

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 P.M. on January 9, 2007 in Room 526-S of the Capitol.

All members were present except:

Clark Shultz-Excused

Committee staff present:

Norman Furse, Revisor's Office
Renae Jefferies, Revisor's Office
Melissa Calderwood, Legislative Research
Mary Galligan, Legislative Research
Patti Magathan, Committee Assistant

Conferees appearing before the committee:

Roderick L Bremby, Secretary Kansas Department of Health and Environment
Dr. Howard Rodenberg, Director of the Division of Health for Kansas Department of Health and Environment

Others Attending:

See Attached List.

Chairman Landwehr welcomed everyone and asked the committee and staff to introduce themselves.

Following introductions, Chairman Landwehr announced that this committee had been an electronic committee last year and would retain some but not all of the electronic characteristics. Technological aspects of the committee are still being negotiated. She also advised that the committee and conferee rules are being formulated and would be presented soon.

Chairman Landwehr then introduced **Roderick L. Bremby**, Secretary of the Kansas Department of Health and Environment (K.D.H.E.). Secretary Bremby introduced agency employees who were in attendance followed by an overview of his agency. (**Attachment 1**) K.D.H.E. has four divisions, Health, Environment, Laboratory, and Budget. He encouraged everyone to visit the website at (<http://www.kdheks.gov/>) to learn more about the Health and Environment divisions.

The agency has a very wide portfolio of responsibilities but not a large budget. The 2008 requested budget is slightly more than \$212 million, which is slightly less than the 2007 estimated budget. The budget is split between the Health and Environment functions. The Health budget is about \$146.5 million and includes the division of health and central operations. Almost 70% of the agency's resources come from federal sources, the largest funding the WIC program.

Notable achievements of the agency include being recognized as one of the states with high overall health improvement based on criteria of low adult smoking rates, low percentage of uninsured, low rate of infectious disease, and ready access to prenatal care and childhood immunizations.

Secretary Bremby explained that the agency has many initiatives one of which, "Healthy Kansas," is largely aimed at prevention. Another initiative is a partnership with a Lenexa, KS software company to develop a "Check-Up" package which will be available to Kansans, and will ultimately interface with health providers. Also an Environmental Health Program has been created which will link with environment and health statistics.

Legislative initiatives include an expanded newborn screening bill, child care licensing, expanding data in the Kansas cancer registry. This year K.D.H.E. will seek resources to stockpile antiviral medications to be used in the event of a pandemic flu epidemic and will launch a series of proposals to decrease motor vehicle deaths.

Dr. Howard Rodenberg, Director of Health for Kansas Department of Health and Environment, explained that the mission of the Division of Health is to promote and protect health and prevent disease and injury

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on January 9, 2007 in Room 526-S of the Capitol.

among the people of Kansas. The mission is being accomplished by being accessive, thru policy development, and thru assurance that goals are being met.

Dr. Rodenberg stated that the department has many programs. Today he will use the Healthy Kansas 2010 project as a guideline for how the department approaches healthcare problems and solutions. A major accomplishment in the past year has been the culmination of the planning and goal-setting process for this project. The first step was to collect data and data sources to establish a baseline of where we are today. Secondly goals have been established, and lastly the parameters are being addressed. Dr. Rodenberg reviewed focus areas of the Health Kansas 2010 project and pointed out that two of the areas, tobacco and obesity related illnesses, are the two leading causes of death in Kansas.

Chairman Landwehr opened the floor for questions. There were questions related to pandemic flu vaccine, child care background checks, insurance portability, and newborn screening,

Meeting was adjourned at 2:30 P.M. Next meeting is January 10, 2007.

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

DATE: 1-9-07

NAME	REPRESENTING
Rodrick L. Bremby	KDHE
Susan Kang	KDHE
Ken Gaches	GBBA
Shi Faust	KDHE
Nancy Vazquez	Legislative Intern, ^{Rep.} Delia Garcia
Duane Bellie	KDHE
Dick Morrissey	KDHE
Joe Blubaugh	KDHE
Ken Hammerschmidt	KDHE DOR
Arnon Dunkel	KDHE
Susan Zalenski	Johnson & Johnson
Fred Wicky	Kansas Hosp Assn
Cynthia Smith	SCC Health Systems
Suzanne Wikle	Kansas Action for Children
Chip Wheelers	Asn of Osteopathic Med.
Verde Hein	Hein Law Firm
Chad Austin	KS Hosp Assoc.
Luke Thompson	KHPA
Mike Huttles	Huttles Gov't Relations



Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

**Agency Overview
To
House Health and Human Services Committee**

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

January 9, 2007

Madam Chair and members of the Committee, I am pleased to appear before you today to provide an overview of the Kansas Department of Health and Environment (KDHE). After my overview, Dr. Howard Rodenberg, the Director of the Division of Health will talk more specifically about the Health Division.

The agency's mission is to protect the health and environment of Kansans by promoting responsible choices. This is a mission we take very seriously and one that challenges us every day. The agency is comprised of three operational divisions: Health, Environment and the Health and Environmental Laboratories. Supporting the operational division are the Office of the Secretary and the Division of Management and Budget. An organizational chart is attached to this testimony for your review.

Dr. Rodenberg will outline the responsibilities of the Health Division, but I want to give you a brief description of the duties of the other two operating divisions. The Division of Environment, among many other duties, conducts regulatory programs for public water supplies, industrial discharges, wastewater treatment systems, solid waste landfills, refined petroleum storage tanks and others. In addition, it administers programs to remediate contamination and evaluate environmental conditions across the state. The Division of Health and Environmental Laboratories, among other duties, provides clinical and environmental testing to help diagnose and prevent disease, and provides laboratory test results to help guard public drinking water, ambient air and surface/ground water quality. The Laboratories perform over 1 million analyses on some 250,000 samples each year. I encourage you to visit our website at www.kdheks.gov for a comprehensive view of the agency.

Agency Budget

The Kansas Department of Health and Environment FY 2008 requested operating budget is \$212,361,397, which is about 2.4% more than our FY 2006 actual operating budget and 3.2% below our FY 2007 estimated expenditures. The decrease in the FY 2008 budget is largely due to a projected

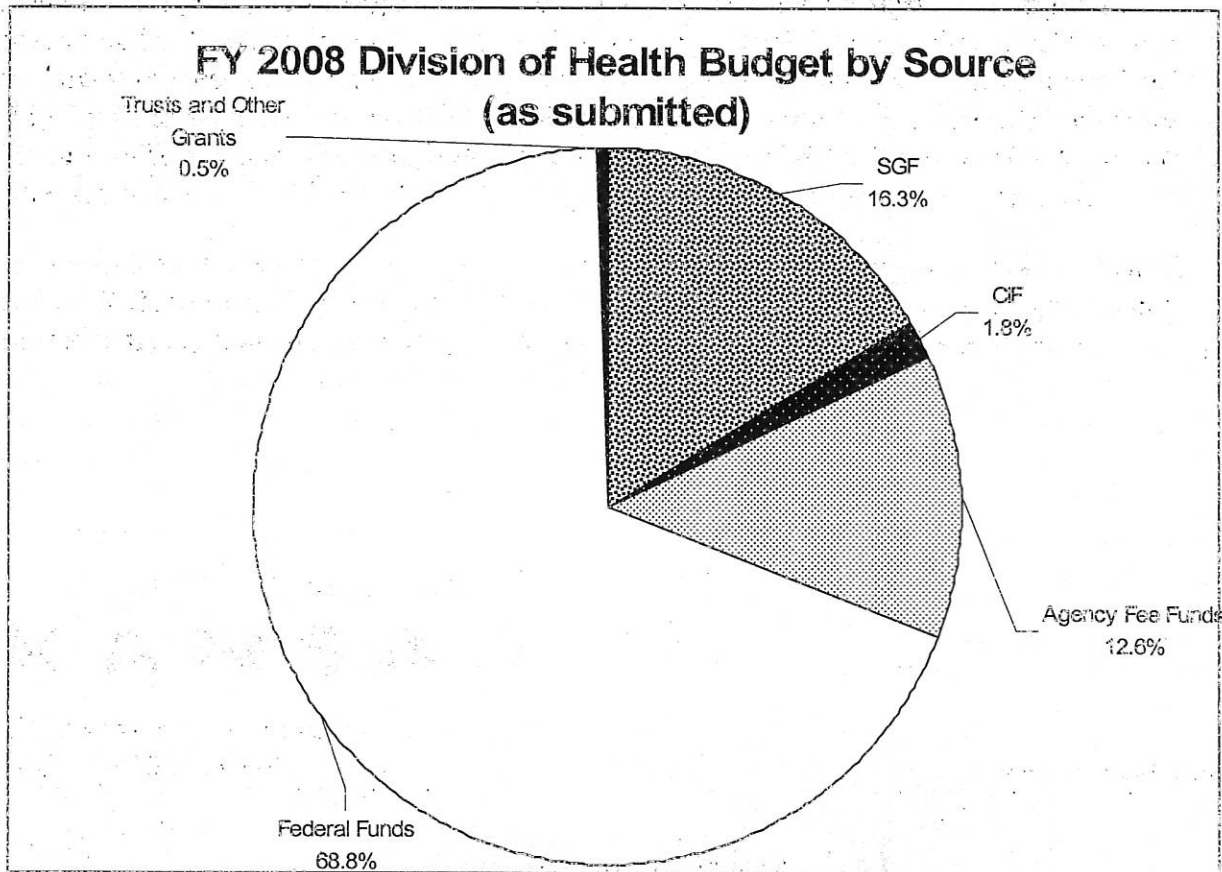
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DATE: 1-9-07

