Approved: February 13, 2007
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on February 7, 2007 in Room 231-N of the Capitol.

All members were present except:
Mark Gilstrap- excused

Committee staff present:
Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jim Wilson, Office of Revisor of Statutes
Nobuko Folmsbee, Office of Revisor of Statutes
Morgan Dreyer, Committee Secretary

Conferees appearing before the committee:
Dr. Bill Leeds
Paula Marment, MS, RD, LD, Director, Office of Health Promotion, Kansas Department of Health and Environment
Terri Roberts, Executive Director, Kansas State Nurses Association
Mary Jayne Hellebust, Director, Tobacco Free Kansas Coalition, Inc.
Senator Haley
Teresa Schwab, Executive Director, Oral Health Kansas
Marcia Manter, ECP Project Coordinator, Oral Health Kansas
Kevin Robertson, Executive Director, Kansas Dental Association
Ron Gaches, Gaches, Braden, Barbee and Associates

Others attending:
See attached list.

Upon calling the meeting to order, Chairman Barnett opened the hearing for **SB 250.**

Hearing on SB 250 – An act concerning motor vehicles; prohibiting smoking when certain children are in motor vehicle

The chair called upon Nobuko Folmsbee to read and explain **SB 250**.

Chairman Barnett called upon first proponent conferee, Dr. Bill Leeds who stated his support for the bill. No written testimony was provided for the Committee.

The Chair called upon proponent conferee, Paula Marment, MS, RD, LD, Director, Office of Health Promotion, Kansas Department of Health and Environment who stated that reducing young children's exposure to secondhand smoke would be a positive step to improving the health of Kansas youth. A copy of her testimony is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett called upon proponent conferee, Terri Roberts, Executive Director, Kansas State Nurses Association who stated KSNA supports policies that promonte health and protect the well being of all Kansas citizens. A copy of her testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

The Chair then called upon Mary Jayne Hellebust, Director, Tobacco Free Kansas Coalition, Inc., who stated that exposure to secondhand smoke increases the chances that the children will suffer from smoke-caused coughs and wheezing, bronchitis, asthma, pneumonia, potentially fatal lower respiratory tract infections, eye and ear problems and other health problems. A copy of her testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

Testimony and an article was passed out to the Committee from Senator Haley regarding his support for the bill. A copy of his testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 7, 2007 in Room 231-N of the Capitol.

The Chair called the attention to written testimony provided by Roy Jensen, Director, KU Cancer Center. A copy of his testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

The chair then closed the hearing on **SB 250** and announced that the next order of business was to open the hearing on **SB 176**.

Hearing on SB 176 – An act concerning dental hygienists; relating to issuance of permits authorized by practice

Chairman Barnett then called upon the first proponent conferee, Teresa Schwab, Executive Director, Oral Health Kansas who stated that with this legislation, communities have been given the flexibility to design dental programs that meet their unique challenges and needs. A copy of her testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

The Chair called upon proponent conferee, Marcia Manter, ECP Project Coordinator, Oral Health Kansas who stated her support for the bill with the proposed changes in her testimony as well as an addendum to add to her testimony. A copy of her testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett called upon proponent conferee, Kevin Robertson, Executive Director, Kansas Dental Association, who stated his support for the bill with the proposed amendments. A copy of his testimony is (Attachment 8) attached hereto and incorporated into the Minutes as referenced.

The Chair then called upon proponent conferee, Ron Gaches, Gaches, Braden, Barbee and Associates who stated that this bill expands beyond the excellent work that the Kansas Legislature enacted three years ago with the original authorization of the Extended Care Permit. A copy of his testimony is (Attachment 9) attached hereto and incorporated into the Minutes as referenced.

The Chair called the Committee's attention to written testimony provided by Kansas Department on Aging. A copy of their testimony is (Attachment 10) attached hereto and incorporated into the Minutes as referenced.

The Chair called the Committee's attention to written testimony provided by Children's Alliance. A copy of their testimony is (Attachment 11) attached hereto and incorporated into the Minutes as referenced.

The Chair called the Committee's attention to written testimony provided by The Saint Francis Academy. A copy of their testimony is (Attachment 12) attached hereto and incorporated into the Minutes as referenced.

The Chair called the Committee's attention to written testimony provided by The Juvenile Justice Authority. A copy of their testimony is (Attachment 13) attached hereto and incorporated into the Minutes as referenced.

The motion was made by Senator Schmidt to add the amendment to the bill. It was seconded by Senator Haley and the motion carried.

The motion was made by Senator Haley to move the bill out favorably. It was seconded by Senator Jordan and the motion carried.

Adjournment

As there was no more time, the meeting was adjourned at 2:30 p.m.

The next meeting is scheduled for Thursday, February 8, 2007.

Senate Public Health and Welfare Committee

Feb 7, 2007

Please Sign In

Melissa Graham	KS Dental Board
Betty Wright	Ks. Dental Board
Jessica Bergman	Office of Sen. D. Schmidt
Craig Kaberline	KAA
Carolyn Middendorf	Ks St Nurses Assn
Barb Conrad	Ks Dept on Aging
Derek Hein	Hein Law Firm
Ron Hein	Hein Law Firm, Chtd
Kathy Hunt, RDH	
Shannon Arnold	KAC
Kathy Ward	KDHE
Sheldon Weisgrau	KHI
Paula Marmet	KDHE
Mary Jayne Kleeb	TFKC
Cara M. Lewis	KAMU
Michelle Peterson	Capitol Strategies
Kevin Robinson	Kansas Dental Assn.
Jim McLean	KHI

KANSAS
DEPARTMENT OF HEALTH
AND ENVIRONMENT

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

Testimony on Senate Bill 250
Prohibiting Smoking When Certain Children Are in Motor Vehicle

To
Senate Public Health and Welfare Committee

Presented by
Paula Marmet, MS, RD, LD
Director, Office of Health Promotion

Kansas Department of Health and Environment

February 7, 2007

Chairman Barnett and members of the Senate Public Health and Welfare Committee, my name is Paula Marmet. I am the Director of the Office of Health Promotion for the Kansas Department of Health and Environment. Thank you for the opportunity to appear before you today regarding Senate Bill 250, which proposes to ban smoking in cars when children age eight or younger are present.

