

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Vice-Chair Peggy Mast at 1:30 P.M. on March 14, 2007 in Room 526-S of the Capitol.

All members were present except:

Tom Holland

Clark Shultz

Committee staff present:

Jason Thompson, 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:

Pam Scott, KS Funeral Directors & Embalmers Association

Mack Smith, KS Board of Mortuary Arts

Dr. Howard Rodenberg, Kansas Department of Health & Environment

Others Attending:

See Attached List.

Representative Colyer introduced the presenter on health reform issues, **Michael Bond**, Director of the Center for Health Care Policy, Cleveland, OH.

Mr. Bond said that 2/3 of the currently uninsured people live at or below the poverty level. He presented a possible solution which he calls the "six" or Small Group Exchange Plan (S.G.IX.). This is a state sponsored "mart" where small employers and individuals can go to purchase health insurance. He estimates a 5-30% overhead. Groups would range 5% and higher, while individuals would be at a 30% or lower overhead.

Advantages of this plan are in economy of scale to reduce overhead. As the large group grows, cost becomes more predictable. Products can be presented in an easy to understand format. The center could also assist in enrolling the medicaid eligible. Another advantage is that the S.G.IX. will set minimum benefit packages and insurance capital requirements, functioning as a human resources department, but would not be a regulator. They would assist firms and insurance carriers in risk-managed premium adjustments.

Employees need to be sensitized that health care isn't free. Proper adjustment for risk is key. This plan eliminates job lock and makes insurance portable. It will allow couples to combine different premiums. The plan would include a high risk and special needs pools.

To make it work you will need government money which could come from direct payment, such as medicaid, reforming medicaid to adjust upper limits, or creation of a low income pool. Tobacco and alcohol taxes are also an acceptable source. The plan would balance the risk to enroll an individual with their income. It would be provided on a "use it or lose it" basis. Lower premiums will get more people insured.

The state could possibly achieve a 30% increase in Medicaid sign up and a 50% reduction in the uninsured. (Attachment 1)

Chair Landwehr opened the floor for hearings on **SB 179 - Requiring high school graduation or equivalent for application for assistant funeral director.**

First to testify was proponent **Pam Scott**, Executive Director of the KS Funeral Directors and Embalmers Association (K.F.D.A.), who said that this bill was introduced at the request of the K.F.D.A. The bill amends the current statute to require that an applicant for an assistant funeral directors license must be a

## CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on March 14, 2007 in Room 526-S of the Capitol.

graduate of an accredited high school or must have obtained the equivalent of a high school education as determined by the state department of education as a prerequisite to licensure. The bill also requires an applicant to take and pass a written examination prior to being granted a license. The examination, still to be developed, should contain questions dealing with Kansas statutes and regulations dealing with funeral service. The bill also contains a grandfather clause providing for currently licensed assistant funeral directors to not be subject to the education and examination requirement of the bill. (Attachment 2)

Mack Smith, proponent, Executive Director of the Kansas Board of Mortuary Arts said that the Board supports the proposed changes in **SB 179**. Although nothing will be finalized until the bill passes, it is anticipated that they would administer a written examination on either a monthly or quarterly basis at the Topeka office. Questions would be over Kansas law involving the funeral profession and would be approved by the Board. (Attachment 3)

**Mortuary arts board supports proposed changes to license requirements. Application fee is a one-time fee. License is renewed every 2 years. Exam fee is new**

Chair Landwehr closed hearings on **SB 179** and asked the committee if they objected to working the bill. Representative Patton voiced objection, preferring to have answers to several questions before the bill is worked. Chair Landwehr said that she intends to work the bill tomorrow then opened hearings on SB178 - Cancer registry; uses of confidential data.

Dr. Howard Rodenberg, Kansas Department of Health and Environment, (K.D.H.E.) Spoke as a proponent of **SB 178**, saying that Cancer is the 2<sup>nd</sup> leading cause of death in the state. Costs exceed 1.6 billion per year in direct medical expenses, lost productivity on the job and premature death. Each year 12,000 Kansans are diagnosed with and 5,000 Kansans die from cancer.

