

MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE

The meeting was called to order by Chairman Dwayne Umbarger at 10:40 A.M. on February 6, 2007, in Room 123-S of the Capitol.

All members were present.

Committee staff present:

Jill Wolters, Senior Assistant, Revisor of Statutes
J. G. Scott, Kansas Legislative Research Department
Audrey Dunkel, Kansas Legislative Research Department
Susan Kannarr, Kansas Legislative Research Department
Michael Steiner, Kansas Legislative Research Department
Amy VanHouse, Kansas Legislative Research Department
Melinda Gaul, Chief of Staff, Senate Ways & Means
Mary Shaw, Committee Assistant

Conferees appearing before the committee:

Coach Bill Snyder
Roderick Bremby, Secretary, Kansas Department of Health and Environment
Aaron Dunkel, Deputy Secretary, Kansas Department of Health and Environment
Susan Kang, Policy Director, Kansas Department of Health and Environment

Others attending:

See attached list.

Chairman Umbarger referred the following bill to the KPERS Issues Subcommittee:

SB 180--Clarify the income tax exemption for certain lump-sum payments at retirement from KPERS and certain amounts received as payments from the state board of regents retirement plan

The Chairman welcomed Coach Bill Snyder who provided an overview of the Kansas Mentors Program (Attachment 1). Coach Snyder explained that there are many children that do not have quality parenting and fatherless homes. It was noted that about half of the boys in Kansas are without fathers and there is a need for more male mentors. He mentioned that society is in crisis times and there are many challenges. The Coach explained that their mission is to give every young Kansan access to a caring and quality mentor.

Coach Snyder explained that their resources include \$250,000 went to the Kansas Department of Health and Environment designated as funds for mentoring programs on a one-to-one match basis and \$100,000 was made available for records checks. In closing, Coach Snyder explained that Kansas Mentors currently does not have an operating budget that would allow for a full-time staff person to administer the statewide grants program, coordinate outreach efforts and provide training programs. It was noted that since school districts could not be recipients of state funding, many school-based programs were not eligible to apply. Committee questions and discussion followed.

Chairman Umbarger welcomed Roderick Bremby, Secretary, Kansas Department of Health and Environment, who presented an overview of the agency (Attachment 2). Secretary Bremby addressed Notable 2006 Public Health Accomplishments, Key Initiatives and Notable 2006 Environment Accomplishments. Aaron Dunkel, Deputy Secretary, presented an overview of the agency's budget and Susan Kang, Policy Director, provided an overview of their legislative initiatives. Committee questions and discussion followed.

The Chairman turned the Committee's attention to reconsider previous action taken on the following bill:

SB 11--Enacting the alcoholism treatment facilities licensing act

CONTINUATION SHEET

MINUTES OF THE Senate Ways and Means Committee at 10:40 A.M. on February 6, 2007, in Room 123-S of the Capitol.

The Revisor explained a balloon that would amend the bill to add professionals licensed by the Behavioral Sciences Regulatory Board to independently practice to the list of persons exempted from the requirement to be licensed as a treatment facility before providing alcohol and drug abuse treatment services (Attachment 3).

Senator Kelly moved, with a second by Senator McGinn, to reconsider committee action that was previously taken on **SB 11**. Motion carried on a voice vote.

Senator V. Schmidt moved, with a second by Senator Betts, to adopt the proposed balloon amendment on **SB 11**. Motion carried on a voice vote.

Senator V. Schmidt moved, with a second by Senator Betts, to recommend **SB 11** favorable for passage as amended. Motion carried on a roll call vote.

The meeting adjourned at 12:05 p.m. The next meeting is scheduled for February 7, 2007.

**SENATE WAYS AND MEANS COMMITTEE
GUEST LIST**

Date February 6, 2007

Name	Representing
Julia Thomas	JPB
Don Murray	Federico Consulting
Aaron Otho	Gov. Ofc.
Dini Snyder	KS. mentors
Amy Link	KS members
Sky Wentz	KNASCO
Kenie J. Bacon	KCDC
Pat Coakley	KCOE
Lindsey Douglas	Hein Law Firm
MARIE Borzanga	CAPITOL STRATEGIES
Chad Austin	KS HOSP ASSOC
Susan Kang	KDHE
Dion Rebler	EPALE
Daron Dunkel	KDHE
Kathy Wewe	KDHE
Mark Hein	SCC

KANSAS MENTORS

Better Communities. Bigger Dreams. Brighter Futures. --- Be a Mentor.



Senate Ways & Means Committee
February 6, 2007



Why Mentor?

Mentored youth are more likely to...

- Stay in school
- Improve their grades
- Enroll in college
- Graduate from high school
- Be active in their communities
- Be hopeful about their futures



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Senate Ways and Means
2-6-07
Attachment 1



Why Mentor?

Mentored youth are less likely to....

- Begin using illegal drugs
- Begin using alcohol
- Skip school
- Hit someone
- Get arrested



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Tremendous Need for Mentoring

Several Counties have reported

- Rising numbers of At-Risk children
- Rising numbers of children who live in poverty
- Growing Hispanic population that needs academic assistance to help with the language barrier
- Increasing number of single parent families

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Program Overview

- **Our Mission:**
 - To give every young Kansan access to a caring and quality mentor
- **Statewide Mentoring Initiative**
 - 25 states have mentoring initiatives and are partnered with MENTOR



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Our Team

- **Coach Snyder, Chair**
- **Council of Mentors**
 - Mentoring experts from across the state
- **Leadership Council**
 - Public and private executives that are influential in their communities
- **200 Mentoring Partners**



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Council Of Mentors

- Winston Brooks**, Wichita School District
- Dawn DeArmond**, Kansas Big Brothers Big Sisters (BBBS)
- Tina DeLarosa**, MANA de Topeka
- Brenda Eddy**, Kansas Youth Empowerment Academy
- Lori Johnson**, YouthFriends
- Laura Kaiser**, Kansas Parent Teacher Association
- Kathleen Karr**, Kansas City Foster Grandparents
- Keaton Kelso**, Communities in Schools
- Pat McNally**, Kansas 4-H Youth Development
- Janette Meis**, Court Appointed Special Advocate (CASA)
- Jeff Moe**, Jayhawk Area Council- Boy Scouts of America
- Mark Nordstrom**, Kansas Alliance of Boys & Girls Clubs
- Diane Oakes**, Kaw Valley Girl Scouts
- Dennis Schoenebeck**, Wichita YMCA

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Leadership Council

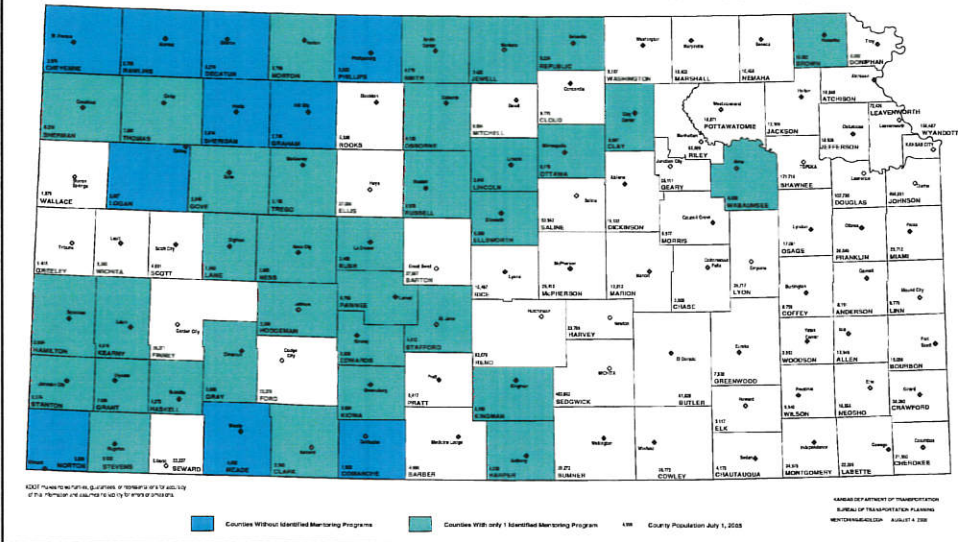
- Dick Bond**, former Senate President and former Chairman of the Board of Regents
- Kimberly Edmunds**, Vice President & Regional Manager, Cox Communications
- Bill Hanna**, former President & Vice Chairman of the Board, Koch Industries
- Joyce Hayhow**, Publisher of the Kansas City Business Journal
- Lloyd Hill**, Chairman of the Board, Applebee's International
- John D. Montgomery**, Editor & Publisher of Hutchinson News
- Mark Parkinson**, Lieutenant Governor
- Joe Reardon**, Mayor Unified Government of Wyandotte and Kansas City
- William Thornton**, Vice President of Quality Management, MGP Ingredients

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Action 1: ID Mentoring Programs

KANSAS COUNTIES WITHOUT IDENTIFIED MENTORING PROGRAMS



Action 2: Statewide Needs Assessment

- **Key Findings**

- Majority of current programs are school-based & majority of communities wishing to start programs are school based
 - Many of these programs were not eligible for state grants
- Key challenges of mentoring programs: lack of resources/time and inadequate funding
- Kansas Mentors could serve organizations by providing mentor resources, funding, training and recruitment

