Approved: 04/09/10
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on February 10, 2010, in Room 546-S of the Capitol.

All members were present.

Committee staff present:
Nobuko Folmsbee, Office of the Revisor of Statutes
Renae Jefferies, Office of the Revisor of Statutes
Iraida Orr, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Amanda Nguyen, Intern, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the Committee:
Kathleen Lippert, Interim Acting Director, Kansas State Board of Healing Arts
Gary Robbins, Kansas Optometric Association
Ron Gaches, Gaches, Braden & Associates, representing Luxoticca

Nobuko Folmsbee, Office of the Revisor of Statutes, briefed committee on **SB 489 - Distribution of contact lenses,** which broadens the reference to dispensing contract lenses through the mail to include the use of a commercial carrier, overnight, or other delivery services. She continued with the briefing on **SB 490 - Physical therapists; licensure** which amends current law by creating two new licensure categories: exempt license and federally active license. **SB 491 - Respiratory therapists; special permits** amends current law to allow respiratory therapy graduates enrolled in an approved school of respiratory therapy to retain their special permit for 30 days following his or her graduation. This provision allows the graduate to continue working until their application for a full license has been processed and issued.

SB 489 - Distribution of contact lenses

Kathleen Lippert, Interim Acting Director, Kansas State Board of Healing Arts (KBOHA), described the intent of the legislation as broadening the definition of the term "mail" to include not only the United States Postal Service but also common carriers such as Fed Ex and UPS (Attachment 1).

Gary Robbins, Executive Director of the Kansas Optometric Association, supported passage of **SB 489**, citing growth of internet-based contact lens suppliers; the legislation would assist in creating a way to register contact lens providers. Mr. Robbins also suggested a conceptual amendment to move the administration of this law from the KBOHA to the Kansas State Board of Examiners in Optometry (Attachment 2). There was no motion to amend **SB 489** that would move administration of this legislation to the Kansas State Board of Examiners in Optometry.

Ron Gaches, representing Luxoticca, supported the passage of **SB 489**. Mr. Gaches indicated that the word "*distributes*" (page 1, line 17) is too broad, and suggested to replace "distributes" with "*mails or delivers, using commercial courier or overnight or other delivery services.*" Other conferees were amenable to the suggested revision (Attachment 3).

Senator Colyer asked Ms. Lippert how many other states regulate contact lens providers, and how many providers are required to register with an agency or board within their respective states. Ms. Lippert she would forward information concerning this question at a later date.

Upon a motion by Senator Brungardt to adopt the amendment proposed by Mr. Gaches, and a second by Senator Colyer, the motion carried.

Upon a motion by Senator Kelsey to favorably pass out **SB 489** as amended, and a second by Senator Huntington; the motion passed.

SB 490 - Physical therapists; licensure

Kathleen Lippert, KBOHA, spoke in support of **SB 490**, indicating the purpose of this legislation is to not adversely affect physical therapists who work in the federal system or those who volunteer in a free-clinic. This bill creates two licensure categories: "federally active" and "exempt" (Attachment 4). The current statute requires physical therapists to carry individually-held medical malpractice insurance. In the federal system, physical therapists are covered under the Federal Tort Claims Act for malpractice coverage; in the private sector, if a physical therapist provides services at a free-clinic, malpractice is covered under the State Tort Claims Act.

Ms. Folmsbee indicated there was a technical amendment required which appears on page 4 of the bill, line 11, and cites a newer "*K.S.A. 2009 Supp. 65-2920.*"

Upon a motion by Senator Brungardt to adopt the technical amendment discussed, and a second by Senator Schmidt; the motion carried.

Upon a motion by Senator Schmidt and a second by Senator Brungardt to favorably pass out **SB 490** as amended, the motion passed.

SB 491 - Respiratory therapists; special permits

Kathleen Lippert, KBOHA, encouraged favorable passage of **SB 491** which is a bill to extend the time a graduate respiratory therapist can retain a temporary permit to practice to 30 days following graduation. This would allow the graduate to continue working while preparing for full licensure (Attachment 5).

Considerable discussion was heard concerning whether a 30-day extension was sufficient time to allow for examination preparation, to submit licensure application and to receive the actual license.