Nearly 60% of Kansas students in grades 6-12 report being exposed to tobacco smoke on a regular basis. Exposure to secondhand smoke early in life causes children to suffer the negative health consequences of asthma, inner ear infections and other respiratory problems. The lungs of young children are still developing and are particularly sensitive to the effects of secondhand smoke.

According the 2005/2006 Kansas Youth Tobacco Survey 35 percent of middle school students (6^{th} – 8^{th} grade) and 42 percent of high school students (9^{th} – 12^{th} grade) surveyed said that they were exposed to secondhand smoke in a car during the seven days prior to the survey. (Statistics on younger children are not available.)

A study published in the November 2006 American Journal of Preventative Medicine stated, "the predominant source of secondhand smoke among children is domestic exposure, and while up to two thirds of U.S. households have car smoking bans, an unacceptable number of children remain vulnerable." The study concluded that private passenger cars have the potential to yield unsafe levels of secondhand smoke contaminants.

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Senate Public Health and Welfare committee
Attachment #1
February 7, 2007

Tobacco smoke contains more than 4,000 chemicals, 200 of which are known poisons and approximately 40 of these chemicals could cause cancer. The 2006 United States Surgeon General's report on the health effects of secondhand smoke concluded that there is no safe level of secondhand smoke. (A copy of the Executive Summary of this report accompanies this testimony for your review.) Currently more than 250 Kansans die each year from exposure to secondhand smoke.

Reducing young children's exposure to secondhand smoke would be a positive step to improving the health of Kansas youth. Thank you for your consideration of this issue. I'll be pleased to stand for any questions you might have.

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KANSAS STATE NURSES ASSOCIATION

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TERRI ROBERTS, J.D., R.N.
EXECUTIVE DIRECTOR

For More Information Contact:
Terri Roberts J.D., R.N.
troberts@ksna.net
February 7, 2007

S.B. 250 Prohibiting Smoking in vehicles with Children under 8 years of age

Senator Barnett and members of the Senate Public Health and Welfare Committee, my name is Terri Roberts J.D., R.N., and I am the Executive Director of the KANSAS STATE NURSES ASSOCIATION. KSNA is the professional organization for registered nurses in Kansas.

The KANSAS STATE NURSES ASSOCIATION supports policies that promote health and protect the well being of all Kansas citizens. S.B. 250 is designed to protect young children from unnecessary exposure to second-hand smoke, commonly referred to as environmental tobacco smoke (ETS). Some children are particularly vulnerable to the effects of second-hand smoke because they have asthma or other upper respiratory conditions that second hand smoke exacerbates, but the health of all children is negatively impacted by ETS. Riding in a car, the tobacco smoke is an enclosed environment and the child cannot avoid the ETS exposure.

What Is Secondhand Smoke?

Secondhand smoke is a combination of the smoke from a burning cigarette and the smoke exhaled by the smoker. Also known as environmental tobacco smoke (ETS), it can be recognized easily by its distinctive odor. ETS contaminates the air and is retained in clothing, curtains and furniture. Many people find ETS unpleasant, annoying, and irritating to the eyes and nose. More importantly, it represents a dangerous health hazard. Over 4,000 different chemicals have been identified in ETS, and at least 43 of these chemicals cause cancer.

Who Is At Risk For Secondhand Smoke?

Although ETS is dangerous to everyone, fetuses, infants and children are at most risk. This is because ETS can damage developing organs, such as the lungs and brain.

ETS is causally linked with a number of adverse health effects in children (under 18), including:

- lower respiratory tract infections (i.e. croup, bronchitis and pneumonia)
- increased fluid in the middle ear
- upper respiratory tract irritation
- reduced lung function
- additional episodes of asthma

Senate Public Health and Welfare committee
Attachment #2
February 7, 2007

- increased severity of asthmatic symptoms in children

- reduced oxygen flow to tissues, comparable to children with anemia, cyanotic heart disease or chronic lung disease †

ETS is also associated with:

- Sudden Infant Death Syndrome (SIDS)
- acute middle ear infections (otitis media)
- tonsillectomy
- meningococcal infections
- cancers and leukemias in childhood
- slower growth
- adverse neurobehavioural effects
- upper respiratory tract infections (colds and sore throats)
- unfavorable cholesterol levels and initiation of atherosclerosis (heart disease) †

Secondhand Smoke And Its Effect On...

The fetus and newborn: Maternal, fetal, and placental blood flow change when pregnant women smoke, although the long-term health effects of these changes are not known. Some studies suggest that smoking during pregnancy causes birth defects such as cleft lip or palate. Smoking mothers produce less milk, and their babies have a lower birth weight. Maternal smoking also is associated with neonatal death from Sudden Infant Death Syndrome, the major cause of death in infants between one month and one year of age.

Children's lungs and respiratory tracts: Exposure to ETS decreases lung efficiency and impairs lung function in children of all ages. It increases both the frequency and severity of childhood asthma. Secondhand smoke can aggravate sinusitis, rhinitis, cystic fibrosis, and chronic respiratory problems such as cough and postnasal drip. It also increases the number of children's colds and sore throats. In children under two years of age, ETS exposure increases the likelihood of bronchitis and pneumonia. In fact, a 1992 study by the Environmental Protection Agency says ETS causes 150,000 to 300,000 lower respiratory tract infections each year in infants and children under 18 months of age. These illnesses result in as many as 15,000 hospitalizations. Children of parents who smoke half a pack a day or more are at nearly double the risk of hospitalization for a respiratory illness.