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Action 3: Training

- Governor's Conference on Mentoring
 - February 13
 - Training in Risk Management, *Elements of Effective Practice*™, Grant Writing, Marketing and Recruitment
 - Response overwhelming– filled to capacity
- Regional Trainings
 - 6 locations
 - Spring/Summer 2007

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Action 4: Phase II Grants

- Phase II Grants
 - These grants are will be awarded in an effort to expand and sustain mentoring efforts across the state
 - We received 34 applications requesting more than \$620,000



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Action 5: Records Checks

- Mentoring groups can receive records checks for \$18, which is half the cost these checks normally cost
- This is possible thanks to funding provided by 2006 Legislature, and through assistance of KHP and KBI

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Challenges

- Kansas Mentors currently does not have an operating budget that would allow for a full-time staff person to administer the statewide grants program, coordinate outreach efforts, and provide training programs
- Since school districts could not be recipients of state funding, many school-based programs were not eligible to apply

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Questions

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Fax: (785) 296-1095
www.ksmentors.ks.gov

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Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

**Agency Overview
To
Senate Ways and Means Committee**

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

February 6, 2007

Senator Umbarger and members of the Committee, we are pleased to appear before you today to provide an overview of the Kansas Department of Health and Environment (KDHE). After my overview, Aaron Dunkel, our Deputy Secretary, will present on the budget. Thereafter, Susan Kang, our Policy Director, will provide an overview of our legislative initiatives, followed by Dr. Howard Rodenberg, the Director of the Division of Health, and Dr. Hammerschmidt, who will talk more specifically about the Health Division and Environment Division, respectively.

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.

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%.

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Voice 785-296-0461 Fax 785-368-6368

*Senate Ways and Means
2-6-07
Attachment 2*

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 12th 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 Initiative

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 communities. 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 programs, 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 invited speeches, related conferences and talks by 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.

Notable 2006 Environment Accomplishments

Total Maximum Daily Loads (TMDLs):

During 2006 we completed the first round of Total Maximum Daily Loads, TMDLs for the waters of Kansas. This work was required under a court decree involving the US EPA, the Kansas Natural Resource Council, Sierra Club and State of Kansas. In the nine years since the decree was signed, KDHE has worked across the state within all 12 river basins in developing TMDLs, which recognize the reality of changing hydrological conditions, which affect both stream characteristics and the contributing watersheds. An agreement has been reached among all parties to close the decree. As required by the federal Clean Water Act, we have begun the process of periodically repeating this process for impaired waters across Kansas.

Foreign Animal Disease (FAD):

Kansas is ranked among the top animal agriculture states of the country. One of the concerns we face is the potential for responding to a foreign animal disease (FAD) outbreak. Great Britain dealt with a 2001 hoof and mouth disease incident which caused major loss of animals, embargoes on exports, etc. There is also the concern relative to use of these agents in a terrorist attack. We have worked with the animal agriculture industry and Animal Health Department to develop plans for disposal of animals in a FAD incident. As part of this forward-looking planning effort, approximately 450 pre-selected burial sites have been identified. We anticipate an additional 70 to 80 will be completed in this calendar year. Kansas is recognized as a leader in this planning with staff making numerous presentations on this process in regional and national forums.

Public Wholesale Water Supply Districts (PWWS):

Drinking water suppliers in Kansas have improved customer service through utilization of Public Wholesale Water Supply Districts (PWWS). Kansas has many small communities and some run out of drinking water during dry periods. Additionally, small water supplies sometimes struggle to meet increasing regulations and customer expectations. Consolidation of water supply systems has helped some communities improve their quality of service. One consolidation option provided by KSA 19-3535 *et seq.* is formation of a PWWS, which allows local representation of each district on the PWWS board. This tool has proved valuable and successful in allowing small water suppliers to economically improve service. Progress in consolidation of infrastructure takes time. Since passage of the legislation in 1977 there are nine active PWWSs serving 126,000 customers. 24 PWWSs have been formed with some later dissolved, inactive, or still planning. The nine active PWWSs are composed of 97 individual water suppliers such as cities and

rural water districts. Creation of these PWWSDs is an effort that takes strong local leadership and commitment from various water agencies.

Clean Air Improvements:

Despite a growing population and an expanding economy, air pollution in Kansas declined over 3% for the third consecutive year. In 2006, air pollution from regulated sources (approximately 15% of the emissions) was reduced by 2.73% and air pollution from non-regulated activities (approximately 85% of the emissions) was reduced by 3.38%. Monitors throughout the state demonstrate that the seven National Ambient Air Quality Standards are being met in Kansas. In 2006, the agency was given additional statutory authority to implement the Federal Regional Haze Program. Throughout 2006 and continuing in 2007, the agency will develop and implement plans to control the interstate transport of air pollutants, reduce mercury from power plants by 70% and implement the regional haze plan to improve visibility in the 156 national parks and wilderness areas.

Remedial Water Treatment:

The Bureau of Environmental Remediation works through many programs to insure that contaminated sites are cleaned up. Due to limited funds, sites are prioritized based on the risk to public and private water supplies. In past years, many remedial actions have involved pumping and treating contaminated water to be discharged to the surface. Recently the bureau has worked with the affected communities to treat the contaminated water so that, where possible, the community can use this treated water for public use. This approach makes good use of limited financial, manpower and water resources. Often the community provides the local staffing to perform the daily operations with the state providing the treatment facility and monitoring. Currently KDHE, EPA, and the City of Colby are operating a large-scale Superfund system to treat water contaminated with chrome and petroleum. Agency staff is also working with the City of Frankfort to install a treatment system to address contamination from a former USDA grain storage facility. A treatment system has also been installed to remove PCE, a dry-cleaning solvent, from a contaminated well in the City of Downs. The Storage Tank program has implemented dozens of remedial systems to treat petroleum contaminated public water supply wells resulting from service station sites across the state. These treatment systems currently provide 150,000 Kansas citizens with safe, clean, drinking water. The water treatment systems serve Hays, Salina, Satanta, Atwood, LaCrosse, Manter, Moscow, Park, Park City, Quinter, Scott City, Manhattan, Miltonvale, and Oakley.

Brownfields Redevelopment:

With the ever present need for economic growth and redevelopment, the Brownfields program offers communities an excellent opportunity to return underutilized properties to productive use. The department has been awarded funding from EPA to conduct and support Brownfields activities in the State of Kansas. The agency conducts assessments of property for local municipalities to allow redevelopment of underutilized properties. The assessments determine the environmental condition of the property at no cost to the local government. Assessments can be performed before they take title to the property. In 2006, a total of 82 assessments were completed with another 17 currently underway, totaling over 244 acres that now have the potential to be redeveloped throughout the state. Cities participating in the program include Pittsburg, Kansas City, Augusta, Chanute, Lyons,

Minneola, Clay Center, El Dorado, Ft. Scott, Burlingame, Topeka, Wichita, Hays, De Soto, Derby, and Great Bend. One example of the economic benefits created through the Brownfields program is occurring in El Dorado where an automotive fuel company recently purchased a Brownfields property. This company plans to invest up to \$32 million and create up to 200 new jobs. By investigating and redeveloping Brownfields properties, communities can produce new jobs, increase the local tax base and preserve undeveloped land.

Agency Budget

The Kansas Department of Health and Environment FY 2008 recommended operating budget is \$217.0 million, which is about 4.7% more than our FY 2006 actual operating budget and 3.1% below our FY 2007 estimated expenditures. The decrease in the FY 2008 budget is largely due to a projected reduction in federal funds related to Homeland Security. We are currently projecting a \$3.3 million reduction in these funds between FY 2007 and FY 2008. The recommended budget allows the agency to continue our current operations, with a few enhancements, which we will discuss later.

KDHE's budget is split between the Health and Environment functions in the state budgeting system. The Health budget (\$149.3 million) consists of the Division of Health and Central Administration, while the Environment budget (\$67.8 million) accounts for the Division of Environment and the Division of Health and Environmental Laboratories.

