

MINUTES OF THE SENATE EDUCATION COMMITTEE

The meeting was called to order by Chairman Jean Schodorf at 1:30 p.m. on March 19, 2009, in Room 545-N of the Capitol.

All members were present except:

Senator Tim Owens- absent
Senator Chris Steineger- excused
Senator John Vratil- absent

Committee staff present:

Kristen Kellems, Office of the Revisor of Statutes
Theresa Kiernan, Office of the Revisor of Statutes
Matt Sterling, Office of the Revisor of Statutes
Martha Dorsey, Kansas Legislative Research Department
Sharon Wenger, Kansas Legislative Research Department
Dale Dennis, Deputy Commissioner, Kansas Department of Education
Dorothy Gerhardt, Committee Assistant

Conferees appearing before the Committee:

Rep. Sheryl Spalding
Terry Sader, Ph.D., Chair, The Kansas Coalition for Dyslexia Legislation
Diane Djerstad, Wichita Public Schools (written only)
Angie Schreiber, USD 253, Board President (written only)
Rep. Deena Horst
Dan Morin, Director of Government Affairs, Kansas Medical Society
Robert Vancrum, USD 229, Blue Valley School District
Robert Waller, Executive Director, Kansas Board of Emergency Medical Services

Others attending:

See attached list.

Approval of Minutes

Senator Teichman moved to approve the minutes of March 11, 2009. The motion was seconded by Senator Umbarger. Motion carried on a voice vote.

Informational Hearing on **HCR 5015 - Dyslexia and other reading problems; the state board of education to take certain actions**

Rep. Sheryl Spalding, (Attachment 1) provided a summary of the history of **HCR 5015** as well as the requirements of **HCR 5015**. **HCR 5015** was originally introduced as **HB 2199** which would have required establishment of an early literacy program for Kansas schools. Under **HB 2199**, students enrolled in kindergarten through grade two would be screened for reading disorders, including dyslexia, in accordance with a program approved by the State Board of Education. A diagnosis of dyslexia by a child psychologist or a medical doctor would have been required to be accepted by a school district.

The House Committee on Education established a subcommittee to review **HB 2199** and make recommendation for action. The subcommittee recommended and the Committee agreed to introduce **HCR 5015**. This would direct the State Board of Education to:

- Provide early screening to identify children with a reading disability, including dyslexia, and allow for reading diagnostics to be used in pre-kindergarten through second grade
- Review the pace and level of instruction to ensure that reading problems, including dyslexia, are identified and analyzed
- Review teacher preparation courses to ensure that scientifically-based reading instructional components are used to instruct children with disabilities, including dyslexia

CONTINUATION SHEET

Minutes of the Senate Education Committee at 1:30 p.m. on March 19, 2009, in Room 545-N of the Capitol.

- Ensure that parents have easy access to all information, including appropriate interventions and the appropriate pace of interventions

HCR 5015 requires that the State Board of Education submit a report of the activities of the Board in relation to this resolution and the progress made in achieving the endeavors specified in the resolution and shall submit such report to the legislature. Rep. Spalding stated the State Department of Education had begun addressing these concerns through the Multi-Tiered System of Support (MTSS). They had also hired a reading specialist with a background in dyslexia. Currently, 102 schools district and all of the special education co-ops and service centers have at least one person trained in this system.

Terry Sader, Ph.D., Chair, The Kansas Coalition for Dyslexia Legislation, ([Attachment 2](#)), provided testimony in support of **HCR 5015**. His testimony included letters from three concerned parents who continue to struggle with what they consider as inadequate education opportunities for their children with dyslexia.

Diane Djerstad, Wichita Public Schools, ([Attachment 3](#)) and Angie Schreiber, USD 253, Board President ([Attachment 4](#)) provided written testimony in support of **HCR 5015**.

The informational hearing on **HCR 5015** was closed. The chair announced that following receipt of the Resolution from the House, the committee would meet at the rail on Monday, March 23, to consider the Resolution.

Hearing on **Sub HB 2008 - Administration of epinephrine in emergencies at schools; epinephrine kits**

Theresa Kiernan, Office of the Revisor of Statutes, provided a summary of **Sub HB 2008**. The original **HB 2008** was introduced by the Legislative Educational Planning Committee (LEPC) after it learned that the State Board of Nursing (Board) had notified school nurses the Kansas Nurse Practice Act (NPA) does not allow school nurses to identify an anaphylactic reaction in a student who had not been diagnosed with anaphylaxis or to administer epinephrine to treat that student without receiving a physician's order to do so. The NPA authorizes a nurse to make a nursing diagnosis and to execute a medical regimen as prescribed by someone licensed to practice medicine and surgery. Identifying and labeling anaphylaxis requires medical judgment and is a medical diagnosis. Prescribing and administering a prescription drug is the practice of medicine.

Prior to the issuance of the letter by the Board, it was not unusual for a school nurse to have on hand a number of EpiPens which had not been prescribed for a particular patient, but had been prescribed for use in the treatment of anaphylaxis. School nurses could continue to administer epinephrine prescribed for a student who had previously been diagnosed with anaphylaxis, but for an undiagnosed student, the nurse either would have to obtain authority from a physician to administer epinephrine or wait until a person who is authorized to administer medication arrives at the school.

