educational Institutions
February 15, 2005

Chairman Barnett and members of the Senate Public Health and Welfare Committee, my name is Carolyn Middendorf M.S.N., R.N. and I'm here representing the Kansas State Nurses Association (KSNA) to support S.B. 217.

This bill's intent is to provide KDHE with authority to promulgate rules and regulations that would increase the surveillance of faculty, students and staff in schools and universities in Kansas. Ideally, the most effective mechanism for this will be a self-reporting screening mechanism for high risk individuals entering the educational system for the first time and follow-up for those with signs and symptoms of active case TB.

Kansas has many foreign exchange students in our universities and high schools. In other parts of the world, TB is considered a pandemic or of high risk. In all but 27 countries in Asia, Central America, South America and Africa this is the case. Worldwide, TB claims the lives of 2-3 million young adults annually.

TB is an airborne transmitted infection. No physical contact is needed for transmission. This makes educational institutions particularly vulnerable because of the nature of activities involved, changing classrooms, common dining facilities, and dormitory/communal living arrangements. The number of Kansas cases among students has been on the increase the past couple of years, with 10% of the cases involving students or faculty. When cases of TB are identified, close contact investigations are the standard of care for follow-up and post-exposure testing. In educational settings, close contact investigations are also a significant challenge and can be costly and very time consuming. Again, this legislation is aimed at implementing measures to reduce the potential for exposure and spread of TB.

Multi-drug resistant (MDR) cases are the most challenging to treat because of the cost, treatment time-line and threat of spread of MDR-TB to others.

With deliberate and focused administration of the regulations once they are implemented, we believe Kansas can expect a decrease in the student, faculty and staff cases of TB. We look forward to working with KDHE and the Kansas Advisory Council for the Elimination of Tuberculosis (KACET) towards this end.

Thank You.

Carolyn Middendorf, R.N.
Telephone 785-478-3314

Senate Public Health and Welfare
2-15-05
Attachment #10

(1)

REQUEST FOR AMENDMENT

February 15, 2005

The Christian Science Committee on Publication for Kansas respectfully requests that S.B. 217 be amended as follows:

In Section 1(a) of the bill, **ADD** the following language to read:

> Section 1. (a) The secretary of health and environment is hereby authorized and directed to adopt rules and regulations establishing tuberculosis evaluation requirements for all faculty and staff in public, private or parochial high schools who are not subject to the requirements of K.S.A. 72-5213, and amendments thereto, colleges and universities who enter classrooms in Kansas and for students entering high school, college or university classrooms in Kansas. **However, no student shall be compelled to undergo a test for tuberculosis if the student, custodial parent or guardian objects in writing on the ground that the test conflicts with religious beliefs, unless there is probable cause to suspect that the student is infected with tuberculosis in a communicable stage.** Compliance with these rules and regulations . . .

In Section 1 (b) of the bill, **ADD** the following language to read:

> (b) Any patient found to be infected with tuberculosis infection or tuberculosis disease will be provided treatment and ongoing monitoring in accordance with K.S.A. 65-116a to 65-116m, inclusive, and amendments thereto. **Nothing in this section shall be construed to authorize or empower the medical treatment of any person who desires treatment by prayer or spiritual means, in the exercise of religious freedom; provided, however, that such person shall be quarantined or isolated, or both, and while so quarantined or so isolated, or both, shall comply with all applicable sanitary rules, laws, and regulations.**

EXPLANATION

Legislative accommodations which permit prayer-based healing as an option for personal care and well-being enable individuals to choose the form of preventive and curative health care that they deem the best to address their needs. These accommodations are not exemptions or loopholes, but rather, represent the recognition of other effective ways of preventing and treating disease. There is a long history of accommodating religious beliefs in this country, including in Kansas. Spiritual healing as practiced in Christian

Nick Badgerow
Senate Public Health & Welfare
2-15-05 Attachment #11

KS 104311-1

Science has been systematically practiced, quietly and successfully, in many Kansas families for well over a century, sometimes through four and five generations. (See attached article from the *Christian Science Sentinel.*)

Those who practice Christian Science have proved its prophylactic as well as its therapeutic value. Those people choose to rely on a religious non-medical method of prevention and treatment for their healthcare. Mandating only traditional medical means of health care does not necessarily protect people and it unnecessarily limits choice of other responsible health care methods.

The proposed amendments respect the state's need to isolate and quarantine those infected with tuberculosis disease, while at the same time accommodating those who are practicing spiritual, prayer-based healing.

Examples of other Kansas statutes which provide a religious accommodation for those relying on prayer and spiritual means for healing and well-being include K.S.A.:

65-182	65-2872(c)
65-4942	59-3051
65-5912(c)	72-5209(b)(2)
65-6805	21-3608

Many other states, including our neighboring states of Oklahoma, Missouri, Colorado and Nebraska have similar accommodations for tuberculosis tests and treatment.

Contact information:

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Christian Science Committee on Publication
10580 Barkley Suite 415
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Providing Testimony:

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KANSAS ASSOCIATION OF SCHOOL BOARDS

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(12)

Testimony on **SB #217**
before the
Committee on Public Health and Welfare

by

Donna L. Whiteman
Assistant Executive Director/Legal Services
Kansas Association of School Boards

February 15, 2005

Mr. Chairman, Members of the Committee:

Thank you for the opportunity to present testimony in opposition to SB 217 on behalf of the Kansas Association of School Boards.

The Kansas Association of School Boards' position is that current law adequately addresses this issue for high school students and staff.

I have attached a summary of the current law which addresses this issue of health tests for employees and students.

Thank you for the opportunity to testify on this matter.