The Ears: Exposure to ETS increases both the number of ear infections a child will experience, and the duration of the illness. Inhaled smoke irritates the eustachian tube, which connects the back of the nose with the middle ear. This causes swelling and obstruction which interferes with pressure equalization in the middle ear, leading to pain, fluid and infection. Ear infections are the most common cause of children's hearing loss. When they do not respond to medical treatment, the surgical insertion of tubes into the ears is often required.

The Brain: Children of mothers who smoked during pregnancy are more likely to suffer behavioral problems such as hyperactivity than children of non-smoking mothers. Modest impairment in school performance and intellectual achievement have also been demonstrated.

I have also attached to my testimony a Summary of Research Findings from the World Health Organization on Second Hand Smoke and Children's Health.

Second Hand Smoke and Children's Health

A Summary of Research Findings

From: Consultation Report. International Consultation on Environmental Tobacco Smoke (ETS) and Child Health. Tobacco Free Initiative, World Health Organization, June, 1999, p. 17

Report [1]	Lower respiratory tract infections[2]	Middle ear disease	Chronic respiratory symptoms	Asthma	Lung function	Sudden infant death syndrome (SIDS)
United States Surgeon General (1986)	More frequent in children whose parents smoke	Suggestive evidence that middle ear effusion[3] is more common in children whose parents smoke	More frequent in children whose parents smoke	Not reviewed	Small decrements in children whose parents smoke	Not reviewed
United States Environmental Protection Agency (1992)	ETS is causally associated with increased risk	ETS is causally associated with increased prevalence of middle ear effusion	ETS is causally associated with increased prevalence	ETS is causally associated with additional episodes and increased severity of symptoms in asthmatic children; suggestive evidence that ETS causes new cases of asthma	ETS is causally associated with small reductions	Strong evidence that maternal smoking increases the risk of SIDS. Data inadequate to assess specific role of ETS
California Environmental Protection Agency (1997)[4]	ETS is causally associated	ETS is causally associated	ETS is causally associated	ETS is causally associated with asthma exacerbation and induction	Suggestive evidence of causal association with ETS	ETS is causally associated
Australian National Health and Medical Research Council (1997)[5]	ETS has cause-and-effect relationship	Causal link between ETS and middle ear effusion	Not reviewed	Causal relationship between ETS and asthma	Association with ETS exposure	Causal association with ETS
United Kingdom Scientific Committee on Tobacco and Health (1998)	ETS is a cause	Parental smoking causes acute and chronic middle ear disease	Convincing evidence that parental smoking increases risk	ETS is a cause of asthma attacks	Not reviewed	ETS has cause-and-effect association

[1] See bibliography in report for details of source.
[2] In infants and very young children.
[3] i.e., fluid in the middle ear, or "glue ear".
[4] The report also concluded that exposure of pregnant nonsmokers to ETS is causally associated with reduced foetal growth and that there is suggestive evidence that ETS is causally associated with adverse impacts on cognition and behaviour.
[5] The report also concluded that there is suggestive evidence that exposure of pregnant nonsmokers to ETS causes reduced foetal growth.

Tobacco Kansas Coalition, Inc.

Date: February 7, 2007

To: Members of the Senate Public Health and Welfare Committee

From: Mary Jayne Hellebust, TFKC Director

Re: Support for Senate Bill 250—prohibition of smoking in vehicles containing children eight years or younger

Mr. Chairman and Members of the Committee,

Thank you for the opportunity to appear before you to speak to the need to protect children from the known toxins in secondhand smoke, including exposure to secondhand smoke in vehicles. Exposure to secondhand smoke increases the chances that the children will suffer from smoke-caused coughs and wheezing, bronchitis, asthma, pneumonia, potentially fatal lower respiratory tract infections, eye and ear problems and other health problems. In the US each year, 280 children are estimated to die from respiratory illnesses caused by second hand smoke.

Each year, 161,000 Kansas children are exposed to secondhand smoke, most from parents' smoking in their presence. Some of this exposure undoubtedly occurs in vehicles. What is interesting to note is that in Kansas only 17.8% of adults say they are smokers, yet 94% of Kansans identify exposure to secondhand smoke as being somewhat or very harmful, and half of the smokers in Kansas report that they have tried to quit in the past year. We also know that children who spend their childhood watching others smoke are more likely to repeat this addictive behavior and eventually pass this modeled behavior on to their children, again with sometimes tragic health consequences for all concerned.

Several other states have adopted prohibitions against adults smoking in cars that contain children because they see it as a way to protect children from a known toxin. About half a dozen are considering such legislative action this year. Many of the states that are pushing the hardest on this issue are those that have already adopted a comprehensive state law for smokefree public areas and workplaces, as a logical extension of protecting the right of all people to breathe clean air uncontaminated by the poisons in tobacco smoke.

Mary Jayne Hellebust, Executive Director
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Senate Public Health and Welfare committee
Attachment # 3
February 7, 2007

Protecting children from any exposure to secondhand smoke has to be a priority for Kansas. However, sometimes that protection has to expand to the entire community that surrounds the child. Experiences in other states show that proven programs and policies aimed at protecting everyone from exposure to secondhand smoke (like statewide smoking restrictions) providing additional help to those adults - and youth - to stop using cigarettes, and setting up programs for protecting children from easy access to tobacco products and from being encouraged to experiment with an absolutely addictive product can also lead to significant reductions in smoking prevalence. And as smoking prevalence decreases, more and more children, born and unborn, will not suffer the severe consequences of exposure to secondhand smoke.

We appreciate Senator Haley's efforts to focus on the need to protect children from one of the most dangerous legal products currently sold and used in our country. We look forward to the day when our children will be exposed to tobacco and cigarettes only in history books where they will learn that for hundreds of years Americans had been manipulated into using a product that was guaranteed to make them sick or to kill them, if it were used as directed.

Thank you for your concern to keep our children tobacco free—and free of exposure to secondhand smoke.