The original **HB 2008** established the school medication aide act which authorized school nurses and persons who were certified by the Board to administer epinephrine. The subcommittee of the House Education Committee recommended the introduction of a substitute bill which would allow the administration of epinephrine to an undiagnosed student or school staff member by a professional nurse, protect the nurse from the unlawful practice of the healing arts and allow schools to maintain an epinephrine kit.

Substitute for **HB 2008** was introduced to implement the recommendations of the subcommittee. The bill would provide that the practice of healing arts does not include the administration of epinephrine by a professional nurse to a student or school staff member without a prior diagnosis or specific order if the nurse reasonably believes that the signs and symptoms of an anaphylactic reaction are occurring. The bill would require a physician to provide written authorization allowing a professional nurse to use and maintain a stock supply of epinephrine. The bill would allow any accredited school to maintain an epinephrine kit containing one or more doses of epinephrine to be used only in emergency cases by a professional nurse or under the supervision and direction of a professional nurse at school, on school property or at a school-sponsored event. In addition, the bill would require a school district to consult with a licensed pharmacist, who would supervise the maintenance and use of the emergency epinephrine kit.

CONTINUATION SHEET

Minutes of the Senate Education Committee at 1:30 p.m. on March 19, 2009, in Room 545-N of the Capitol.

Rep. Deena Horst, (Attachment 5), provided testimony in support of **Sub HB 2008**. Discussion included the question of who would pay for a kit that had been provided by the school. Dale Dennis, Deputy Commissioner, Kansas Department of Education, stated the school would pay for the kit and then attempt to recover the costs from the insurance company. Other discussion included the question of where in the bill someone under the supervision of the professional nurse would be allowed to administer the epinephrine. This was clarified by the Assistant Revisor as well as Diane Glynn with the Board of Nursing. Each stated the professional nurse was allowed to delegate the administration of the epinephrine.

Dan Morin, Director of Government Affairs, Kansas Medical Society (Attachment 6) and Robert Vancrum, USD 229, Blue Valley School District, also provided testimony in support of **Sub HB 2008**.

Robert Waller, Executive Director, Kansas Board of Emergency Medical Services, (Attachment 7), provided testimony in support of **Sub HB 2008** and requested that **SB 262** be put into **Sub HB 2008**. He pointed out **SB 262** had been passed in the Senate by a vote of 40-0. The provisions of **SB 262** included:

- Changing the name of the three attendant levels
- Mandating attendants must practice under medical protocols
- Sets a Scope of Practice "ceiling" for the levels of EMR, EMT, and AEMT
- Sets the actual Scope of Practice in Rules and Regulations

A brief discussion was held regarding the location of the bill in the House. Senator Wagle stated she felt action regarding **SB 262** should be discussed first with the chair of the House Health and Human Services, Representative Brenda Landwehr.

The Hearing on **Sub HB 2008** was closed.

Senator Umbarger moved the committee amend **SB 262** into **Sub HB 2008** and recommend it as amended favorable for passage. The motion was seconded by Senator Teichman. No action was taken on the motion.

Senator Huelskamp stated he felt the committee should have two separate motions and that he agreed with Senator Wagle in regard to discussing the bill with Representative Landwehr before moving **SB 262** into **Sub HB 2008**. Senator Wagle agreed to discuss **SB 262** with Representative Landwehr.

Senator Huelskamp moved the committee recommend **Sub HB 2008** favorable for passage. The motion was seconded by Senator Wagle. The motion carried on a voice vote.

There are no further meetings scheduled.

The meeting was adjourned at 2:30 p.m.

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SHERYL SPALDING
29TH DISTRICT

HCR 5015

A CONCURRENT RESOLUTION directing the State Board of Education to take certain action in relation to children with reading problems, including dyslexia.

Chairman Shodorf and Members of the Committee:

Thank you for the opportunity to provide information on HCR 5015. We originally heard testimony on House Bill 2199 dealing with dyslexia. HB2199 was subsequently referred to a subcommittee. This resolution is a result of efforts of the subcommittee.

As background the House passed a similar resolution last year, HR6021, with good result. In that resolution we asked two things of the State Board of Education. First they were to review the early reading diagnostic programs to ensure reading problems including dyslexia were identified and analyzed. Second, we wanted them to review teacher preparation courses to ensure that knowledge of scientifically-based reading instruction to instruct children with disabilities including dyslexia were being addressed.

In testimony to the subcommittee we heard that the Department of Education had begun addressing these concerns through the Multi-Tiered System of Support, MTSS. They had taken a further step in hiring a reading specialist with a background in dyslexia this past summer. Currently, 102 districts and all Co-op's have at least one person trained in this system.

In addition we heard from three Regent Schools and what is current practice in preparing teachers to deal with reading problems. What was exciting was that they were each revisiting their curriculum this year in light of the new statewide system to ensure their teachers are prepared to work with the new MTSS system.