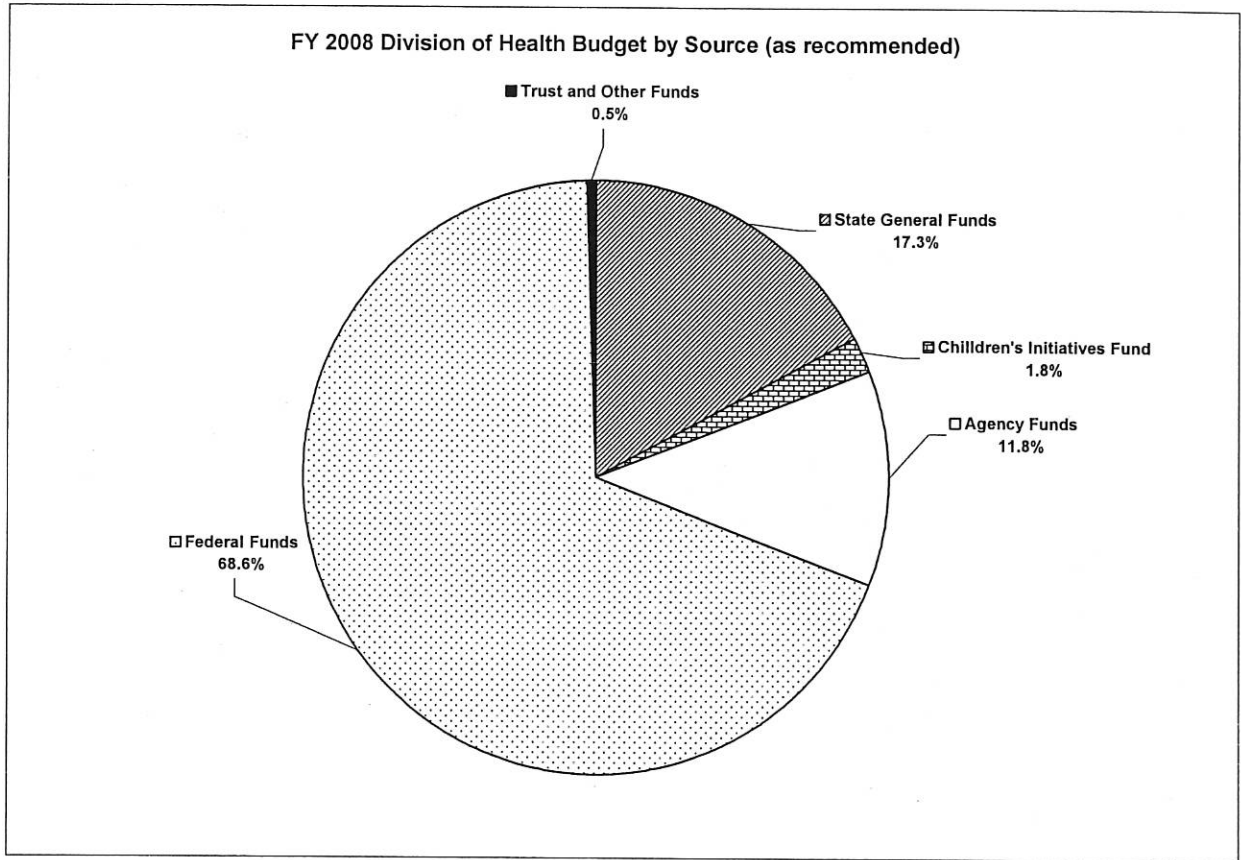
Division of Health Budget

The Kansas Department of Health and Environment, Division of Health, FY 2008 recommended operating budget is \$149.3, which is about 3.5% more than our FY 2006 actual operating budget and 3.9% below our FY 2007 estimated expenditures. The requested budget allows the agency to continue our current operations. KDHE's Division of Health consists of the Division of Health and Central Administration with the Administration totaling 9.1% and the Division of Health 90.9%.

There are five primary funding source categories within the Health budget (see Chart 1). The largest source of funding for the operating budget is federal funds, which total \$102.4 million or 68.6%, with the largest of these funds being the Women, Infants and Children Health Program Fund (\$51.7 million or 50.5%) and the Homeland Security Fund (\$13.1 million or 12.8%, see Chart 2). State General Fund (SGF) resources provide \$25.8 million or 17.3% of the funding (Health - \$21.7 million; Administration - \$4.1 million). Of the total SGF, 58.5% fund aid to locals and other assistance, 24.3% fund salaries and wages, and 17.2% fund other operating costs (see Chart 3).

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.

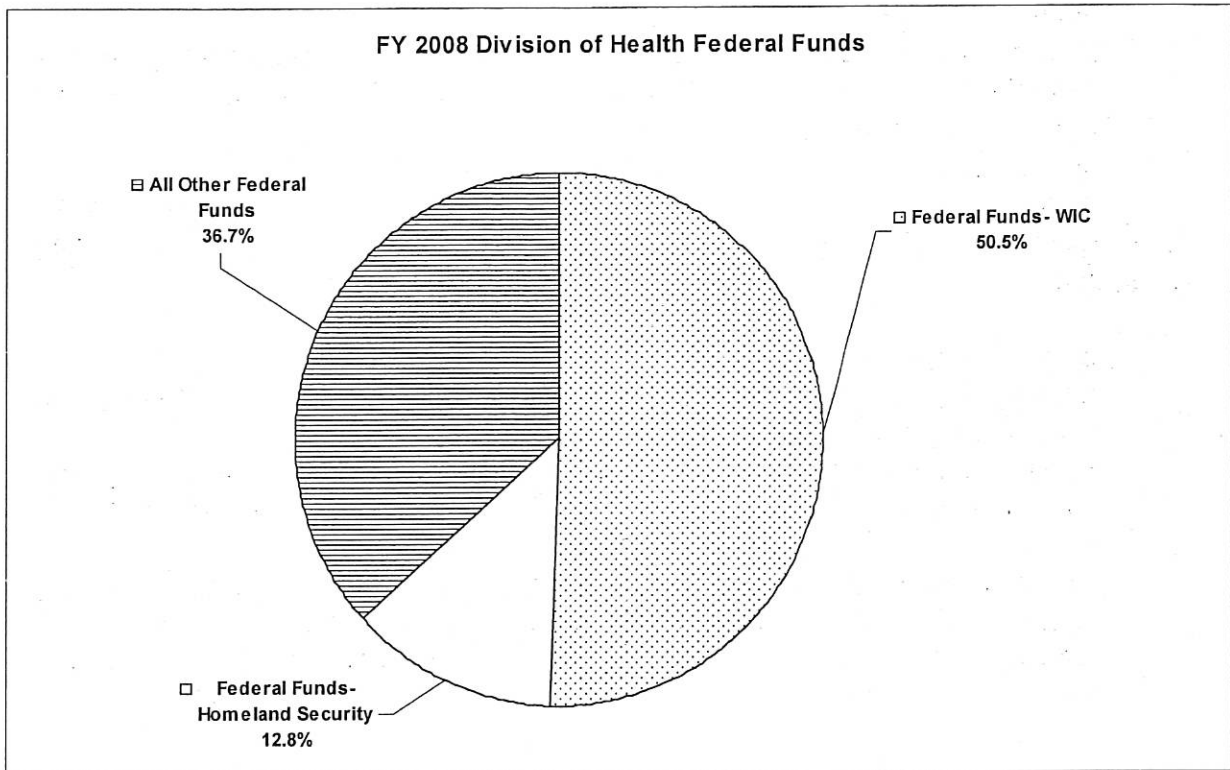
Chart 1



Health FY2008 Recommended Budget by Source

	Percent	Amount
State General Funds	17.3	25,785,231
Children's Initiatives Fund	1.8	2,658,000
Agency Funds	11.8	17,673,407
Federal Funds	68.6	102,441,047
Trust and Other Funds	0.5	724,048
Total	100.0	149,281,733

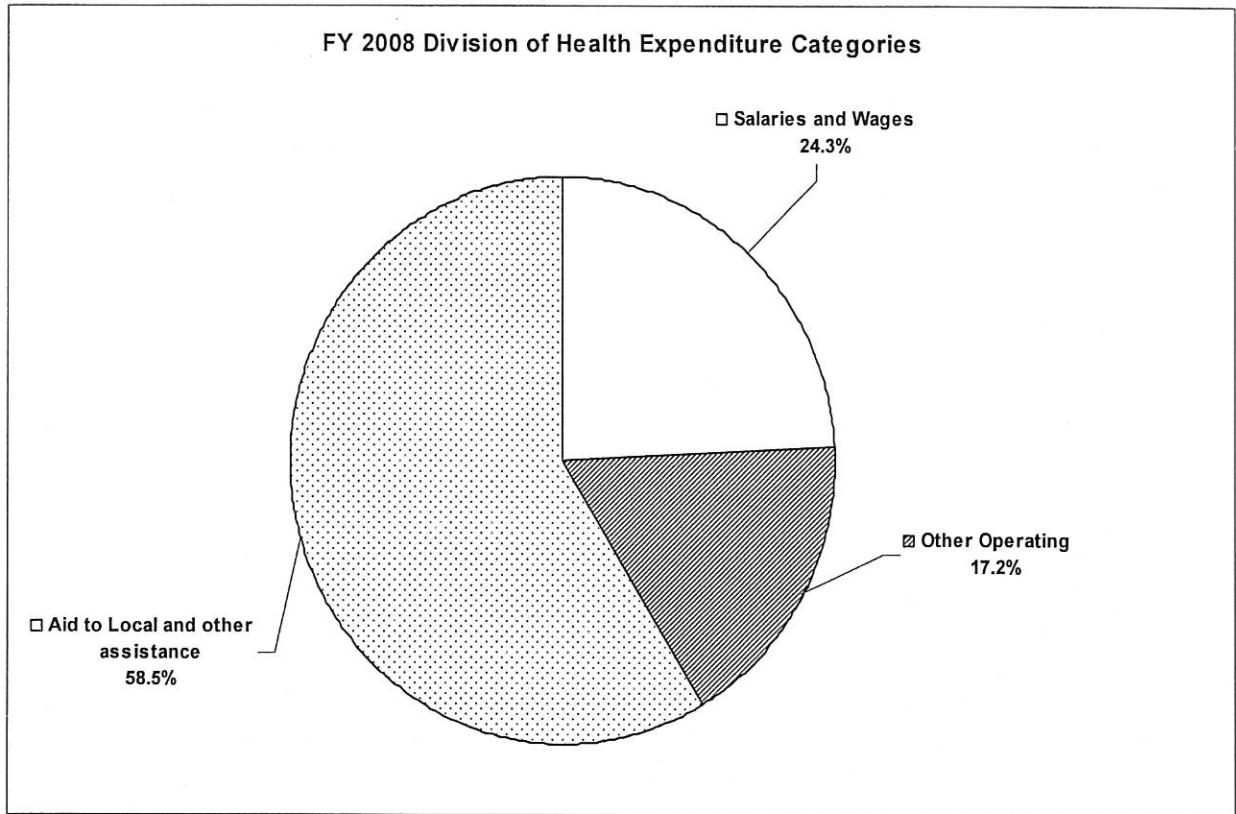
Chart 2



Health FY2008 Federal Funds Breakdown

Federal Funds- WIC	50.5	51,713,714
Federal Funds- Homeland Security	12.8	13,094,977
All Other Federal Funds	36.7	37,632,356
Total Federal	100.0	102,441,047