CAMPAIGN for TOBACCO-FREE Kids®

HARM TO KIDS FROM SECONDHAND SMOKE

Every day, more than 15 million kids are exposed to secondhand smoke at home, with millions also exposed to secondhand smoke in schools and other places, as well.[1] That exposure increases the chances that the children will suffer from smoke-caused coughs and wheezing, bronchitis, asthma, pneumonia, potentially fatal lower respiratory tract infections, eye and ear problems, and other health problems. Each year, 280 children actually die from respiratory illness caused by secondhand smoke.[2]

According to a 1997 study, exposure to secondhand smoke also leads to over 500,000 physician visits for asthma and 1.3 million visits for coughs, and to more than 115,000 episodes of pneumonia, 14,000 tonsillectomies or adenoidectomies, 260,000 episodes of bronchitis, two million childhood cases of otis media (an acute or chronic inflammation of the middle ear), and 5,200 tympanostomies (middle ear operations).[3] Similarly, the U.S. Environmental Protection Agency (EPA) estimates that between 150,000 and 300,000 children under 1-1/2 years of age annually get bronchitis or pneumonia from breathing secondhand tobacco smoke, resulting in as many as 15,000 hospitalizations.[4] According to EPA, "In children under 18 years of age, secondhand smoke exposure also results in more coughing and wheezing, a small but significant decrease in lung function, and an increase in fluid in the middle ear," and exposure to second hand smoke worsens the condition of 200,000 to one million children each year while also serving as a risk factor for the onset of asthma in children with no prior symptoms."[5]

Other harms to kids from smoking by others include death and injury from smoking caused fires, nicotine poisoning and other toxic effects from the ingestion of cigarettes and cigarette butts, and fungal infections or allergic reactions among those with weakened immune systems from exposure to fungal spores or mold in cigarette tobacco.[6]

National Center for Tobacco-Free Kids September 22, 2000

For more on secondhand smoke, see the Campaign website at
http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=19

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[1] U.S. Centers for Disease Control and Prevention (CDC), "State-Specific Prevalence of Cigarette Smoking Among Adults, and Children's and Adolescents' Exposure to Environmental Tobacco Smoke – United States 1996," *Morbidity and Morality Weekly Report (MMWR)* 46(44): 1038-1043 (November 7, 1997).

[2] See, e.g., DiFranza, J.R. & R.A. Lew, "Morbidity & Mortality in Children Associated with the Use of Tobacco Products By Other People," *Pediatrics* 97(4): 560-68 (April 1997); Adair-Bischoff, C.E. & R.S. Sauve, "Environmental Tobacco Smoke and Middle Ear Disease in Preschool-Age Children," *Archives of Pediatric and Adolescent Medicine* 52(2): 127-33 (February 1999); American Academy of Pediatrics Committee on Environmental Health, "Environmental Tobacco Smoke: A Hazard to Children," *Pediatrics* 99(4): 639-42 (April 1997); Mannino, D.M., et al., "Environmental Tobacco Smoke Exposure and Health Effects in Children," *Tobacco Control* 5(1): 13-18 (Spring 1996); Anderson H.R. & D.G. Cook, "Passive Smoking and Sudden Infant Death Syndrome: Review of the Epidemiological Evidence," *Thorax* 52(11): 1003-09 (November 1997).

[3] DiFranza, J.R. & R.A. Lew (April 1997).

[4] U.S. Environmental Protection Agency (EPA), Setting the Record Straight: *Secondhand Smoke is A Preventable Health Risk*, EPA-402-F-94-005 (June 1994), www.epa.gov/iag/pubs.

[5] EPA (June 1994); EPA, Fact Sheet: Respiratory Health Effects of Passive Smoking, (January 1993).

[6] See, e.g., Leistikow, B.N., et al., "Fire Injuries, Disasters, and Costs from Cigarettes and Cigarette Lights: A Global Overview," *Preventive Medicine* 31(2 Pt 1): 91-99 (August 2000); John R. Hall, Jr., *The U.S. Smoking-Material Fire Problem Through 1995*, National Fire Protection Association (September 1997); CDC, "Ingestion of Cigarettes and Cigarette Butts by Children – Rhode Island, January 1994 - July 1996," *MMWR* 46(6): 125-128 (February 14, 1997); Alison Motluk, ""Fungal Fear: How an Unlit Cigarette Could Harm Patients with Weakened Immune Systems," *New Scientist 2000* (September 21, 2000).

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SENATE CHAMBER

DAVID B. HALEY
SENATOR
DISTRICT 4
WYANDOTTE COUNTY

Chairman Barnett; Members of the Public Health and Welfare Committee

Thank you for hearing this important public health measure. With the chairs permission, after a one minute statement now, might I reserve a few minutes after the other proponents conclude?

SB 250 is designed succinctly to prohibit smoking in cars when children are passengers.

Specifically, no driver of passenger may smoke in any vehicle which is also transporting, or preparing to transport or to disembark, a person aged eight years or younger anywhere in the State of Kansas.

We no longer smoke in places we could when I was a child, and with good reason. Every study conduced on the effects of second-hand smoke conclude without contradiction that non-smokers are susceptible to the same risks that smokers chose to take when the non-smoker is repeatedly subjected to breathing second-hand smoke.

Today we can no longer smoke on a plane or in an elevator or even in this very committee room…all of which were places we could smoke just a few short years ago.

Children are the most vulnerable to the toxins of second-hand smoke. We as members of the Public Health and Welfare Committee, have a responsibility to protect them from its danger.

Mr. Chairman, I now yield to and will be pleased to stand for questions later.

Senate Public Health and Welfare Committee
Attachment #4
February 7, 2007

COMMITTEE ASSIGNMENTS
ASSESSMENT & TAXATION
JUDICIARY REAPPORTIONMENT
PUBLIC HEALTH & WELFARE

haley@senate.state.ks.us

JOINT COMMITTEE ASSIGNMENTS
STATE TRIBAL RELATIONS
CORRECTIONS & JUVENILE JUSTICE
HEALTH CARE REFORM OVERSIGHT

Legislative Administrative Services

Date: Sunday 2-4-07 (2-3-07)

(•) Topeka Capital Journal ( ) Hays Daily News ( ) Leavenworth Times
( ) Wichita Eagle ( ) Hutchinson News ( ) Manhattan Mercury
( ) Olathe Daily News

PROPOSED BAN

Smoking in cars with kids

Sen. David Haley, D-Kansas City, thinks his plan to ban smoking in automobiles carrying children just makes good sense.