Current law authorizes the Secretary of Health and Environment to collect data pertaining to all cancers that occur in Kansas, but is limited by restrictions related to use of confidential (identifiable) data. Current law allows for identifying the types and occurrence of cancer on a population basis but stops short of allowing a method to examine the causes of cancer or to identify modifiable influences that have a direct bearing on cancer outcomes. This restriction hampers public health efforts to implement recommendations of the Kansas Cancer Plan.

**SB 178** proposes to allow the Secretary of K.D.H.E. to authorize use of Cancer Registry data under carefully controlled circumstances to expand the use of this confidential data. Follow up information would be collected directly from cancer patients or their families, who will be able to decline participation upon contact or any time thereafter. The bill allows for carefully administered follow-up studies to be conducted that will provide important information on access to care, survivorship issues, and quality of life following a cancer diagnosis. Follow-up data can be used for many purposes including late stage diagnosis, quality of life for those diagnosed, utilization of cancer screening and treatment services, and end-of-life care. The intended uses of the Kansas Cancer Registry do not duplicate any current clinical data bases in Kansas. Database information which is maintained nationally for clinical trials, maintain clinical but not quantitative data.. This bill will allow public health to understand what the issues are that cause poor cancer outcomes. (Attachment 4)

Chair Landwehr closed the hearings on **SB 178** and asked the committee if there were objections to working it. There were none.

Representative Neighbors motioned to pass SB 178 favorably and place on consent calendar. Motion was seconded by Representative Garcia. Motion carried.

Chair Landwehr open hearings on SB202 - Definition of child care facility.

**Dr. Howard Rodenberg**, K.D.H.E., a proponent, said that the existing statutes for child care licensing and those governing adoption are in conflict.

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on March 14, 2007 in Room 526-S of the Capitol.

This bill proposes to amend the definition of a child care facility in order to clarify that individuals wishing to adopt children in the custody of the Department of Social and Rehabilitative Services and who have signed an adoptive placement agreement are not subject to licensure by the K.D.H.E. (Attachment 5)

**Sue McKenna** from Social and Rehabilitative Services replied to Chair Landwehr's inquiry by replying that S.R.S. did not testify today but they have been working with K.D.H.E. and do support this bill.

Chair Landwehr closed the hearings on **SB 202** and asked the committee if there were objections to work the bill. There were none.

Representative Flaharty motioned to pass **SB 202** favorably. Motion was seconded by Representative Neighbor. Motion carried.

Chair Landwehr announced that we had planned to work **HB 2292 - Abortion; performance on a minor; certain restrictions**. She said there is more to this bill than we are seeing in the legislation. She intends to not work this bill and to recommend it be addressed over the interim. There are more issues here than meet the eye.

Meeting was adjourned at 2:49 P.M. Next meeting is March 20th at 1:30 P.M.

# HOUSE HEALTH AND HUMAN SERVICES COMMITTEE GUEST LIST

DATE: March 14, 2007

NAME	REPRESENTING
Mack Smith	Kansas State Board of Mortuary Arts
LISA BENLON	AMERICAN CANCER SOCIETY
Jace Smith	American Cancer Society
Henri Menager	KDHE
Janet Neff	KDHE
Pam Scott	KS funeral Directors Assn
Marilyn Anderson	Southern Lead. Leadership Group
Chris Ross - Base	KDHE
Jennifer Flay	KHPA
M. MARTIN	VIA CRISTI HEALTH SYSTEM
Carolyn Smith	VCHS
Mike Bond	FHCCS INSTITUTE
Sarah McIntosh	Plint Hills Center
Sue Lai	KUMC
Eric Kully	AARP
Susan Byrning	Cushing Hosp. & LV

## REDUCING KANSAS' UNINSURED

Dr. Michael Bond

## WHO ARE KANSAS' UNINSURED?

- Two thirds live at or below the poverty 200% of the poverty level.
- Of this amount around 55% are actually below the poverty level with the others earning between 100% and 200% of FPL.
- Low income is obviously a major factor in the lack of insurance.

