

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 p.m. on March 8, 2010, in Room 784 of the Docking State Office Building.

All members were present except:

Representative Ed Trimmer
Representative Owen Donohoe
Representative Jim Morrison
Representative Phil Hermanson
Representative Marc Rhoades
Representative Lana Gordon
Representative Scott Schwab

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Kathie Sparks, Kansas Legislative Research Department
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:

Representative Barbara Ballard (Attachment 1)
Representative Delia Garcia (No Attachment)
Kathleen Selzler Lippert, Acting Executive Director, Kansas Board of Healing Arts
(Attachment 4)

Others attending:

See attached list.

HR 6017 - Obesity in the African American, Hispanic/Latino American and Native American communities

Chairperson Landwehr opened the hearing on **HR 6017**.

Representative Barbara Ballard presented testimony in support of the resolution. She stated the resolution recognizes the prevalence of excess weight and obesity within the African American, Hispanic/Latino and Native American communities and its impact on diabetes and cardiovascular disease. It is important to address excess weight and obesity as a means of supporting overall health within our community. (Attachment 1)

Chairperson Landwehr recognized Representative Delia Garcia from the 103rd District. Representative Garcia also provided comments in support of the resolution.

Written testimony in support of the resolution was provided by Linda DeCoursey, Advocacy Director, with the American Heart Association. (Attachment 2)

Written testimony in support of the resolution was provided by Dr. Jason Eberhart-Phillips, State Health Officer and Director, Division of Health, Kansas Department of Health and Environment. (Attachment 3)

The Chair gave the committee members the opportunity to ask questions and when all were answered, the hearing on **HR 6017** was closed.

SB 491 - Respiratory therapists; special permits

Chairperson Landwehr opened the hearing on **SB 491**.

Kathleen Selzler Lippert, Acting Executive Director, Kansas Board of Healing Arts, presented testimony in support of the bill. She stated the bill amends **K.S.A 65-5508** which is in the Respiratory Therapy Practice Act. This statute currently sets out the guidelines for student respiratory therapist permits. At this time, the student permit expires on the date of graduation. The Board proposes the following amendment: "Such

CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on March 8, 2010, in Room 784 of the Docking State Office Building.

special permit shall be valid for a period of time established by rules and regulations of the board, but such period of time shall not exceed 90 days from the date that the student graduates..." (Attachment 4)

The Chair gave the committee members the opportunity to ask questions and when all were answered, the hearing on **SB 491** was closed.

The next meeting is scheduled for March 9, 2010.

The meeting was adjourned at 2:15 p.m.

HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 3-8-10

NAME	REPRESENTING
Kathleen Setzer Hippiert	KSBHA
Julia Powers	KSBHA
Michelle Butler	Cap Strategies
Barack Tito (Intern)	Rep. Winn
Rep. Delia Garcia	103 rd District
Leigh Beck	Klein Law Firm

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HOUSE OF REPRESENTATIVES

STATE OF KANSAS



TOPEKA

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CAUCUS CHAIR

COMMITTEE ASSIGNMENTS
APPROPRIATIONS
SOCIAL SERVICES BUDGET COMMITTEE
TRANSPORTATION
LEGISLATIVE EDUCATIONAL PLANNING
COMMITTEE

March 8, 2010

Testimony before the Health and Human Services Committee

Dear Chairwoman Landwehr and Members of the Committee:

I am here today to testify in favor of House Resolution No. 6017. The National Black Caucus of State Legislators, National Hispanic Caucus of State Legislators and Native American Caucus of State Legislators meet annually to discuss health disparities among our constituencies.

This Resolution recognizes the prevalence of excess weight and obesity within the African American, Hispanic/Latino and Native American communities, and its impact on diabetes and cardiovascular disease. A significant health threat, obesity should be treated as a chronic condition. Overweight and obese individuals are at risk for many diseases and health conditions, including type 2 diabetes, hypertension, stroke, cardiovascular disease, high blood cholesterol, osteoarthritis, sleep apnea, other breathing problems, and gall bladder disease.

By treating individuals with excess weight and obesity, the long-term interests of the community as well as employers are served by reducing a major contributor to diseases, such as diabetes, which disproportionately impacts the African American, Hispanic/Latino American and Native American communities. Studies have shown substantially higher rates of obesity. It is important to address excess weight and obesity as a means of supporting overall health within our community.

I ask for your support and would be happy to stand for questions.