Chart 3



Health FY2008 Recommended State General Funds by Expenditure Category

Salaries and Wages	24.3	6,275,471
Other Operating	17.2	4,433,268
Aid to Local and other assistance	58.5	15,076,492
Total	100.0	25,785,231

Enhancements and reductions included in the FY 2008 Division of Health Budget

The FY2008 Division of Health budget, as recommended, includes a number of enhancements totaling \$3,369,171, which are listed in the following chart.

Enhancements	State General Funds	All other funds	Total
Addition of Cola and Longevity	216,320	842,127	1,058,447
Addition for Rent	200,000		200,000
Community-Based Primary Care FTE	83,269		83,269
Kansas Mentors program funding	250,000		250,000
Expanded Immunization	584,000		584,000
Healthy Kansans 2010/Disparities	1,000,000		1,000,000
Vehicle Replacement	193,455		193,455
Total	2,527,044	842,127	3,369,171

Increases in funding include \$1 million additional State General Funds for the Healthy Kansans 2010 and Health Disparities initiative. This initiative will be used to reach the goals established by the Center for Disease Control and Prevention’s national Healthy People 2010 effort. Grant funding will be competitively distributed to regional organizations. Funding will be used to address the regionalization of services that may be necessary due to limited local resources, constraints caused by distances between available health service locations, and service disparities among local health departments. In addition to grants, funds will support the addition of two FTEs – a Public Health Nurse in the KDHE Office of Minority Health and a Community Health Worker for the Hunter Health Clinic in Wichita.

The recommended budget also includes an increase of \$584,000 in State General Funds (for a total of \$934,000) to expand the immunization program. This will include an expansion of the current partnership between the WIC federal program and other programs within the Division of Health. Funding will support the addition of one FTE, who will be utilized as an Immunization Registry Trainer. In areas of the state with KDHE/WIC partnerships and low immunization rates, the Division will enter into contracts with Public Health Nurses who will assist in the initiative to increase the immunization rates in those areas.

The recommendations include an additional \$250,000 (for a total \$500,000 in FY2008) in the Youth Mentoring initiative to select and train adults to serve as positive role models for school-aged children. Funding will support the addition of two FTEs, the cost of KBI background checks for mentors, grants to mentoring organizations and the costs of assistance and training to mentors.

Funding for aid to Primary Health Care Community-Based services is increased by \$83,269 in FY 2008. Funding will be used to add one FTE Public Health Nurse Position to oversee the program.

Finally, funding was recommended for pay increases (4%), a longevity pay increase, and approval for the purchase of replacement vehicles (\$193,455).

Reductions

Reductions	State General Funds
Umbilical Cord Funding	(380,000)
Rape Crisis Centers	(300,000)
Domestic Violence Support Training	(225,000)
Pregnancy Maintenance Initiative	(200,000)
Total	(1,105,000)

Overall recommendations for SGF reductions in the SFY2008 budget total \$1,105,000. Reductions include elimination for Umbilical Cord Funding. Other reductions include elimination of funding (\$300,000) for Rape Crisis center, Domestic Violence Support Training (\$225,000), and reduction of \$200,000 for the Pregnancy Maintenance Initiative (reduced to \$300,000).

Summary of FY 2007 Division of Health Changes

Recommended changes to the approved SFY 2007 budget include \$4,234,615 in State General Funds for Pandemic Flu vaccines (down from initial request of \$10 million); \$600,000 for increased rent; and a decrease of unspent funds remaining in the Umbilical Cord funding.

Division of Environment Budget

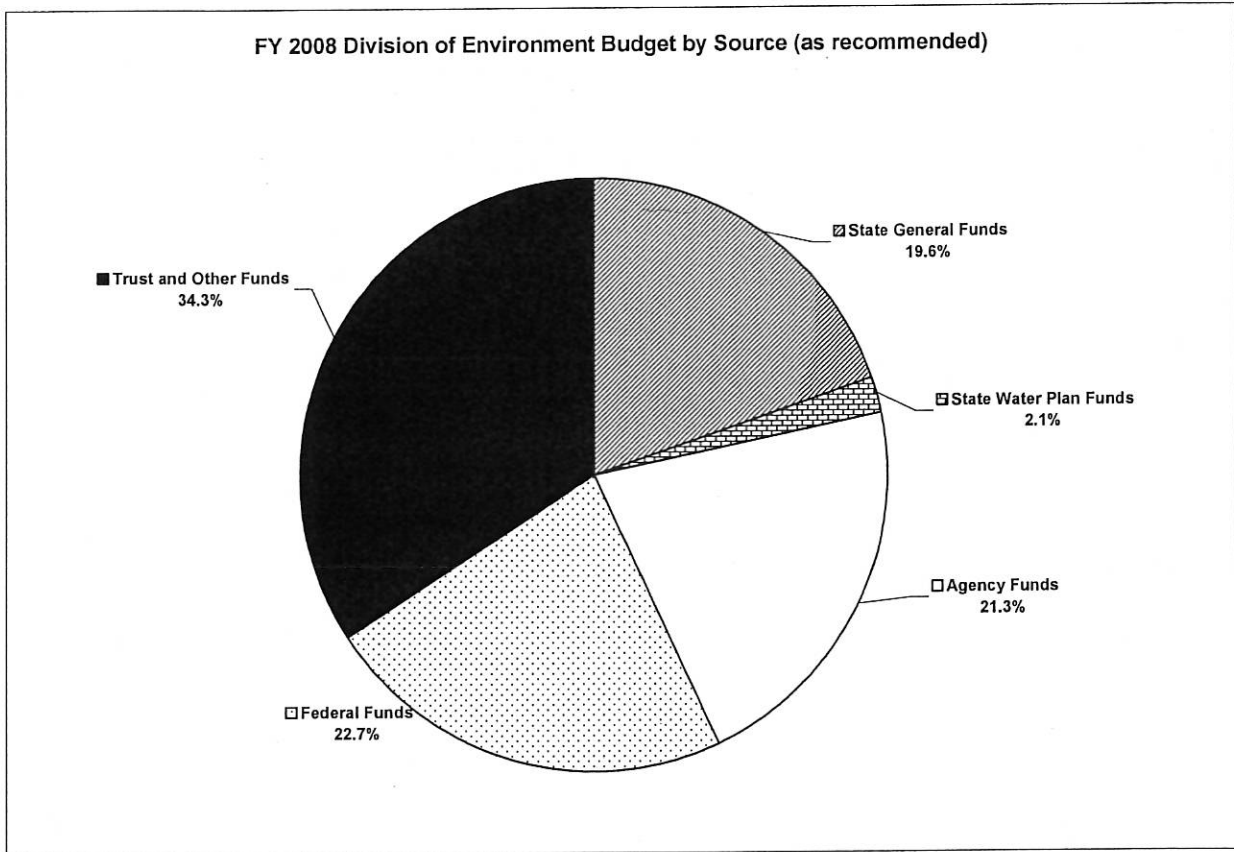
The Kansas Department of Health and Environment, Division of Environment, FY 2008 recommended operating budget is \$67.8, which is about 7.5% more than our FY 2006 actual operating budget and 1.1% below our FY 2007 estimated expenditures. The requested budget allows the agency to continue our current operations. KDHE's Division of Environment consists of the Division of Environment and the Division of Health and Environmental Laboratories with the Labs totaling 8.5% and the Division of Environment 91.5%.

There are five primary funding source categories within the Environment budget (see Chart 4). The largest source of funding for the operating budget is trust and other funds, which total \$23.3 million or 34.3%, with the largest of these funds being the Underground Petroleum Storage Tank Release Trust Fund (\$14.2 million or 60.9%) and the Kansas Essential Fuels Supply Trust Fund (\$5.1 million or 21.9%). Federal funds provide for \$15.4 million of the Environment budget (22.7%). State General Fund (SGF) resources provide

\$13.3 million or 19.6% of the funding (Environment - \$8.7 million; Labs - \$4.6 million). Of the total SGF, 64.2% fund salaries and wages, 24.5% other operating costs, and 11.3% aid to locals and other assistance (see Chart 5).

As with the federal funds in the Division of Health, in the out years the agency is anticipating impacts from the increasing federal deficit. Reductions in discretionary spending in the Environmental Protection Agency budget could result in reduced federal funding and, possibly, an increase in unfunded mandates to provide programming in the future.