## WHO ARE KANSAS' UNINSURED?

- Two thirds of the under 65 population in Kansas has employer based insurance with 13% being covered by Medicaid (or other public coverage) and around 12% being uninsured. 8% have individual policies.
- 97% of employees of firms in the large group market (50 or more workers) have coverage

## REDUCING KANSAS' UNINSURED

- 41% in the small group market have coverage

Source: Statehealthfacts.org from the Kaiser Family Foundation

## How do we reduce the uninsured?

Reducing the uninsured requires reforms in the small group (and individual) insurance market, providing subsidies to buy coverage, and finding ways to enroll the Medicaid eligible.

## REFORMS TO REDUCE THE UNINSURED

### REFORM #1 CREATE A SGIX

House Health and Human Services

DATE: 3-14-07

ATTACHMENT 1-1

## SGIX

- Small Group and Individual Health Insurance Exchange
- State sponsored "mart" where small employers and individuals can go to purchase health insurance. Initial state funding, it would exist via a small levy on premiums.

## SGIX

- Loading may range from 5% to over 30%.

Source: Reinhard, U., "Breaking American Health Policy Gridlock," Summer 1991, p. 100

## SGIX

- Expanding the size of the insured pool would reduce unsystematic risk that exists when writing policies for the small group market.

**Result: Further reduction in premiums.**

## Other Advantages of SGIX

- SGIX reduces insurance loading and produces lower premiums
- Presents products in an easy to understand format
- Central shopping place for health insurance
- Assists in enrolling the Medicaid eligible

## SGIX is not a regulator

- Power limited to setting minimum benefit packages and insurance capital requirements
- SGIX does not allow destructive community rating or guaranteed issue

## SGIX is not a regulator

- SGIX functions as a small firm/individual HR Department, will assist firms and carriers in "risk-adjusted" premiums. Medicare Part C "Advantage Plans" are risk-adjusted as is Florida Medicaid Reform

## SGIX POWERS

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- SGIX powers must be limited. Abuse of a good idea in the Clinton "Health Alliances" and Massachusetts "Connector"

- SGIX promotes competition producing innovation, higher quality and lower inflation

- Individuals/Families will choose plans based on cost and needs when Employer selects the SGIX. No required enrollment or mandates.

- Assist employers in establishing 125 plans for pre-tax premium payments, allows for switching of plans yearly with no guaranteed issue, SGIX may require actuarial payment to new firm from old in high dollar cases. Assist in "braided funding."

- Eliminates job lock and makes insurance portable, allows husband/wife to combine different employer premium.

- High risk pool expansion for uninsurable's. Eliminate costly state mandates on SGIX Plans to reduce premiums. Model is Florida Health Flex. Also allow for "special needs plans" for specific health issues. Fee for service, HMO, HSA and other plans may compete at SGIX.

### Subsidies for the Uninsured

- Subsidy plan takes into account two factors: Risk of enrolling a particular individual and the income of the person/family in question. Given the voluntary nature of enrollment at the SGIX, subsidies will be provided on a "use it or lose it" basis

### Sources of Funding for SGIX

- Direct payments to providers (DSH, URL) and, from above, creation of Low Income Pool through Medicaid waiver.
- Additional Funding from alcohol and tobacco taxes (or other acceptable sources). Bush credit plan should be expanded and equalized.

### THE MASSACHUSETTS PLAN – A FRAMEWORK FOR KANSAS?

- "Connector" is Massachusetts SGIX. Positives listed above.
- Negatives: Mandated coverage, guaranteed issue, narrow risk bands (community rating), subsidy is too small, initial quotes far higher than anticipated

### HOW MANY UNINSURED WILL OBTAIN COVERAGE?

- Sign up Medicaid eligible, possible 30%
- SGIX marketing and lower cost short-run impact 30% of non-Medicaid eligible
- **Possible short run impact, 50% reduction in uninsured**





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Topeka

Testimony Before the House Health and Human Services Committee  
On Senate Bill No. 179  
Presented by Pam Scott, Executive Director  
Kansas Funeral Directors and Embalmers Association  
March 14, 2007

Chair Landwehr and members of the Committee, I am Pam Scott, Executive Director of the Kansas Funeral Directors and Embalmers Association (KFDA). I appear before you today in support of Senate Bill No. 179 which was introduced at the request of the KFDA.

