

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 March 14, 2005 in Room 231-N of the Capitol.

All members were present.

Committee staff present:

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

Conferees appearing before the committee:

Representative Sharp  
Dr. Brandon Kennedy, Children's Mercy Hosp.  
Brenda Bandy, La Leche League  
Julie Quinn  
Theresa Wiegel, La Leche League  
Kelley Stuppy  
Kathy Porter, Kansas Office of Judicial Registration  
Allan White, Kansas Speech and Hearing Assoc.  
Johnn Ferraro, University of Kansas Medical Center  
Elizabeth Karlsen, Kansas Board of Hearing Examiners

Others attending:

See attached list.

**Hearing on HB 2284**

**HB 2284- Right to breastfeed**

Upon calling the meeting to order Chairperson Barnett announced that the first order of business was a hearing on **HB 2284**, an act relating to the breastfeeding [mothers; concerning right to breastfeed; jury duty while breastfeeding; amending K.S.A. 43-158 and repealing the existing section]. First the Chair requested that Terri Weber, Kansas Legislative Research Department, give a brief overview of the bill.

Chairperson Barnett asked Ms. Weber what current laws are in place regarding this issue. As there were no further questions and/or comments, the Chair called upon the first proponent conferee to testify. Representative Stephanie Sharp stated her support of this legislation primarily as a preventative care for future generations of Kansans. A copy of her testimony is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The Chair then asked Representative Sharp what problems will this legislation prevent. As there were no further questions and/or comments for Representative Sharp, Chairperson Barnett called upon the second proponent conferee to testify. Linda Kenney, Kansas Department of Health and Environment, stated in her testimony that KDHE is pleased to support **HB 2284**. Public policy can be supportive not only of mothers and families but also of physicians, hospitals and local health departments in their efforts to promote breastfeeding. A copy of her testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

The Chair asked the Committee for any questions and/or comments. Senator Palmer asked Ms. Kenney to explain the word "discreetly". As there were no further questions and/or comments for Ms. Kenney, Chairperson Barnett called upon the third proponent conferee to testify. Dr. Brandan Kennedy, Children's Mercy Hospital, stated in his testimony that it is imperative that we support mothers who have the desire and are dedicated to providing the best nutrition for their children. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Dr. Kennedy, Chairperson Barnett called upon the fourth

## CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on March 14, 2005 in Room 231-N of the Capitol.

proponent conferee to testify. Brenda Bandy, La Leche League of Kansas, stated that this legislation brings the importance of breastfeeding into the sphere of public awareness, and by doing so it legitimizes breastfeeding for the general public and lets women know that their babies have the right to be breastfed wherever they happen to be. A copy of her testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

Chairperson Barnett asked the Committee for any questions and/or comments for Ms. Bandy. Senator Brungardt asks what Ms. Bandy's past experience has been in regards to jury duty.

As there were no further questions and/or comments for Ms. Bandy, the Chair called upon the fifth proponent conferee to testify. Julie Quinn asked in her testimony that the word "discreetly" be removed and be voted in favor of. A copy of her testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Ms. Quinn, the Chair called upon the sixth proponent conferee to testify. Theresa Weigel encouraged the Committee to pass this bill as 30 other states have done. Until the culture can reclaim the understanding of breastfeeding and its importance to the health of our communities, I feel that it is in the best interest of our citizenry to pass **HB 2284**. A copy of her testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

Chairperson Barnett asked for any questions and/or comments for Ms. Weigel. Senator Palmer asked how this legislation came about.

As there were no further questions and/or comments for Ms. Weigel, the Chair called upon the seventh proponent conferee to testify. Kelley Stuppy requested in her testimony that the word "discreetly" be removed from this important bill. She then thanked the Committee for passing this legislation that will be very helpful to mothers and babies in Kansas. A copy of her testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Ms. Stuppy, Vice-Chair Schmidt called upon the first opponent conferee to testify. Kathy Porter, Office of Judicial Administration, stated in her testimony that current law allows for judicial discretion in excusing persons from jury service, and the system appears to work well. While there are undoubtedly many other groups of persons would like to be excused from jury service, or who should be excused from jury service, there simply does not appear to be a need to commit all of these possibilities to statute. A copy of her testimony is (Attachment 8) attached hereto and incorporated into the Minutes as referenced.

Vice-Chair Schmidt asked the Committee for any questions and/or comments for Ms. Porter. Senator Haley, Senator Palmer and Senator Journey asked a range of questions including is there any way the clerks office can verify the individual is breastfeeding, is a mother allowed to bring their baby to jury duty, and why did five Representatives vote in opposition of this bill.

As there were no further questions, comments and/or conferees the Vice-Chair closed the hearing on **HB 2284**.

### Hearing on **HB 2285**

#### **HB 2285— Concerning the board of examiners for hearing instruments; licensure, penalties, discipline, powers and duties**

The next order of business was a hearing on **HB 2285**, an act concerning health care; relating to the board of examiners for hearing instruments; membership, powers and duties; relating to licensure, disciplinary actions, fees and penalties; amending K.S.A. 74-5801, 74-5802, 74-5804, 74-5805, 74-5806, 74-5807, 74-5808, 74-5809, 74-5810a, 74-5811, 74-5812, 74-5813, 74-5814, 74-5815, 74-5816, 74-5818, 74-5819, 74-5820, 74-5821 and 74-5823 and repealing the existing sections. First, the Vice-Chair requested that Norm Furse, Office

## CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on March 14, 2005 in Room 231-N of the Capitol.

of Revisor of Statutes, give a brief overview of the above bill. A copy of his handouts are (Attachment 9 and Attachment 10) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Mr. Furse, Vice-Chair Schmidt called upon the first proponent conferee to testify. Dr. Allan White stated in his testimony stated as adopted by the House, **HB 2285** eliminates duplication and provides for greater efficiency in our health care system and the credentialing of hearing instrument dispensers. On behalf of KSHA, we appreciate your attention to our position today and encourage your support for **HB 2285**. A copy of his testimony is (Attachment 11) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Dr. White, the Vice-Chair called upon the second proponent conferee to testify. Dr. John Ferraro, University of Kansas Medical Center, stated in his testimony that the completion of a doctoral or master's degree in Audiology from an accredited university program hold students to a much higher standard for serving patients in need of a hearing aid, than passing an exam designed for individuals with little to no academic and clinical training in this area. A copy of his testimony is (Attachment 12) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Dr. Ferraro, Vice-Chair Schmidt called upon the first opponent conferee to testify. Dr. Elizabeth Karlsen, University of Kansas Medical Center, stated in her testimony if the amendment is allowed to pass, I feel I will be failing the hearing impaired consumers of Kansas and the colleagues who hold the same opinion as I. A copy of her testimony is (Attachment 13) attached hereto and incorporated into the Minutes as referenced.

### **Adjournment**

As there were no further questions, the Vice-Chair said they would continue the hearing on **HB 2285** tomorrow, March 15, 2005. The meeting was adjourned at 2:45 p.m.

The next meeting is scheduled for Tuesday, March 15, 2005.