Respectfully,

Barbara W. Ballard
Representative, 44th District

March 8, 2010

TO: House Committee on Health & Human Services

FROM: Linda J. De Coursey, Advocacy Director—Kansas



RE: HR 6017—Recognizing the prevalence of excess weight and obesity within the African American, Hispanic/Latino American and Native American communities, its impact on diabetes and cardiovascular disease, urging advocacy for access to innovative and improved treatment options and improved provider reimbursement rates to address the issue.

Madame Chair and members of the committee:

Thank you for your consideration of this very important House Resolution and allowing my written testimony. I am Linda De Coursey representing the American Heart Association. The mission of the Heart Association is to build healthier lives free of cardiovascular disease and stroke. There are eight State & Local Public Policy Priorities from which we work in the Advocacy Department. One is health equity, where we work to eliminate healthcare disparities, including racial, ethnic, and gender disparities, and improve health equity.

In the American Heart Association's Health Strategies Division, our Cultural Health Initiatives department strives to reduce health disparities among disproportionately affected communities through increased awareness, strategic collaborations and creative programming. The goal is to increase knowledge and encourage behavior changes among these communities through continual effort via community channels and trusted sources. While these populations are most at risk of developing cardiovascular disease and stroke, they are less aware of their risk.

We hope to increase awareness of health disparities through activities related to: 1) Search Your Heart/Conozca Su Corazon, and 2) Power to End Stroke.

Search Your Heart/Conozca Su Corazón



Search Your Heart and Conozca Su Corazón programs are faith-based and community-based educational programs and tools designed to reach high-risk audiences. These programs deliver knowledge and action steps to compel people to act upon this knowledge and ultimately reduce their risk for cardiovascular disease and stroke.

Both Search Your Heart and Conozca su Corazon contain three core activity areas:

- [Heart Disease and Stroke/Las enfermedades del corazón y los ataques cerebrales en los Hispanos/Latinos](#). Includes what you need to know about the risk factors for heart disease and stroke including cholesterol, diabetes and high blood pressure.

American Heart Association
5375 SW 7th Street, Topeka, KS 66606
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HEALTH AND HUMAN SERVICES
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you're the **cure.**

- [Physical Activity/Actividad Física](#) - Learn about the benefits of fitness and how to start a walking club or other group physical activities.
- [Nutrition/Nutrición](#) - Learn about healthy nutrition, food selection and preparation and eating on the run.

Power To End Stroke

African-Americans have a higher rate of hypertension, are 1.5 times more likely to die from heart disease and 1.8 times more likely to have a fatal stroke than whites. Power To End Stroke is an exciting national campaign that raises awareness about stroke while embracing and celebrating the culture, creativity and energy of African-Americans. The good news is African-Americans have the power to fight heart disease and stroke and change the way they live by taking control of their health.



- **Take 2 to Save** (is a tool to raise awareness for Power to End Stroke) Think about two people you care about who may smoke, be overweight, have high blood pressure, diabetes or a family history of heart disease and stroke. People with these risk factors are at increased risk of being disabled or dying from a stroke. For more information see website: www.powertoendstroke.org/



Community Events

Each year, the Cultural Health Initiatives department hosts several events to promote cardiovascular disease and stroke awareness among the African-American and Hispanic communities. The Power To End Gospel Tour has been held in eight Midwest locations per year. One is held in the Kansas City area. These events are designed to provide critical heart health information and free risk assessments in an atmosphere that is unique to each culture.

The **Minority Council** are volunteer groups responsible for supporting local divisions of the American Heart Association in its efforts to reach these communities with lifesaving cardiovascular disease and stroke risk recognition, risk reduction and risk avoidance programs.

Go Red Sunday/Have Faith in Heart Sundays, is part of the American Heart Association's [Go Red for Women](#) movement. Churches are encouraged to join other congregations across the state to wear red and help raise awareness of heart disease among women. Go Red Sunday is held on any Sunday of February.

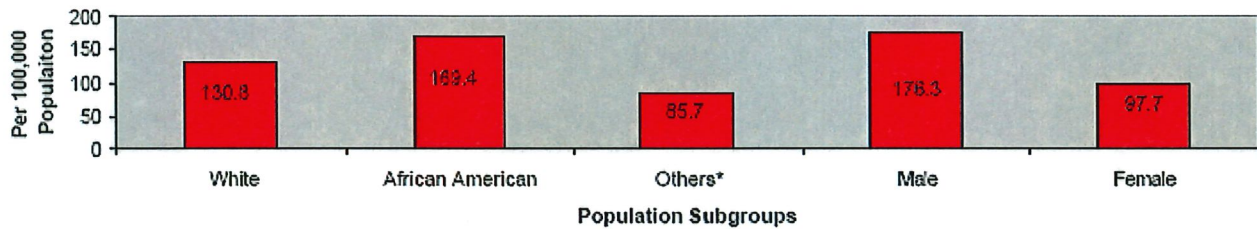
Power Sunday

Churches across the state are invited to conduct [Power Sunday](#) educational activities on any Sunday of May. May is American Stroke Awareness Month. Churches are encouraged to join other congregations across the state to help raise awareness of stroke among African-Americans.