Senate Bill No. 179 amends Kansas statutes dealing with the licensure of assistant funeral directors. The Bill amends K.S.A. 65-1717 to require that an applicant for an assistant funeral directors license must be a graduate of an accredited high school or must have obtained the equivalent of a high school education as determined by the state department of education as a prerequisite to licensure. The bill would also require an applicant to take and pass a written examination prior to being granted an assistant funeral directors license. We would envision that the questions contained in the examination would be over Kansas statutes and regulations dealing with funeral service. We have not specified such in the bill but have left it up to the discretion of the Kansas State Board of Mortuary Arts to determine the nature and contents of the examination.

There is a grandfather clause in the bill which provides that currently licensed assistant funeral directors will not be subject to the education and examination requirements of the bill. Also, registered apprentice funeral directors are exempt from the examination requirements in the bill. Registered apprentice are individuals who serve a one-year apprenticeship with a licensed funeral director prior to being licensed as a funeral director. They will be required to take and pass the funeral director examination upon completion of their apprenticeship.

Under Kansas law, an assistant funeral director can do virtually everything a licensed funeral can do but without a funeral directors license. K.S.A. 65-1717 defines an "assistant funeral director" as "a person who assists a funeral director in one or more of the principal functions of funeral directing" and "a person to whom the funeral director delegates the responsibility of conducting services and making interments". K.A.R. 63-2-3 provides that "A funeral, or any portion of it, and all at-need funeral arrangements shall not be conducted without a licensed funeral director or an assistant funeral director present." Currently, anyone can be licensed as an assistant funeral director by applying, paying a fee and providing proof that that

House Health and Human Services

DATE: 3-14-07

ATTACHMENT 2-1

they are capable and trustworthy to act as such, are of good moral character and temperate habits, have good standing in the community, and are qualified to engage in the business (K.S.A. 65-1717).

The KFDA established a task force to study whether changes should be made to Kansas statutes and regulations concerning the licensure of assistant funeral directors. This bill is a result of the task force's recommendations as well as input from funeral directors from throughout the state of Kansas.

KFDA members believe that Kansas law governing assistant funeral directors should be strengthened to assure that individuals serving Kansas families are of highest quality. A high school diploma or the equivalent thereto should be required to qualify for licensure. Most of our members were surprised to learn such a requirement was not already in place. We also believe requiring a written examination would help raise the quality of assistant funeral directors in the state. It will assist the State Board in determining whether an individual is capable and qualified to engage in the business of funeral directing and familiar with Kansas laws regulating funeral service. Requiring an applicant to study for and take an examination of Kansas law will also help assure that those seeking licensure have a commitment to funeral service and are not just looking for a temporary job.

While most of the individuals currently serving as assistant funeral directors in the state are very capable and qualified to hold their licenses, the current licensing requirements are an invitation for untrained, uneducated, and uncommitted individuals to enter and work in the profession. We want to take away the possibility that a funeral home will take advantage of the law and hire unqualified individuals to perform tasks funeral directors should be performing. Providing the minimal requirements of a high school diploma and an examination will help raise the level of competency of those assisting licensed funeral directors and will have the effect of better service for Kansans experiencing the loss of a loved one.

We hope you will support passage of Senate Bill No. 179.



**The Kansas State  
Board of Mortuary Arts**

Created August 1, 1907

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Mr. Mack Smith, Executive Secretary  
Mr. Francis F. Mills, Inspector  
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Senate Bill 179  
Testimony Before the House Health and Human Services Committee  
Presented by Mack Smith, Executive Secretary  
Kansas State Board of Mortuary Arts  
Room 526-S, 1:30 p.m., Wednesday, March 14, 2007

Chair Landwehr and Members of the Committee:

Thank you for the opportunity to appear before you today. My name is Mack Smith, and I am the executive secretary to the Kansas State Board of Mortuary Arts. I appear before you today to ask for your support of Senate Bill 179 which was introduced by the Senate Public Health and Welfare Committee at the request of the Kansas Funeral Directors and Embalmers Association.