ATTACHMENT 1-1

duction in federal funds related to Homeland Security; we are currently projecting a \$3.4 million reduction in these funds Between FY 2007 and FY 2008. The requested budget allows the agency to continue our current operations. KDHE's budget is split between the Health and Environment functions in the State Budgeting System. The Health budget (\$146.5 million) consists of the Division of Health and Central Administration, while the Environment budget (\$65.8 million) accounts for the Division of Environment and the Division of Health and Environmental Laboratories. Our requested Health budget for FY 2008 is allocated to the programs as follows: Administration 8.6% and the Division of Health 91.4%.



There are five primary funding source categories within the Health budget. The largest source of funding for the operating budget is federal funds, which total \$100.8 million or 68.8%, with the largest of these funds constituting the Women, Infants and Children Health Program Fund (\$53.2 million). State General Fund (SGF) resources provide 16.3% of the funding for the Division of Health portion of the Health budget. Of the total SGF, 60.5% fund aid to locals and other assistance, 25.3% fund salaries and wages, and 14.2% fund other operating costs.

As we look to the out years, the agency is anticipating impacts from the increasing federal deficit. Reductions in domestic spending to address the deficit could have a catastrophic impact on our budget and service capability due to our strong reliance on federal resources.

Notable 2006 Public Health Accomplishments

Overall Health Improvement

Kansas was recognized as one of the states with the highest overall health improvement in 2006 by the United Health Foundation's national study. According to the 17th annual edition of America's Health Rankings, Kansas experienced the fourth highest overall health improvement in the nation from 2005 to 2006. Kansas moved up six places in this year's report to 17th place overall. Kansas's strengths include a low rate of uninsured population, low adult smoking rate, low incidence of infectious disease, ready access to adequate prenatal care and high childhood immunization coverage rates.

Decrease in Tobacco Use

Tobacco use is the leading cause of preventable death in Kansas and the nation. Statewide efforts have driven a 2.0% decrease in the adult smoking rate, to an all-time low of 17.8%. Kansas improved from 11th in last year's ranking to sixth this year (in contrast, Kansas ranked 27th in 1990 when over 30% of the state's population used tobacco).

Increase in Immunization Rates

Raising childhood immunization rates has been an important goal. Kansas made its most dramatic improvement in 2006, moving from 43rd to 13th nationally after four years of steady improvement. Implementing the recommendations of the Governor's 2004 Blue Ribbon Panel, including advancing immunization schedules, linking immunization to WIC services, and providing parental incentives accounted for the improvement. Immunization rates will increase and be sustained through the KSWebIZ system, a statewide immunization registry, expansion of current efforts, and the Immunize Kansas Kids Project, a unique partnership among the Kansas Department of Health and Environment, the Kansas Health Foundation, the Kansas Health Institute, and dozens of participating organizations.

Improved Public Health Preparedness

Preparing for pandemic flu, bioterrorism and natural disasters continues to be a major priority. Kansas met 9 out of 10 preparedness criteria and ranked 2nd second in the nation in the Trust for America's Health annual report on public health preparedness. In August, we partnered with 26 local health departments, 13 hospitals and other partner organizations to conduct the state's first full-scale, exercise of the Strategic National Stockpile (SNS), a federal cache of medical supplies available to states upon request. The Kansas-HEAT exercise tested the state's ability to detect and track disease; request, receive, store and ship medicines and supplies from the SNS to local communities; and community capacity in emergency response, community containment, and mass dispensing of medications. Completion of this exercise successfully meets the 10th preparedness criteria.

Key Initiatives

Healthy Kansas

The Governor's Healthy Kansas initiative features a significant commitment to wellness by encouraging increased levels of physical activity, eating a healthy diet, and avoiding tobacco products. Efforts will target children in schools, adults in the workplace, and seniors in community. The agency has been actively engaged in this effort, developing a Healthy Kansas website, promoting the Healthy Kansas pledge, and raising the visibility of the initiative through Healthy School awards. The Healthy Kansas effort has also produced development of Healthy Community and Hometown Health Hero recognition

ograms, a Healthy Restaurant toolkit, and the convening of both the Governor's Child Health Advisory Committee and the Governor's Council on Fitness. The two groups have made recommendations to the Governor addressing the childhood obesity issue. We are working to outline an implementation process for those recommendations.

To further the goals of the initiative, the KDHE Healthy Kansas team has spearheaded the following activities:

- Conducting a 2006 statewide healthy tip postcard contest for all ages with various corporate sponsor partners;
- Promoting the 'Healthy Kansas' pledge on line, through the web site, at appropriate venues, i.e. – trade shows, civic groups, school functions, etc., or using the mail-in pledge card. In 7 months, more than 3,000 Kansans have taken the pledge, and have received a letter of recognition and a certificate of support from the Governor;
- Offering to Kansans a personal health manager software package called Check Up, which was developed by a Kansas software manufacturer, as a free download from the Healthy Kansas Web site (www.healthykansas.org)
- Promoting the Healthy Kansas brand at and challenging participants to 'Take the Pledge.'

In addition:

- Since May 2006, the Governor's Healthy School program has recognized and awarded healthy school flags to 12 Kansas school districts, representing 91 individual school buildings for planning and implementing programs that incorporate physical activity, healthy food choices and tobacco free schools;
- The Governor's Hometown Health Hero award has recognized and honored three Kansans for distinguished service to their respective communities for living and promoting the Healthy Kansas credo;

Healthy Kansans 2010

Throughout 2005, a group of Kansans representing multiple disciplines came together to identify and adopt health priorities to improve the health of all Kansans. This examination provided the impetus for setting priorities and identifying proven and promising recommendations to encourage change and improve the health of all Kansans in 2010 and beyond. Healthy Kansans 2010 is the corollary to Healthy People 2010, a comprehensive, nationwide health promotion and disease prevention agenda with two main goals: to increase quality and years of healthy life, and eliminate health disparities. Dr. Rodenberg will further elaborate on this endeavor in his portion of the testimony. We've distributed to you a copy of the Healthy Kansans 2010 report. We'd be glad to answer any questions you might have after you've had a chance to review it.

Environmental Health

We are excited to introduce a new dimension to the agency. We received a grant from the United Methodist Health Ministry Fund to develop an Environmental Health program. Specifically, the funding is to retain an Environmental Health Director (EHD) whose goal is to formalize and make visible the link between our physical and environmental health. In pursuit of this goal, the EHD will inventory current environmental health programs within KDHE and identify common interests between the Health and Environment Divisions and maximize expertise, efforts, and resources within current KDHE operations. This new position will identify, prioritize, and initiate new environmental health

initiatives based on an assessment of need within the state. In addition, environmental health responses will be integrated into emergency preparedness planning efforts and publish an annual report on environmental health status.