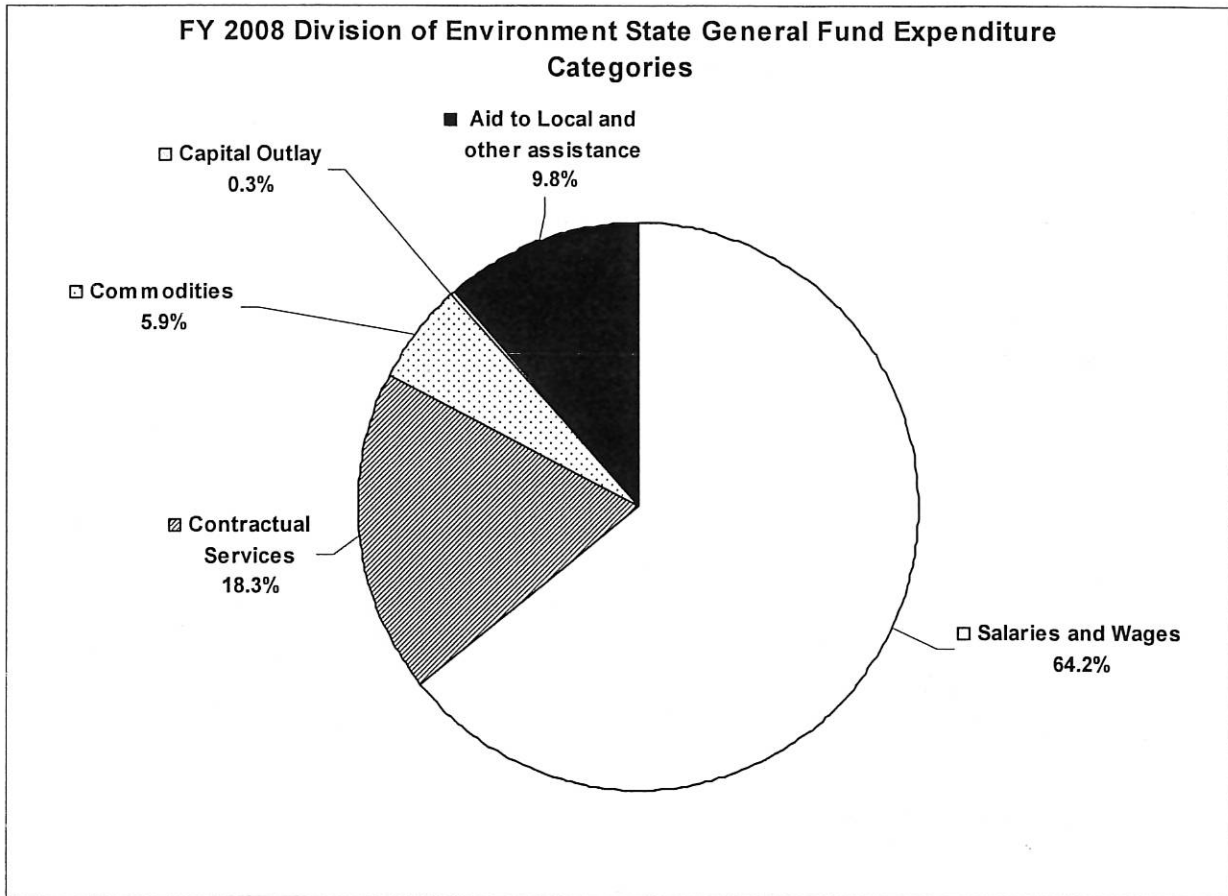
Chart 4



Environment FY2008 Recommended Budget by Source

	Percent	Amount
State General Funds	19.6	13,265,801
State Water Plan Funds	2.1	1,401,749
Agency Funds	21.3	14,406,217
Federal Funds	22.7	15,407,902
Trust and Other Funds	34.3	23,277,182
Total	100.0	67,758,851

Chart 5



Environment FY2008 Recommended SGF Category

Salaries and Wages	64.2	8,522,115
Contractual Services	18.3	2,426,173
Commodities	5.9	781,160
Capital Outlay	0.3	33,618
Aid to Local and other assistance	11.3	1,502,735
Total	100.0	13,265,801

Enhancements and reductions included in the FY 2008 Division of Environment Budget

The FY 2008 Division of Environment budget, as recommended, includes a number of enhancements totaling \$2,070,626, which are listed in the following chart.

Enhancements	State General Funds	All other funds	Total
Addition of COLA and Longevity	308,437	784,189	1,092,626
Treece Buyout	680,000		680,000
Vehicle Replacement	9,125	288,875	298,000
SWPF Shift	2,481,568	(2,481,568)	0
Total	3,479,130	(1,408,504)	2,070,626

Increases in funding include \$680,000 additional State General Funds for the Superfund buyout of the community of Treece in southeast Kansas. The recommended budget also includes an increase of \$2.5 million in State General Funds, which is offset by a reduction in State Water Plan Funds (SWPF) to remove two long-term programs, Contamination Remediation and Local Environmental Protection Program, from the SWPF. Funding was also recommended for pay increases (4%), a longevity pay increase, and approval for the purchase of replacement vehicles (\$298,000).

Reductions

The only reduction to the Environment budget was for \$100,000 in the Use Attainability Analysis (UAA) line item of SGF. This reduction is possible due to the field work portion of the program coming to an end. In FY 2008 most of the work performed after December will be compiling the final reports based on the previous field work.

Summary of FY 2007 Division of Environment Changes

There are no changes to the FY 2007 Division of Environment requested budget in the Governor's recommendation.

Legislative Initiatives

Health

This session, KDHE has proposed 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 has proposed a number of bills concerning the Child Care Licensing Act. Most of the proposals are designed to modernize and enhance the agency's enforcement remedies, which will result in 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 again introduced legislation to share KBI background checks with child placement agencies, and again requested 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. In addition, we have also introduced legislation to create a dedicated Lodging Inspection Fee Fund, which will enable us to increase the inspection of lodging facilities in the state.

A citizen initiative called the Driving Force, introduced a legislative proposal (HB 2136) 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 for a primary seat belt law. 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 seat-belt 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.

A Clean Indoor Air bill (SB 37), which proposes to enact a statewide smoking ban, was introduced by Senator Wysong and continues to be debated in the Senate Judiciary Committee. We urge your support of this bill because it will keep Kansans healthier and over time significantly reduce healthcare costs associated with smoking and it is key to success in cancer prevention.

Tobacco use is the most preventable cause of death and disease in Kansas. Cigarette use alone is responsible for killing nearly 4,000 Kansans each year. As the Secretary mentioned earlier, over the past four (4) years, cigarette use rates in Kansas have dropped from 22.1% to 17.8%. However, the negative health impact of tobacco use affects many more people than just smokers. The 2006 United States Surgeon General's report on the health effects of secondhand smoke has effectively shut the door on the debate regarding the harmful health effects of secondhand smoke—the report concluded that there is no safe level of secondhand smoke.

Cigarette use alone currently costs Kansas \$927 million in direct medical costs per year. This includes \$196 million in Medicaid program expenditures. With respect to the ill effects of secondhand smoke, we know that approximately two percent of all lung cancer cases in Kansas are attributable to secondhand smoke (about 27 cases per

year) and 18% of heart disease cases are connected to secondhand smoke. In 2003, more than 4000 Kansans died of coronary heart disease and it is estimated that approximately 320-570 of those cases were caused by exposure to secondhand smoke. Up to two deaths each day in Kansas are due to such exposure. The statewide smoking ban is one measure the state can take to begin reducing these enormous healthcare costs and deaths, which will continue or increase into the second quarter of this century if we fail to take action to reduce tobacco use and exposure.

Environment

On the Environment side, we have proposed to provide more comprehensive and more scientifically based criteria related to siting of landfills. The goal of SB 145 is to establish sound criteria to protect valuable water resources by limiting allowable locations for landfill development. This bill would require municipal solid waste landfills to be located one mile from protected lakes, streams, public water supply wells and intake points. A separation distance of ½ mile is required for other types of landfills.

SB 146 proposes to eliminate the restriction placed on using unspent funds from the preceding year for grant awards from the Waste Tire Grants Program and would also expand the grant program to assist local governments in purchasing playground covers made from recycled waste tires.

Finally, SB 190 amends the Kansas Storage Tank Act to comply with the applicable provisions of the federal Energy Policy Act of 2005, which places 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.

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. Ser-

vices 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:

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 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%

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 pri-

mary 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 contact 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. The Office of Oral Health was re-established at KDHE and in April of 2006, Dr. Katherine Weno, D.D.S., J.D. was hired as the Office's Director. Dr. Weno, a dentist and a Medicaid attorney, joins Deputy Director Dawn McGlasson, RDH, BSDH at KDHE. In the last nine months they have begun to build the infrastructure of the Kansas program by designing projects to obtain and analyze state-specific oral health data and providing education and leadership on oral health issues.