Senator Schmidt moved to amend **SB 491** to reflect a time period of 90 days rather than 30 days for a graduate respiratory therapist to retain the special permit issued to them as students; Senator Kelly seconded the amendment which passed.

Upon a motion by Senator Schmidt and a second by Senator Colyer to favorably pass out **SB 491** as amended, the motion carried.

SB 448 - Vital statistics; maternal and child health surveillance and monitoring

Terri Weber distributed a packet of information collected in response to Senator Pilcher-Cook's question concerning the issuance of death certificates for infants (Attachment 6). Ms. Weber described the information and provided examples of certificates for a live birth, stillbirth, and death. She reported the certificates are issued by the Office of Vital Statistics; in addition, information was distributed related to definitions of a live birth and stillbirth. Also included in the resources was the definition of induced termination of pregnancy

Senator Pilcher-Cook expressed appreciation to Ms. Weber for the information; she indicated to committee members she may offer an amendment to **SB 448** and requested additional time to consider all information presented.

SCR 1626 - Constitutional amendment to preserve right to choose health care services

Senator Pilcher-Cook moved **Senate Concurrent Resolution 1626** out favorably for passage; Senator Kelsey seconded the motion. Senator Barnett clarified that **SCR 1626** was referred to both Public Health and Welfare and the Senate Judiciary Committee. Therefore, the Senate committee of Public Health and Welfare should act on the concurrent resolution first; subsequently, **SCR 1626** would go to the Senate Judiciary Committee for action.

Senator Haley indicated he appreciated the highly informative joint committee hearing on February 9th, however, he reiterated his point that deliberation on this legislation was not germane to the Public and Welfare Committee whose purpose is to enhance public health and the quality of health services provided to Kansas residents, and for that reason, he opposed **SCR 1626**.

Discussion continued with the offering of a possible substitute motion to table the bill; Senator Barnett clarified that the Senate Rules allow the Chair to determine whether a substitute motion will be taken when a main motion and second to the main motion is on the floor. Chairman Barnett indicated a similar ruling had been made during previous meetings therefore setting a precedent for conducting Public Health and Welfare meetings.

Senator Barnett asked the staff whether there was any potential impact on federal programs (Medicare or Medicaid) should **SCR 1626** be passed. Ms. Nobuko replied that it was difficult to render an opinion since there was no federal bill at this time. In other words, the language is unknown.

Senator Kelly responded that since the hearing was February 9, 2010, there was inadequate time to study the information provided in order to make a decision.

Minutes of the Senate Public Health and Welfare Committee at 1:30 p.m. on February 10, 2010, in Room 546-S of the Capitol.

Senator Pilcher-Cook clarified that **SCR 1626** does not affect laws or rules in effect as of August 1, 2009. Therefore, Medicaid and Medicare laws would remain unaffected.

Senators continued discussing the testimony heard during the meeting on February 9. Senator Barnett announced continued discussion would occur during the next week. The meeting was adjourned at 2:25 p.m.

Mark Parkinson, Governor
Kathleen Selzler Lippert, Interim Executive Director

KANSAS
BOARD OF HEALING ARTS

www.ksbha.org

February 10, 2010

TO: Public Health and Welfare Committee
FROM: Kathleen Selzler Lippert, Interim Executive Director

RE: Senate Bill 489, Affecting the Patient's Contact Lens Prescription Relief Act

Dear Chairman Barnett and Committee Members:

The Kansas State Board of Healing Arts supports SB 489. This bill proposes to amend K.S.A. 65-4967 of the Patient's Contact Lens Prescription Relief Act, regulated by the Kansas State Board of Healing Arts.

This Act was drafted and passed into law recently in 2003. Unfortunately, the Board of Healing Arts has been unable to effectuate this Act as the Legislature intended. Currently, K.S.A. 65-4967 applies only to those persons who distribute contact lenses through the mail. Mail is statutorily defined by K.S.A. 8-1433 as follows: "'Mail' meals to deposit in the United States mail properly addressed and with postage prepaid."

This means that K.S.A. 65-4967, as presently written, applies only to contact lens providers that send their product through the United States Postal Service, and that it excludes those providers that send their product through a common carrier such as Fed Ex, UPS, etc.