GUEST LIST

DATE: March 14, 2005

NAME	REPRESENTING
Ron Hein	Ks Hearing Aid Association
DR. DAVE KILLERMAN	" " "
SHERY DuPevier	Ks BOARD OF HRG AID EXAM.
Harris Zafar	Ks Hearing Aid Association.
Elizabeth Karlson	Ks BOARD OF HEARING AID EXAM
Heidi Daley	KSITA
Kim Sikkes	KSITA
Amy & Trey & Bob Swan	nursing mothers
Brenda Frankfeld	nursing mamas
STRELLT	nursing babies
Cypress Frankenfeld	nursing babies
Alex Koboyantz	P. I. A.
TERRY BREWSTER	KS, BOARD OF EXAM.
Shelly brunbacher, MD	KS Academy of Family Physicians
Ruthy Porter	Judicial Branch
John Ferraro	KSAA
Linda Kenney	KDHE
Brenda Bandy	Lalocke League of Kansas
Theresa Weigl	IBCLC / LHA leader
Brandan Kennedy MD	Pediatrics Children's Mercy Hospital Kansas City
Camille Nohe	Attorney General's Office
Marla Rhoden	KDHE



SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: 3-14-05

NAME	REPRESENTING
Allan White	Ks. Speech & Hearing Assn.
Kelley Stuppy	nursing mothers
Julie Quinn	nursing mothers
Kathy Walker	Reno Co. Breastfeeding Coalition
Dennis Highberger	City of Lawrence
Mike McKinney	nursing mothers
Ann Gaches	KPSC

State of Kansas  
House of Representatives

COMMITTEE ASSIGNMENTS  
MEMBER: COMMERCE AND LABOR  
CORRECTIONS AND JUVENILE JUSTICE  
HIGHER EDUCATION  
SERVING LENEXA AND SHAWNEE

STEPHANIE SHARP  
REPRESENTATIVE, 17TH DISTRICT  
300 SW 10TH AVENUE  
STATE CAPITOL, ROOM 175-W  
TOPEKA, KANSAS 66612-1504  
(785) 296-7616  
(800) 432-3924  
TTY (785) 296-8430  
ssharp@ink.org



TOPEKA

**REP. STEPHANIE SHARP**  
**TESTIMONY IN SUPPORT OF HB 2284**  
**Monday, March 14, 2005**

Thank you Mr. Chairman and members of the committee, for your time and consideration of HB 2284, a bill that seeks to encourage women to breastfeed.

I support this legislation primarily as preventive care for future generations of Kansans. Hundreds of studies show undeniable links between breastfed children and reduced crime, increased IQs, more responsive immune systems, and significantly decreased rates of obesity. Furthermore, the health benefits for mothers are also quantifiable in easier "baby-fat" weight loss, and lower risks of breast and ovarian cancers.

Beyond these obvious benefits, I am also supporting this legislation because of an amendment that was added at the request of one of my constituents, to exclude breastfeeding mothers from jury duty. This amendment is supported by Focus on the Family Citizen, Dr. Laura Perspective magazine, and the La Leche League.

Rep. Clark Shultz originally introduced this legislation in 2003, saying "If we had more parents with this much commitment to their children, the legislature and the court system would have far fewer issues to be concerned with each year."

During House debate, concern was offered for private businesses who do not want their patrons to be offended by a mother whose definition of "discreet" was questionable. The attached balloon, I feel, would address this problem. In Missouri, business owners who do not wish to have concealed weapons on their property may post notice on the front of the business. This balloon would provide business owners similar protections.

Again, thank you for the opportunity to address you today. I strongly urge your support for House Bill 2284, with the House amendments and the balloon provided today.

*Senate Public Health Welfare*  
*3-14-05*  
*Attachment #1*

HOUSE BILL No. 2284

By Committee on Health and Human Services

Representative S. Sharp

March 11, 2005

Rep. Stephanie Sharp

1-2

2-3

10 AN ACT concerning children; relating to breastfeeding [mothers; con-  
11 cerning right to breastfeed; jury duty while breastfeeding;  
12 amending K.S.A. 43-158 and repealing the existing section].  
13

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

15 Section 1. (a) Breast milk is widely acknowledged to be the most  
16 complete form of nutrition for infants, with a range of benefits for infant's  
17 health, growth, immunity and development and has also been shown to  
18 improve maternal health and bonding in addition to contributing to so-  
19 ciety at large through economic and environmental gains, it is therefore  
20 the public policy of Kansas that a mother's choice to breastfeed should  
21 be supported and encouraged to the greatest extent possible.

22 (b) A mother may breastfeed [discreetly] in any place she has a right  
23 to be.

24 [Sec. 2. K.S.A. 43-158 is hereby amended to read as follows:  
25 43-158. The following persons shall be excused from jury service:

26 (a) Persons unable to understand the English language with a de-  
27 gree of proficiency sufficient to respond to a jury questionnaire  
28 form prepared by the commissioner;

29 [(b) persons under adjudication of incompetency;

30 [(c) persons who within 10 years immediately preceding have  
31 been convicted of or pleaded guilty, or *nolo contendere*, to an in-  
32 dictment or information charging a felony; ~~and~~

33 [(d) persons who have served as jurors in the county within one  
34 year immediately preceding; and

35 [(e) a mother breastfeeding her child. Jury service shall be postponed  
36 until such mother is no longer breastfeeding the child.

37 [Sec. 3. K.S.A. 43-158 is hereby repealed.]

38 Sec. 4 [4]. This act shall take effect and be in force from and after  
39 its publication in the Kansas register.

(c) A private business may post a notice in a conspicuous place stating whether breastfeeding is permitted on that business premises.





**K A N S A S**

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

**Testimony on  
House Bill 2284  
to  
Senate Public Health & Welfare Committee**

**Presented by: Linda Kenney  
March 14, 2005**

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

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

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

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

*Senate Public Health & Welfare  
3-14-05  
Attachment #2*

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

To whom it may concern:

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

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

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

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

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

In considering the pure economics of infant nutrition, wide spread breastfeeding has the potential to decrease annual health care costs by 3.6 billion dollars annually through decreased hospitalizations and doctor's office visits, and the cost savings of the WIC program with decreased formula use. Not to mention the fact that there would also be

Senate Public Health & Welfare  
3-14-05  
Attachment # 3

impacts on the environment with less burden of disposing of formula cans, bottles and other waste products.

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

Finally, I would like to address the issue of acceptance of breastfeeding in public places. It is routine in our culture to sexualize the human breast, which is designed to produce milk as its only true physiologic function. The fact of the matter is that too many times women are harassed for performing one of the most natural acts they could perform feeding their child. Too many times, children's rights are set aside due to the biases of adult decision making. All children have the right to eat, when they need to eat. Infants who are nursing eat frequently, sometimes every one or two hours. The more frequently that women are seen nursing their infants in public places, the more natural and accepted it will become. The more accepted it becomes, the more women who will be encouraged and motivated to nurse their children. This bill needs to be passed as written because the children of Kansas need your support to uphold their right to the best possible nutrition.