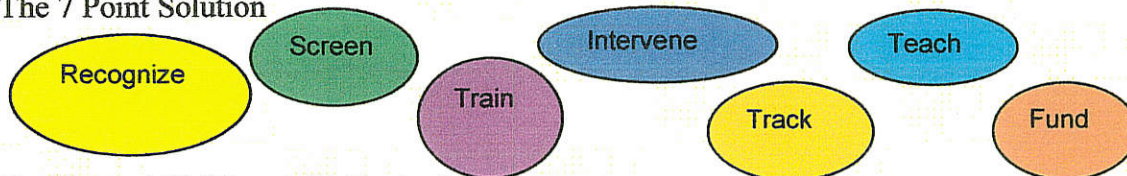
This new concurrent resolution is essentially an extension of last year's resolution with even more specific information requested. We felt this was necessary because it was clear from testimony on the original bill, that there were still unresolved issues in relation to dyslexia. This resolution not only gives direction again to the State Board of Education, but requires a report back to the legislature next year.

Thank you for your consideration.

Senate Education
3-19-09
Attachment 1

The Kansas Coalition for Dyslexia Legislation

The 7 Point Solution



For Kansas' Children with Dyslexia

Senate Education Committee Hearing
HCR 5015
March 19, 2009

Madam Chair Schodorf and Committee, thank you for inviting me to speak on behalf of House Concurrent Resolution 5015. As your time is precious and many of you are already familiar with our issue, I will be brief in my remarks.

I have entered into written testimony three parent letters representative of our concerns. They are from parents with children in Manhattan, Buhler and Derby school districts. I invite you to read and consider these letters and I certainly will supply many more parent letters from all over Kansas upon request.

These letters represent the concerns of frustrated parents who continue to struggle with inadequate education opportunities for their children with dyslexia, and that frustration often manifests itself in anger expressed toward anyone who will listen. No doubt some of you have received some of those angry comments. I pray that you will view such comments within the context of parents merely trying to do the best they can to effectively advocate on behalf of their children.

Finally, we want you to understand that we understand and respect your process. You are taking our concerns seriously and continue to move us ahead in that process. We are grateful for your understanding and your support as our issue moves forward with this resolution. I hope you will continue to support us through this resolution and subsequent efforts to improve education for our children.

Terry Sader, Ph.D., Chair
The Kansas Coalition for Dyslexia Legislation

To Whom It May Concern:

I am writing you seeking your support for House Bill 2199- an piece of legislation that supports an early literacy initiative that will identify students at risk for dyslexia, dysgraphia and other language processing disorders as early as Kindergarten. As a military spouse, and parent of a recently diagnosed dyslexic child, Kansas appears to be a 'black hole' in regards to language processing disorders.

Our soldier was assigned to Fort Riley KS in January 2007. My son, Jared, was mid-way through his 2nd grade year and had already been identified as 'reading deficient' by a DoDs School in Heidelberg Germany. Upon enrolling my child in USD 383, he was quickly entered in a 'reading tutorial' program (as prescribed by current legislation). My son remained in this program through 2nd grade year carrying into his 3rd grade year. As a parent, I saw my son begin to read and his grades improved—overall I was pleased at Jared's progress. However, what I didn't see was that the gap between my son's performance and grade standard had begun to increase exponentially! I was quite shocked 3rd quarter of 3rd grade when his teacher was recommending summer school! Jared's report card had always reflected satisfactory progress, his papers all came home with 'check marks' and 'smiley' faces. Per current classroom practices children are graded independently and individually, based upon the teacher's expectations of the child—not necessarily the grade standard. My son was more than a year behind in his reading.

Dyslexia runs in my family, so I had my suspicions as to why my son was facing such challenges, especially when he excelled in Math, Science and History. I first turned to the school however current legislation does not recognize or offer therapy for language processing disorders- like Dyslexia; citing that Dyslexia is a medical disorder (a failure of the brain to establish hemispherical dominance). The school's challenge, regardless of the administration's passionate desire to help my child, laid in the fact that Dyslexia and other language processing disorders are identified and treated educationally. Without identification and recognition authority from legislation their hands were tied. Current legislation regarding language processing disorders (dyslexia, dysgraphia, etc) ultimately leave children who suffer in the State of KS to fall into a 'black hole', never reaching their potential in school or as adults. Please keep in mind that at this point my son was already identified 'reading deficient' and enrolled in a reading tutorial program with very little progress- per current legislation. The therapy for language processing disorders like dyslexia is scientific in nature (multi-sensory, structurally systematic and phonemic) and empirically proven to be effective; different from 'regular' reading tutorial programs.

With the school's hands being bound by current legislation, I turned to the community resources within Fort Riley. One resource in particular is available for military families, the Exceptional Family Member Program (EFMP). EFMP serves as an advocacy and resource program for military families with exceptional needs- anything from Asthma to Down's syndrome, including learning disabilities like ADHD and dyslexia. The intent is to prevent the military family from following a soldier to a location where services are not available. Imagine having an epileptic child without access to a neurologist. Since current Kansas regulation does not recognize or support dyslexia, there were no resources available within the Army sub-structure. I was stunned! Not only where there not any services to be referred, there wasn't any resources or networking opportunities either. Our situation sent the EFMP Program Manager scrambling for help from other installations. Why? Simple, families who have dyslexic children enrolled in EFMP (screening and enrollment is MANDATORY) have been deferred from Fort Riley and Fort Leavenworth for years. The EFMP Manager vaguely remembered another situation like ours, where the child was diagnosed in KS, about 5 years ago. This trend will continue until Kansas recognizes and supports language processing disorders.