Excellence in Service

Internally, KDHE is in the process of implementing a newly developed strategic plan. The strategic plan is known as Excellence In Service, or EIS. EIS uses the Balanced Scorecard approach to translate mission into actions and actions into outcomes. The KDHE strategy focuses on creating a vibrant, stable, and respected organization that can respond, anticipate and provide leadership on public health and environment issues for Kansans.

Legislative Initiatives

This session, KDHE will propose an expanded newborn screening (XNBS) bill to increase the number of newborn metabolic screening tests from the current 4 to 29. This proposal results from a collaborative process among stakeholders, including insurance groups, Kansas Hospital Association and the Kansas Chapter of the American Academy of Pediatrics. The proposal is to charge \$30 per live birth to conduct the expanded screening tests and any follow-up tests or repeat tests that may be necessary. To address treatment of any conditions that may be found, the department requested an SGF budget enhancement of \$191,000.

In addition, KDHE will propose a number of bills concerning the Child Care Licensing Act. Some of the proposals will be aimed at providing the agency with greater flexibility when dealing with child care providers. The existing statutes require the agency to suspend or revoke licenses as the main enforcement tool; we are moving to obtain intermediate enforcement mechanisms that are less drastic but designed to encourage compliance without jeopardizing families needing child care services.

We will again propose to share KBI background checks with child placement agencies, and will again request to expand the uses of confidential data in the Kansas Cancer Registry to conduct follow-up on cancer cases to identify any correlation between various cancers and risk factors, to help prevent cancer by establishing more effective means for addressing those risk factors. A more detailed summary of the agency's legislative platform is attached.

Last year, we requested and received \$10M to begin the purchase of antiviral medication to reduce the impact of an anticipated pandemic flu. We will revise that request this session to just over \$4.6 million to officially order the antiviral medication for the recommended 25% of the Kansas population.

Next Tuesday, a citizen initiative called the Driving Force, will announce a set of legislative proposals designed to reduce the number of deaths caused by motor vehicle crashes. The Departments of Transportation, Health and Environment along with the Kansas Highway Patrol have partnered in support of the recommendations that will include a primary seat belt law, and a graduated drivers license structure. In Kansas, on average, a person is killed every day in motor vehicle-related crashes and every 21 minutes, someone is injured. Many of these deaths and injuries are preventable through increased seat belt use. Kansas ranks 43rd in the nation in seatbelt use. The public pays for 13% of emergency department crash injury costs, 26% of injuries requiring hospitalization and 48% of injuries requiring rehabilitation hospital stays. Last year, that cost totaled more than \$3B in Kansas.

Division of Health

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

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

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

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

Summary of Division of Health Responsibilities:

Dr. Radenberg

KDHE's Division of Health is responsible for investigating disease outbreaks and taking steps to prevent the spread of communicable diseases, as well as preparing for public health emergencies within the state. The Division of Health promotes healthy lives by developing and supporting programs to reduce the preventable chronic diseases and promote health activities such as good nutrition, physical activity, and preventing tobacco use. The Division provides assistance to Kansas communities in establishing or modifying health care delivery, and is responsible for ensuring the special needs of women and children are addressed through specialized screenings, treatments, and more general programs in Family Planning (FP), Maternal and Child Health (MCH), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The Division of Health also licenses and regulates numerous facilities in the state including childcare, hospitals, home health agencies, mental health facilities, restaurants, food service facilities, and lodging establishments. A wide range of health care workers also receive credentials and certifications through the KDHE Division of Health. A critical function of the Division is the management of all vital statistics records for Kansas and the gathering and analysis of health and environmental data.

Healthy Kansans 2010: Progress to Goals

One of the major accomplishments of 2006 has been the culmination of the planning phase for the Healthy Kansas 2010 project. This effort, which involved a series of 23 meetings involving 200 representatives from over 100 different organizations, reviewed the Kansas profile of the 10 Leading Health Indicators as identified by the CDC Healthy People 2010 Objectives for the Nation. These indicators are used as markers of progress to the desired state of health for Kansas. While not all KDHE DOH programs link directly to Healthy Kansas 2010 goals, there are areas in which progress can be measured.

Kansans Performance on 10 Leading Health Indicators

Objective	Kansas Rate (Previous Rate)	Kansas Rate (Most Current Rate)	HP2010 Goal
Physical Activity			
Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion.	-	70% (2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	85% (grades 9-12)
Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.	33% (2003 KS BRFSS)	38% (2005 KS BRFSS)	50%
Overweight and Obesity			
Reduce the proportion of children and adolescents who are overweight or obese.	-	11% (ages 12-18, 2002 KS Youth Tobacco Survey)	5% (ages 12-19)
Reduce the proportion of adults who are obese.	23% (2004 KS BRFSS)	24% (2005 KS BRFSS)	15%
Tobacco Use			
Reduce cigarette smoking by adolescents.	-	21% (2005 KS Youth Risk Behavior Surveillance Survey, grades 9-12)	16% (grades 9-12)
Reduce cigarette smoking by adults.	20% (2004 KS BRFSS)	17.8% (2005 KS BRFSS)	12%
Substance Abuse			
Increase the proportion of adolescents <i>not</i> using alcohol or any illicit drugs during the past 30 days.	-	69% (6 th , 8 th , 10 th , and 12 th graders <i>not</i> using alcohol at least once in the past 30 days) 91% (6 th , 8 th , 10 th , and 12 th graders <i>not</i> using marijuana at least once in the past 30 days) (2005 Kansas Communities That Care Survey Youth Survey)	89%
Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.	13% (2004 KS BRFSS)	12% (2005 KS BRFSS)	6%

Responsible Sexual Behavior			
Increase the proportion of adolescents who abstain from sexual intercourse.	-	55% (Abstinence only - 2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	95% (includes abstinence or condom use if sexually active)
Mental Health			
Increase the proportion of adults with recognized depression who receive treatment.	No Kansas data available that is directly comparable to HP2010 target.	No Kansas data available that is directly comparable to HP2010 target.	50%
Injury and Violence			
Reduce deaths caused by motor vehicle crashes.	17.1 deaths per 100,000 population (2003 Vital Statistics, KDHE)	17.5 deaths per 100,000 population (2004 Vital Statistics, KDHE)	9.2 deaths per 100,000 population
Reduce homicides.	4.3 homicides per 100,000 population (2003 KS Vital Statistics)	4.3 homicides per 100,000 population (2004 KS Vital Statistics)	3.0 homicides per 100,000 population
Environmental Quality			
Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.	0% (EPA Aerometric Information Retrieval System)	0% (EPA Aerometric Information Retrieval System)	0%
Immunization			
Increase the proportion of young children who are fully immunized (4:3:1:3:3 series)	77.5% (4:3:1:3:3 series - 2004 National Immunization Survey)	83.8% (4:3:1:3:3 series - 2005 National Immunization Survey)	90% (4:3:1:3:3 series)
Increase the proportion of non-institutionalized adults aged 65 years and older who are vaccinated annually against influenza.	68% (2004 KS BRFSS)	66% (2005 KS BRFSS)	90%
Increase the proportion of adults aged 65 years and older ever vaccinated against pneumococcal disease.	63% (2004 KS BRFSS)	67% (2005 KS BRFSS)	90%
Access to Health Care			
Increase the proportion of persons with health insurance.	85% (2004 KS BRFSS)	87% (2005 KS BRFSS)	100%
Increase the proportion of persons who have a specific source of ongoing primary care.	84% (2004 KS BRFSS)	84% (2005 KS BRFSS)	96%

increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy.	88% (2003 Vital Statistics, KDHE)	87% (2004 Vital Statistics, KDHE)	90%
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The HK 2010 process supports the Healthy Kansas Initiative to improve the state's health by focusing on proper nutrition, physical inactivity, and tobacco use in children in schools, adults in the workplace, and aging seniors.