SB 489 addresses this issue by replacing the word "mail" with the term "distribute" for the purpose of broadening the statute to include contact lens providers, covered under this act, who use common carriers instead of, or in addition to the United States Postal Service. This minor change in word-choice will allow the Board to carry out the Legislative intent and purpose of this act.

The passage of this Bill will have a fiscal impact on the Board of Healing Arts. At this time, it is unknown the exact amount of the fiscal impact as it is unknown how many contact lens providers are distributing their product to Kansans. The Board estimates that the agency will incur costs of approximately $1,000.00 to revise online booklets and other affected website information.

Currently there are 6 contact lens providers that are registered with KSBHA, if the total number of distributors covered under this act increases to 1,500; the agency anticipates it would need to add an additional FTE position at approximately $34,290 per year. However, if passage of this bill results in 1,500 or more distributors registering with this agency, it appears that KSBHA will be collecting $225,000 in registration fees, which would assist in funding the new FTE position.

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KANSAS OPTOMETRIC ASSOCIATION

1266 SW Topeka Blvd. • Topeka, KS 66612
(785) 232-0225 • (785) 232-6151(FAX)
www.kansasoptometric.org

Senate Public Health and Welfare
Testimony on Senate Bill 489
February 10, 2010

My name is Gary Robbins. I am the Executive Director of the Kansas Optometric Association. We want to commend the Kansas State Board of Healing Arts for clarifying the Patient's Contact Lens Prescription Release Act. We proposed this act and helped pass it in 2002. We are supportive of clarifying that this act applies to companies who ship contact lenses by methods other than the U.S. Postal Service. We are aware that an amendment has been proposed and language has been drafted by the Revisor to address the concerns of some optical chains. We support it.

In recent years, we have seen growth among internet-based contact lens suppliers, which is fine. However, we are seeing some alarming trends with claims that no prescription is required. Doctors report that they receive requests to verify a prescription request for a patient and they are unable to reach these companies. Other problems include seeing more contact lens complications due to patients not receiving regular care. One of the most alarming trends is an increase in the number of requests to verify contact lens prescriptions for individuals who are not even a patient of the doctor being contacted. SB 489 would be helpful so that there is a way to register and communicate with these new suppliers who ship by means other than the mail.

The Kansas Optometric Association would offer one public policy suggestion for the consideration of the Senate Public Health and Welfare Committee. Would this be an appropriate time to consider moving the administration of this law from the Kansas State Board of Healing Arts to the Kansas State Board of Examiners in Optometry? We wanted to make this conceptual proposal for your consideration.

I would be glad to answer your questions as time permits.

GACHES, BRADEN & ASSOCIATES
Government Relations & Association Management

825 S. Kansas Avenue, Suite 500 ◆ Topeka, Kansas 66612 ◆ Phone: (785) 233-4512 ◆ Fax: (785) 233-2206

Senate Public Health and Welfare
Testimony of Luxoticca
Regarding SB 489: Distribution of Contact Lens
Submitted by Ron Gaches

Thank you Chairman Barnett for this opportunity to comment to your committee regarding Senate Bill 489, a proposal to register out of state firms who mail contact lens into the State of Kansas. I appear on behalf of Luxoticca, the parent company of Lenscrafters.

We fully support what we understand to be the intent of this bill. However, we believe the proposed language on page one line 17 is broader than required and would have the unintended consequence of requiring every optical dispenser located in the State to register with the Board of Healing Arts, while the intent is to capture only those who are mailing or using other delivery mechanisms to deliver contact lens from out of state direct to the Kansas consumer in state.

Our suggested language is attached. It was developed with the assistance of Nobuko Folmsbee and has been reviewed by the Board of Healing Arts and Gary Robbins of the Kansas Optometric Association.

Thank you for considering our amendment. With the addition of this amendment we are fully supportive of the bill.