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

Thank you.  
Brandan Kennedy, MD





# La Leche League of Kansas



Brenda Bandy, Professional Liaison

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

RE: HB 2284

March 14, 2005

To: Senate Public Health and Welfare Committee Members

Senator Jim Barnett, Chairperson

Senator Vicki Schmidt, Vice-Chairperson

Senator Pete Brungardt

Senator Nick Jordon

Senator Phillip Journey

Senator Peggy Palmer

Senator Susan Wagle

Senator David Haley

Senator Mark Gilstrap

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

- Of the 35 states with such laws, only one limits public breastfeeding by requiring it be done with discretion (Missouri). Nebraska, West Virginia and Ohio all have public breastfeeding legislation pending, none of which uses the word "discreetly". Federal law HR 1848 which applies to mothers on Federal property does not include the term. The state of Georgia originally included "discreet" in its 1999 legislation but amended the law in 2001 to eliminate this ambiguous terminology. The word "discreetly" is poorly defined and would leave a mother unsure of how to satisfy such a subjective standard. As a law, it would be problematic as "discreetly" is simply "in the eye of the beholder" and extremely unclear.
- This bill, without the word "discreetly", is necessary to protect and clarify a woman's right to breastfeed in public. Women do not stop being mothers and babies do not stop being hungry when they are in public. When mothers fear being embarrassed, humiliated or facing criminal prosecution when breastfeeding in public, they may choose to stop breastfeeding, or not to choose breastfeeding at all. Increases in breastfeeding rates are a part of the Breastfeeding Healthy People 2010 goals set by the US Department of Health and Human Services. In the HHS Blueprint for Action on Breastfeeding, the 2010 target rates for breastfeeding initiation is 75%, 50% for breastfeeding at 6 months and 25% for breastfeeding at one year. However, according to the Center of Disease Control, in 2003 in Kansas, only 37% of babies were still breastfed at 6 months and an even lower 17% were still being breastfed at one year. These rates are far below the targeted rate. While there are several factors contributing to these low breastfeeding rates, one factor is surely the fear of being asked to leave, cover-up, hide, or being ashamed when breastfeeding in public. Many mothers do not breastfeed in public simply because they do not see enough other mothers doing it. When mothers feel confident in their ability to meet their babies' needs, wherever they are, more women may chose breastfeeding and choose to breastfeed for longer periods. Breastfeeding duration rates would increase.

HB 2284 would increase the incidence and duration of breastfeeding by helping to change the public's opinion about breastfeeding. Overall, mothers are encouraged to breastfeed, yet the underlying message from some is that breastfeeding is accepted as long as it is done in the privacy of one's own home. **Legislation brings the importance of breastfeeding into the sphere of public awareness, and by doing so legitimizes breastfeeding for the general public and lets women know that their babies have the right to be breastfed wherever they happen to be.** Thank you for your support of this important bill that will have a lasting impact on the health and well being of mothers and babies throughout Kansas.

Sincerely,

Brenda Bandy  
Professional Liaison to La Leche League of Kansas

*Senate Public Health & Welfare*

*3-14-05*

*Attachment #4*

4



## What Is La Leche League International?

### **Our Mission**

Our mission is to help mothers worldwide to breastfeed through mother-to-mother support, education, information, and encouragement and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

### **La Leche League is...**

An organization founded in 1956 by seven women who wanted to make breastfeeding easier and more rewarding for both mother and child. The organization offers information and encouragement—primarily through personal help—to those women who want to breastfeed their babies.

### **International**

La Leche League is active in 65 countries and territories, reaching more than 200,000 mothers monthly through a network of more than 6,700 accredited Leaders who work on a volunteer basis.

La Leche League International is a Non-Governmental Organization (NGO) in consultative status with UNICEF, is an NGO in official relations with the World Health Organization (WHO), acts as a registered Private Voluntary Organization for the Agency for International Development (USAID), is an accredited member of the US Healthy Mothers/Healthy Babies Coalition, is a member of the Child Survival Collaborations and Resources Group (CORE), and is a founding member of the World Alliance for Breastfeeding Action (WABA).

### **Mother-to-Mother**

Volunteer Leaders are experienced breastfeeding mothers who have completed an accreditation program and are familiar with breastfeeding management techniques as well as current research. They offer practical information and moral support to mothers through monthly meetings and phone help.

LLL Series Meetings are informal discussion groups held in the homes of members or in other locations. Information is presented following a planned schedule of topics that cover the practical, physical, and psychological aspects of breastfeeding.

The Peer Counselor Program expands La Leche League's outreach into resource deprived communities worldwide. Program Administrators and Peer Counselors receive training in effective program management as well as mother-to-mother support and breastfeeding techniques. Peer Counselors serve in many diverse areas and ways from working within health care systems to individualized assistance. La Leche League also offers its help to those interested in establishing Breastfeeding Resource Centers in areas where there are no Leaders or Groups, as well as Corporate Lactation Support.

Julie Quinn  
6777-1 Burnside Loop  
Ft. Riley, KS 66442  
785-717-2446  
timandjule@yahoo.com

RE: HB 2284

March 14, 2005

To: Senate Public Health and Welfare Committee Members  
Senator Jim Barnett, Chairperson                      Senator Vicki Schmidt, Vice-Chairperson  
Senator Pete Brungardt                                      Senator Nick Jordon                      Senator Phillip Journey  
Senator Peggy Palmer                                        Senator Susan Wagle                      Senator David Haley  
Senator Mark Gilstrap

Chairman Barnett and Committee members:

I am Julie Quinn, a mother of five, testifying in support of HB 2284. I currently live at Ft. Riley while my husband is in Iraq. My baby, Tiffany is one month today and still needs lots of help to breastfeed. Making the decision to breastfeed is a big one; one that takes a lot of commitment. While pregnant, I even considered public opinion about breastfeeding. Knowing that I would be on my own, without help, I thought about how I would be seen breastfeeding in public, which I knew would happen. But I didn't want to give up the benefits of breastfeeding to save myself from public scrutiny.

Since my baby is only a month old, we are both very new at this. She still needs a lot of my help to get latched on. Although I don't want to show anymore of myself than is necessary, it's not always possible to keep myself covered in the first few minutes of feeding. Once she's settled in, it is much easier to adjust ourselves so what we are doing isn't as noticeable. I find public opinion has taken a back seat to the needs of my baby. I am now willing to breastfeed her whenever she needs. When my child is hungry, this is the only way I feed her.

I ask you to please remove the word "discreetly" and vote in favor of HB 2284. Thank you.

Senate Public Health & Welfare  
3-14-05  
Attachment #5



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

March 14, 2005

RE: HB 2284  
To: Public Health and Welfare Committee Members

Senator Jim Barnett, Chairperson  
Senator Vicki Schmidt, Vice-Chairperson  
Senator Pete Brungardt  
Senator Nick Jordan  
Senator Phillip Journey

Senator Peggy Palmer  
Senator Susan Wagle  
Senator David Haley  
Senator Mark Gilstrap

I am testifying in support of HB 2284, protecting a woman's right to breastfeed in public, wherever she has the right to be. I wish that common sense prevailed and that such legislation were unnecessary. However, it has become apparent that a mother's right to breastfeed her child without question has been lost in the context of our culture's misinterpretation of normal human behavior. This legislation could be a positive step in providing women and their children an undeniable right with no strings attached. This requires removing the word "discreetly" from the bill. It would be equally important to avoid replacing it with any other value-related word. The definition of discreet is subject to the individual interpretation and would be impossible for all nursing pairs to abide to.