If HB 2199 was in affect when we arrived in KS, my son would have been identified at risk for dyslexia right away and his deficiency wouldn't have grown to the extent it is now. According to HB 2199, the school would have tested my son and would have begun a therapy program that is scientifically proven close the gap between the child's performance and his/her potential. Statistically nearly 80% of all poor readers in the 3rd grade never become proficient readers as adults; because my soldier was unfortunate enough to be stationed in Fort Riley KS, in a state which fails to meet the needs to dyslexic children, my son (statistically) will struggle with reading, writing and comprehension the rest of his life. I say 'statistically' because I faithfully believe that my son will be in the 20% percentile becoming a proficient reader as an adult. Because in November 2008, I sought private educational testing for my son at the Family Learning and Guidance Center in Topeka in which he was diagnosed with Dyslexia (confirming suspicions). Testing that cost over \$1500.00. As a result of that diagnosis, I am enrolling in the Alpha Phonics program at the Fundamental Learning Center in Wichita to begin training to be an Academic Language Therapist-- so that I can offer my child the therapy he needs—outside of the school for the remainder of our time stationed here in Kansas. A two week training that costs \$1400.00 just for phase 1, requiring a 24 hour volunteer practicum over a 6 week period- not including lodging expenses and childcare. I assure you, that I am not the norm—most military families do not have the flexibility (financially or fiscally) to support their child in this manner.

HB 2199 is not about keeping a child barely afloat educationally; it is about offering parents and teachers a vision of that child's potential, regardless of performance, and then offering those children the tools they need to reach that potential!

Please support HB 2199. Feel free to contact me with any questions- I'd be glad to visit with you.

Blessings and Peace,

Amie Jones
Manhattan, KS
785-375-7367



⚡ This is an urgent message.

Date: Saturday, March 7, 2009 9:39 PM

From: Tom & Rhonda Severin <trseverin@cox.net>

To: ksdyslexia@cox.net

Subject: Please put us on the mailing list

My daughter, Kristi is dyslexic and I would like to be kept informed of what is going on.

This is not just a Wichita problem. We reside in the Buhler USD 313 school district and I struggle every year to make sure her teachers are aware of what she needs to learn. During her elementary years the school district would not allow our dyslexic tutor to come into the school to work with her so we spent three years, three times a week, after school going to a tutor so she could learn multi-sensory phonics. It has helped her so much that the school district will not allow her to have an IEP or 504, instead they want to use a SIP, Student Improvement Plan. We went to Dr. Stone and have the medical report, but it doesn't seem to change anything. As far as a classification or being labeled, my daughter was relieved to know that she was dyslexic and not stupid. She could not understand why everyone else could read so fast and easily, but she had to struggle. That day was a huge breakthrough for us. We figured out the end of her 3rd grade year and everyone in her elementary class was educated about dyslexia through us. She had 19 students in her elementary class. We made it known to her peers so that she wouldn't have to feel like she was hiding something and her friends were wonderful.

She is now in 7th grade and the three elementary schools have combined and now they have 190 students in her 7th grade class. I also have to deal with 7 different teachers and she has to deal with other students that don't know or understand about her dyslexia. One thing is for sure, she has gained more self-confidence since we have completed the tutoring and for that we are eternally grateful. I just wish the schools would recognize dyslexia and help our future generation.

Thanks for listening.

Rhonda & Tom Severin
15 S. Carlo
Hutchinson, KS 67501
620-663-9031

February 23, 2009

Mr. Terry Sader
Butler Community College
901 S. Haverhill Road
El Dorado, KS 67042-3225

Mr. Sader:

My name is Judith Clubine and I am the mother of a recently diagnosed 5th grade dyslexic son (Todd). I have only recently come across the documentation of the house bill that is being discussed currently (HB 2778) during my research online concerning dyslexia. I am curious about how this bill is progressing, as I am incensed over what my son has had to endure up to this point, not to mention what I (as a parent) have had to deal with financially regarding our efforts to even get this diagnosis put in place.