"It really is a common sense measure to not strap children into the car and then breathe toxins in their face," Haley said.

A majority of our online readers agree.

Daily Dose asked in an online poll last week if the action should be made illegal. About 54 percent said the state needed to protect children while 46 percent said the government would be going too far.

Results aren't scientific.

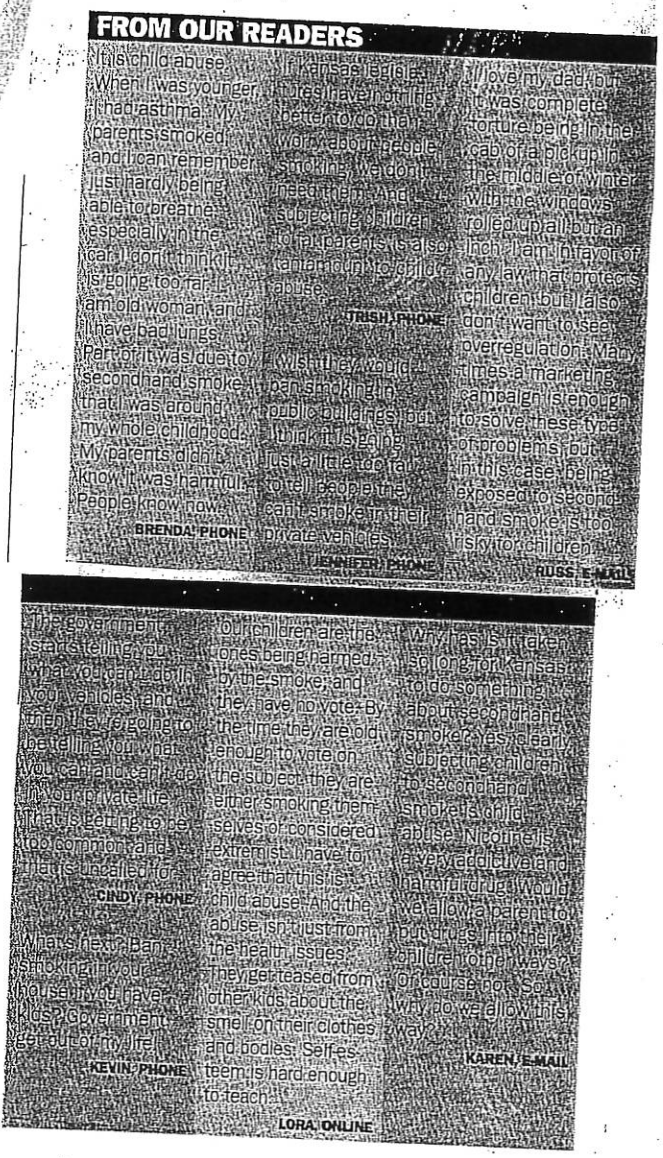
Since we posed the question, Haley has removed his amendment from a bill that would ban smoking in public areas, opting instead to introduce his plan as its own bill. He made the move last week after he said he was given assurances that his plan would get a hearing.

The senator also said he was concerned that the general ban may be impassable. He said he expects his bill to get a hearing within a couple of weeks, adding that it has a better chance if it comes before the Health Committee rather than Judiciary. Either way, he expects it to become law "in the near future."

Haley has four kids, ages 5 to 11, whom he said never see him smoke his pipe or cigar. His wife is a pediatrician, he said, and would prevent him from smoking with the kids in an enclosed space, but he wouldn't do it anyway.

"Why cripple a child with respiratory problems?" he said.

Not all of our readers saw the issue as being so simple.



KU MEDICAL CENTER
The University of Kansas

Senate Public Health and Welfare Committee
February 7, 2007

SB 250
Prohibiting smoking
in any motor vehicle in which a child under age eight is being transported
Testimony offered in favor by the University of Kansas Medical Center

Conferees:
Roy Jensen, MD, Director of the KU Cancer Center
Karen Kelly, MD, Deputy Director of the KU Cancer Center

Testimony

Chairman Barnett and members of the committee, thank you for the opportunity to submit testimony in favor of Senate Bill 250. My name is Dr. Roy Jensen, and I am the Director of the University of Kansas Cancer Center. Concurring with my testimony is our Deputy Director, Dr. Karen Kelly.

As health care professionals who focus on diagnosing and treating cancer, we see every day the effects of smoking and secondhand smoke. Dr. Kelly, in fact, focuses specifically on the prevention, screening, early detection, and treatment of lung cancer.

Lung cancer is the number one cancer killer in America and worldwide. That is not just my opinion but a medical fact, published by the Surgeon General of the United States, that there is no risk-free level of secondhand smoke exposure. Secondhand smoke contains over 50 chemicals that can cause cancer. Researchers have determined that separating smokers from non-smokers, proper ventilation, and even air filtration cannot eliminate exposure to secondhand smoke.

I must emphasize to you that the health effects of secondhand smoke are terrible, but they are even more terrible for children. Even a short time spent around secondhand smoke causes adverse health effects. Upon exposure person's blood platelets become stickier and the secondhand smoke begins damaging the lining of blood vessels. Further, it has been proven that secondhand smoke causes low birth weight, lower respiratory difficulties in children, and worse, in infants it can cause Sudden Infant Death Syndrome.

We commend Senator Haley for introducing Senate Bill 250, and we welcome questions from the committee concerning smoking, secondhand smoke, and cancer. Please feel free to contact Dorothy Hughes, Public Policy Analyst in the KU Medical Center Department of External Affairs at (913) 588-0256 if you need further information from Dr. Kelly, me, or the KU Cancer Center.