While I am saddened that some would find a nursing mother inappropriate under any circumstances, it is not the responsibility of the mother and child to alter healthful human behavior to accommodate those who may be uninformed or without a cultural context for its normality. In fact, passing the bill with this limitation would set a roadblock between mothers and communities needing to learn to be more collaborative. I think our citizenry deserves the opportunity for a learning curve to emerge that protects the normalcy of breastfeeding amidst our daily activities.

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

One of the goals of the Federal Department of Health and Human Services set by the US is an increase in initiation and duration of breastfeeding by 2010. The Kansas legislature has placed a high priority and resources on early childhood development and strengthening families. The breastfeeding relationship supports these outcomes. It should be noted that it does so without costing the state a single penny.

I encourage you to pass this bill as 30 other states have done. Until the culture can reclaim the understanding of breastfeeding and its importance to the health of our communities, I feel that it is in the best interest of our citizenry to pass HB 2284.

Respectfully Submitted,

*Theresa J. Weigel*

*Senate Public Health & Welfare*

*3-14-05*

*Attachment # 6*

## Talking Points

- Support of HB 2284
- Context of breastfeeding in our culture
- Removal of value related word “discreetly”
- Parent /child needs over ride community misinformed
- Learning curve can emerge to improve communities
- Background in counseling nursing mothers and supporting early childhood development
- May jeopardize health benefits for mother and baby
- Department of Health and Human Services Goals 2010
- Goals of Kansas Legislature
- Cost effectiveness
- 30 other states have passed legislation
- Retain the jury duty amendment

Dear Senator Barnett and Committee Members,

I am Kelley Stuppy, of Topeka, the very fortunate mother of three healthy children. I thankfully attribute much of their good health to breastfeeding which has always been the obvious choice for me because it is best for my children and a gift and a privilege. I am able to do something for my baby that no one else can do. I feel blessed to be able to provide incomparable nourishment for my baby.

This being said, breastfeeding is also a huge commitment on my part. I must be available to my baby at all times and in all places. I do not have to worry about sterilizing and preparing bottles, but I do have to be prepared to feed her whenever and wherever she is hungry. My baby may nurse every three hours, or she may decide that she is hungry after only having fed her thirty minutes prior. Therefore, as much as I may try, I cannot always time my outings around her feedings.

Being able to nurse wherever and wherever we are is crucial. If I am hungry, I simply get something eat. My daughter is trying to do the same thing. If she were formula fed, I would certainly provide her with a bottle. Instead I choose to provide her with the best nutrition available, breastmilk.

I do my absolute best to draw no attention to myself when I find it necessary to breastfeed in a public place. However, this is not always possible. Babies do squirm! I try to be discreet by using a cover, but sometimes my baby decides that the cover is not necessary for her and pulls it off. Often I find that the bigger the cover the more people notice. I find I can cover myself sufficiently with my shirt or jacket. Believe me; I do not want to expose my breast any more than I need to to feed my baby.

I ask you to please remove the word "discreetly" from this important bill. It is unnecessary and confusing. Thank you for passing this legislation that will be very helpful to mothers and babies in Kansas.

Senate Public Health & Welfare  
3-14-05  
Attachment #7





State of Kansas

## Office of Judicial Administration

Kansas Judicial Center  
301 SW 10<sup>th</sup>  
Topeka, Kansas 66612-1507

(785) 296-2256

March 14, 2005

### Testimony on HB 2284 House Judiciary Committee

Kathy Porter  
Office of Judicial Administration

Thank you for the opportunity to explain some concerns regarding the House floor amendment to HB 2284 regarding excluding from jury service mothers who are breastfeeding their children. Which persons, if any, should be excluded from jury service is a policy decision for the Legislature to make.

The general public policy of jury service has been committed to statute. K.S.A. 43-155 provides as follows:

The public policy of this state is declared to be that jury service is the solemn obligation of all qualified citizens, and that excuses from the discharge of this responsibility should be granted by the judges of the courts of this state only for reasons of compelling personal hardship or because requiring service would be contrary to the public welfare, health or safety; that all litigants entitled to trial by jury shall have the right to juries selected at random from a fair cross section of the community in the district wherein the court convenes; and that all citizens shall have the opportunity to be considered for service on juries in the district courts of Kansas.

An automatic excuse from jury service is an important policy decision in that it excludes from jury service a particular cross section of the community.

In addition to the persons who **shall** be excluded from jury service under K.S.A. 43-158, the statute before you, K.S.A. 43-159 provides that the court **may** excuse from jury service, among others, persons whose presence elsewhere is required for the public welfare, health, or safety, or persons for whom jury service would cause extraordinary or compelling personal hardship. In speaking with judges about this issue, I know that most, if not all, judges have or would excuse breastfeeding mothers from jury service as a discretionary act under current law. However, that exclusion would not be automatic without the amendment before you.

*Senate Public Health & Welfare  
3-14-05  
Attachment # 8*

Testimony HB 2284  
March 14, 2005  
Page 2

One aspect of the task of providing a pool of potential jurors is that clerks of the district court often receive calls from persons attempting to avoid jury service. In some cases, the clerks have personal knowledge that the excuses given are questionable, if not untrue. The amendment before you would add another means for those persons who attempt to avoid the obligation of jury service.

Another relatively minor concern is that providing an automatic exclusion from jury service for an additional group of persons will, in all likelihood, necessitate selecting additional persons for the initial jury list so that the court can eventually empanel the required number of jurors. Even with experience, it will be difficult to determine how many additional jurors will need to be selected, because it will be impossible to determine, from each randomly selected pool, how many of those selected will be mothers who qualify for this exclusion from jury service. While that number could vary greatly from jury pool to jury pool, it would appear that it would be an unusual jury pool that included more than a few qualifying mothers.

I personally am not aware of any issues with breastfeeding mothers whose request for a postponement of jury service was not granted. Current law allows for judicial discretion in excusing persons from jury service, and the system appears to work well. While there are undoubtedly many others groups of persons who would like to be excused from jury service, or who should be excused from jury service, there simply does not appear to be a need to commit all of these possibilities to statute.

Thank you for the opportunity to testify on this issue.

**Hearing Aid Examiners, Kansas Board of**

216 E. 1st, Wichita 67202  
P.O. Box 252, Wichita 67201  
316-263-0774

(K.S.A. 74-5801)

Judith A. Bagby, 29951 S. Adams Rd., Melvern 66510  
Terry D. Brewster, 2602 Patti, Wichita 67216  
Evie P. Curtis, 8318 Reeds Ln., Shawnee Mission 66207  
Elizabeth Karlsen, 6806 W. 77th Terr., Shawnee Mission 66204  
Michael S. Purdy, 2505 Canterbury Dr., Hays 67601

**Term expires**  
June 30, 2004  
June 30, 2004  
June 30, 2006  
June 30, 2006  
June 30, 2005

Sherry R. DuPerier, Executive Officer

*Norm Furse*

*Senate Public Health & Welfare*

*3-14-05*

*Attachment #9*

**65-6501. Definitions.** As used in this act, the following words and phrases shall have the meanings respectively ascribed to them in this section:

(a) "Secretary" means the secretary of health and environment.