Let me give you a bit of background on both my son and myself. I am a twenty-two year educator, with my undergraduate degree being in Special Education-Music and my Master's degree being in Early Childhood Special Education; I also have my Administrative Certification, K-9. I have spent my son's life, from age 4 years to the present, trying to get people to listen to the fact that my son has a problem with processing the written word. I couldn't get anyone to listen to me...At first, my son was characterized as immature (and I was "an overprotective single mother who was unnecessarily worried"). Then, Todd was held back in first grade because of his inability to read correctly. It was at this point that people began to theorize that Todd's problems lay within his eyes...As a result, he endured two years of vision therapy. He was found to have a condition known as convergence excess and so had a problem with tracking. That having been concluded, we then attempted a fairly new therapy known as Bal-A-Visics. My son's ability to hit a baseball was greatly improved but his reading was not affected in any way. By this time, he had transferred into the school where I was teaching, where the Success For All program was being utilized. The rigid structure and repetition was ideal for him...Todd's reading ability was dramatically improved. He benefitted from two years of this program. Then, our school decided to drop the SFA program, in favor of adopting a reading program that would be more closely aligned with what the rest of the district was using (we were one of only two schools in the district to use SFA). It was at this time that my son's glaring deficiencies in reading were thoroughly exposed.

Our school psychologist, who had done a comp eval on Todd last year (but he scored just high enough to not qualify for any services), took me aside and said that, "off the record", if Todd were her son, she would take Todd to get independent testing done to see if he actually had reading problems...She stated that (since I had been in SPED for fifteen

years previously) she knew that I understood that she couldn't openly recommend any testing "or else the school would be responsible for the testing." Oh, yes...I understood...But I really didn't fully understand what it was that I was undertaking.

I had no idea that it would be \$1500.00 later that I would finally have a diagnosis of dyslexia for my son. I was horrified...Not only by the cost of this diagnosis (not only financially and also in terms of how many years my son has been laboring with no real help) but also by the realization that very few common families can afford this type of testing. I was informed by my school that the testing is considered to be medical, so the school will not cover any of it. I was informed, then, by my ex-husband's insurance company, that the testing is educational in nature, so they don't cover the testing portion...However, they will cover the initial consult with the doctor and the ending consult, as those meetings fall under the medical heading. WHAT????????? Somewhere, in the vast chasm that separates the educational world and the insurance companies, there are way too many kids drowning, waiting for help.

Sir, I need to know what recourse the common family has in this instance. I have already paid for two years of vision therapy and a year of Bal-a-Visics, in addition to my half of the expenses associated with my son's dyslexia testing, thanks to all of the misdiagnoses in my son's educational past, so remuneration is not an option on my part. However, should I have families that could use the information, where could these families turn to for help in getting the testing costs covered??

Another question would have to be the one dealing with the issue of FAPE. Under the strictest interpretation of this aspect of PL 94-142/IDEA, it would fall to the schools to cover the testing for dyslexia, as it is a condition that directly impacts a student's ability to read/learn...Reading is an activity that is absolutely imperative if the student is to be successful...So, how have the schools avoided paying for this testing? Morally and ethically, this question bothers me greatly.

A logical third question would then have to be, WHY isn't there a psychiatrist on the staff of each district, who could travel from school to school in the district and diagnose these problems at an early stage? I was informed by a school administrator that "we don't do that", referring to "the diagnosing thing", getting back yet again to the fact that it's a medical state that is incapable of being diagnosed by any school staff.

My son has only recently been put on an IEP that will actually assist him in his educational endeavors...And he's going to be turning 12 in about a month. That means that he's spent around 9 years (he's been on a Speech IEP since age 3 years) not receiving what could have made his life so much easier.

As a mother, this has been an agonizing 9 years. As a special educator, this has been completely maddening. I cannot describe to you the depth of the anger that I have experienced related to this issue. If you have any resources that would be of assistance, could you please point me to them? I have spent hours on the web, researching this condition. Because, unbeknownst to me, my special education courses in college really

didn't prepare me to work with kids who have this condition...My education on this subject was very incomplete until my son was diagnosed with it. Any assistance you could render would be greatly, greatly appreciated.

Respectfully,

A handwritten signature in black ink, appearing to read 'J. Clubine', followed by a long, sweeping horizontal line that extends across the width of the signature area.

Judith J. Clubine
Oaklawn Elementary School
5000 S. Clifton Ave.
Wichita, KS 67216
316.554.0704



**Senate Education Committee
Senator Schodorf, Chair**

HCR 5015 – Early Literacy

*Presented by: Diane Gjerstad
Wichita Public Schools*

March 19,2009

Madame Chair:

In December the Kansas Coalition on Dyslexia met with Wichita Public School administrators to ask our support for legislation which would address their goal of early identification and research-based interventions for children with dyslexia. In January we jointly requested the introduction of H.B. 2199 which would have set into statute a series of protocols for the assessment, identification and effective response for struggling readers, and research-based literacy curriculum for teacher pre-service and professional development.

The House Education subcommittee spent a great deal of time hearing from parents, the Coalition on Dyslexia, Department of Education, schools and colleges of education. The Department of Education is making tremendous strides implementing an early identification and response initiative called “multi-tiered system of supports” (MTSS).

HCR 5015 reflects the work and commitment of the Commissioner of Education, Department of Education and Kansas schools embracing MTSS for an early identification and intervention process; enhancing teacher preparation curriculums to better prepare all classroom teachers to identify reading difficulties and have knowledge of research-based best practices; and the expansion of MTSS into more schools.

Everyone’s goal is the same – parents and schools alike want our students to be successful. HCR 5015 is a compromise which supports KSDE’s work and the work of schools to identify and effectively respond to struggling readers. Madame Chair, we support the resolution.