Division of Health Organizational Structure:

The Division of Health is organized into four distinct bureaus, four offices, and two centers. A description of the focus and activities of each section follows this global overview.

Office of Health Promotion: The mission of the Office of Health Promotion is to improve the quality of life and reduce the incidence of preventable death and disability from chronic disease and injury. Program activities are supported by federal and private grant funds.

Healthy Kansans 2010 – Planning process involving external partners to identify the priority health issues for the state and develop plans for addressing the selected issues.

Coordinated School Health Program (CHSP) – The CHSP is a collaborative project between KDHE and Kansas State Department of Education (KSDE) to integrate chronic disease prevention strategies into the school setting. Specific risk factors addressed include physical inactivity, nutrition, tobacco use and obesity.

Cancer - The Cancer Program facilitates development of the Kansas Cancer Plan. The plan outlines strategies to improve prevention, screening and early detection; assure quality treatment and pain management; and assess survivorship and end of life care. It also provides breast and cervical cancer screening to women who meet certain income and age (40-54) guidelines. From July 2005 through June 2006, the program served approximately 7,300 eligible women.

Diabetes - A Diabetes Quality of Care Initiative provides funding and training to health care providers for implementation of a Chronic Care Model. The Project provides funding to 90 organizations/satellite providers (representing 50% of Kansas counties) throughout the state and serves approximately 8,500 diabetes patients. The program also facilitates a statewide planning effort to identify opportunities to improve diabetes outcomes.

Cardiovascular Disease - Heart Disease and Stroke Prevention efforts involve statewide planning for identifying priorities for intervention. Provider and public educational efforts focus on stroke recognition and treatment and heart disease prevention and management.

Worksite Wellness- In conjunction with community partners, KDHE plans to pilot the CDC Heart Healthy and Stroke-Free Worksite Toolkit.

Arthritis - The arthritis program provides funding to the Arthritis Foundation to expand the People with Arthritis Can Exercise (PACE) program and other services statewide.

Tobacco Use Prevention – The Tobacco Quit Line is a 24/7 hot line service to Kansans to access help to quit smoking and/or to assist patients with quitting. A smoking cessation during pregnancy initiative has also been successful in engaging providers across the state to refer pregnant women to the Quit Line. About 282 pregnant callers have contacted the Kansas Tobacco Quit Line from June 1, 2005 to November 30, 2006, The Tobacco Use Prevention Program provides technical assistance and funding to communities across Kansas who are working to implement comprehensive tobacco use prevention programs. The program provides 1 million dollars in funds to 12 communities through 7 comprehensive tobacco use prevention grants.

Injury - The Injury Program facilitates a statewide planning process to identify the leading injury issues for Kansas and devise action plans to address these concerns. The program facilitates the activities of the SAFE KIDS Kansas coalition, and provides local grants and technical assistance to communities to address fire and burn related injuries. Safe Kids Kansas has received several National Safe Kids awards including the Outstanding Public Policy Achievement award in 2006 and the Coalition of Year award in 2005. They have also received the Bell Sportsmanship Award in 2000, 2001, 2004, 2005 and 2006. The program also facilitates a state Suicide Prevention Coalition, and provides funding and technical assistance to communities to support Rape Prevention Education.

Health Risk Behavior Surveillance - The program conducts a continuous, confidential, population-based survey of Kansas adults (the Behavioral Risk factor Survey System, BRFSS) to estimate the prevalence of health risk behaviors, utilization of preventive health practices, and knowledge of health risks in the population. Youth surveys are also conducted to estimate the prevalence of tobacco use among middle and high school students and the prevalence of risk for overweight among Kansas children grades 6-12.

Nutrition and Physical Activity - The Kansas LEAN Campaign facilitates a planning process in conjunction with key partners across the state to develop consistent nutrition and physical activity messages for professionals and the public. The Kansas Kids Fitness and Safety Day coordinates a statewide event to promote physical activity among Kansas third grade students. Some 17,014 schoolchildren participated in 2006 event. In past 3 to 4 years, on average 17,000 kids have participated in this event each year. Incentives and program enhancements connect this event to activities throughout the year.

Chronic Disease Risk Reduction Grants - Local grants and technical assistance are provided to communities to address tobacco use, physical inactivity and nutrition, the three leading risk factors for the prevention of chronic disease. Twenty counties are provided with \$150,800 in funds through 17 Chronic Disease Risk Reduction grants.

Office of Local & Rural Health (OLRH):

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

Community Based Primary Care (CBPC) - Established by the Legislature in 1990, this program supports local primary care clinics for low-income, uninsured and underserved Kansans. Last year, the Legislature increased state aid to \$2,520,840 and the number of state funded clinics increased from 15 to 24. Clinics now serve patients in 20 counties with sites in more than 35 locations across the state. These safety-net clinics reported providing 270,000 patient visits to nearly 95,000 patients in 2005.

Federally-Funded Community Health Centers (CHCs)- The OLRH is the state agency contact point for the federal agencies that provide grants to support local community health centers (CHC) in 11 Kansas communities. Applications for additional CHCs (also known as Federally Qualified Health Centers, or FQHCs) have been submitted by clinics in Hutchinson and Newton.

Prescription Drug Assistance Program- In 2005, the Legislature appropriated \$750,000 in the KDHE budget to improve access to prescription medication in clinics and health centers through patient assistance programs and implementation of 340B federal drug purchasing programs. Renewed at the same level in 2006, twenty-two clinics currently receive grant funding through this program.

Charitable Health Care Provider Program - Many individual health care providers participate as a "charitable health care provider" as defined by K.S.A. 40-3401 and 65-4921 by entering into a participation agreement with the Secretary of KDHE. Current agreements include 31 primary care "safety-net" clinics; 1,715 physicians, physician assistants, and nurse practitioners; 331 dentists and dental hygienists; and 653 nursing professionals.

Kansas Rural Health Information Service (KRHIS) - a free subscription service of OLRH since 2002, issues notices by email or fax to over 900 registered users. Each user may opt to receive notifications, news, and information in one or more specific categories of interest.

National Health Service Corps (NHSC) - The NHSC assists communities through site development and through scholarship and loan repayment programs that help underserved communities in HPSAs recruit and retain primary care clinicians. During 2006, 29 primary medical care, 4 dental care and 23 mental health professionals practiced in underserved Kansas communities through the NHSC program.

State 30 Program/J-1 Visa Waivers - Graduates of international medical schools are allowed to remain in the United States to practice medicine after completion of residency training if they commit to practice in a federally designated shortage area. Over the past decade, 109 international medical graduates have been recruited to medically underserved areas of the state.

Rural Health Clinics (RHC) - In the late 1990s, KDHE began using a provision in the RHC law which allowed state governors to designate areas as underserved for RHC purposes. This greatly expanded the number of counties eligible for the program and there are now 178 federally certified Rural Health Clinics operating in Kansas.

Critical Access Hospitals (CAH)- CAH are smaller facilities that must be part of a rural health network. As a CAH, hospitals qualify for certain financial supports that allow them to keep their doors open. Kansas has the largest number of CAH's in the nation, comprising 83 facilities within 20 rural health networks.

State Trauma Program- The program encompasses a statewide trauma plan, statewide trauma database and registry, and six regional trauma councils with regional plans. The program provides trauma education to EMS providers, other first responders, emergency room personnel and physicians.

Local Public Health Departments- The OLRH provides support to build organizational competence and assure professional performance by providing technical assistance, education and new employee orientation for 100 local public health departments. Liaison activities involve direct and electronic

ntact with local public health administrators, elected officials, community and public health nurses and other local agency staff members using a combination of on-site assistance, district meetings, resource and instruction manuals, a newsletter, workshops, and conferences. The agency also maintains a Public Health Directory.

Office of Oral Health (OOH):

The Office of Oral Health collaborates with and provides technical assistance to communities, schools, health professionals, local health departments, and others to increase awareness of the importance of oral health and improve the oral health status of Kansas.