Data Collection - Data collection is one of the primary functions of a state oral health office. The Office of Oral Health (OOH) currently has two statewide oral health surveys in progress. First, in order to provide more data on the oral health status of Kansas' children, OOH has mounted its second statewide open mouth survey. Following

up on the 2004 Smiles Across Kansas survey, this spring dental hygienists will be visiting schools across the state collecting oral health data on third graders. A second survey is underway regarding the state of Kansas' dental workforce. Information is being collected from Kansas dentists regarding their practice location, patient pool and plans for retirement. Both the open mouth survey and the workforce survey will be complete by September of 2007 and will be widely distributed to all interested parties.

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 be 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.

Advanced Education in General Dentistry (AEGD) Program - One of the major successes for oral health advocates last year was the funding of the AEGD program. In order to attract more new dentists to Kansas, last year the legislature appropriated three years of funding for an AEGD program. An AEGD is a post graduate dental residency that gives new dentists another year of advanced training under the supervision of experienced dental faculty. The Kansas AEGD will be located at GraceMed Clinic in Wichita. Another benefit to the Kansas program is that the dental residents will be providing dental services to underserved patients in this clinic. This program is still in the start up phase, with Oral Health Kansas taking the lead as the fiduciary agent, and Wichita State University as the program administrator. Nearly one million dollars in private matching funds have been raised, and active recruitment is underway for a Program Director. Additional legal and administrative tasks have been completed to clear the way for the first class of residents in fall of 2008.

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 child-care 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 (BCH):

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 (VSIIS) has been completed, and fully 90% of Kansas birthing facilities and 50% of Kansas funeral homes are using the VSIIS system for filing vital records. Phase III of the VSIIS, 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 certified 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 (KHIIS) 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

Division of Environment

The mission of the Division of Environment is protecting public health and environment for Kansas. To implement this mission, the Division of Environment has adopted the following goals:

Assurance - Implement environmental programs in Kansas to achieve regulatory compliance and maintain assurance that environmental programs are protective of public health and the environment.

Policy Development - Be responsive to the needs and inquiries of the citizens of Kansas and the regulated community with respect to environmental programs.

Assessment - Provide citizens of the state with accurate assessments of the environmental conditions of the state.

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 bureaus and the division as a whole.

The performance measures for the Division of Environment are described at length in the state fiscal year 2008 KDHE budget request document. The results of the division’s activities are also listed in that document. In addition, the division also operates under the

terms of the various program delegation agreements with the US EPA, Nuclear Regulatory Commission, and Office of Surface Mining, Department of Interior.

Division of Environment Organizational Structure:

The Division of Environment is organized into five distinct bureaus: Bureau of Air and Radiation, Bureau of Water, Bureau of Waste Management, Bureau of Environmental Remediation, and Bureau of Environmental Field Services. For simplicity in budgeting, the Office of the Director, Division of Environment is budgeted with the Bureau of Environmental Field Services. The division staff is composed of scientific and technical staff with a heavy emphasis on physical and biological sciences, and engineering. The staff of the Division is authorized at 464 FTEs.

Bureau of Air and Radiation (BAR):

BAR is the state's air quality regulatory program including radiation safety. Activities include monitoring air quality, tracking air pollutant emissions, conducting air modeling and development of a plan for Kansas to conserve air quality. Activities also include the permitting of sources of air pollutants prior to construction and issuing operating permits to all large air pollution sources to control pollution. Finally, air quality activities include inspection and testing of permitted sources and public outreach to increase public knowledge of their role in reducing air emissions.

Radiation activities include the licensing and inspection of x-ray machines, radioactive materials and mammography facilities to insure compliance with standards and guidelines to maintain radiation exposures to humans to within acceptable health limits. Activities also include outreach to increase awareness of radiation safety to maintain as low as reasonably achievable (ALARA) exposures. Radiation control activities also include radiological environmental monitoring of any materials released to the environment from Wolf Creek Nuclear Generating Station, and participation in exercises to prepare for emergencies or incidents involving radioactive materials.

A new standard has been recently established for ozone, a component of smog. The standard was not exceeded in the Kansas City area for the 2003-2005 timeframe due to favorable climatic conditions. However, there will be a violation of the ozone standard in Kansas City in 2007 if normal climatic conditions return to the area. The ozone levels in Wichita have also been a concern. The Bureau of Air and Radiation is working with both Kansas City and Wichita to evaluate ways to reduce air emissions that contribute to ozone formation. When this work is completed in 2007, a plan will be developed and implemented to make sure Kansas continues to meet the new federal standards for ozone.

During 2006 there were no exposures from radiation incidents that were above health limits and less than 2% of identified asbestos exposures were above permissible limits. In FY2006 the agency completed the transition of its radiation activities to full fee fund support, which allowed the program to be expanded to comply with federal requirements. Effective education and outreach programs now compliment the inspection and regulatory functions to help the regulated community achieve compliance with legal requirements.

Quality customer service continues in the Bureau of Air and Radiation. During 2006 the agency passed a Wolf Creek Emergency Planning Exercise without an audit exception from the Federal Emergency Management Agency; a Nuclear Regulatory Commission audit determined that the radiation program was compatible with the federal program and received the highest audit classification obtainable by a state; and the air program successfully completed a performance audit conducted by EPA.

Bureau of Waste Management (BWM):

BWM conducts regulatory, compliance assistance, and public education programs for both solid and hazardous waste. The bureau oversees all permitting activity related to over 500 waste management facilities including municipal solid waste landfills, construction and demolition landfills, transfer stations, composting facilities, household hazardous waste facilities, waste processing facilities (oil, tires, sludge, etc.), and hazardous waste treatment, storage, and disposal facilities. The bureau has now approved about 450 pre-selected burial sites for animal carcasses generated as a result of a FAD.

Waste electronics continue to grow as a waste stream. While recycling is also growing, most of the state is not served by recyclers. To promote e-waste recycling, KDHE will award solid waste grants in early FY 2008 to establish pilot e-waste collection centers to facilitate recovery of these materials. These grants will be the top priority for the annual waste reduction grant program funded by the \$1.00 per ton landfill tonnage fee. Information gained through the operation of these pilot programs will be used to determine if a statewide collection program should be implemented and supported using state resources.

The Bureau of Waste Management oversees the permitting of waste combustion activity at cement kilns (or other facilities). At the present time, two kilns are burning hazardous waste both to recover energy and to destroy the hazardous constituents present in the burned wastes. These two facilities include Ash Grove in Chanute and LaFarge in Fredonia. Ash Grove also burns wastes tires along with Monarch in Humbolt to recover the high energy content in rubber tires. Some ethanol plants are also studying the potential to burn waste tires as their primary energy source. These uses of waste as fuels are an excellent energy conservation measure while helping to dispose of hard to manage wastes.

The solid waste program provides technical assistance and annual workshop training to all facility owners and operators. Hazardous waste program regulates the generation, handling, treatment and disposal of characteristic and listed hazardous waste in a "cradle to grave" approach administering both state and federal statutes and regulations.

The decade-old waste tire program has made tremendous strides in reducing the number of waste tire piles across the state and overseeing an ongoing system to manage newly generated tires. BWM is implementing a two-phase waste tire recycling grant program in FY 2007 and 2008 to promote the conversion of waste tires into playground cover. The first phase included grants to two Kansas companies to make the capital improvements to

manufacture playground cover from waste tires. The next phase of grants will go to local governments to subsidize the purchase of playground cover made from recycled tires.

The solid waste program also includes illegal dump cleanup performed in cooperation with local governments. Over the past year, BWM has worked with local government officials to clean up 40 illegal dumpsites. Notable efforts have included 7 sites in Douglas County and 20 sites associated with abandoned properties at a recreational lake in Wilson County. In addition, BWM has entered into an agreement with Union Pacific Railroad to clean up old railroad tie piles, two of which have now been completed including a 50,000-tie pile in Lucas, Kansas. The bureau works together with the Bureau of Environmental Remediation to address former city dumps, which threaten the public health and environment. The bureau also administers grant programs to encourage the development or enhancement of service related to recycling, composting, and household hazardous waste collection.

Bureau of Water (BOW):

BOW is the lead environmental regulatory program for actual and potential discharges to water and the protection of the state's public drinking water supplies. The bureau implements the delegated National Pollution Discharge Elimination System (NPDES) program for the regulation of municipal, industrial and animal waste. The bureau also has primacy to implement the Safe Drinking Water Act for the protection of the public. To assist the regulatory programs, the BOW also conducts state and federal programs to limit pollution caused by non-point sources. The bureau also conducts regulatory and assistance programs for the assurance of the safety of the state's public water supplies. This bureau administers state revolving loan funds to assist municipalities and public utilities in improving or replacing sewer or municipal wastewater systems and public water supplies. The two revolving loan funds make approximately \$100 million in low interest loans annually to assist municipalities and water suppliers.

Drinking Water - New federal regulations, which consist of stricter standards for drinking water quality, are a challenge, especially for Kansas with many small systems. Ninety percent (90%) of Kansas's water supplies serve 3,300 people or fewer; fifty-five percent (55%) of Kansas's water supplies serve 330 people or fewer. There is no economy of scale for these small systems so they are challenged to upgrade to federal requirements, and consolidation is not always an option.

Municipal Wastewater - For municipal wastewater and water supplies, an emerging issue lies with the discharge of endocrine disrupters. Endocrine disrupters are chemicals, both natural and synthetic, which interact with the endocrine system, the glands and hormones regulating biological processes. The endocrine system includes the thyroid, pituitary, and the reproductive system. Problems observed have included feminized fish populations, decreases in human sperm quantity, decreased reproduction in wildlife.