(b) "Speech-language pathology" means the application of principles, methods and procedures related to the development and disorders of human communication. Disorders include any and all conditions, whether of organic or nonorganic origin, that impede the normal process of human communication including disorders and related disorders of speech, articulation, fluency, voice, verbal and written language, auditory comprehension, cognition/communication, and oral pharyngeal or laryngeal sensorimotor competencies, or both. Speech-language pathology does not mean diagnosis or treatment of medical conditions as defined by K.S.A. 65-2869 and amendments thereto.

(c) "Practice of speech-language pathology" means:

(1) Rendering or offering to render to individuals or groups of individuals who have or are suspected of having disorders of communication, any service in speech-language pathology including prevention, identification, evaluation, consultation, habilitation and rehabilitation;

(2) determining the need for personal augmentative communication systems, recommending such systems and providing training in utilization of such systems; and

(3) planning, directing, conducting or supervising such services.

(d) "Speech-language pathologist" means a person who engages in the practice of speech-language pathology and who meets the qualifications set forth in this act.

(e) "Audiology" means the application of principles, methods and procedures related to hearing and the disorders of hearing and to related language and speech disorders. Disorders include any and all conditions, whether of organic or nonorganic origin, peripheral or central, that impede the normal process of human communication including, but not limited to, disorders of auditory sensitivity, acuity, function or processing. Audiology does not mean diagnosis or treatment of medical conditions as defined by K.S.A. 65-2869 and amendments thereto.

(f) "Practice of audiology" means:

(1) Rendering or offering to render to individuals or groups of individuals who have or are suspected of having disorders of hearing, any service in audiology, including prevention, identification, evaluation, consultation and habilitation or rehabilitation (other than hearing aid or other assistive listening device dispensing);

(2) participating in hearing conservation;

(3) providing auditory training and speech reading;

(4) conducting tests of vestibular function;

(5) evaluating tinnitus; and

(6) planning, directing, conducting or supervising services.

(g) "Audiologist" means any person who engages in the practice of audiology and who meets the qualifications set forth in this act.

(h) "Speech-language pathology assistant" means an individual who meets minimum qualifications established by the secretary which are less than those established by this act as necessary for licensing as a speech-language pathologist; does not act independently; and works under the direction and supervision of a speech-language pathologist licensed under this act.

(i) "Audiology assistant" means an individual who meets minimum qualifications established by the secretary, which are less than those established by this act as necessary for licensing as an audiologist; does not act independently; and works under the direction and supervision of an

*Nam Furse*  
*Senate Public Health & Welfare*  
*3-14-05*  
*Attachment #10*



audiologist licensed under this act.

(j) "Sponsor" means entities approved by the secretary of health and environment to provide continuing education programs or courses on an ongoing basis under this act and in accordance with any rules and regulations promulgated by the secretary in accordance with this act.

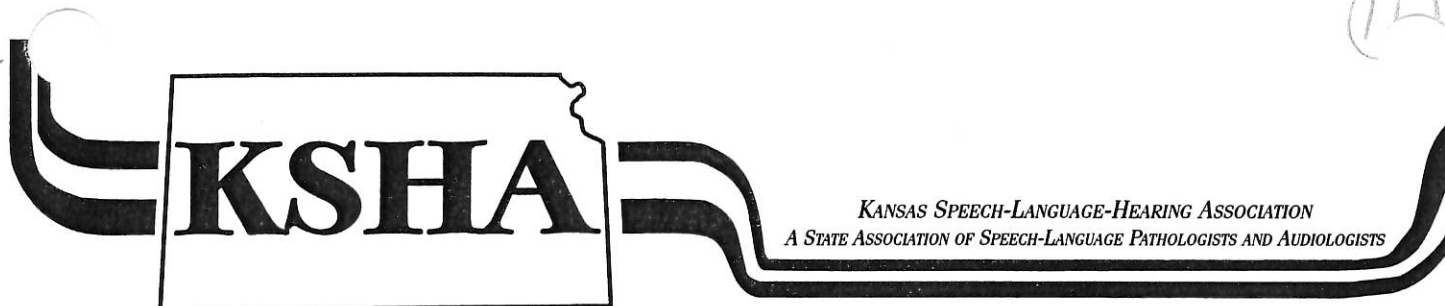
**74-5810. Same; certain persons exempt from act.** (a) This act shall not apply to:

(1) A person while such person is engaged in the practice of fitting hearing aids if such person's practice is part of the academic curriculum of an accredited institution of higher education or part of a program conducted by a public, charitable institution or nonprofit organization, which is primarily supported by voluntary contributions so long as such organization does not sell hearing aids or accessories thereto; or

(2) a licensed audiologist employed by a publicly funded school district, a special education cooperative or an education service center while serving preschool through high school age students so long as such organization does not sell hearing aids or accessories thereto and such person performing the fitting in this section does not specifically charge the person fitted a fee for such services.

(b) If a person exempt from this act pursuant to subsection (a) is a licensee of another state agency and a complaint is filed against such person with such agency regarding conduct covered by this act, such agency shall consult with the Kansas board of examiners in fitting and dispensing of hearing aids regarding such complaint.

(c) This act shall not be construed to prevent or limit any person who is a practitioner of the healing arts licensed by the state board of healing arts in treatment of any kind or in fitting hearing aids to the human ear.



3900 SEVENTEENTH, GREAT BEND, KS 67530  
620/793-6550 800/248-KSHA FAX: 620/793-6550  
E-MAIL: KSHA96@AOL.COM WWW.KSHA.ORG

ADVOCATES FOR PEOPLE WITH COMMUNICATION DISABILITIES

Testimony By Allan White, M.A., Audiologist CCC-A  
Legislative Committee Chair, Kansas Speech-Language Hearing Association  
Before the Kansas Senate  
Public Health and Welfare Committee  
House Bill 2285  
March 14, 2005

Mr. Chair, members of the committee. I am Allan White, Chair of the Kansas Speech-Language-Hearing Association (KSHA) Legislative Committee and I appear today to provide testimony in support of House Bill 2285 as amended by the House Committee of the Whole. House Bill 2285 was introduced at the request of the current Kansas Board of Hearing Aid Examiners and KSHA supports their efforts to establish new disciplinary and licensing procedures that ultimately gives the Board broader authority with which to implement the Act.

KSHA strongly supports the passage of HB 2285. Currently, two distinct groups are licensed to dispense hearing aids in Kansas. One group meets the requirement set forth on page 6, lines 23-26 of the bill. That requirement is that the applicant be at least 21 years of age and have a high school degree or G.E.D. The second group is made up of licensed audiologists. Kansas statutes require that to become licensed an audiologist must have a minimum of a Master's Degree in audiology and pass their audiology board examination. The degree requirements include graduate course work in hearing aid selection and fitting as well as many hours of required clinical practice.

HB 2285 recognizes the education and clinical experience requirements necessary to earn the graduate degree in audiology as well as the requirement to pass the national board examination in audiology to be licensed in Kansas and grants reciprocity to licensed audiologists. If they have meet the statutory requirements and are licensed by the State as an audiologist, they may then file an application with the Board and will be granted a license to sell hearing aids. They would then be subject to all requirements of that act, continuing education, license fees, and disciplinary actions regarding their conduct in the sale of hearing instruments.