Senate Public Health and Welfare committee
Attachment #5
February 7, 2007

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Testimony before the Senate Public Health & Welfare Committee

Supporting SB 176

February 7, 2007

Chairman Barnett and Members of the Committee:

Thank you for the opportunity to provide testimony to you this afternoon in support of SB 176, an act concerning Extended Care Permits. My name is Teresa Schwab, and I am the Executive Director of Oral Health Kansas (OHK), the statewide oral health coalition. The coalition was established a little over three years ago to respond to critical oral health issues in the state. In that time, the coalition has been built to approximately 160 members representing a wide array of stakeholders, including Head Start, elder care organizations, health foundations, dental insurers, safety net clinics, educational institutions, advocacy organizations, professional associations, as well as private dentists, dental hygienists and other clinicians.

In January 2005, Kansas Health Institute released a report entitled *The Declining Supply of Dental Services in Kansas: Implications for Access and Options for Reform.* The report clearly demonstrated that many poor and rural Kansans lag significantly behind an accepted standard for dental care and oral health. Although the data is extremely important in driving our policy decisions, other compelling evidence exists to demonstrate the dramatic level of need in our state. Just this last week, the Kansas Dental Association and the Kansas Dental Charitable Foundation sponsored the latest Kansas Mission of Mercy (KMOM) free dental clinic. Over 1,800 Kansans braved the bitter cold to receive dental care over the two-day period. It is clear that we must make oral health a priority and must work together to find solutions.

One definite step in the right direction was the passage of legislation in 2003 that allowed dental hygienists for the first time to work in certain extended care settings under the general supervision of a sponsoring dentist. Sponsoring dentists must have a valid Kansas license and may sponsor up to five hygienists—the dentist does not have to be on-site to provide supervision. The coalition has viewed this as a very promising opportunity to expand access to preventive dental care for many vulnerable Kansans. With the support of United Methodist Health Ministry Fund, our organization has spent the last few years developing a tool kit and training opportunities to support dental hygienists, community-based settings and dentists in the development of community dental hygiene programs utilizing Extended Care Permits.

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With this legislation, communities have been given the flexibility to design dental programs that meet their unique challenges and needs.

We did find through the course of our work that although very promising, the ECP legislation had some limitations. Based on feedback received from the field, OHK created a task team to explore possible changes that would remove some of the limitations and allow more effective services to be delivered to an even greater number of Kansans. Senate Bill 176 is the result of the hard work and dedication of our stakeholders, and I am extremely pleased to offer OHK's full support of this bill. As you will see from the number of conferees, offering both verbal and written testimony, we have very dedicated individuals in this state who are working diligently to expand access to dental care and who are very committed to this issue.

I would like to introduce to you Marcia Manter, who has been the coordinator for our ECP project. She has spent tireless hours supporting the development of ECP programs across the state. I think it is important that you hear her perspective and insights gained throughout the last few years.

I would be happy to stand for questions.

Respectfully submitted,
Teresa R. Schwab, LMSW
Executive Director

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February 7, 2007

Senate Public Health and Welfare Committee
Senator James Barnett, Chair
Senate Bill 176 – Expansion of Extended Care Permit Dental Hygiene Services

Good Afternoon Chairman Barnett and Members of the Committee:

I am Marcia Manter, Project Coordinator for Oral Health Kansas. My current role with our organization is supporting the development of Extended Care Permit Dental Hygiene Services throughout Kansas. The original law, enacted in 2003, provided experienced dental hygienists the opportunity to offer comprehensive services designed to prevent oral disease and to identify oral disease early enough to ward off serious illnesses. Hygienists have been permitted to provide services in Head Start, public and accredited non-public schools, local health departments, safety net clinics, long-term care facilities, and correctional institutions.

Currently, fifty registered dental hygienists licensed in the state of Kansas have received Extended Care Permits. Several are working full time or part time with safety net clinics around the state. Oral Health Kansas and Kansas Association for the Medically Underserved are looking to dental hubs as part of the safety net clinics to expand the number of ECP hygienists to vastly increase the number of children, adults, and elders they serve.

In the course of my work -- conducting workshops, providing technical assistance, and staffing exhibits at conferences -- many dental hygienists and directors of ECP sties, such as local health departments and area agencies on aging, have requested that the law being expanded to increase the number of Kansans who can be served in community dental hygiene programs.

Here are the changes we're requesting and the rationale behind our request:

K.S.A. 65-1456(f) Based on requests from children's advocacy organizations and dental hygienists in the field, OHK recommends changing the focus from locations -- Head Start and schools -- to children and adolescents who are being served at community child care programs, youth groups, therapeutic centers, as well as children is foster care and family preservation services. The change opens up opportunities for ECP hygienists to serve many more children and to provide prevention services before and after school and on Saturdays. The services include screening for signs of potential dental problems, fluoride varnish applications, prophylaxis, and sealants, plus individual oral health education for the children and their families.

K.S.A. 65-1456(f)(1) We are recommending that hygienists receiving an ECP I need 1200 hours of clinical experience under the supervision of a dentist. ECP I hygienists

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serve children and adults in schools, local health departments and correctional institutions. This reduction in number of hours is supported by Kansas Dental Association and Kansas Dental Hygienist Association. For hygienists serving elders and people with disabilities who may be more medically fragile, hygienists will continue to obtain 1800 hours of clinical practice before qualifying for an ECP II.

K.S.A. 65-1456(f)(1)(A) & (g)(1) The proposed change to two academic years reflects potential changes in how university and colleges design program years.

K.S.A. 65-1456(f)(4)(B) & (g)(4)(B) The topical anesthesia (lidocaine and prilocaine periodontal gel) used in dental offices is designed to be injection-free. Topical anesthesia in community programs is important: hygienists will be able to serve additional patients who need temporary relief from pain during prophylaxis. These patients are adults and elders who have had little dental hygiene care over the past few years; as a result, they often find hygiene services very painful without some topical anesthetic.