*Senate Education
3-19-09
Attachment 3*

Testimony of Angie Schreiber
Before the Senate Education Committee
On House Concurrent Resolution No. 5015
March 19, 2009

Good morning Chairman Schodorf and members of the committee. Thank you for the opportunity to provide written testimony in support of House Concurrent Resolution No 5015.

House Concurrent Resolution No. 5015 asks the State Board of Education to ensure screening of students for dyslexia and related disorders and allows for school districts to provide appropriate research-based intervention.

As president of the school board for USD 253 in Emporia, KS, I am fully aware of the demands placed on school districts today. Supporting a resolution that seems to increase the work that districts must accomplish may seem counter-productive, but I firmly believe that providing effective tools to teachers in the classroom, to help them teach all students will help Kansas schools in the future. All students reading by third grade allows teachers in the upper grades to focus on grade-level subjects and expand on student's knowledge without worrying about teaching reading. Thus, when Kansas students graduate from high school, they will be prepared to enter technical college, university or the work world.

I also understand the time and effort it takes for teachers to test every student in their classroom. However, that must be balanced with the frustration of those same teachers when they do not have the tools to help the young people who are in their classrooms learn to read. It is estimated that 10 in every 100 students have dyslexia, so no classroom in the state is unaffected. Students with dyslexia need very specific remediation programs; these have not been adopted in most school districts because Kansas does not recognize this specific learning disability.

I'm very proud of the accomplishments of USD 253. Our student achievement has been increasing. I have attached our annual report to the community. However, please note at the bottom of page 1, "Despite the significant improvement, Dr. Heim and Dr. Abel said the district cannot be satisfied that 20 to 25 percent of students are not meeting state standards in reading and math." That 20% in reading will be hard to decrease unless we admit that there are students with dyslexia in our classrooms and that specific reading methods will be necessary for them to be successful on state assessments. Help push our district to greater heights, pass House Concurrent Resolution No. 5015.

Thank you again for allowing me to provide testimony.

Angie Schreiber
1722 Yucca Lane
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620-341-3036

Senate Education
3-19-09
Attachment 4

STATE OF KANSAS

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REPRESENTATIVE, SIXTY-NINTH DISTRICT

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TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

CHAIR: JOINT COMMITTEE ON ARTS AND
CULTURAL RESOURCES

VICE-CHAIRPERSON: EDUCATION

MEMBER: AGING AND LONG TERM CARE
HIGHER EDUCATION
ELECTIONS

TESTIMONY ON
House Substitute for HB 2008

Chairperson Schodorf, Vice Chairperson Vratil, Ranking Minority Member Hensley and members of the Senate Education Committee:

Thank you for allowing me to testify as a proponent of HB2008.

This bill was drafted by Legislative Educational Planning Committee (LEPC) as a result of a ruling by the Board of Nursing because statutes do not authorize school nurses to stock and administer epinephrine to individuals who are undiagnosed even though there was a physician's order to do so. [A number of school districts had a standing order from a physician which allowed the school nurses to stock epinephrine and administer it in emergency life-threatening situations involving individuals who do not have a diagnosis.] The nurses indicated that there had been lives which had been saved because of their ability to administer epinephrine to individuals who had no diagnosis of severe allergies. They asked that statutes authorize the manner in which they had been practicing in the case of emergency life threatening situations.

The bill, as originally drafted, also allowed for the training and licensure of Medication Aides who could be hired by school districts to administer medication to students if no school nurse was available. At the hearing in the House Education Committee, the school nurses and the Board of Nursing voiced a concern about the expense to hire additional personnel in order to train and license Medication Aides. They also called the Committee's attention to Rules and Regulations which allow school nurses to delegate to individuals under their supervision the ability to administer medication therefore they believed that portion of the bill to be unnecessary. The Kansas Association of School Boards was concerned about the potential expense to school districts which would bear the expense of the training and licensure of the Medication Aides. Blue Valley School District testified in favor of the bill as it was written.

A sub-committee, which I chaired, was formed in an attempt to forge an agreement which would allow school nurses to work as they had until the time of the ruling. The sub-committee included individuals who had been practicing teachers, an attorney and a pharmacist. As alternatives were drafted, the Board of Pharmacy was also consulted. The storage of the epinephrine which wasn't prescribed for a specific individual raised additional concerns. Several drafts later the agreement became House Substitute for HB 2008 which you have before you today. It does ensure that lives of undiagnosed individuals can still be saved in life-threatening emergencies provided the school district chooses to consult with a pharmacist who would supervise the maintenance of emergency epinephrine kits and the school nurse(s) are given written authority by a physician to administer epinephrine to previously undiagnosed staff or students when exhibiting symptoms of anaphylactic shock. The floor amendment was actually a committee amendment which didn't get placed in the committee report. [It clarified that the intent of the bill was that it would be permissive and school districts would not be required to stock epinephrine.] Yesterday, Substitute for HB 2008 passed the House 122 – 0 with three members being absent.