School - Based Sealant Programs - The OOH is working under a \$195,000 Health Resources and Services Administration (HRSA) grant to provide school based preventive services including cleanings and sealants to Medicaid eligible children in the Flint Hills Community Center catchment area of Lyon, Chase, Coffey, Osage, and Greenwood counties. In 2007, this project will be expanded to schoolchildren in Barton and Pawnee counties in collaboration with the We Care Clinic in Great Bend.

Fluoride Varnish - OOH received a \$100,000 private grant to support the promotion of Fluoride varnish in medical settings. In order to improve the oral health of children under five, two dental hygienists are traveling the state providing education to physicians' offices on importance of oral health preventive services and the application of fluoride varnish at well baby checks.

2007 Oral Health Survey - Using HRSA funds, in 2007 a follow-up to the 2004 survey of Kansas third graders will be done, focusing on specific underserved populations. The new open mouth survey will provide more data on the oral health status of Hispanic and African American children in Kansas.

State Oral Health Plan - In 2006 a Director for the Office of Oral Health was hired. With technical assistance from the Association of State and Territorial Dental Directors and in collaboration with the state oral health coalition, Oral Health Kansas, a statewide oral health plan will drafted in the upcoming year. A State Oral Health Plan is a public health strategic plan to provide an overarching direction or roadmap to systematically address the burden of oral diseases and to enhance oral health of all Kansas citizens. On February 23, 2007, a public oral health planning summit will be held in Topeka to provide public input on the process.

Bureau of Child Care and Health Facilities (BCCHF):

The child care program of the bureau involves licensure and regulation of many types of child care facilities in Kansas including day care homes, group day care, school age programs, pre-schools and child care centers, and family foster homes.

The health facilities program of the bureau involves licensure and certification of all types of health facilities in Kansas, including hospitals and home health agencies. The programs exist to assure quality care through two primary means -- establishing licensing standards and inspecting facilities to assure both state and federal standards are being met. The bureau also participates in the credentialing and licensing of specific allied health professionals.

Child Care Registration and Licensure- The department regulates more than 11,000 childcare facilities and family care homes. New inspectors have been added to ensure that both routine licensure inspections and complaint *foster home* investigations are conducted in a timely and professional manner. The number of pending surveys has been reduced from 490 to zero, and at this time all newly assigned surveys are being completed within 90 days, with 80% of initial surveys being completed within 30 days.

Reorganization of the program is underway to better address enforcement capabilities, keep regulations up-to-date, and enhance and expand the CLARIS (Child Care Licensing and Registration Information System) database to partner agencies. Over 10,000 hits a month are being logged into CLARIS by these agencies. Future rollouts to other agencies are being planned for later this year.

Enforcement protocols were rewritten last year to address consistency and effectiveness of actions. The number of administrative orders issued by the department continues to increase. In FY 06, 1,108 orders were issued. The quality of the inspection process and improving consumer relations are being addressed through written protocols and staff training.

Hospital and Medical Program – This program regulates 893 health care facilities, conducting 300 inspections and issuing nearly 50 letters of enforcement each year. This section successfully restructured after the transfer of adult care home responsibility to KDOA. Since FY 04 over 70 new providers have become licensed or certified, with 67 applications pending. CMS has also significantly increased the number of Emergency Medical Treatment and Labor investigations (17 in FY 06).

Health Occupation Credentialing – This program licenses or certifies the following occupations: Adult Care Home Administrators (634), Dietitians (734), Speech-Language Pathologist (1,553), Audiologist (200), Certified Nurse Aides (45,160), Certified Medication Aides (7,910), Home Health Aides (6,443) Operators (1,591). In addition, this program processed 305,098 inquiries to the Nurse Aide Registry and 26,069 criminal record checks. The credentialing program continues to upgrade systems to provide more and quicker access to credentialing records, including on-line license verification for adult care home administrators, speech-language pathologists, and dietitians. In the coming months software development will allow online criminal record checks, and for licensees to renew and update information online.

Bureau for Children, Youth and Families (BCYF):

The mission of the Bureau for Children, Youth and Families is to provide leadership to enhance the health of Kansas' women and children through partnerships with families and communities.

Women's, Infant's, and Children's Supplemental Nutritional Program (WIC) - In SFY 06 WIC assured statewide services for pregnant, breastfeeding, and postpartum women and children up to age five <185% poverty through its \$7.2M in contracts with 41 local agencies that provide nutrition education/counseling and about \$50 million in checks for supplemental food from grocers and other vendors. Over 50,000 women and 100,000 children are served each year.

Aid-to-Local Efforts - In SFY 06, the Children and Families Section provided \$7.7 million in contracts to local agencies for the purpose of providing public health services at the local level: Maternal and Child Health, Family Planning, Teen Pregnancy, Disparities/Black Infant Mortality, School Health

services, and Abstinence Education. Over 49,000 women and 50,000 children received well-child checkups and screenings through these programs.

Newborn Screening and Children with Special Health Needs – The state Newborn Screening Program (NBS) assures that every infant born in Kansas (\cong 39,000/yr) obtains screenings for phenylketonuria (PKU), galactosemia, hypothyroidism, sickle cell and hearing. Follow-up on abnormal results is assured with providers and families. KDHE has been working this year in collaboration with public and private entities to develop a plan for expanding the NBS to encompass nearly 30 total conditions. In SFY 06, Children's Developmental Services Section contracted almost \$8.6 million to 36 local agencies and organizations to provide Part C of IDEA (tiny-K) early intervention services for over 6,000 children up to age 3 with disabilities. BCYF coordinated CFIT Training (Caring for Infants and Toddlers) for doctors and nurses to help them identify and refer very young children for developmental screening services. In SFY 06 through 12 contracts with hospitals and clinics plus in-house nursing case management, assured a state system of medical specialty services for children with complex medical needs. Over 11,000 children were served by this program.

Pregnancy Maintenance Initiative – The purpose of the Senator Stan Clark PMI program is to award grants to non-for-profit organizations for services to enable pregnant women to carry their pregnancies to term. BCYF developed regulations and contract procedures for this initiative. Five organizations were funded for services in 2006.

Bureau of Disease Control and Prevention (BDCP):

The Bureau of Disease Control and Prevention was formed from the previous Bureau of Epidemiology and Disease Prevention. The activities of the bureau encompass programs in Immunization, HIV/AIDS/Sexually Transmitted Diseases (STD), and Tuberculosis Services.

Immunization - Improving childhood immunization rates has been a priority for the Division of Health. KDHE is continuing to follow-up on recommendations made by the 2004 Governor's Blue Ribbon Task Force on Immunization. As a result of actions taken, Kansas immunization rates for the primary childhood immunization series have moved from 43rd in the United States to 12th. One specific note illustrating progress is the implementation of the statewide immunization registry in Kansas. As of December 2006, 47 local health departments and 67 private providers were using the Kansas web based immunization registry (WEBIZ). There are presently over 700,000 individual patient records documenting over 3.3 million vaccinations within the WebIZ system.

The Kansas Health Foundation, in partnership with the Kansas Health Institute and the Kansas Department of Health and Environment, has developed a comprehensive intervention project which starts where the Governor's Task Force ended. It will involve all the relevant partners in immunization in Kansas, follow through on recommendations from the Governor's Task Force, and identify areas and interventions to increase immunization rates across the State.

HIV/AIDS/STD - The Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and Sexually Transmitted Diseases (STD) prevention and control programs provide direct services to persons afflicted with HIV and other sexually transmitted diseases. These sections also perform HIV/AIDS and STD surveillance, allowing accurate monitoring of infection patterns and trends in Kansas, and promoting timely delivery of vital health information to the sex and needle sharing

contacts of persons. The HIV/AIDS section administers federal grant programs assuring that persons with HIV disease receive critical medical, social, and pharmaceutical services. The HIV/AIDS and STD sections both support prevention activities within local health departments and other community-based organizations. Through distribution of STD medications, these programs assure that optimal treatment is administered to persons with syphilis, gonorrhea, and chlamydia.

At the end of 2005, Kansas ranked 36th in the U.S. with 2,680 total AIDS cases reported over time and 38th in cases per hundred thousand population. As of June 2006, the Centers for Disease Control and Prevention estimated Kansas rates of infection for HIV without an AIDS diagnosis at 52 per hundred thousand population and for those with an AIDS diagnosis at 53.6. The Kansas Ryan White Title II AIDS Drug Assistance Program served approximately 55% of all known diagnosed cases in the state.