Senate Public Health and Welfare
Date: 02/10/10
Attachment: 3

Mark Parkinson, Governor
Kathleen Selzler Lippert, Interim Executive Director

KANSAS
BOARD OF HEALING ARTS

www.ksbha.org

February 10, 2010

TO: Public Health and Welfare Committee
FROM: Kathleen Selzler Lippert, Interim Executive Director

RE: Senate Bill 490, Affecting Licensure Status of Physical Therapists

Dear Chairman Barnett and Committee Members:

The Kansas State Board of Healing Arts supports SB 490. The Board has worked with the Physical Therapist Council and its Licensing Administrator to draft the language to amend K.S.A. 65-2910, the statute affected by this bill. The Physical Therapist Council and Licensing Administrator have brought to the Board's attention that there is a need for the additions of the statuses of Federally Active and Exempt to be added to the Physical Therapists' Practice Act.

The impetus behind the need for the Federally Active licensure status is that there are numerous Kansas Physical Therapists and Physical Therapist Assistants who are currently employed at Fort Riley, Fort Leavenworth, and at the Kansas Veteran Administration Hospitals. All of these physical therapists and physical therapist assistants are covered by the Federal Tort Claims Act and, as a result, do not need individually-held medical malpractice insurance.

However, under the "active" status licensing designation physical therapists and physical therapist assistants are required to carry individually-held malpractice insurance. This results in physical therapists and physical therapist assistants who are employed by the federal government being required to carry malpractice insurance solely because it is required by their "active" status licensure.

The reason the Board is seeking the "exempt" licensure status is similar. Several physical therapist and physical therapist assistants have expressed the desire to volunteer their time at various free-clinics that serve the indigent citizens of Kansas. If a physical therapist or physical therapist assistant is providing services on behalf of a free-clinic, they are covered by the State Torts Claims Act and therefore have no need to carry individually-held medical malpractice insurance. However, like the federally employed physical therapists, these licensees are statutorily required to carry such insurance.

SB 490 proposes to create the licensure statuses of "federally active" and "exempt."

The passage of this bill would result in economic impact to the Kansas State Board of Healing Arts. KSBHA estimates that it would need an expenditure limitation increase of $18,000.00 for fiscal year 2011 to upgrade our online forms and electronic database system.

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Senate Public Health and Welfare
Date: 02/10/10
Attachment: 4

Mark Parkinson, Governor
Kathleen Selzler Lippert, Interim Executive Director

KANSAS
BOARD OF HEALING ARTS

www.ksbha.org

February 10, 2010

TO: Public Health and Welfare Committee
FROM: Kathleen Selzler Lippert, Interim Executive Director

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

Dear Chairman Barnett 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.

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. During this period, the new graduate is unable to work because their student permit has expired and they are not yet licensed.

The Board's Respiratory Care Council has worked together with Board members to come up with a solution that will allow the recent graduates to continue working until their license has been processed and issued.

SB 491 amends K.S.A. 65-5508 to extend the student respiratory therapist permit to 30 days after the student permit holder graduates, rather than expiring on the date of graduation.

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

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Kansas Vital Records Certificates for Live Births and Stillbirths

Live Birth Certificate -

- "Live birth" is defined as the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. (KSA 65-2401(2))

- A Live Birth Certificate is to be filed with the state registrar within five days after the birth. (KSA 65-2409a(a))

- A Live Birth Certificate is to be filed by the institution if the birth occurs in the institution. If the birth occurs outside an institution, the certificate is to be filed by one of the following in the order indicated: physician in attendance; any other person in attendance at or immediately after the birth; the father; the mother; the person in charge of the premises where the birth occurred. (KSA 65-2409a(b))

Stillbirth (Fetal Death) Certificate -

- "Stillbirth" is defined as any complete expulsion or extraction from its mother of a product of human conception the weight of which is in excess of 350 grams, irrespective of the duration of pregnancy, resulting in other than a live birth, as defined in this act, and which is not an induced termination of pregnancy. (KSA 65-2401(3))

- "Induced termination of pregnancy" is defined as the purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus and which does not result in a live birth. (KSA 65-2401(4))

- A Stillbirth Certificate is to be filed with the State Registrar within three days of the death. (KSA 65-2412(a))

- The funeral director or person acting as such who first assumes custody of a dead body or fetus is to file the stillbirth certificate. (KSA 65-2412(b))

Additional Information -

- Kansas certificate forms follow standards set by the National Office of Vital Statistics but also include information specific to the state.