Endocrine disrupting compounds number in the thousands but include the following and their metabolites that are found in the water environment: steroids, pharmaceuticals, birth

control pills, and pesticides. Chemical names of concern include: estradiol, estriol, estrone, hydrocodone, triclosan, androstenedione, progesterone, caffeine, ibuprofen, and atrazine. These compounds enter the water supply through discharges and then being taken into water supply intakes. Some of the compounds, such as pesticides and growth hormones, are commonly used in agriculture. The disposal and removal of these compounds is being researched. This research is expensive due to analytical costs and a lack of dose and response impacts.

While wastewater plants remove some of this material, the concentration levels of potential concerns are very small with concentrations generally expressed in ng/l or nanograms per liter. (An ng/l is one in 10 million.) The potential human health and aquatic life impacts raise issues. Research is underway including whether to remove compounds at wastewater plant or waterworks or both. The issue is more of a problem with heavily recycled streams such as Kansas River, but also has potential ecologic impacts.

Mega Dairies - Kansas now has 26 dairies permitted for 1,000 or more animal units with the largest at 45,000 animal units. KDHE oversees the facility management of wastes and determines proper corrective actions needed when problems are identified.

Water Quality Standards - Kansas has adopted a unique approach to reducing nutrients. The plan is to move forward with voluntary reductions while addressing and setting nutrient criteria locally. Implementation of K.S.A. 82a-2001 through 2006 continues. These statutes establish criteria for stream classification and designated uses and require the examination of all streams in the state by the end of calendar year 2007. The department has and will continue to meet the statutory requirements.

Lagoon Regulations - KDHE has adopted regulations to address the construction of wastewater lagoons. Initial attempts at lagoon regulations grouped the brine lagoons, livestock, industrial, and municipal wastes. This proved difficult, as each group is essentially a category by itself. The draft regulations were broken into the categories described above. The brine lagoon, municipal lagoon and industrial lagoon regulations are in place. Livestock lagoon regulations were delayed due to delays in federal regulations resulting from court rulings but will be finalized soon.

Geologic Issues - KDHE staff continues to monitor a sinkhole near the old Carey Salt plant in Hutchinson. The sinkhole is associated with a brine well from the 1920s era and is about 20' deep and 80' in diameter. The sink is next to the main railroad line. Our first concern is with public safety, secondly the groundwater pollution. The Hutchinson area is dotted with old brine wells.

Bureau of Environmental Remediation (BER):

This bureau is charged with the responsibility for cleanup of environmental damages across the state. These cleanups are conducted in a variety of programs ranging from federal Superfund to the state voluntary programs. These cleanups are predominantly conducted using state trust funds, federal funds or charges to the responsible parties. In recent

years, the bureau has seen the maturation of programs such as the state underground and above ground storage tank regulatory and cleanup program, the voluntary and cooperative cleanup programs, dry cleaning registration and cleanup programs, illegal methamphetamine lab program and state water plan funded orphan site remedial program. In addition, a new program for restoration of property under the Brownfields approach has been implemented using federal funds.

Underground Storage Tanks - Agency staff have been working with the industry, including the Petroleum Marketers and Convenience Store Association of Kansas to determine what changes will be needed to the Kansas Storage Tank Act to meet the new requirements of the federal Energy Bill of 2005. Kansas is ahead of many states because the original Kansas legislation contained many of the provisions of the Energy Bill. Legislative changes will be proposed to increase the insurance required for tank installers, establish training requirements for tank operators and to provide additional funding to accomplish these and the other tasks such as increased inspection, enforcement and reporting requirements.

Subsidence - The Division of Environment has devoted considerable effort during the past year to issues related to a number of subsidence events in Wyandotte, Cherokee and Reno Counties. While subsidence is not a new issue to Kansas, 2006 was a particularly active period. Subsidence issues in Cherokee county have brought to light the need for consideration of an insurance program to allow both the banking industry and property owners to protect their assets from damage resulting from subsidence.

Surface Mining - In the final hours of the 109th session of the U.S. Congress, HR 6111, also known as the "Tax Relief and Health Care Act of 2006," was passed. This bill contains "The Surface Mining Control and Reclamation Act Amendments of 2006," which extends the collection of the Abandoned Mine Land fee on domestic coal production for at least 15 more years. The reauthorization will provide Kansas with AML funding at \$1.5 million per year through 2009. In 2010, the AML funding level will begin to gradually increase to a level of \$3 million per year by 2012.

Orphan Sites - The recent declining economy has left many businesses unable to address their environmental obligations at sites where soil and groundwater contamination have occurred. Many of these sites pose a substantial risk to the water supplies and public health of the residents of Kansas. Obtaining adequate funding to respond to these threats to human health and the environment at orphan sites, those for which a potentially responsible party cannot be identified, is increasingly important. For several years funding levels for orphan site remediation and for Superfund cost share have been declining.

Methamphetamine (Meth) Labs - In 2005, the Kansas legislature passed the Matt Samuels Chemical Control Act, which made pseudoephedrine a Schedule 5 Substance, and required the powder and tablet forms of the drug to be sold by a pharmacy. This change has reduced the number of meth labs that KDHE has had to remediate. In 2006, KDHE cleaned up 98 labs, which represents a significant reduction. KDHE is now responding to an average of 8 labs per month. The number of response actions declined from 204 in CY 2004 and 181 in CY 2005 to only 122 responses in CY 2006, which includes 98 lab

cleanup actions and 24 meth storage facility cleanup actions. KDHE is now responding to an average of 10 meth labs per month.

Cherokee County Cleanup - The agency lacks sufficient funds to respond to Cherokee County mining sites and impacts to surface waters and match for federal superfund cleanups. Funding from Congress has been requested to begin a comprehensive cleanup of the lead and zinc mine waste in Cherokee Co. The agency has been informed that no money will be provided this year and any future allocations will involve a minimum of a 10% match from the state.

Vapor Intrusion Work Group - The Bureau of Environmental Remediation is currently participating in a national work group to develop investigation strategies for vapor intrusion sites where soil and groundwater are contaminated by volatile organic compounds. Vapor intrusion is the migration of volatile chemicals in the subsurface into overlying buildings. Volatile chemicals in groundwater emit vapors that can migrate through subsurface soils and into the indoor air of overlying buildings. This vapor intrusion pathway is a significant health pathway (inhalation pathway) for existing contaminated sites. Vapor intrusion also poses a risk at contaminated sites scheduled for redevelopment. EPA and many states are working to determine what contaminant levels are protective of building occupants. Additionally, efforts are ongoing within KDHE to develop guidance on investigating vapor intrusion at existing contaminated sites.

Bureau of Environmental Field Services (BEFS):

This bureau provides service to the public and other Division of Environment bureaus through regulatory and compliance efforts, complaint and emergency response, ambient monitoring and pollution prevention efforts. This bureau often serves as the public's first point of contact for investigation and assistance. There are six district offices: Chanute, Wichita, Dodge City (with a satellite office in Ulysses), Hays, Salina and Lawrence. Some staff is located in the Topeka offices. The activities of the bureau staff cross all program lines of the regulatory programs of air, water, waste management and the tank programs of environmental remediation. In addition, this program provides support for the BOW's implementation of the Clean Water Act through performance of UAAs and sampling for the TMDL program. The activities of the bureau are implemented under working agreements between BEFS and the other four bureaus. It should be noted the district office clerical staff provide service to both Division of Health and Division of Environment staff in the offices.

Stream Classification and Use Designation Activity - Statutes require KDHE to perform two major tasks related to stream classifications: (1) evaluate the classification status of stream segments against the criteria for classification of stream segments provided in K.S.A. 82a-2003 and (2) evaluate the designated uses of classified streams against the criteria for use designation of classified stream segments provided in K.S.A. 82a-2004.

On February 1, 2007, the department will publish draft regulations on the annual update to the Kansas Surface Water Register. These regulations will propose recreational uses for 463 stream segments including 352 stream segments proposed for secondary contact rec-

reation, and 111 stream segments proposed as primary contact recreation. Eighty stream segments are proposed for deletion from the Kansas Surface Water Register (removed from classification). One stream segment is proposed for restricted aquatic life and the remaining 17 stream segments have been rerouted and combined to form one segment. An additional 140 lakes/wetlands have been evaluated and 44 are proposed for primary contact recreation and food procurement, and 96 lakes are proposed for irrigation, livestock watering, domestic water supply, industrial water supply, and groundwater recharge.

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

SENATE BILL No. 11

By Joint Committee on Administrative Rules and Regulations

12-20

Proposed amendment
February 6, 2007
Senator Vicki Schmidt

10 AN ACT concerning facilities for the treatment of alcoholism and
11 intoxication.

; amending KSA 59-29b46 and repealing the existing section

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

14 Section 1. For the purposes of ~~this~~ **the alcoholism treatment fa-**
15 **ilities licensing** act: (a) "Alcoholic" means a "person with an alcohol or
16 substance abuse problem" as such term is defined in K.S.A. 59-29b46
17 and amendments thereto.

18 (b) "Care or treatment" means such necessary services as are in the
19 best interests of the physical and mental health of the patient.