KSHA supports this amendment. Likewise, the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association

Senate Public Health & Welfare  
3-14-05  
Attachment #11

(ASHA) also support this change and I am attaching these letters of support to my testimony.

They note that 27 of the 49 states that regulate the practice of audiology have gone even a step further. These states do not require audiologists to hold a separate hearing instrument dispenser license. They allow audiologists to dispense hearing instruments under their audiology license alone. KSHA is not aware of any negative impact from allowing the single license in these 27 states.

Thirty six percent of KSHA's audiology members are employed in medical settings, primarily employed by otolaryngologists. KSHA is not aware of any concerns from the medical community concerning the training and preparation of audiologists. Twenty nine percent of KSHA's audiology members are employed in educational settings. KSHA is not aware of any concerns from school administrators concerning the training and preparation of audiologists.

Licensed audiologists must successfully pass a national board examination. As audiology students, audiologists pass numerous examinations, written and clinical performance, to the satisfaction of our State University system.

Lastly, licensed audiologists work in a much more clinical environment than traditional hearing aid dealers do and audiology offices are equipped with tens of thousands of dollars worth of sophisticated audiometric equipment. In Salina, all four licensed audiologists in town are or have been through the credentials process to practice at the hospital.

Recognition of the Kansas audiology license as adequate to qualify licensed audiologists to select and fit hearing aids is not without precedent. I am attaching a copy of SB 199 that the Kansas Legislature passed in 2003. This legislation completely exempted licensed audiologists working in school districts, cooperatives and service centers as well as those working for charitable and nonprofit organizations from the entire act provided there is not a fee for service involved. This has been very helpful and KSHA is not aware of any negative results.

As adopted by the House, HB 2285 eliminates duplication and provides for greater efficiency in our health care system and the credentialing of hearing instrument dispensers. On behalf of KSHA, we appreciate your attention to our position today and encourage your support for HB 2285.





AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

March 7, 2005

Marla Staab, President  
Kansas Speech-Language-Hearing Association  
1775 Toulon Avenue  
Hays, KS 67601

Dear Ms. Staab:

Allan White of your association has asked the American Speech-Language-Hearing Association (ASHA) to comment on section 13 of bill HB 2285 (as amended by House Committee of the Whole) that is currently under consideration by the Kansas legislature. This section of the bill would amend Kansas Statutes Archive (KSA) § 74-5814 so that licensed audiologists in Kansas could be licensed as hearing instrument dispensers by virtue of their holding an audiology license.

Passage of this section of the bill would be consistent with the scope of practice that ASHA currently recognizes for audiologists who hold the Certificate of Clinical Competence in Audiology (CCC-A): "The delivery of audiologic (re)habilitation services includes . . .the selection, fitting, and dispensing of hearing aids. . ." Since current requirements for an audiology license in Kansas are comparable to those currently in effect for the ASHA CCC-A, consumers in your state should be afforded similar protections under either credential.

The action proposed in section 13 of HB 2285 is not without precedent in other states. Last year, Maine passed SB 747B that allowed audiologists to obtain a permit to fit and dispense hearing aids based on their holding a license in audiology and meeting the graduate education, clinical practicum, supervised professional employment, and examination requirements for such a license.

In fact, 27 of the 49 states that regulate the practice of audiology have gone even a step further. These states do not require audiologists to hold a separate hearing instrument dispenser license. They allow audiologists to dispense hearing instruments under their audiology license alone.

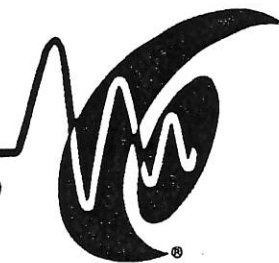
If you have any questions, please call me at 301-897-0151, or send an e mail to [cdiggs@asha.org](mailto:cdiggs@asha.org)

Sincerely,

Charles C. Diggs, Ph.D.  
Director, State & Consumer Advocacy

# AMERICAN ACADEMY OF AUDIOLOGY

11730 Plaza America Drive, Suite 300, Reston, VA 20190



March 9, 2005

Dr. Jim Barnett, Chair  
Senate Public Health and Welfare Committee  
Kansas State Capitol  
300 SW 10th St  
Topeka, KS 66612

Dear Dr. Barnett:

On behalf of the American Academy of Audiology, I would like to offer our support for Section 13 of bill HB 2285 (as amended by House Committee of the Whole) that is currently under consideration by the Kansas legislature. This section of the bill would amend Kansas Statutes Archive (KSA) § 74-5814 to eliminate the need for audiologists to hold a separate hearing instrument dispensing license and allowing audiologists licensed in the state of Kansas to dispense hearing aids under the state Hearing Aid Board, by virtue of their audiology license.

The American Academy of Audiology is the largest organization of audiologists representing over 9,700 audiologists committed to providing the highest quality of hearing and balance services to children and adults.

As you are aware, audiology has recently transitioned to a doctoral level profession. The preparation for entry into the profession of audiology allows for rigorous clinical education and training in the area of hearing aids and hearing assistive technologies. Passage of Section 13 of HB 2285 is consistent with the skills and knowledge possessed by audiologists by virtue of the scope of practice outlined in the requirements for an audiology license in Kansas.

Audiologists are regulated by state licensure or registration in 49 states. In 27 of those states, audiologists are currently able to dispense hearing aids and hearing assistive technology under their audiology licensure. These states recognize that the education and training of audiologists alone, by virtue of the rigorous nature of the curriculum of graduate programs in audiology. This training and experience would assure that consumers have access to quality hearing instrument services provided by audiologists under their licenses.

Therefore, the Academy believes that audiologists should be exempt from taking an additional exam for the purpose of a dispensing license, as this is duplicative of requirements currently included in the audiology license. The Academy also encourages the involvement of audiologists on the state Hearing Aid Board.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. E. Gans', written in a cursive style.

Richard E. Gans, Ph.D.  
President

CC:

Rep. Bob Bethell, House Health and Human Services Committee, Kansas State Capitol, 300 SW 10th St,  
Topeka, KS 66612

Marla Staab, President, Kansas Speech-Language-Hearing Association, 1775 Toulon Avenue, Hays, KS  
67601

How's Your Hearing?  
Ask An Audiologist!

11-4

1 **As Amended by House Committee**

2 *Session of 2003*

3  
4 **SENATE BILL No. 199**

5  
6 By Committee on Public Health and Welfare

7  
8 2-11

9  
10 AN ACT concerning the fitting and dispensing of hearing aids; amending  
11 K.S.A. 74-5810 and repealing the existing section.