- The section of a certificate noted as "Confidential Information for Internal Use Only" is not provided when a certificate is issued from the Office of Vital Statistics. The information is maintained in a separate database.

- Approval is needed from the Kansas Department of Health and Environment Institutional Review Board (IRB) for any human subject research that involves data obtained through intervention or interaction with an individual, or from identifiable private information. The approval must be granted before the research begins.

Senate Public Health and Welfare
Date: 02/10/10
Attachment: 6

Kansas Legislature

65-2401

Chapter 65.--PUBLIC HEALTH
Article 24.--UNIFORM VITAL STATISTICS ACT

65-2401. Definitions. As used in this act: (1) "Vital statistics" includes the registration, preparation, transcription, collection, compilation, and preservation of data pertaining to birth, adoption, legitimation, death, stillbirth, marriage, divorce, annulment of marriage, induced termination of pregnancy, and data incidental thereto.

(2) "Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

(3) "Stillbirth" means any complete expulsion or extraction from its mother of a product of human conception the weight of which is in excess of 350 grams, irrespective of the duration of pregnancy, resulting in other than a live birth, as defined in this act, and which is not an induced termination of pregnancy.

(4) "Induced termination of pregnancy" means the purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus and which does not result in a live birth.

(5) "Dead body" means a lifeless human body or such parts of a human body or the bones thereof from the state of which it reasonably may be concluded that death recently occurred.

(6) "Person in charge of interment" means any person who places or causes to be placed a stillborn child or dead body or the ashes, after cremation, in a grave, vault, urn or other receptacle, or otherwise disposes thereof.

(7) "Secretary" means the secretary of health and environment.

History: L. 1951, ch. 355, § 1; L. 1963, ch. 319, § 1; L. 1974, ch. 352, § 119; L. 1995, ch. 260, § 4; July 1.

Kansas Legislature

65-2409a

Chapter 65.--PUBLIC HEALTH
Article 24.--UNIFORM VITAL STATISTICS ACT

65-2409a. Certificate of birth; requirements; filing; fee for certificate of live birth; parent's social security number. (a) A certificate of birth for each live birth which occurs in this state shall be filed with the state registrar within five days after such birth and shall be registered by such registrar if such certificate has been completed and filed in accordance with this section. If a birth occurs on a moving conveyance, a birth certificate shall indicate as the place of birth the location where the child was first removed from the conveyance.

(b) When a birth occurs in an institution, the person in charge of the institution or the person's designated representative shall obtain the personal data, prepare the certificate, secure the signatures required by the certificate and file such certificate with the state registrar. The physician in attendance or, in the absence of the physician, the person in charge of the institution or that person's designated representative shall certify to the facts of birth and provide the medical information required by the certificate within five days after the birth. When a birth occurs outside an institution, the certificate shall be prepared and filed by one of the following in the indicated order of priority: (1) The physician in attendance at or immediately after the birth, or in the absence of such a person; (2) any other person in attendance at or immediately after the birth, or in the absence of such a person; or (3) the father, the mother or, in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred.

(c) If the mother was married at the time of either conception or birth, or at any time between conception and birth, the name of the husband shall be entered on the certificate as the father of the child unless paternity has been determined otherwise by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered. If the mother was not married either at the time of conception or of birth, or at any time between conception and birth, the name of the father shall not be entered on the certificate of birth without the written consent of the mother and of the person to be named as the father on a form provided by the state registrar pursuant to K.S.A. 38-1138 unless a determination of paternity has been made by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered.

(d) One of the parents of any child shall sign the certificate of live birth to attest to the accuracy of the personal data entered thereon, in time to permit its filing within the five days prescribed above.

(e) Except as otherwise provided by this subsection, a fee of $4 shall be paid for each certificate of live birth filed with the state registrar. Such fee shall be paid by the parent or parents of the child. If a birth occurs in an institution, the person in charge of the institution or the person's designated representative shall be responsible for collecting the fee and shall remit such fee to the secretary of health and environment not later than the 15th day following the end of the calendar quarter during which the birth occurred. If a birth occurs other than in an institution, the person completing the birth certificate shall be responsible for collecting the fee and shall remit such fee to the secretary of health and environment not later than the 15th day of the month following the birth.