Senate Education
3-19-09
Attachment 5

I respectfully ask you to positively consider Substitute for HB 2008 so statutes will allow school nurses to once again save the lives of staff members and students if those individuals experience a life-threatening emergency that can be solved by administering epinephrine.

Thank you again for your consideration of this important bill.

Sincerely,

A handwritten signature in black ink that reads "Deena Horst". The signature is written in a cursive style with a large, prominent "D" and "H".

Representative Deena Horst, 69th District
Chairperson, LEPC (2008) and House Education Sub-Committee Chairperson.



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To: Senate Committee on Education

From: Dan Morin
Director of Government Affairs

Subject: Substitute for House Bill No. 2008; An act concerning epinephrine

Date: March 19, 2009

The Kansas Medical Society appreciates the opportunity to submit the following comments today on HB 2008, which is intended to address the issue of administering epinephrine to students who have not previously been diagnosed with life-threatening allergies. In June 2008, the Kansas State Board of Nursing (KSBN) notified school nurses that the Kansas Nurse Practice Act does not allow school nurses to identify an anaphylactic reaction in a student who has not been previously diagnosed with anaphylaxis or to administer epinephrine to treat that student without receiving a physician's order to do so. It had come to the attention of the KSBN that a number of school nurses had epinephrine on hand which had not been prescribed for a particular patient, but had been prescribed for use in the treatment of students not previously identified as being susceptible to anaphylactic reactions.

The issues identified in November before the Interim Legislative Educational Planning Committee were:

- How to provide immediate help to any student suffering an anaphylactic reaction
- How to provide protection to a school nurse who risks disciplinary action if the nurse administers epinephrine, without direction of physician, to a student who appears to be suffering an anaphylactic reaction, but who has not been previously diagnosed with anaphylaxis
- Possibilities of amending statute to allow for the "stocking" of Epi-pens which are not prescribed for any particular patient.

In its report to the 2009 Kansas Legislature, the Joint Committee on Legislative Educational Planning "recommended legislation and introduction of a bill authorizing school nurses to administer epinephrine to treat students having an anaphylactic reaction in cases where the student has not previously been diagnosed with anaphylaxis." In addition, the Committee instructed the Revisor's Office to work with the Kansas Board of Nursing and the Kansas School Nurses' Association to make legislation applicable to school districts without nurses as well as those districts having nurses.

Senate Education
3-19-09
Attachment 6

Substitute for House Bill 2008 seems to address the abovementioned concerns and interim committee recommendations by amending the Healing Arts act to allow the possession and administering of epinephrine to students and staff not previously identified as susceptible to an anaphylactic reaction

As a result of their formal clinical training and nursing diagnosis experience along with the ability to implement a medical regimen as prescribed by a physician, school nurses are uniquely positioned to assist in the rare instances when a student presents with symptoms associated with anaphylaxis.

In summary, we do not oppose allowing school nurses the ability to store an appropriate amount of epinephrine and administer epinephrine in emergency cases. We are also encouraged by the bill's language emphasizing oversight and interdependent cooperation among licensed physicians, licensed pharmacists and licensed nurses. Thank you for your time, attention and willingness to consider our comments.



KANSAS

DENNIS ALLIN, M.D., CHAIR
ROBERT WALLER, EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

BOARD OF EMERGENCY MEDICAL SERVICES

Testimony

Date: March 18, 2009
To: Senate Committee on Education
From: Robert Waller, Executive Director
RE: Substitute for House Bill 2008

Madam Chairman Schodorf and members of the Senate Committee on Education, my name is Robert Waller. I am the Executive Director for the Kansas Board of Emergency Medical Services (KBEMS). I would like to provide comments on House Bill 2008.

Currently, House Bill 2008 Sub. for HB 2008 would authorize a school nurse to administer epinephrine to a student or staff member without a prior diagnosis and specific student order in cases where the nurse reasonably believes that the signs and symptoms of an anaphylactic reaction are occurring. The bill would require a physician to provide written authorization allowing the school nurse to use and maintain a stock supply of epinephrine. The bill would allow any accredited school to maintain an epinephrine kit and would require a school district to consult with a licensed pharmacist, who would supervise the maintenance and use of the emergency epinephrine kit. The Board does not offer testimony to change the current provisions of Substitute for HB 2008, but offers the following amendment:

Amendment:

The provisions and language of 2009 Senate Bill 262

2009 Senate Bill 262, as introduced, revises the Scope of Practice for the four (4) levels of attendants the Kansas Board of Emergency Medical Services regulates. To accomplish this task, the Board commissioned the Kansas Emergency Medical Services Systems Approach for the Future (KEMSSAF) Committee. The Committee was charged with identifying and recommending to the 13 member Board of Emergency Medical Service the effects, impact, and implementation of the National Scope of Practice and the Education Agenda for the Future, Rural Health Agenda for the Future, and Agenda for the Future in Kansas. The Committee was made up of the following:

- 4 members of the Board of EMS
- 1 Member of each of the Kansas EMS Regional Councils
- 1 Member of the following Associations:
 - Kansas Emergency Medical Technicians Association (KEMTA)
 - Kansas Emergency Medical Services Association (KEMSA)