K.S.A. 65-1456(g) The current legislation limits community-based dental hygiene services to residents in long-term care facilities and for those in Home and Community Based Services waiver. Area Agencies on Aging report that only 5% of elders live in long-term care facilities. Many more elders without regular dental care live in subsidized senior housing, as well as frequent senior centers and senior meal programs. This change opens up opportunities for many elders and adults with developmental disabilities to receive regular screening, prophylaxis, and fluoride treatments, all designed to prevent oral disease or to identify problems early enough to ward off serious health problems.

K.S.A. 65-1456(k) Fluoride varnish has become a favorite technique for topically applied fluoride. It is used on first teeth of babies, school children, adults and elders to strengthen tooth enamel and prevent decay. In Kansas newly graduated registered nurses may apply fluoride varnish; all dental hygienists need to have the same permission to use it during screening and oral health education sessions.

K.S.A. 65-1456 New Section 2. Once Extended Care Permit services were launched, Oral Health Kansas began hearing from dental hygienists who had stopped practicing in dental offices for medical or personal reasons but now wish to provide community-based hygiene services. With advice from Kansas Dental Association, Kansas Dental Hygienists' Association, and directors of university dental hygiene programs, Oral Health Kansas designed two ways these hygienists can come back into the field. We expect this inclusion will increase the number of ECP hygienists within the year.

Thank you for your time to consider Oral Health Kansas proposed legislation changes for Extended Care Permits for dental hygienists.

Respectfully submitted,

Marcia Manter
Oral Health Kansas
ECP Project Coordinator

SENATE BILL 176
FEBRUARY 7, 2007

ADDENDUM TO ORAL HEALTH KANSAS TESTIMONY

TECHNICAL CHANGES TO K.S.A. 65-1456(f)&(g)

Oral Health Kansas requests a few changes in wording to SB 176 to capture the original intent of our proposed legislation. This is done after conferring with Kansas Dental Board, Kansas Dental Association, and Kansas Dental Hygienists' Association.

The first change is on page 3, line 4

...and children participating in youth organizations ~~which~~ who meet the requirements of medicaid.,,
The phase modifies the children who have benefits rather than the youth organizations.

The next changes are imbedded New Sec 2. page 5, beginning on line 31
The additions clarify the original intent of the proposed legislation.

New Section 2

A dental hygienist who meets the requirements of subsections (f)(1) or (g)(1)(A) of K.S.A. 65-1456, and amendments thereto, prior to a period of retirement or disability, but not within the past three years, and is returning to active practice after such a period of retirement or disability under K.S.A. 65-1431(i), and amendments thereto, ~~and~~ or who has retained a license to practice but has not practiced in the past three or more years may qualify for an extended care permit by completing a refresher course approved by the board under K.A.R. 71-3-8 or by performing 200 hours of dental hygiene care within the last twelve months under ~~dental~~ the supervision ~~within the past three years~~ of dentists licensed in the state of Kansas and provides the board with ~~obtaining~~ a letter of endorsement from ~~a dentist~~ one of the supervising dentists.

KANSAS DENTAL ASSOCIATION

Date: February 7, 2007

To: Senate Committee on Public Health and Welfare

From: Kevin J. Robertson, CAE
Executive Director

RE: Testimony in SUPPORT of SB 176

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

I am pleased to be here today expressing the KDA' s support of SB 176. This bill is the culmination of some six months of discussion including numerous emails, meetings and other communication among oral health professions, advocates and others.

There are significant populations of Kansans who - for a variety of reasons - have difficulty accessing dental services: Medicaid eligible children and adults, nursing home residents, and homebound persons are a few. Let me take a moment to review the brief history of the Extended Care Permit concept which allows qualified dental hygienists to practice in settings with a level of dental supervision less than currently exists. These practice settings are generally in underserved areas or populations where access to good oral health care is minimal. In 2003 the KDA and Kansas Dental Hygienists' Association (KDHA) spent considerable time and effort to forward this concept to the legislature to increase the role that dental hygienists can play in helping meet the preventative dental needs of many Kansans outside the dental office setting.

Now after four years of real world practical experience implementing the Extended Care Permit concept, there are practice models, settings and issues that were either overlooked or unforeseen in 2003. SB 176 is an attempt to clarify and correct those issues as previously discussed by Oral Health Kansas. In 2006-07 the KDA was an active participant in the Oral Health Kansas task force that has brought these amendments to the legislature to clarify these Extended Care Permit issues. The KDA Board of Delegates reviewed and approved these changes at its meeting in November, and supports SB 176 as presented today.

SB 176 does, however, create a dilemma in the dental hygiene practice act as it would allow a dental hygienist who has *less* dentist supervision to apply topical anesthesia while a dental hygienist working in a dental office under general supervision could not. In order to correct this the KDA requests that the committee consider the following amendment to the SB 176 on page 5 line 11 as follows:

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ide. (A) The administration of local anesthesia shall be performed under the direct supervision of a licensed dentist ***except that topically applied local anesthesia, as defined by the board, may be administered under the general supervision of a licensed dentist.***. (B) Each dental hygienist who administers local anesthesia, ***regardless of the type***, shall have completed courses of instruction in local anesthesia and nitrous oxide which have been approved by the board.

I do not believe any of the interested parties will be opposed to this amendment outside of the Extended Care Permit concept. I urge you to support SB 176 and the amendment I have offered with a favorable recommendation. Thank you for your time today, I am happy to answer any questions you may have at this time.

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Senate Public Health and Welfare Committee
Regarding SB 176 – Amendments to the Extended Care Permit
Testimony of Kansas Dental Hygienists Association
Presented by Ron Gaches

Thank you Chairman Barnett and members of the Committee for this opportunity to express our support for passage of Senate Bill 176, a proposal to amend the Extended Care Permit authorization of our Kansas Dental Act.