12  
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 74-5810 is hereby amended to read as follows: 74-  
15 5810. (a) This act shall not apply to:

16 (1) A person while ~~he~~ *such person* is engaged in the practice of fitting  
17 hearing aids if ~~his~~ *such person's* practice is part of the academic curric-  
18 ulum of an accredited institution of higher education or part of a program  
19 conducted by a public, charitable institution or nonprofit organization,  
20 which is primarily supported by voluntary contributions; ~~Provided, This~~  
21 ~~so long as such organization does not sell hearing aids or accessories~~  
22 ~~thereto and such person performing the fitting does not specifically charge~~  
23 ~~the person fitted a fee for such services; or~~

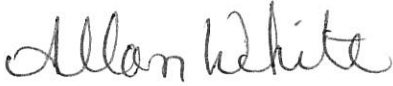
24 (2) *a licensed audiologist employed by a publicly funded school dis-*  
25 *trict, a special education cooperative or an education service center while*  
26 *serving preschool through high school age students so long as such or-*  
27 *ganization does not sell hearing aids or accessories thereto and such per-*  
28 *son performing the fitting in this section does not specifically charge the*  
29 *person fitted a fee for such services.*

30 (b) *If a person exempt from this act pursuant to subsection (a) is a*  
31 *licensee of another state agency and a complaint is filed against such*  
32 *person with such agency regarding conduct covered by this act, such*  
33 *agency shall consult with the Kansas board of examiners in fitting and*  
34 *dispensing of hearing aids regarding such complaint.*

35 (c) This act shall not be construed to prevent or limit any person who  
36 is a practitioner of the healing arts licensed by the state board of healing  
37 arts in treatment of any kind or in fitting hearing aids to the human ear.

38 Sec. 2. K.S.A. 74-5810 is hereby repealed.

39 Sec. 3. This act shall take effect and be in force from and after its  
40 publication in the statute book.

41  
42  
43  


11-5

# The University of Kansas Medical Center

School of Allied Health  
Department of Hearing and Speech

Senate Public Health and Welfare Committee  
Hearing on House Bill 2285  
Monday March 14  
John A. Ferraro, Ph.D.

Thank you for allowing me this opportunity to support House Bill 2285. I am here to represent the University programs in Audiology in the state of Kansas, which include the program at Wichita State University, and our Intercampus Program in Communicative Disorders at the University of Kansas/KU Medical Center.

As you know by now, audiology has evolved to a doctoral-level profession. Specifically, anyone who applies for certification by the American Speech Language Hearing Association to practice audiology after Jan 1, 2012, must have a doctoral degree as part of his/her credentials. To meet this national mandate, universities offering degrees in audiology must have clinical doctoral programs in place by 2007. Many of us have developed such programs well in advance of this deadline. We have had an accredited clinical doctoral program in place at the University of Kansas for the past three years, and Wichita State's program is in its first year. These programs lead to the Doctor of Audiology (or AuD) degree, and are designed to be completed in four years post-baccalaureate.

The curriculum of our clinical doctoral programs includes at least two didactic courses and several hours of clinical experience specifically related to hearing aids. To be more precise, while completing their degrees, students spend over 100 hours of direct classroom time and often more than 1000 hours in the clinic performing patient care related to the evaluation, fitting, dispensing and follow-up of hearing aids, as well as cochlear implants and other assistive listening devices. The bulk of this coursework and over 150 hours of clinic experience occur during the first two years of study. Thus, even students who have graduated from our program with a Master's degree obtained significant experience in the general area of hearing aids. Our students gain additional in-depth knowledge related to dispensing hearing aids via coursework and clinical practicum in such areas as aural rehabilitation, counseling, speech perception, and the business and ethics of audiology. Students also graduate with a strong background in the anatomy and physiology of the hearing and balance mechanisms. Virtually all of our students pass the national certification examination, often before completing their degrees. Hearing aid-related questions comprise major sections of this exam.

Thus, I am here to argue that the completion of a doctoral or master's degree in Audiology from an accredited university program holds students to a much higher standard for serving patients in need of a hearing aid, than passing an exam designed for

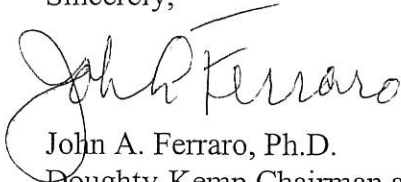
*Senate Public Health & Welfare*  
*3-14-05*  
*Attachment #12<sup>1</sup>*



individuals with little to no academic and clinical training in this area. I would further argue that the failure of one of our graduates to pass such a test, is more often related to the validity (or lack thereof) of the test and/or bias on the part of the examiner, than to insufficiencies in the audiologist's academic and clinical preparation.

Thank you once again for allowing me the opportunity to speak in favor of HB 2285.

Sincerely,

A handwritten signature in cursive script that reads "John A. Ferraro". The signature is written in black ink and is positioned above the printed name.

John A. Ferraro, Ph.D.

Doughty-Kemp Chairman and Professor

Hearing and Speech Department, University of Kansas Medical Center

Co-Director, KU Intercampus Program in Communicative Disorders

Associate Dean for Research, School of Allied Health



**WICHITA STATE UNIVERSITY**  
*Department of Communication Sciences & Disorders*

March 7, 2005

**To Whom it May Concern**

We, the Audiology faculty and clinical educators of the Department of Communication Sciences and Disorders (CSD), Wichita State University, are writing this letter in support of the amendment to HB 8825,

We support this amendment because we believe that our students receive substantial training and hands-on practical experience related to the topic of hearing aids (amplification) during their 4 years in the Doctor of Audiology (AuD) program. Students take examinations within our program, which provide transition points to ensure that each student is ready to move on to the next level. Students also are required to pass the national PRAXIS examination to qualify for the American Speech-Language-Hearing Association's (ASHA) certificate of clinical competency (CCC). The PRAXIS covers the topic of hearing aids along with other diagnostic procedures and intervention techniques required to successfully practice Audiology.

All graduate training programs in Communication Sciences and Disorders are now required by the ASHA to demonstrate that their students meet competencies in *all* areas necessary to practice the profession of Audiology. In addition to the examinations, these competencies provide yet another transition point to ensure that students are receiving the required training and are able to master the material provided. Outlined below is a brief account of the training our AuD students receive during the 4 year program at Wichita State University in the areas of hearing aids and hearing testing.

In the area of hearing aids, the students are required to take; (a) CSD 860-Hearing Aids I for 3 credit hours, (b) CSD 861-Hearing Aids II for 3 credit hours, and (c) CSD 862-Pediatric Amplification for 2 credit hours. The 8 credit hours from these three courses total over 100 hours in the classroom on the single topic of hearing aids. These hours do not include the time students spend completing laboratory assignments and hands-on competencies.

In addition to the classroom instruction, our students enroll in clinical practicum every semester, including summers, during the 4 year program. During clinical practicum, they receive one--on-one clinical teaching in various areas including hearing assessment and hearing aids. In addition to the WSU on-site clinic, the students receive hands-on training at facilities such as the V A hospitals in Wichita and Topeka, the Wichita Ear Clinic, Wesley Medical Center, Via Christi Medical Center, and Heart Springs. Of the 2000 clinical clock hours required to graduate, at least a 1000 clock hours are dedicated to hearing aids.

The major topics covered in the **CSD 860** course include

Historical perspectives of hearing aids Types of hearing aids

Hearing aid components Hearing aid systems

Electroacoustic analysis of hearing aids performance Hearing aid plumbing Compression systems

Advanced signal processing schemes

In addition to the traditional examinations, the students also complete laboratory assignments and hands-on competencies in the areas of electroacoustic analysis of hearing aids, earmold impression techniques, and earmold modifications.