20 (c) "Committee" means the Kansas citizens committee on alcohol
21 and other drug abuse.

22 (d) "Counselor" means a "state certified alcohol and drug abuse
23 counselor" as such term is defined in K.S.A. 59-29b46 and amendments
24 thereto.

25 (e) "Department" means the department of social and rehabilitation
26 services.

27 (f) "Designated state funded assessment center" or "assessment cen-
28 ter" means a treatment facility designated by the secretary.

29 (g) "Discharge" shall have the meaning ascribed to it in K.S.A. 59-
30 29b46 and amendments thereto.

31 (h) "Emergency service patrol" means a patrol established under
32 K.S.A. 65-4056 and amendments thereto.

33 (i) "Government unit" means any county, municipality or other po-
34 litical subdivision of the state; or any department, division, board or other
35 agency of any of the foregoing.

36 (j) "Head of the treatment facility" shall have the meaning ascribed
37 to it in K.S.A. 59-29b46 and amendments thereto.

38 (k) "Incapacitated by alcohol" shall have the meaning ascribed to it
39 in K.S.A. 59-29b46 and amendments thereto.

40 (l) "Intoxicated individual" means an individual ~~whose mental or~~
41 ~~physical functioning is impaired as a result of the use of alcohol~~ **who is**
42 **under the influence of alcohol or drugs or both.**

43 (m) "Law enforcement officer" shall have the meaning ascribed to it

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2-6-07
Attachment 3

1 in K.S.A. 59-29b46 and amendments thereto.

2 (n) "Patient" shall have the meaning ascribed to it in K.S.A. 59-29b46
3 and amendments thereto.

4 (o) "Private treatment facility" shall have the meaning ascribed to it
5 in K.S.A. 59-29b46 and amendments thereto.

6 (p) "Public treatment facility" shall have the meaning ascribed to it
7 in K.S.A. 59-29b46 and amendments thereto.

8 (q) "Secretary" means the secretary of the department of social and
9 rehabilitation services.

10 (r) "Treatment" shall have the meaning ascribed to it in K.S.A. 59-
11 29b46 and amendments thereto.

12 (s) "Treatment facility" shall have the meaning ascribed to it in K.S.A.
13 59-29b46 and amendments thereto.

14 (t) The terms defined in K.S.A. 59-3051, and amendments thereto,
15 shall have the meanings provided by that section.

16 Sec. 2. ~~(a) Except as provided in subsection (b), for~~ **For** the period
17 commencing on July 1, 1998, and ending on the effective date of this act,
18 any action taken by the secretary of the department of social and reha-
19 bilitation services in the performance of any duty assigned to the secretary
20 by any statute listed in section 3, and amendments thereto, shall be
21 deemed to have been authorized and done in compliance with the pro-
22 visions of such statute in existence at the time of the performance of such
23 duty and the performance of such duty is hereby validated.

24 ~~(b) The savings provisions of subsection (a) shall not apply to the~~
25 ~~promulgation and adoption of any rules and regulations pursuant to~~
26 ~~K.S.A. 65-4001 et seq., and amendments thereto, which pertain to alco-~~
27 ~~holism and intoxication treatment.~~

28 Sec. 3. K.S.A. 65-4001, 65-4002, 65-4006, 65-4007, 65-4011 through
29 65-4020, 65-4022 through 65-4024, 65-4056, section 1, section 2 and sec-
30 tion 3, and amendments thereto, shall be known and may be cited as the
31 alcoholism treatment facilities licensing act.

32 Sec. 4. This act shall take effect and be in force from and after its
33 publication in the statute book.

Sec. 4. KSA 59-29b46 is hereby amended to read as follows: 59-29b46. [See attached.]
Sec. 5. KSA 59-29b46 is hereby repealed.
Renumber Sec. 4 as Sec. 6.

Sec. 4. K.S.A. 59-29b46 is hereby amended to read as follows: 59-29b46. When used in the care and treatment act for persons with an alcohol or substance abuse problem:

(a) "Discharge" means the final and complete release from treatment, by either the head of a treatment facility acting pursuant to K.S.A. 59-29b50 and amendments thereto or by an order of a court issued pursuant to K.S.A. 59-29b73 and amendments thereto.

(b) "Head of a treatment facility" means the administrative director of a treatment facility or such person's designee.

(c) "Law enforcement officer" shall have the meaning ascribed to it in K.S.A. 22-2202 and amendments thereto.

(d) "Other facility for care or treatment" means any mental health clinic, medical care facility, nursing home, the detox units at either Osawatomie state hospital or Larned state hospital, any physician or any other institution or individual authorized or licensed by law to give care or treatment to any person.

(e) "Patient" means a person who is a voluntary patient, a proposed patient or an involuntary patient.

(1) "Voluntary patient" means a person who is receiving treatment at a treatment facility pursuant to K.S.A. 59-29b49 and amendments thereto.

(2) "Proposed patient" means a person for whom a petition pursuant to K.S.A. 59-29b52 or 59-29b57 and amendments thereto has been filed.

(3) "Involuntary patient" means a person who is receiving treatment under order of a court or a person admitted and detained by a treatment facility pursuant to an application filed pursuant to subsection (b) or (c) of K.S.A. 59-29b54 and amendments thereto.

(f) "Person with an alcohol or substance abuse problem" means a person who: (1) Lacks self-control as to the use of alcoholic beverages or any substance as defined in subsection (k); or

(2) uses alcoholic beverages or any substance as defined in subsection (k) to the extent that the person's health may be substantially impaired or endangered without treatment.

(g) (1) "Person with an alcohol or substance abuse problem subject to involuntary commitment for care and treatment" means a person with an alcohol or substance abuse problem, as defined in subsection (f), who also is incapacitated by alcohol or any substance and is likely to cause harm to self or others.

(2) "Incapacitated by alcohol or any substance" means that the person, as the result of the use of alcohol or any substance as defined in subsection (k), has impaired judgment resulting in the person: (A) Being incapable of realizing and making a rational decision with respect to the need for treatment; or

(B) lacking sufficient understanding or capability to make or communicate responsible decisions concerning either the person's well-being or estate.

(3) "Likely to cause harm to self or others" means that the person, by reason of the person's use of alcohol or any substance: (A) Is likely, in the reasonably foreseeable future, to cause substantial physical injury or physical abuse to self or others or substantial damage to another's property, as evidenced by behavior threatening, attempting or causing such injury, abuse or damage; except that if the harm threatened, attempted or caused is only harm to the property of another, the harm must be of such a value and extent that the state's interest in protecting the property from such harm outweighs the person's interest in personal liberty; or

(B) is substantially unable, except for reason of indigency, to provide for any of the person's basic needs, such as food, clothing, shelter, health or safety, causing a substantial deterioration of

the person's ability to function on the person's own.

(h) "Physician" means a person licensed to practice medicine and surgery as provided for in the Kansas healing arts act or a person who is employed by a state psychiatric hospital or by an agency of the United States and who is authorized by law to practice medicine and surgery within that hospital or agency.

(i) "Psychologist" means a licensed psychologist, as defined by K.S.A. 74-5302 and amendments thereto.

(j) "State certified alcohol and drug abuse counselor" means a person approved by the secretary of social and rehabilitation services to perform assessments using the American Society of Addiction Medicine criteria and employed at a state funded and designated assessment center.

(k) "Substance" means: (1) The same as the term "controlled substance" as defined in K.S.A. 65-4101 and amendments thereto; or

(2) fluorocarbons, toluene or volatile hydrocarbon solvents.

(l) "Treatment" means the broad range of emergency, outpatient, intermediate and inpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological and social service care, vocational rehabilitation and career counseling, which may be extended to persons with an alcohol or substance abuse problem.

(m) (1) "Treatment facility" means a treatment program, public or private treatment facility, or any facility of the United States government available to treat a person for an alcohol or other substance abuse problem, but such term shall not include a licensed medical care facility, a licensed adult care home, a facility licensed under K.S.A. 75-3307b and amendments thereto, a community-based alcohol and drug safety action program certified under K.S.A. 8-1008 and amendments thereto, and performing only those functions for which the program is certified to perform under K.S.A. 8-1008 and amendments thereto, or a psychologist professional licensed by the behavioral sciences regulatory board to diagnose and treat mental disorders at the independent level or a physician, who may treat in the usual course of the psychologist's behavioral sciences regulatory board licensee's or physician's professional practice individuals incapacitated by alcohol or other substances, but who are not exclusively primarily engaged in the usual course of the individual's professional practice in treating such individuals, or any state institution, even if detoxification services may have been obtained at such institution.

(2) "Private treatment facility" means a private agency providing facilities for the care and treatment or lodging of persons with either an alcohol or other substance abuse problem and meeting the standards prescribed in either K.S.A. 65-4013 or 65-4603 and amendments thereto, and licensed under either K.S.A. 65-4014 or 65-4607 and amendments thereto.

(3) "Public treatment facility" means a treatment facility owned and operated by any political subdivision of the state of Kansas and licensed under either K.S.A. 65-4014 or 65-4603 and amendments thereto, as an appropriate place for the care and treatment or lodging of persons with an alcohol or other substance abuse problem.

(n) The terms defined in K.S.A. 59-3051 and amendments thereto shall have the meanings provided by that section.