The fee provided for by this subsection shall not be required to be paid if the parent or parents of the child are at the time of the birth receiving assistance, as defined by K.S.A. 39-702 and amendments thereto, from the secretary of social and rehabilitation services.

(f) Except as provided in this subsection, when a certificate of birth is filed pursuant to this act, each parent shall furnish the social security number or numbers issued to the

parent. Social security numbers furnished pursuant to this subsection shall not be recorded on the birth certificate. A parent shall not be required to furnish such person's social security number pursuant to this subsection if no social security number has been issued to the parent; the social security number is unknown; or the secretary determines that good cause, as defined in federal regulations promulgated pursuant to title IV-D of the federal social security act, exists for not requiring the social security number. Nothing in this subsection shall delay the filing or issuance of the birth certificate.

History: L. 1951, ch. 355, § 9; L. 1963, ch. 319, § 3; L. 1984, ch. 233, § 1; L. 1990, ch. 227, § 2; L. 1994, ch. 29, § 1; L. 1994, ch. 292, § 14; July 1.

Kansas Legislature

65-2412

Chapter 65.--PUBLIC HEALTH
Article 24.--UNIFORM VITAL STATISTICS ACT

65-2412. Registration of deaths and stillbirths; official death records; use of verified forms; establishment and collection of fee; duties of coroners; filing of certificates. (a) A death certificate or stillbirth certificate for each death or stillbirth which occurs in this state shall be filed with the state registrar within three days after such death and prior to removal of the body from the state and shall be registered by the state registrar if such death certificate or stillbirth certificate has been completed and filed in accordance with this section. If the place of death is unknown, a death certificate shall be filed indicating the location where the body was found as the place of death. A certificate shall be filed within three days after such occurrence; if death occurs in a moving conveyance, the death certificate shall record the location where the dead body was first removed from such conveyance as the place of death.

(b) The funeral director or person acting as such who first assumes custody of a dead body or fetus shall file the death certificate. Such person shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification of cause of death from the physician last in attendance prior to burial. The death certificate filed with the state registrar shall be the official death record, except that a funeral director licensed pursuant to K.S.A. 65-1714, and amendments thereto, may verify as true and accurate information pertaining to a death on a form provided by the state registrar, and any such form, verified within 21 days of date of death, shall be prima facie evidence of the facts therein stated for purposes of establishing death. The secretary of health and environment shall fix and collect a fee for each form provided a funeral director pursuant to this subsection. The fee shall be collected at the time the form is provided the funeral director and shall be in the same amount as the fee for a certified copy of a death certificate.

(c) When death occurred without medical attendance or when inquiry is required by the laws relating to postmortem examinations, the coroner shall investigate the cause of death and shall complete and sign the medical certification within 24 hours after receipt of the death certificate or as provided in K.S.A. 65-2414, and amendments thereto.

(d) In every instance a certificate shall be filed prior to interment or disposal of the body.

History: L. 1951, ch. 355, § 12; L. 1963, ch. 319, § 4; L. 1979, ch. 188, § 13; L. 1990, ch. 226, § 5; L. 1993, ch. 214, § 9; July 1.

6-5

Kansas Legislature

65-2422d

Chapter 65.--PUBLIC HEALTH
Article 24.--UNIFORM VITAL STATISTICS ACT

65-2422d. Disclosure of records; disclosure of child birth information; monthly reports of deceased residents to county election officers; section not applicable to certain records created prior to July 1, 1911; social security number, availability; fact of death information. (a) The records and files of the division of health pertaining to vital statistics shall be open to inspection, subject to the provisions of this act and rules and regulations of the secretary. It shall be unlawful for any officer or employee of the state to disclose data contained in vital statistical records, except as authorized by this act and the secretary, and it shall be unlawful for anyone who possesses, stores or in any way handles vital statistics records under contract with the state to disclose any data contained in the records, except as authorized by law.