As of 2004 (most recent CDC data), Kansas' 24 cases of syphilis ranked 38 among 50 state and territories. The rate of 0.9 cases per hundred thousand population ranked 37th. The U.S. rate was 2.7 cases per hundred thousand.

Tuberculosis - The Tuberculosis program seeks to assure that proper screening and treatment for tuberculosis occur in Kansas. Program staff serve as expert resources for local health departments and other providers who deliver care to persons with tuberculosis and their contacts. Program staff conduct training courses across the state to maintain a high degree of competence in tuberculosis care. The program provides medications to assure proper treatment of patients with infectious tuberculosis. The program has also taken on Hepatitis responsibilities for the state.

As of the end of 2005, Kansas ranked 34th in the United States with a case rate of 2.2 per hundred thousand population. This compares to the national rate of 4.8 per hundred thousand.

Office of Surveillance and Epidemiology (OSE):

The Office of Surveillance and Epidemiology was created from the previous Bureau of Epidemiology and Disease Prevention. The Office is charged with investigating clusters of diseases and disease outbreaks, and tracking reportable infectious diseases. This section keeps track of the State's communicable diseases, conducts field investigations of disease outbreaks, and provides assistance to local health departments in disease investigations. Staff in the OSE also work with public health preparedness staff to develop response plans to pandemic influenza and other public health emergencies.

The OSE was responsible for the investigation, follow up and recommendations for containment of a large, multi-state mumps outbreak that infected more than 900 Kansans. OSE staff also led in the investigation of several enteritis outbreaks (characterized by vomiting and diarrhea), including one that involved 850 participants of Bike Across Kansas.

A new web-based, user-friendly disease investigation system, which will maximize efficiency at the state and local levels when communicable diseases are found, is currently in development. Test sites have been selected for deployment in early 2007. An environmental epidemiology program to track indicators of environmental health is also in progress.

Bureau of Consumer Health:

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

Food Protection and Consumer Safety regulates and inspects food service establishments and lodging facilities. Inspectors provide a core public health function by ensuring safe food and preventing foodborne illness through consistent and progressive enforcement of applicable statutes rules and regulations specific to food service and lodging establishments (restaurants, schools, senior meal sites, special events) and through educational outreach and consultation to industry statewide. 10,490 food service establishments (restaurants, school food service, senior food service, mobile food facilities) are licensed and regulated by KDHE; 780 lodging facilities are licensed and regulated. Seven contracting counties provide inspection services for 40% of food service establishments. A total of 16,844 inspections were conducted in food service establishments statewide. This program is fully funded by licensure fees.

The Kansas Childhood Lead Poisoning and Prevention Program coordinates statewide lead poisoning prevention activities, including blood lead testing, medical and environmental follow-up, case management of children with elevated blood lead levels, and educational outreach through the distribution of prevention materials. The program provides medical surveillance, pre-renovation education, licensure and certification, adult blood lead epidemiology and surveillance. The program screens clients, identifies and recommends medical actions and environmental changes to treat poisoned adults and children, and educates the public about exposure to lead hazards. In 2006, the Childhood Lead Prevention Program served approximately 27,717 children between 0-6 years old in blood lead screening and prevention activities. This activity is funded through the CDC. The Lead Hazard Control project, funded by HUD and designed to ensure identification and remediation of lead hazards in housing within Wyandotte County, is operating well ahead of benchmarks. To date, 313 environmental inspections have been conducted and 302 homes have been cleared of lead paint hazards.

Center for Health and Environmental Statistics (CHES):

CHES provides public health information by collecting and processing data regarding various health and environmental issues in the state. Vital records including births, deaths, marriages and divorces in Kansas are recorded by this office and made available to individuals according to Kansas law. Health care information data, such as worker's compensation insurance and health insurance data, is studied to determine trends. The goal of the Center for Health and Environmental Statistics is to provide vital records, data and information to the agency, the public, policymakers, program managers, and researchers.

Office of Vital Statistics- The core of the Vital Statistics system is a web-based application for internal and external processing, providing access to hospitals, funeral homes, and courts across the state. Phase II of the re-engineering of the Vital Statistics Integrated Information System (VSIS) has been completed, and fully 90% of Kansas birthing facilities and 50% of Kansas funeral homes are using the VSIS system for filing vital records. Phase III of the VSIS, the Electronic Death Registration System (EDRS), is underway. The EDRS will permit electronic filing of death certificates with electronic signatures, expedite notification of fact of death to the Social Security Administration (SSA) and other external partners, and provide more timely customer service to funeral homes and families requesting

artified copies of death certificates. Over 10 million vital records are maintained in the Vital Statistics database. In FY 2006, over 93,000 new vital records were added and over 390,000 certified vital record copies were issued.

Office of Health Assessment- During FY 2007, the Office of Health Care Information (OHCI) experienced a change in role and function as a health data collection and dissemination entity for Kansas State government. During 13-year tenure, OHCI was responsible for vital statistics analyses, publication and dissemination, trauma registry development, and health insurance, Workers Compensation, health professional and hospital discharge data collection and analysis. With the creation of the Kansas Health Policy Authority (KHPA), KDHE's responsibility to collect data identified for the health care database and the Kansas Health Insurance Information System (KHIS) was transferred January 1, 2006. Subsequently, the Office of Health Assessment was created with the responsibility to provide support to the Division of Health and the public health community with research and analysis of the various sources of health data within Kansas. Current efforts involve continued publication of Kansas health reports, as well as expanding health information available to the public through the Kansas Information for Communities (KIC) internet query tool, developing interfaced health and environment GIS capabilities, and preparing district-specific data for legislators on local health status.

Center for Public Health Preparedness (CPHP):

The Center for Public Health Preparedness was created to unify the wide range of preparedness activities within DOH under a central consolidated structure. The center provides leadership on preventing, detecting, reporting, investigating, controlling, and recovering from human illness related to chemical, biological, and radiological agents, as well as naturally occurring human health threats. The Center serves as the agency's lead in the health and medical response to all public health emergency situations, whether caused by natural events or acts of terrorism. The Center continues its work in all-hazards preparedness in close collaboration with the state's local health departments, hospitals, the Adjutant General's Department, and the Kansas Highway Patrol. The work of the Center and our partners has been nationally recognized, as the 2006 Trust for America's Health Report "Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism" ranked Kansas as second in the nation in public health preparedness.

Two supplemental pandemic influenza planning grants totaling \$3.3 million were received from the Centers for Disease Control and Prevention (CDC) during 2006. Priorities included work in improving disease surveillance and laboratory capacity; planning, training, and exercising at all levels; public education focusing on seasonal influenza; and outreach with the state's four Native American Tribes, which, for the first time, have started to collaborate with CPHP staff for pandemic flu and all-hazards preparedness.

The Cities Readiness Initiative (CRI) was launched in Kansas during 2006. CDC funding was provided to the Kansas City Metropolitan Statistical Area (MSA), which includes Franklin, Johnson, Leavenworth, Linn, Miami, and Wyandotte Counties, and to the Wichita MSA, which includes Butler, Harvey, Sedgwick, and Sumner Counties. The CRI mission is to rapidly improve the readiness of metropolitan areas to receive and dispense life-saving antibiotics/vaccines to all residents within 48 hours of a disaster.

Center for Health Disparity (CHD):

Formerly known as the “Office of Minority Health,” CHD was established as a multidisciplinary function to address health disparities in racial and, ethnic populations throughout the state. The Center’s mission is “to promote and improve the health status of racial, ethnic and tribal populations in Kansas by advocating for and coordinating access to primary and preventive services that are effective, efficient and culturally and linguistically appropriate.”

Along with a 23 member Advisory Committee to provide input in the strategic planning process, the Center has completed its first phase of infrastructure development with an award from the National Offices of Minority Health State Partnership Infrastructure Planning Program. The CHD has been charged with a leadership role in the mobilization of available health resources, programs and initiatives that equitably serve racial, ethnic and tribal populations in Kansas.