The Mortuary Arts Board is in support of the proposed changes to the assistant funeral directors license including the educational requirement of graduation from high school or the equivalent thereof and passing a written examination. Our board has had preliminary discussions regarding the written examination. Although nothing will be finalized until the bill passes, it is anticipated that we would administer a written examination on either a monthly or quarterly basis at our Topeka office. Questions would be approved by the board, which is composed of three licensees and two consumers. Subject matter for the examination would be that of Kansas law (statutes and regulations) involving the funeral profession.

Under current law, assistant funeral directors work under the supervision of licensed funeral directors. They are able to perform the same duties as funeral directors—at the discretion of the licensed funeral director, except that they cannot be in charge of a funeral or branch establishment, or be issued funeral or branch establishment licenses.

Again, thank you for the opportunity to appear before you today. I will do my best to answer any questions of the committee.

Sincerely,

Mack Smith, Executive Secretary  
Kansas State Board of Mortuary Arts



Kathleen Sebelius, Governor  
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH  
AND ENVIRONMENT

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Division of Health

**Testimony for Senate Bill 178  
Follow-up on Cancer Cases**

**To the  
House Health and Human Services Committee**

**Howard Rodenberg MD MPH  
Kansas Department of Health and Environment**

**March 14, 2007**

Madame Chair and Members of the Committee, I am Dr. Howard Rodenberg. I serve as the Director of the Division of Health in the Kansas Department of Health and Environment and as State health Officer. Thank you for the opportunity to appear before you today to discuss Senate Bill 178 concerning the Kansas Cancer Registry. The Department of Health and Environment supports this bill to grant authority to the Secretary to conduct follow-up studies for important public health purposes.

Each year in Kansas, nearly 12,000 people are diagnosed with cancer, and 5,000 die from the disease. Cancer is second only to heart disease as the leading cause of death among Kansas' citizens. The cost of cancer exceeds \$1.6 billion each year in direct medical expenses, lost productivity on the job and premature death.

Current law authorizes the Secretary of Health and Environment to collect data pertaining to all cancers that occur in Kansas and to adopt rules and regulations that specify who shall report, the data elements to be reported, timeliness of reporting and the format for collecting and transmitting data to the registry. Under the Secretary's authority, this information is reported to the Kansas Cancer Registry located at the University of Kansas Medical Center, which is operated by research professionals under a contractual agreement with the Kansas Department of Health and Environment. The cancer registry receives reports from Kansas hospitals, physicians, laboratories and clinics through mail, fax or electronic submission. Data collected includes only the type of cancer, stage at diagnosis, patient's personal information (such as name, age, address) and the diagnosing physician's contact information. The data is maintained by the Kansas Cancer Registry using strict protocols to protect confidentiality. The Cancer Registry procedures are reviewed on an annual basis by the Internal Review Boards of KU and KDHE to assure protection of patient confidentiality.

*House Health and Human Services*

DATE: 3-14-07

ATTACHMENT 4-1

OFFICE OF THE DIRECTOR OF HEALTH  
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 300, TOPEKA, KS 66612-1368

Voice 785-296-1086 Fax 785-296-1562

The Kansas Cancer Registry has achieved a rating of gold standard from the National Association of Central Cancer Registries based upon completeness, timeliness of reporting and data quality. Data from the Registry is used extensively for public health purposes to monitor occurrence of types of cancers, assess demographic patterns in cancer occurrence, stage at diagnosis and length of time from diagnosis until death. The data from the registry was used extensively by the 60+ partner organizations who were involved in developing the Kansas Cancer Control and Prevention Plan. The incidence and mortality information provided by the registry also enables the state to meet program and evaluation requirements for receipt of federal funds to support the Early Detection Works breast and cervical cancer screening program.