(b) No information concerning the birth of a child shall be disclosed in a manner that enables determination that the child was born out of wedlock, except upon order of a court in a case where the information is necessary for the determination of personal or property rights and then only for that purpose, or except that employees of the office of child support enforcement of the federal department of health and human services shall be provided information when the information is necessary to ensure compliance with federal reporting and audit requirements pursuant to title IV-D of the federal social security act or except that the secretary of social and rehabilitation services or the secretary's designee performing child support enforcement functions pursuant to title IV-D of the federal social security act shall be provided information and copies of birth certificates when the information is necessary to establish parentage in legal actions or to ensure compliance with federal reporting and audit requirements pursuant to title IV-D of the federal social security act. Nothing in this subsection shall be construed as exempting such employees of the federal department of health and human services or the secretary of social and rehabilitation services or the secretary's designee from the fees prescribed by K.S.A. 65-2418, and amendments thereto.

(c) Except as provided in subsection (b), and amendments thereto, the state registrar shall not permit inspection of the records or issue a certified copy or abstract of a certificate or part thereof unless the state registrar is satisfied the applicant therefor has a direct interest in the matter recorded and the information contained in the record is necessary for the determination of personal or property rights. The state registrar's decision shall be subject, however, to review by the secretary or by a court in accordance with the act for judicial review and civil enforcement of agency actions, subject to the limitations of this section.

(d) The secretary shall permit the use of data contained in vital statistical records for research purposes only, but no identifying use of them shall be made.

(e) Subject to the provisions of this section the secretary may direct the state registrar to release birth, death and stillbirth certificate data to federal, state or municipal agencies.

(f) On or before the 20th day of each month, the state registrar shall furnish to the county election officer of each county and the clerk of the district court in each county, without charge, a list of deceased residents of the county who were at least 18 years of age and for whom death certificates have been filed in the office of the state registrar during the preceding calendar month. The list shall include the name, age or date of birth, address and date of death of each of the deceased persons and shall be used solely by the election officer for the purpose of correcting records of their offices and by the clerk of the district court in each county for the purpose of correcting juror information for such county. Information provided under this subsection to the clerk of the district

court shall be considered confidential and shall not be disclosed to the public. The provisions of subsection (b) of K.S.A. 45-229, and amendments thereto, shall not apply to the provisions of this subsection.

(g) No person shall prepare or issue any certificate which purports to be an original, certified copy or abstract or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act.

(h) Records of births, deaths or marriages which are not in the custody of the secretary of health and environment and which were created before July 1, 1911, pursuant to chapter 129 of the 1885 Session Laws of Kansas, and any copies of such records, shall be open to inspection by any person and the provisions of this section shall not apply to such records.

(i) Social security numbers furnished pursuant to K.S.A. 65-2409a and amendments thereto shall only be used as permitted by title IV-D of the federal social security act and amendments thereto or as permitted by section 7(a) of the federal privacy act of 1974 and amendments thereto. The secretary shall make social security numbers furnished pursuant to K.S.A. 65-2409a and amendments thereto available to the department of social and rehabilitation services for purposes permitted under title IV-D of the federal social security act.

(j) Fact of death information may be disseminated to state and federal agencies administering benefit programs. Such information shall be used for file clearance purposes only.

History: L. 1951, ch. 355, § 22; L. 1963, ch. 319, § 6; L. 1972, ch. 233, § 1; L. 1974, ch. 352, § 129; L. 1985, ch. 114, § 28; L. 1986, ch. 318, § 92; L. 1987, ch. 241, § 1; L. 1990, ch. 227, § 1; L. 1995, ch. 260, § 5; L. 2002, ch. 160, § 4; L. 2004, ch. 138, § 1; L. 2007, ch. 10, § 1; July 1.