- Kansas Air Medical Services (KanAMS)
- Kansas State Fire Fighters Association
- 1 Member of each of the Community Colleges
 - Butler County, Cloud County, Hutchinson, Dodge City, Cowley County, Barton County, Flint Hills Technical, Seward County, Coffeyville, Colby, Johnson County, Highland, Garden City, and Kansas City
- Member selected by the Executive Director
- 4 Members At Large

To accomplish the commissioned goal, the Committee met from January 2008 through June 2008 to discuss and recommend to the Board the language contained within 2009 SB 262. The Board approved the language during its regular December 2008 Board meeting. The bill has four components:

1. Changes the names of the 3 attendant levels;
 - First Responder to Emergency Medical Responder (EMR)
 - Emergency Medical Technician remains the same
 - Emergency Medical Technician – Intermediate (I) and Defibrillator (D) to Advanced EMT (AEMT)
 - Mobile Intensive Care Technician to Paramedic
2. Mandates that attendants must practice under medical protocols;
3. Sets a Scope of Practice “ceiling” for the levels of EMR, EMT, and AEMT:

The KBEMS Board requested an Attorney General’s Opinion on medical directors and their ability to issue medical protocols which allow an attendant to practice above their scope of practice. Attorney General Opinion, No. 2009-4, which states,

“Due to the conflict in the interpretation of K.S.A 2007 Supp. 65-28, 127, the conclusions in Attorney General Opinions No. 2000-26 and 2008-6 are withdrawn.” The AG opinion concerned KBEMS request in interpreting a medical director’s authority to issue medical protocols which allow an attendant to provide care above their statutorily delineated scope of practice. “

Through the language introduced, the Board attempts to clearly delineate the medical director’s responsibility in developing protocols relating to an attendants scope of practice; and

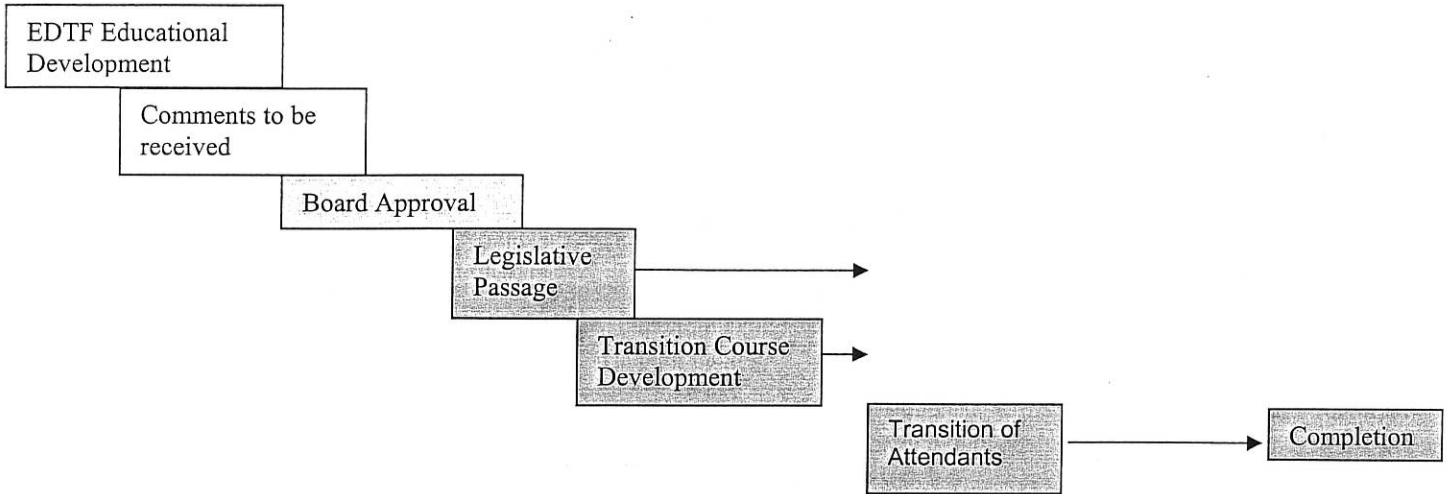
4. Sets the actual Scope of Practice in Rules and Regulations

The scope of practices, as outlined by law, would be outlined (specifically) in rules and regulations as opposed to listed in Statute.

Once the Committee completed its task, a report was developed and sent out to the Regional Councils for distribution and comment. The Board received one complaint on the report from the Kansas City Metro area which dealt with the EMR and the increased level of activities outlined within the report. That complaint conflicted with the western half of the State which utilizes the EMR consistently as the second attendant on a transporting vehicle. The Board believes in maintaining the ability for rural services to utilize the EMR as was approved in the KEMSSAF report as passed in December 2008.

Tim

August 2008	November 2008	December 2008	January 2009	July 2009	January 2010	January 2011	January 2012	January 2013	January 2014
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Conclusion

Thank you for allowing me to provide testimony on Substitute for HB 2008. The Board would like to thank all that assisted in revising the scope of practice for Kansas EMS attendants and would request favorable passage of the bill as introduced.