While the Registry provides critical information on occurrence of cancer, its utility is limited significantly by restrictions related to use of confidential (identifiable) data. Current law provides for identifying the types and occurrence of cancer on a population basis, but stops short of allowing a method to examine the *causes* of cancer or to identify modifiable influences that have a direct bearing on cancer outcomes. This restriction hampers public health efforts to implement recommendations of the Kansas Cancer Plan, which outlines a plan to impact the prevention of cancer as well as the quality of life of cancer survivors and their families.

Senate Bill 178 proposes to allow the Secretary of the Department of Health and Environment to authorize use of Cancer Registry data under carefully controlled circumstances to expand the use of this confidential data. The Secretary of KDHE will adopt rules and regulations regarding any and all projects to be conducted to ensure privacy, sensitivity and context of inquiries. In keeping with the strict protocols regarding confidentiality issues that are already in place, all proposed studies would be reviewed and require approval of the Institutional Review Boards of the Kansas Department of Health and Environment and the University of Kansas Medical Center to assure the highest level of confidentiality. Follow up information would be collected directly from cancer patients or their families, who will be able to decline participation upon contact or any time thereafter.

The bill will allow for carefully administered follow-up studies to be conducted that will provide important information on access to care, survivorship issues and quality of life following a cancer diagnosis. These are priority issues identified in the Kansas Cancer Prevention and Control Plan and will be used to design and implement effective screening and early detection programs, conduct epidemiological studies, monitor health care access, utilization and effectiveness of services for prevention and treatment and quantify financial burden associated with cancer care. Follow up with cancer patients for this purpose is becoming standard practice among Cancer Registries, with about half of the states operating Cancer Registries already including this provision related to use of confidential data. It's important to note that SB 178 does not allow for any "routine" contacts of cancer patients reported to the Registry, nor does it include any additional duties or reporting requirements on the part of diagnosing physician. Further, patients and families can only be contacted as part of an authorized study, and can "opt out" of participation at any time.

One example of a study that could be conducted under the provisions of SB178 is a closer examination of Kansans diagnosed with brain cancer. We know there are between 175 and 185 new cases reported to the Kansas Cancer Registry each year, but little is known about risk factors or possible causes of brain cancer. Asking patients a few select questions about their history of

environmental exposures or health behaviors could result in pin pointing common factors that hold answers regarding potential causes or risks of this type cancer.

One of our cancer partners, a physician in rural southwest Kansas, has expressed concern about the number of late stage colorectal cancers he has diagnosed. The ability to follow up with colorectal cancer patients in the western part of the state could provide insight into why they were diagnosed at late stages: did they lack health insurance? Was transportation available to the closest screening facility? Did they not understand the importance of early detection? Such a follow up study could provide currently unavailable information about the apparent disparities between rural and urban areas of the state.

Utilization of cancer screening and treatment services are another area that would benefit greatly from follow up study. Anecdotal accounts indicate that in some circumstances patients actually refuse cancer care or specific treatment regimens, yet the reasons for their decision is not understood. In order to improve their quality of life and survivorship, we need to understand and address from a public health perspective potential attitudes or misconceptions about screening, diagnostic or treatment options. Doing so allows us to enhance these activities in a focused, cost-effective way throughout the state.

Overall, cancer survivors are growing in number as cancer education, screening, early diagnosis and quality treatment improve. It is estimated that more than 10 million people in the United States are cancer survivors. One of the goals of the Kansas Cancer Partnership is to improve the quality of life for those diagnosed with cancer. However, without sufficient follow up data it is difficult to focus interventions to change the current status.

For instance, we have little knowledge of how many individuals with cancer lose their jobs and then their health insurance or have other difficulties because of their illness. Individuals often struggle with the financial burden of cancer treatment and their recovery could affect employment, including reintegration into the workplace. To better understand how worksites and employees can be better prepared to deal with a person who comes back with physical limitations, looks different (no hair), changed energy level, need for flex schedule to accommodate treatment, personal support ,etc., we would use the authorization of SB178 to better assess the extent to which these factors impact both individuals and businesses. We would also be able to assess what supports proved to be of greatest benefit to the cancer survivor and their family.