Senate Public Health & Welfare
2-15-05
Attachment #12

(13)

Kansas Legislature

72-5209

Chapter 72.--SCHOOLS
Article 52.--HEALTH PROGRAMS

72-5209. Same; certification of completion required, alternatives; duties of school boards. (a) In each school year, every pupil enrolling or enrolled in any school for the first time in this state, and each child enrolling or enrolled for the first time in a preschool or day care program operated by a school, and such other pupils as may be designated by the secretary, prior to admission to and attendance at school, shall present to the appropriate school board certification from a physician or local health department that the pupil has received such tests and inoculations as are deemed necessary by the secretary by such means as are approved by the secretary. Pupils who have not completed the required inoculations may enroll or remain enrolled while completing the required inoculations if a physician or local health department certifies that the pupil has received the most recent appropriate inoculations in all required series. Failure to timely complete all required series shall be deemed non-compliance.

(b) As an alternative to the certification required under subsection (a), a pupil shall present:

(1) An annual written statement signed by a licensed physician stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child, or

(2) a written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations.

(c) On or before May 15 of each school year, the school board of every school affected by this act shall notify the parents or guardians of all known pupils who are enrolled or who will be enrolling in the school of the provisions this act and any policy regarding the implementation of the provisions of this act adopted by the school board.

(d) If a pupil transfers from one school to another, the school from which the pupil transfers shall forward with the pupil's transcript the certification or statement showing evidence of compliance with the requirements of this act to the school to which the pupil transfers.

History: L. 1961, ch. 354, § 2; L. 1965, ch. 412, § 1; L. 1970, ch. 283, § 1; L. 1975, ch. 462, § 107; L. 1978, ch. 291, § 2; L. 1981, ch. 285, § 1; L. 1993, ch. 89, § 1; L. 1994, ch. 206, § 1; July 1.

Donna Whiteman
Senate Public Health & Welfare
2-15-05
Attachment #13

Kansas Legislature

Home > Statutes > Statute

Previous Ne:

72-5211a

Chapter 72.--SCHOOLS
Article 52.--HEALTH PROGRAMS

72-5211a. Exclusion of pupils from school attendance; adoption of policy; notice; hearing; compulsory attendance law not applicable. (a) The school board of every school affected by this act may exclude from school attendance, or by policy adopted by any such school board authorize any certificated employee or committee of certificated employees to exclude from school attendance, any pupil who has not complied with the requirements of K.S.A. 72-5209. A pupil shall be subject to exclusion from school attendance under this section until such time as the pupil shall have complied with the requirements of K.S.A. 72-5209. The policy shall include provisions for written notice to be given to the parent or guardian of the involved pupil. The notice shall (1) indicate the reason for the exclusion from school attendance, (2) state that the pupil shall continue to be excluded until the pupil has complied with the requirements of K.S.A. 72-5209, and (3) inform the parent or guardian that a hearing thereon shall be afforded the parent or guardian upon request therefor.

(b) The provisions of K.S.A. 72-1111 do not apply to any pupil while subject to exclusion from school attendance under the provisions of this section.

History: L. 1978, ch. 291, § 5; L. 1981, ch. 285, § 2; July 1.

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Kansas Legislature

72-5213

Chapter 72.--SCHOOLS
Article 52.--HEALTH PROGRAMS

72-5213. Certification of health; form and contents; expense of obtaining; alternative certification. (a) Every board of education shall require all employees of the school district, who come in regular contact with the pupils of the school district, to submit a certification of health on a form prescribed by the secretary of health and environment and signed by a person licensed to practice medicine and surgery under the laws of any state, or by a person who is registered as a physician's assistant under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery, or by a person holding a certificate of qualification to practice as an advanced registered nurse practitioner under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery. The certification shall include a statement that there is no evidence of physical condition that would conflict with the health, safety, or welfare of the pupils; and that freedom from tuberculosis has been established by chest x-ray or negative tuberculin skin test. If at any time there is reasonable cause to believe that any such employee of the school district is suffering from an illness detrimental to the health of the pupils, the school board may require a new certification of health.

(b) Upon presentation of a signed statement by the employee of a school district, to whom the provisions of subsection (a) apply, that the employee is an adherent of a religious denomination whose religious teachings are opposed to physical examinations, the employee shall be permitted to submit, as an alternative to the certification of health required under subsection (a), certification signed by a person licensed to practice medicine and surgery under the laws of any state, or by a person who is registered as a physician's assistant under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery, or by a person holding a certificate of qualification to practice as an advanced registered nurse practitioner under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery that freedom of the employee from tuberculosis has been established.

(c) Every board of education may require persons, other than employees of the school district, to submit to the same certification of health requirements as are imposed upon employees of the school district under the provisions of subsection (a) if such persons perform or provide services to or for a school district which require such persons to come in regular contact with the pupils of the school district. No such person shall be required to submit a certification of health if the person presents a signed statement that the person is an adherent of a religious denomination whose religious teachings are opposed to physical examinations. Such persons shall be permitted to submit, as an

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alternative to a certification of health, certification signed by a person licensed to practice medicine and surgery under the laws of any state, or by a person who is registered as a physician's assistant under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery, or by a person holding a certificate of qualification to practice as an advanced registered nurse practitioner under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery that freedom of such persons from tuberculosis has been established.

(d) The expense of obtaining certifications of health and certifications of freedom from tuberculosis may be borne by the board of education.

History: L. 1963, ch. 358, § 2; L. 1974, ch. 300, § 1; L. 1975, ch. 370, § 1; L. 1980, ch. 219, § 1; L. 1999, ch. 116, § 50; L. 2000, ch. 13, § 1; July 1.

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