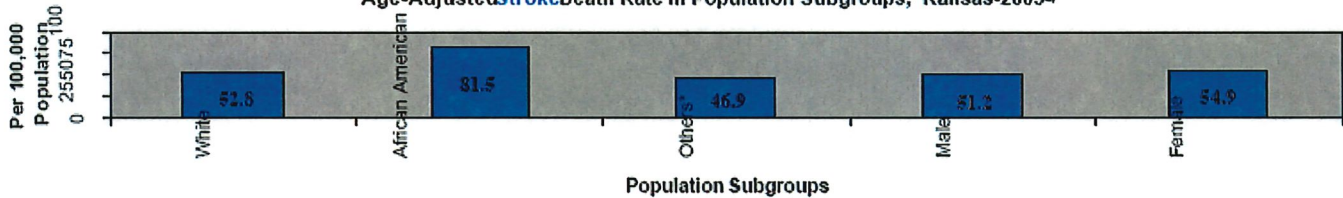
DID YOU KNOW?

Cardiovascular disease is the leading cause of death for African-American men and women -- claiming the lives of over 100,000 annually in the United States.

Age-Adjusted Coronary Heart Disease Death Rate in Population Subgroups, Kansas - 2003-04



Age-Adjusted Stroke Death Rate in Population Subgroups, Kansas-2003-04



*Others= Asian/Pacific Islanders, Indian (America, Canadian, Alaskan, Aleutian, Eskimos), Hawaiian, Filipino, Chinese, Japanese, Other non- white & non-African American

<http://www.kdheks.gov/cardio/download/CVHFACT06.pdf>

Thank you again for this resolution calling attention to these communities. The prevalence of excess weight and obesity is one way to help eliminate health disparities and improve health equity. Working together we can help to eliminate healthcare disparities, including racial, ethnic, and gender disparities, and improve health equity.



Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Written Testimony on HR 6017

**Presented to
House Appropriations Committee**

**By
Dr. Jason Eberhart-Phillips, MD, MPH, State Health Officer and
Director, Division of Health
Kansas Department of Health and Environment**

March 8, 2010

Chairman Yoder and members of the committee, I am Dr. Jason Eberhart-Phillips, State Health Officer and Director of the Division of Health for the Kansas Department of Health and Environment. House Resolution 6017 is a resolution recognizing the prevalence of excess weight and obesity within the African American, Hispanic/Latino American and Native American communities, its impact on diabetes and cardiovascular disease and the need to increase advocacy for access to innovative and improved treatment options and improved provider reimbursement rates.

KDHE appreciates the Committee's recognition of obesity as a driver of preventable health costs in our state. While this resolution addresses access to treatment of obesity, it would be strengthened if it acknowledged the underlying community determinants at the root of the obesity epidemic. Two-thirds of all Kansas adults and a quarter of youth are overweight or obese, accounting for more than \$650 million in health care costs in Kansas and driving the continued escalation of medical costs due to chronic disease.^{i,ii,iii} Sixty five percent of Kansas adults with diabetes are obese and nearly one in two Kansas adults with hypertension are obese. It is estimated that physical inactivity and poor nutrition contribute to 15.2% of deaths (3,700 people) per year in Kansas (KDHE, BHP, Health Risk Studies Program, 2008).

Racial and ethnic disparities in overweight and obesity are well documented. These trends are especially pronounced and consistent in women. For example, in Kansas:

- 35% of Hispanics were obese compared to 28% non-Hispanics
- 44% of African-Americans were obese compared to 27% of Caucasians

Reducing the number of obese Kansas children and adolescents reduces their risk for developing diabetes, cardiovascular disease and other life changing conditions. Research indicates that 80% of obese high school students will become obese adults.^{iv} Without lifestyle interventions; one in three children born in the year 2000 will develop diabetes; for the Hispanic and female child, the chance for developing diabetes in her lifetime is one in two.^v

Data from the Kansas WIC (Women, Infant, and Child) program showed higher rates of overweight among Hispanic and American Indian children.^{vi} While 11% of white children under 5 years old were overweight, 16% and 18% of Hispanic and American Indian children were overweight, respectively.