This bill expands beyond the excellent work that the Kansas Legislature enacted three years ago with the original authorization of the Extended Care Permit. Since that time, innovative Dental Hygienists, Dentists and community health providers have worked together to create the initial opportunities for ECPs to meet the needs of those with limited access to dental care.

With the assistance of Oral Health Kansas, of which the Kansas Dental Hygienists Association is a member, considerable work has been done to create a toolkit to assist hygienists who would like to become ECPs. In the course of that effort we have identified several barriers to the expansion of the Extended Care Permit concept. The recommendations embodied in SB 176 speak to those barriers with pro-active solutions that we believe will assist in delivery of dental services to those currently underserved.

This bill have been extensively reviewed and discussed by all of the interested parties. Several compromises have been struck to reach consensus. It's been a great effort and we encourage your favorable consideration of the results.

Thank you for your consideration of our comments.

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Testimony on SB 176
to
The Senate Committee on Public Health and Welfare

Kansas Department on Aging

Feb. 7, 2007

Senator Barnett and members of the Senate Committee on Public Health and Welfare; the Kansas Department on Aging appreciates the opportunity to express its support for SB 176 to allow dental hygienists to provide care to seniors in expanded settings.

A 2003 U.S. Department of Health and Human Services report found that approximately 30 percent of adults 65 years and older were without teeth. The report also noted that the percent of seniors without teeth was higher for those seniors living in poverty.

KDOA recognizes that good oral health is critical to good overall health and is pleased that the Governor included in her 2007 budget an enhancement to provide dental services to seniors receiving benefits under the HCBS/FE waiver. In addition, her budget includes funding for dentures for HCBS/FE waiver recipients.

Expanded funding for dental services for the frail, elderly seniors combined with the provisions of SB 176 to allow dental hygienists to visit the seniors in congregate settings will help thousands of seniors receive the dental care they so badly need.

Thank you for the opportunity to express our support and encourages the committee to pass SB 176.

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Testimony

Children's Alliance

Senate Bill 176
Senate Public Health and Welfare
February 7, 2007

The Children's Alliance is the association of the private child welfare agencies. Members of our association provide family preservation, foster care, and residential services to children in the custody of the state. Members serve both the youth in JJA and SRS custody. During the course of the year member agencies work with nearly 10.000 Kansas children.

Health care services for these children are made available through community based providers. Finding health care providers that will work with this population of children has proven difficult at best. The challenge in providing for the health care needs of these youth pales by comparison in trying to find oral health care for them.

The Children's Alliance strongly supports the language in SB 176 which allows for the provision of preventative oral health services by a dental hygienist for youth in the child welfare and juvenile justice system. The services of dental hygienists providing services in a wider array of community based settings would have a direct and positive benefit for youth in the custody of the state.

We ask the committee's support for SB 176.

Bruce Linhos
Executive Director

Senate Public Health and Welfare committee
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THE SAINT FRANCIS ACADEMY
INCORPORATED

2007 LEGISLATIVE SESSION~

2007 POLICY AGENDA~

SERVING A RURAL POPULATION

The needs, perspectives and culture of our rural and frontier population shall be reflected in decisions and policies that shape services to children and families at all levels.

MENTAL HEALTH AND BEHAVIORAL SERVICES

All children in the child welfare system will have access to quality, and timely mental health and behavioral health services designed to sustain and reunite families.

MANAGING POSITIVE SYSTEMS CHANGE

System changes that impact children and families must be adequately funded, accompanied by plans to build system capacity, and have a process for monitoring and evaluating performance against outcomes.

For more information contact
mlness@cox.net

Committee on Public Health and Welfare
Support for SB 176

St. Francis Academy has a rich history of serving troubled youth and their families over the past 60 years. We provide a range of services to youth and their families from family preservation, foster care, drug and alcohol services, restorative justice programs, and residential services and supports. As this state continues to evolve in organizing service delivery to the children and families of Kansas, St. Francis continues to focus its efforts on how we build the capacity and the menu of services for youths in our care while at the same time managing the available funding to ensure positive outcomes.

Access to health care including dental and mental health services is part of an important formula in reaching those outcomes.

SB 176 is a key vehicle that will provide prevention and early intervention oral hygiene services for those youth in our care. Many of them have not seen a dentist, hygienist or received any regular dental care prior to receipt of state services or their entry into the child welfare system. Language in Section 1 (f) ensures there are no barriers to the provision of services for some of the most vulnerable children and youth that we serve.

We appreciate the work of the coalition of organizations who have worked collaboratively through Oral Health Kansas to address the needs of those people who need these services the most. Their problem solving efforts and work together ensures broad support in the successful implementation of this bill.

We ask for your favorable support and passage of this bill that will provide needed and early services to the children we serve. Respectfully submitted

Melissa Ness, JD, MSW - Legislative Coordinator

The system serving children and families will reflect regional differences, ensure access to critical services and effectively manage change

Senate Public Health and Welfare committee
Attachment #12
February 7, 2007

Written Testimony on SB 176- Authorized Practice of Dental Hygiene

To the Senate Public Health and Welfare Committee

Submitted By: The Juvenile Justice Authority

February 7, 2007

The Juvenile Justice Authority encourages you to support SB 176. SB 176 would allow dental hygienists to perform work on youth under the custody of the Commissioner of Juvenile Justice. This would include youth who are under the custody of the Commissioner and placed in residential and nonresidential centers for therapeutic services or children in an out-of-home placement residing in foster care homes.

The Juvenile Justice Authority supports any efforts to expand dental care to underserved populations. Most children enter the custody of the Commissioner and have had very little dental care early in life. By expanding the role of dental hygienists more youth would be able to access quality dental care, which could stem further more severe dental and health problems. The Juvenile Justice Authority encourages you to support SB 176.

For questions please contact:

Heather Morgan
Director of Public and Legislative Affairs
Juvenile Justice Authority
785-296-5543
hmorgan@ksjja.org

Senate Public Health and Welfare committee
Attachment # 13
February 7, 2007