Many initiatives have been planned for 2007:

- Annual MLK Health Disparities Breakfast - January 2007
- Health Equity Conference - April 2007
- Cultural Competency Training - August 2007
- Building Coalitions Among Communities of Color - November 2007

Other Divisions within KDHE

Division of Environment:

The mission of the Division of Environment is *protecting public health and environment for Kansas*. In order to fulfill this mission and meet these goals the Division of Environment has developed and implemented regulatory, compliance assistance, monitoring, and educational programs within each of the five bureaus and the division as a whole. The Bureau of Water, conducts regulatory programs for public water supplies, waste water discharges both industrial and municipal and confined animal feeding operations. These activities are performed under the Clean Water Act and Safe Drinking Water Act and corresponding state statutes. The Bureau of Waste regulates solid and hazardous waste facilities. This work is performed under the Resource Conservation and Recovery Act and state statutes. The Bureau of Air and Radiation regulates air emissions and asbestos under the federal Clean Air Act and state statutes. The use of radioactive materials is regulated according to the Nuclear Energy Development and Radiation Control Act under agreement state status with the federal Nuclear Regulatory Commission. The Bureau of Environmental Remediation primary regulatory function is for storage of refined product under RCRA. In addition, this bureau also functions as the primary environmental cleanup program under the Comprehensive Environmental Response, Compensation and Liability Act, CERCLA and related federal and state statutes. Activities in remediation of mining legacy sites are conducted under the Surface Mining Control and Reclamation Act and state statutes. The Bureau of Environmental Field Services conducts most of the regulatory inspections for the other four bureaus. They also conduct activities to assess water quality and stream classification in surface waters.

In addition to regulatory programs, the Division administers other programs to remediate contamination, lessen non-point source pollution (such as storm water runoff, grazing livestock, feedlots, development, spills, and leaks), and to evaluate environmental conditions across the state. The Division of Environment works to ensure compliance with federal and state environmental laws through inspection

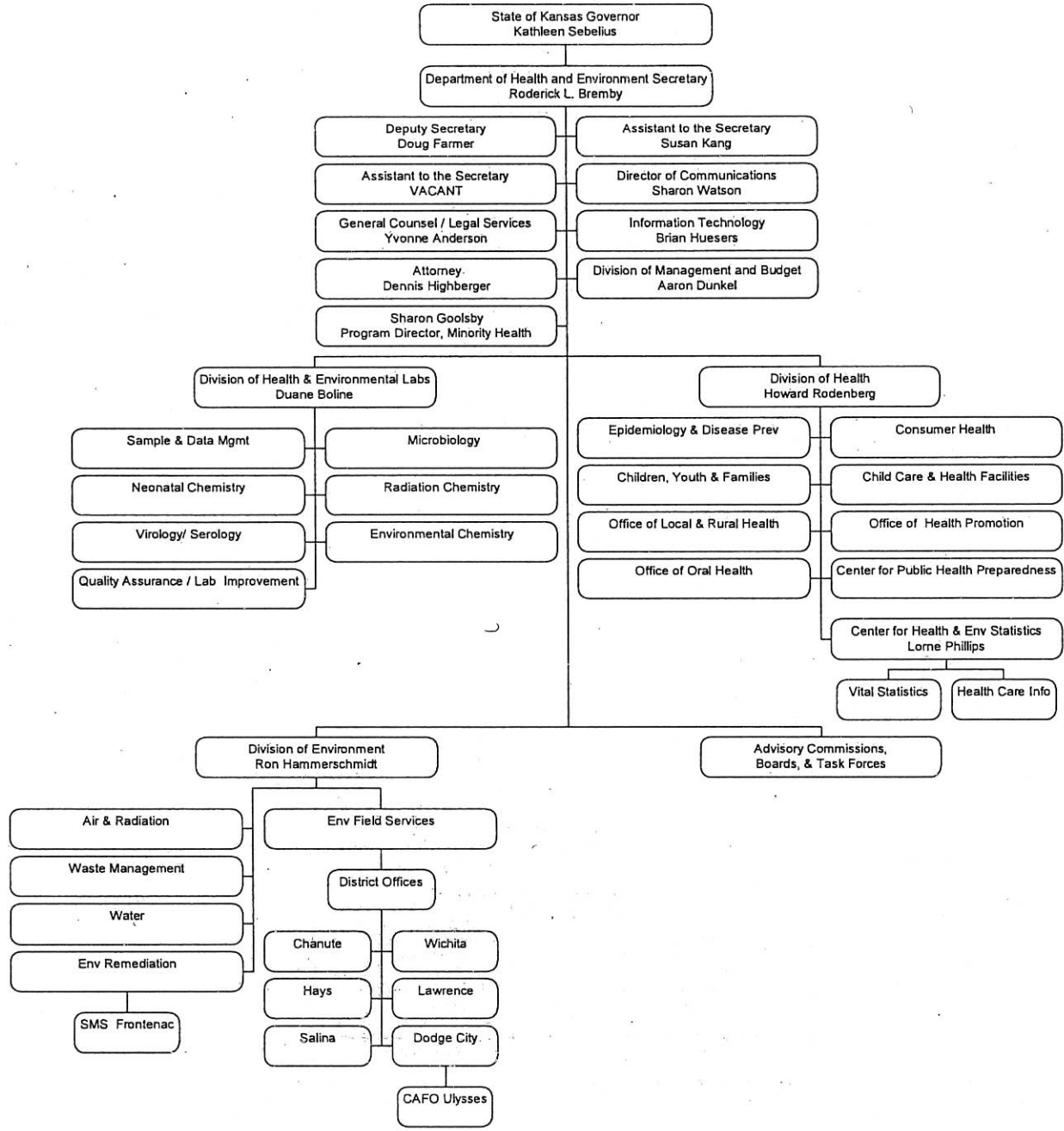
and monitoring. The Division of Environment also provides financial assistance for infrastructure across the state through the Public Water Supply Revolving Loan Fund and the Water Pollution Control Revolving Fund. These loan programs provide approximately \$100 million in new loans each year. The Pollution Prevention Program provides technical assistance to the regulated community to help ensure compliance. Many of the regulatory programs also routinely work with the regulated community to assist with compliance issues. The Division of Environment works closely with the federal agencies including the Environmental Protection Agency, and other state partners to preserve the state's natural resources.

The Division of Health and Environmental Laboratories (DHEL)

The Division of Health and Environmental Laboratories provides clinical and environmental testing in support of KDHE programs. The clinical laboratories also serve as a reference laboratory for local public health laboratory facilities and are a member of the national laboratory response network. The services provided include newborn screening for genetic disorders, infectious disease detection, chemical and radiological environmental testing, childhood blood lead prevention analysis, and emergency preparedness for detection of biological, chemical and radiological agents.

The DHEL provides certification for clinical and environmental laboratories providing services to Kansas and support for law enforcement agencies through the breath alcohol program

STATE OF KANSAS



KDHE POLICY INITIATIVES
2007 Legislative Session

HEALTH INITIATIVES

Strengthening Administrative Sanctions Under the Child Care Licensing Act
(Contains 5 subparts)

1. Authority for a ban on admissions in the child care licensing act

Obtain statutory authority to levy an intermediate sanction- to ban further admission- to child care facilities and family day care homes in lieu of denying, suspending or revoking the license or certificate for the entire facility or home when noncompliance is found and children are at risk for harm. A ban on admissions would allow the facility or home to remain open while addressing the violations and would give the department another tool to gain compliance. This would also address certain recommendations made in the October 2004 Legislative Post Audit.

2. Restricting the terms of the child care license or certificate

Obtain statutory authority to restrict or limit the terms of a child care license or certificate under certain defined circumstances as an intermediate sanction in lieu of closing the entire facility or home by suspending or revoking the license or certificate. In some cases a provider has demonstrated difficulty caring for certain aged children or groups of children. In these instances the provider may be capable of rendering adequate care for older children or smaller groups of children. The ability to limit the scope of the license or certificate to a certain age range or group size would provide the department with an additional tool that does not require suspending the license/certificate for the entire facility.