New research indicates that by the age of 2 years, racial and ethnic disparities already exist. Modifiable risk factors in the early years may play a critical role in the “health legacy” of children for their entire life. This study, funded by Robert Wood Johnson and published in *Pediatrics*, found that Black and Hispanic parents **at all income levels** were significantly more likely to feed children solid foods before age 4 months, expose children to sugar-sweetened beverages or allow a television to be placed in the child’s bedroom. Also, children from these cultures were less likely to get at least 12 hours of sleep in a 24-hour period. These are all risk factors that contribute to overweight and obesity in children.

If we are to be successful in slowing the epidemic, multi component strategies offer the greatest evidence for slowing the upward trend in obesity rates. Best Practices on the prevention of obesity and reduction in weight recommend environmental and policy approaches that are designed to provide environmental opportunities, support, and cues to help people be more physically active and have better nutrition through the physical environment; social networks; organizational norms and policies; and laws. Such initiatives require leadership by public health professionals, community organizations, legislators, departments of parks, recreation, transportation and planning, and the media.^{viii}

For example, we have watched the Diabetes incidence in America rise in lockstep with our uncontrolled obesity epidemic during the past 20 years. About 86 percent of Kansans with diabetes weigh more than they should, and more than half are clinically obese. But if we can assist every overweight Kansan in losing 10-20 pounds and keep the weight off permanently, we can slash the increase in new cases of diabetes by 60 percent!

It is encouraging to know that we can reverse the rising toll of diabetes by making it easier for people to include healthy eating and routine physical activity in their daily lives. We can do this by working together to build obesity prevention into the everyday environments where people live, work, play and attend school.

Addressing the health crisis in disparate populations in Kansas is critical. This resolution will help Kansas to begin moving in that direction. Thank you for your consideration of this important public health issue.

ⁱ 2008 Kansas Behavioral Risk Factor Surveillance System, KDHE

ⁱⁱ Kansas Youth Risk Behavior Survey, 2009, Kansas State Department of Education

ⁱⁱⁱ Finkelstein, Fiebelkorn, and Wang, 2004

^{iv} Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *Am J Clin Nutr* 1999;70(1):145S-8.

^v Millions of Hispanics at Increased Risk for Type 2 Diabetes,” NIH News, 29 June, 2004, [http://www.nih.gov/news/pr/jun2004/niddk-29.htm (Accessed March 4, 2010.)

^{vi} Kansas Pediatric Nutrition Surveillance System, table 18C, 2008

^{vii} Elsie M. Taveras, Matthew W. Gillman, Ken Kleinman, Janet W. Rich-Edwards, Sheryl L. Rifas-Shiman. **Racial/Ethnic Differences in Early-Life Risk Factors for Childhood Obesity.** *Pediatrics*, Published online March 1, 2010 DOI: [10.1542/peds.2009-2100](https://doi.org/10.1542/peds.2009-2100)

^{viii} The Guide to Community Preventive Services. Accessed at: www.thecommunityguide.org on March 4, 2010.

March 8, 2010

TO: Health and Human Services Committee
FROM: Kathleen Selzler Lippert, Acting Executive Director

RE: Senate Bill 491, Affecting Student Permits for Respiratory Therapists

Dear Chairperson Landwehr and Committee Members:

The Kansas State Board of Healing Arts supports SB 491. This bill amends K.S.A. 65-5508 which is in the Respiratory Therapy Practice Act. This statute currently sets out the guidelines for student respiratory therapist permits. At this time, the student permit expires on the date of graduation. The Board proposes the following amendment: “Such special permit shall be valid for a period of time established by rules and regulations of the board, but such period of time shall not exceed ~~expire on 30~~ **90 days after** from the date that the student graduates...”

Originally, the Board, in working with their Respiratory Care Council, proposed extending student permits for 30 days since it takes approximately one month, on average, for the respiratory therapist graduate to gather all the required information for his or her application for full licensure and for the Board’s employees to process and verify this information. Currently, during this period, the new graduate is unable to work because their student permit has expired and they are not yet licensed.

At the hearing in the Senate Public Health and Welfare Committee, concern was voiced by the Committee that 30 days would not be a sufficient amount of time. Therefore, they amended this bill to 90 days post graduation.

Subsequent to the Senate’s amendment, the Board’s licensing administrator and the KRCS have voiced concerns that the 90 day extension is excessive. The Board has been working with all interested parties and believes it is appropriate to offer the following language: “Such special permit shall be valid for a period of time established by rules and regulations of the board, but such period of time shall not exceed ~~expire on 30~~ **90 days after** from the date that the student graduates...”

This Bill has no fiscal impact on the Kansas State Board of Healing Arts or its licensees.

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HEALTH AND HUMAN SERVICES
DATE: 3-8-10
ATTACHMENT: 4-1