End-of-life care is also an area of concern. The spectrum of end-of-life issues encompasses use of hospice, pain management programs, advance care directives, and the support of the surviving family. At this time we don't know the extent to which people use hospice, how many use advanced care directives, how patients and families use advanced care directives, or to what degree do families throughout Kansas understand and honor the wishes of the patient. We don't have a good way to gauge which resources proved to be the most helpful to the patient, family and provider. Using the Kansas Cancer Registry allows us to explore these questions for the benefit of future cancer victims.

It is critical to note that these uses of the Kansas Cancer Registry do not duplicate any current clinical data bases used to conduct clinical trials in cancer care. The majority of oncologists (cancer specialists) in Kansas have access to networks for clinical trials, and patients entered in

these trials have a myriad of clinical data entered into these registries. However, these registries are used almost exclusively to monitor the effect of an anti-cancer regimen and are specific to the group of patients being enrolled in the trial. Further, the information is not used in a Kansas-specific model; the aggregate information from all patients enrolled in the trials from across the country is used to determine which anti-cancer therapies provide the best treatment choices. These databases do not allow for studies on the prevention of cancer, nor for exploring the social situation in which cancer victims and their families exist, nor for evaluating the survivorship and end-of-life experiences.

The statewide nature of the Kansas Cancer Registry is the only source where the sum total of patients with cancer in Kansas can be accessed in the numbers needed to assure reliable research and explore policy issues and options unique to our state.

The biggest gain from this change in statute will allow public health to understand what the issues are that cause poor cancer outcomes. It is not a clinical trial as to which drug works best - rather, it provides a way for public health to better understand what keeps people from utilizing the services and resources that are available. The passage of Senate Bill 178 will result in the collection of cancer information beneficial to all Kansans who are touched by cancer, now or in the future.

Thank you for your consideration of this issue. I would be happy to answer any questions at this time.



Kathleen Sebelius, Governor  
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH  
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Division of Health

**Testimony on SB 202**

**To**

**House Committee on Health and Human Services**

**By**

**By Howard Rodenberg, MD, MPH  
Director, Division of Health**

**Kansas Department of Health and Environment**

**March 14, 2007**

Chairperson Landwehr and members of the Committee, my name is Howard Rodenberg and I am the director of the Division of Health at the Kansas Department of Health and Environment. Thank you for the opportunity to appear before you today in support of Senate Bill 202.

SB 202 proposes to amend the definition of a child care facility in order to clarify that individuals wishing to adopt children in the custody of the Kansas Department of Social and Rehabilitation Services, (SRS) and who have signed an adoptive placement agreement, are not subject to licensure by the Kansas Department of Health and Environment.

The Child Care Licensing Act, K.S.A. 65-501 et seq., sets forth requirements for child care facility licensure. When a child under 16 years of age is removed from their parental home and is placed by SRS with a family that is not related to the child by blood, marriage or legal adoption, the Child Care Act requires the family to be licensed as a family foster home.

However, K.S.A. 59-2131 permits the court to order the placement of a child for adoption in an unlicensed family home when the family has been determined to be suitable. K.S.A. 59-2132 requires an adoptive assessment of the family's background and suitability in order to adopt.

The differing statutory requirements governing adoption and child care facility licensure has resulted in unclear direction regarding whether or not families, wishing to adopt children in SRS custody, are required to be licensed as family foster homes.

The proposed language in SB 202 brings these differing statutes into harmony by clearly exempting from child care facility licensure families who wish to adopt children in the custody of the Secretary of SRS and who have entered into an adoptive placement agreement.



The amendment proposed in SB 202 would result in further streamlining the placement of children into permanent homes. Safety and suitability issues will continue to be addressed through the adoptive assessment and background checks prior to the family signing an adoptive placement agreement and throughout the adoption process.

For these reasons the Department supports the passage of SB 202. I am available to answer any questions you may have.