The above two proposals will likely result in noncompliance being corrected more quickly and will result in less resistance from parents and the community as children will not have to be disrupted. This will benefit KDHE, SRS, parents and the community.

3. Decrease criteria for assessment of civil penalties in the child care licensing act

Amend KSA 65-526 to lessen the criteria needed to impose a civil penalty. Under the current law, the criteria to revoke a license, the most severe sanction, consist simply of violating regulations. However, the criteria to assess a civil penalty, an intermediate sanction, require that the violation "significantly and adversely affect the health, safety or sanitation of children." The department is proposing authority to

assess a penalty for 1) repeat noncompliance found on multiple inspections or 2) for noncompliance that "affects the health, safety or sanitation of children." The current requirement that the noncompliance be "significant and adverse" should be removed, as it is a higher standard than the criteria to suspend or revoke a license. Lessening the criteria for imposing a civil penalty would increase the department's ability to use this option as an intermediate sanction instead of moving to suspend or revoke a license or certificate.

4. Restriction on reapplying for child care license following revocation

Obtain statutory authority to increase the time from one year to three years before a person can reapply for a child care facility license or family day care home certificate if their license or certificate has been revoked. After revocation, it is not unusual for providers to continue to stay open, which requires the department to pursue legal action. Waiting one year following revocation to reapply is simply not long enough to act as an effective deterrent nor does it provide sufficient time to prosecute an individual for providing child care without a license or certificate. The department is proposing a person wait for three years before they could reapply to provide a deterrent for continued noncompliance. This proposal would also serve to meet the October 2004 Legislative Post Audit recommendation that the department increase the sanctions available to it to enforce the regulations.

5. Extend the license renewal period and expiration of license for failure to renew

Amend the K.S.A. 65-505, to adjust the fee schedule so that renewal fees can be collected every three years, which would allow the department to move from an annual renewal cycle to a 3-year renewal cycle. Safeguards for children will not be reduced nor will a reduction in the frequency of inspections occur. An adjustment to the revenue collected on an annual basis would result in \$45.00 collected in three years, as opposed to the \$15.00 collected on an annual basis.

As a disincentive against late filings, the department proposes to obtain new statutory authority to have licenses automatically expire if renewals are not submitted on time. Subsequently, we would send a letter to the providers whose licenses have been expired advising them of this fact and how to remedy the situation: the department will reinstate their license if they send in the necessary renewal documents and pay a late penalty, an amount equal to the actual renewal fee, which is dependent on the type of license. The department issues approximately 400 administrative orders annually to suspend licenses when the renewal paperwork and fees are not received on time, which adds to bureaucratic paperwork and inefficiencies.

Sharing KBI Background Check Results With Child Placement Agencies

Amend KSA 65-516 to permit the Department to share results from the KBI background checks with the child placing agencies for the purposes of adoption and assessment of the suitability of prospective foster parents to become licensed. This would reduce duplicate background checks. Further amend the statute to obtain fingerprints to conduct background checks in other states for those prospective foster parents who have lived in Kansas for 5 years or less. The foster parent or the child placement agency would pay for the cost of the fingerprinting. This bill passed the House in the last session but did not get out of the Public Health and Welfare Committee.

Homes with SRS Adoptive Placement Agreements

Amend KSA 65-503 to clearly exclude from child care facility licensure those family homes with a signed adoptive placement agreement. This amendment would further streamline the placement of children into permanent homes and would remove the requirement for licensure. SRS agrees with this proposal and would testify in favor of its passage.

Currently, there are differing statutory requirements for licensure between the provisions of the Child Care Licensing Act and the Kansas Code for Care of Children, and consequently has resulted in unclear direction regarding whether or not these family homes are required to be licensed as family foster homes. Adding language to exclude from licensure those homes that have an adoptive placement agreement eliminates the inconsistencies and would help to facilitate adoptions.

Enhancements to the Kansas Cancer Registry

Amend KSA 65-1,172 to expand the allowable uses of confidential data in the Kansas Center Registry (KCR) to conduct independent follow-up on cancer cases for public health purposes. This proposal would allow the department to, among other things, follow up with patients on their quality of life, past cancer screening practices, and assess potential cancer clusters in a specific geographical area.

This proposal would strengthen the cancer surveillance system in Kansas by obtaining population-based data/information on additional aspects of cancer that are currently not collected through KCR. The ability to follow up with cancer patients will help public health officials to identify and understand the correlation between various cancers and possible risk factors, which will help prevent cancer by establishing more effective means for controlling those risk factors. Further, passage of this proposal will aid in KU Medical Center's efforts to obtain a comprehensive cancer designation.

Expanded Newborn Screening

Amend KSA 65-180 to expand the number of newborn metabolic screening tests from the current 4 to 29, which includes a newborn hearing test. At the behest of the 2006 legislature, the department convened an advisory group of concerned stakeholders to draft a plan for implementing expanded screening. This proposal results from a collaborative process among the stakeholders, including insurance groups, Kansas Hospital Association and the Kansas Chapter of the American Academy of Pediatrics, as well as the state. Prior to introduction, the Child Health Advisory Committee will review and recommend final language of the bill.

The proposal is to charge \$30 per live birth to conduct the expanded screening tests and any follow-up tests or repeat tests that may be necessary. To address treatment of any conditions that may be found, the department requested an SGF enhancement of \$191,000.

Lodging Inspection Program

Amend KSA 36-502 and 36-512 to 1) create a dedicated Lodging Inspection Fee Fund; 2) permit deposit of all revenues (approximately \$52,000) collected from lodging establishments into the fee fund; and 3) allow the Secretary to set lodging application and license fees by regulation. Currently, lodging fees are set by statute and have not been changed since 1978. This would allow the agency to make adjustments to the fees by regulation as administrative and regulatory demands warrant.

Currently, there are 769 licensed lodging establishments in Kansas. In the past eight years, inspections of these facilities have declined by about 75%. This decline in oversight correlates with the decline in resources and focus toward food safety, which was necessitated by the 2002 LPA audit. The decrease in inspections has resulted in increased complaints and potential for illness, which may ultimately negatively affect tourism in the state.

ENVIRONMENT INITIATIVES

State Compliance with the Federal Energy Act of 2005

Amend the Kansas Storage Tank Act to comply with the applicable provisions of the federal Energy Policy Act of 2005. The amendments to the federal act now place new conditions on the state's Underground Storage Tank (UST) Program, including more frequent inspections, increased public reporting, and new training requirements for UST operators.

A comprehensive review determined that 500 out of 3000 facilities in the state had not been inspected in the last eight years. Currently the department is unable to respond to

the most serious deficiencies, including responding to active releases from USTs. Deficiencies that are not addressed can result in the releases of petroleum and a compromise the health and environment of the citizens of Kansas. The department has requested an enhancement of \$378,695 to implement the new requirements.

Revision of Landfill Siting Restrictions to Protect Water Resources

Amend KSA 65-3407(1) to provide more comprehensive and more scientifically based criteria related to siting restrictions for landfills. The goal is to establish sound criteria to protect valuable water resources by limiting allowable locations for landfill development. The bill would provide added protection of the most valuable water resources of Kansas by restricting landfill permit issuance within one mile of protected water resources.

The department introduced a similar bill in 2006, but the Senate Natural Resources Committee took no action. Based on conversations with Sedgwick County and Sen. McGinn, the department believes this version of the bill addresses the concerns expressed in the last session.

Expansion of Waste Tire Grant Program and Flexibility to Utilize Unspent Waste Tire Funds in Subsequent Years for Grants

Codify in statute changes the 2006 legislature made via proviso to the waste tire recycling grant program. This bill would eliminate the restriction placed on using unspent funds from the preceding year for grant awards and would also expand the grant program to assist local governments in purchasing playground covers made from recycled waste tires.

The KDHE House Appropriations Subcommittee that evaluated the issues concluded that grant program funding should not be restricted to using only unspent revenue from the previous fiscal year. The Subcommittee also believed that grants used to cover playground equipment were more economically feasible.