12-3

The major topics covered in the **CSD 861** course include

Assessing hearing aid candidacy  
Prescribing appropriate hearing aids and prescription formulas  
Selecting and adjusting hearing aids  
Verifying hearing aid performance, problem solving, and fine tuning  
Counseling hearing aid users  
Assessing the outcomes of hearing rehabilitation  
Binaural considerations in hearing aid fitting  
Non-standard hearing aid fitting such as CROS, BICROS, and unilateral fitting  
As in the first course, this course also has laboratory assignments and hands-on competencies in addition to traditional examinations in the areas of prescribing hearing aids, probe microphone testing, and outcomes assessment.

The major topics covered in **CSD 862**, a course designed specifically to teach how to provide amplification to children, include

The anatomy and physiology of the pediatric auditory system  
Earmold impression techniques and earmold modifications for pediatric ear canals  
Impression materials and hearing aid styles specific to children  
Prescriptive hearing aid fitting formulas specific to the pediatric population  
Assistive listening technology such as personal and sound field amplification systems  
Effects of hearing loss on speech and language development and academic success  
Working as a team with school professionals and parents  
Counseling children with hearing loss and their caregivers

In addition to this training, the students are required to take **CSD 804-Clinical Audiology I**, a 4 credit hour course in which students master the complete basic diagnostic auditory test battery. In addition to **CSD 804**, students also take several advanced diagnostic Audiology classes. The basic diagnostic course, **CDS 804**, has 9 lab assignments, 2 examinations, a comprehensive final examination, and a comprehensive lab-based final oral examination.

The major topics covered in **CDS 804** include  
Conventional and vide otoscopy  
Pure-tone air- and bone-conduction threshold determination  
Masking rationale and methodologies  
Immittance audiometry  
Speech audiometry  
Appropriate case history taking techniques


We strongly feel that in light of the training received by our students in the area of amplification and hearing testing, and the various transition points prior to graduation such as examinations at the university level and ASHA competencies, taking yet another examination designed for technicians does not ensure greater competency of future audiologists graduating from Kansas universities. Instead, it places an undue time and monetary burden on our students. Thank you for taking this matter into consideration.

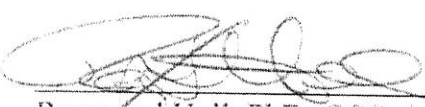
Sincerely,

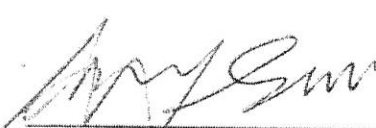



Zarin Mehta, PhD, CCC-A, FAAA  
Assistant Professor, Audiology

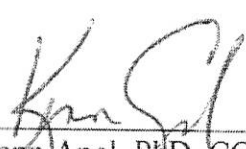
12-4

  
Lara DiLollo, AuD, CCC-A  
Clinical Educator, Audiology

  
Raymond Hull, PhD, CCC-A, FAAA  
Professor, Audiology

  
Xiao-Ming Sun, PhD  
Assistant Professor, Audiology

  
Angela Bateman, MA, CCC-A  
Clinical Educator, Audiology

  
Kern Apel, PhD, CCC-SLP  
Chair and Professor

# The University of Kansas Medical Center

School of Medicine  
Department of Otolaryngology

**Testimony Regarding HB 2285**  
**Committee On Public Health and Welfare**  
**March 14, 2005**  
**Elizabeth A. Karlsen, Ph.D., CCC-A, FAAA**

Mr. Chairman and Committee Members, thank you for the opportunity to speak to you today concerning HB2285.

My name is Beth Karlsen and I am a member of the current Board of Hearing Aid Examiners. I hold a Ph.D. in Audiology from the University of Kansas (1978) where I have practiced as an audiologist since 1974 and have also dispensed hearing aids there since 1987. I am employed by the State of Kansas as an Assistant Professor of Otolaryngology at the KU Medical Center School of Medicine. I represent the State of Kansas audiologists and speech/language pathologists on the Legislative Council of the American Speech-Language-Hearing Association. I am a long time member of the Kansas Speech-Language-Hearing Association (KSHA). I currently serve KSHA as Convention Hotel Coordinator and as a member of the 2005 Convention Program Committee. In the past I have served KSHA as Vice-President for Audiology, President-Elect, President, and Past President. In 2002 I received the Honors of the Association from KSHA, the highest honor that they bestow. My purpose in seeking my current position on the Board of Hearing Aid Examiners was to bring the Board and the audiology community of Kansas closer together to work on issues related to us all.

I have been assisting in administering the hearing aid dispensing license exam for approximately three years. The current failure rate on the licensing exam by audiologists/audiology graduate students is, in my opinion, unacceptably high. Many failures have been in the masking portion of the exam and sometimes in the audiogram interpretation section, or on the written test. We are not ignoring this issue. I have been in contact with the instructors who teach the hearing

*Senate Public Health & Welfare*  
*3-14-05* Attachment #13



aids courses both at KU Medical Center and Wichita State University. They too were disturbed by the statistics provided in Ms. DuPerier's testimony. Both schools have agreed to incorporate all the skills needed for the successful completion of the licensing process into the hearing aids II classes to help insure that our new graduates with the advanced Au.D. Degree are thoroughly prepared to fit and dispense hearing aids in the state of Kansas. I will be meeting with the KUMC instructors after the licensing exam is given this month. I will be stressing to the instructors that practical skills are critical. Knowledge or "book learning" is wonderful but by itself it will not produce competent dispensers.

I now find myself in the very difficult position of having to oppose the state organization which I once led. I am very disappointed with the KSHA Executive Board over their decision to push this unfortunate amendment to our bill. I was appalled at the manner in which this was done, a last minute attack. I too sat in the same meeting as Ms. DuPerier with the KSHA Executive Board and heard them agree that blanket grand fathering of the hearing aid license was not appropriate. Then the amendment appeared without warning. I have subsequently been referred to as "out of step" with the rest of the audiology community, yet I have received many phone calls and e-mails from audiologists in Kansas who are in support of the KSBHAE and opposed to this amendment. The audiologists with whom I spoke often stated that this amendment was not clearly thought out as to possible undesired ramifications (such as audiologists who are not prepared to dispense hearing aids being pressured by employers to do so) and that they had no input to the KSHA Executive Board about it. Despite several e-mails to the KSHA Audiology group, I have not heard from a single person in that group who is in favor of the amendment other than the KSHA EB. This topic should have been scheduled for discussion at the next annual convention before such an amendment was offered.

I find myself in a lose-lose situation. If the amendment is allowed to pass, I feel I will be failing the hearing impaired consumers of Kansas and the colleagues who hold the same opinion as I. If the bill progresses without the amendment, I will probably lose the support of the Kansas Speech-Language-Hearing Association. I do not have a choice. Ethically I cannot support the amendment. If it remains attached to HB2285, I cannot support the bill I helped to write. If I may borrow a phrase from my physician colleagues, we must "First, do no harm."

Thank you for your kind attention.

Handwritten signature of E. L. Carlson PhD CCCA.

13-2