Kansas Department of Health and Environment
Office of Vital Statistics

CERTIFICATE OF LIVE BIRTH

115-
State File Number

1. CHILD'S NAME (First, Middle, Last, Suffix)		2. DATE OF BIRTH (Month, Day, Year)	3. TIME OF BIRTH M
4. SEX	5. BIRTH WEIGHT (Grams)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH
8. PLACE OF BIRTH ☐ Hospital ☐ Freestanding Birthing Center ☐ Home Birth ☐ Clinic/Doctor's Office ☐ Other (Specify) _____		9. FACILITY NAME (If not institution, give street and number)	
10. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Certifier's Signature ➢ _____		11. DATE SIGNED (Month, Day, Year)	12. ATTENDANT'S NAME AND TITLE (Type) Name ☐ M.D. ☐ D.O. ☐ C.N.M. ☐ Other Midwife ☐ Other (Specify)
13. Certifier's Name and Title (Type) Name _____ ☐ M.D. ☐ D.O. ☐ Hosp Adm. ☐ C.N.M. ☐ Other Midwife ☐ Other (Specify) _____		14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route, City, or Town, State, Zip Code)	
15. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			16. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE
17. DATE OF BIRTH (Month, Day, Year)	18. BIRTHPLACE (State, Territory, or Foreign Country)		19. PRESENT RESIDENCE-STATE
20. COUNTY	21. CITY, TOWN, OR LOCATION	22. STREET AND NUMBER OF PRESENT RESIDENCE	
23. ZIP CODE	24. INSIDE CITY LIMITS? ☐ YES ☐ NO	25. MOTHER'S MAILING ADDRESS (If same as residence, leave blank)	
26. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		27. DATE OF BIRTH (Month, Day, Year)	28. BIRTHPLACE (State, Territory, or Foreign Country)
29. PARENTS REQUEST SOCIAL SECURITY NUMBER ISSUANCE? ☐ YES ☐ NO		30. IMMUNIZATION REGISTRY I wish to enroll my child in the Immunization Registry ☐ YES ☐ NO	
31. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THE CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. Signature of Parent (or Other Informant) ➢ _____		32. DATE SIGNED (Month, Day, Year)	33 DATE FILED BY STATE REGISTRAR (Month, Day, Year) (Vital Statistics only)

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CERTIFICATE OF LIVE BIRTH (Cont.)

CONFIDENTIAL INFORMATION FOR INTERNAL USE ONLY

34. IF HOME BIRTH, WAS DELIVERY PLANNED AT HOME? ☐ Yes ☐ No ☐ Unknown

35. MOTHER'S SOCIAL SECURITY NUMBER

36. FATHER'S SOCIAL SECURITY NUMBER

37a. WAS MOTHER EVER MARRIED? ☐ Yes ☐ No ☐ Unknown

37b. MOTHER MARRIED? (At birth, conception or any time between) ☐ Yes ☐ No ☐ Unknown

37c. IF NO, HAS PATERNITY ACKNOWLEDGMENT BEEN SIGNED? ☐ Yes ☐ No

37d. MOTHER REFUSES TO GIVE HUSBAND'S INFORMATION ☐ Yes ☐ No

38. WHAT IS THE PRIMARY LANGUAGE SPOKEN IN THE HOME? ☐ English ☐ Spanish ☐ Vietnamese ☐ German ☐ French ☐ Russian ☐ Ukrainian ☐ Mandarin ☐ Cantonese ☐ Sign Language ☐ Other (Specify) _____

39. PARENT'S HISPANIC ORIGIN (Check the box or boxes that best describes whether the parent is Spanish, Hispanic, or Latino. Check the "No" box if the parent is not Spanish, Hispanic, or Latino.)

39a. MOTHER	39b. FATHER
☐ No, not Spanish/ Hispanic/Latina	☐ No, not Spanish/ Hispanic/Latino
☐ Yes, Mexican/Mexican American/Chicana	☐ Yes, Mexican/Mexican American/Chicano
☐ Yes, Puerto Rican	☐ Yes, Puerto Rican
☐ Yes, Cuban	☐ Yes, Cuban
☐ Yes, Central American	☐ Yes, Central American
☐ Yes, South American	☐ Yes, South American
☐ Yes, other Spanish/ Hispanic/Latina (Specify)_____	☐ Yes, other Spanish/ Hispanic/Latino (Specify)_____
☐ Unknown	☐ Unknown

40. PARENT'S RACE (Check one or more races to indicate what you consider yourself to be.)

40a. MOTHER		40b. FATHER	
☐ White	☐ Native Hawaiian	☐ White	☐ Native Hawaiian
☐ Black or African American	☐ Guamanian or Chamorro	☐ Black or African American	☐ Guamanian or Chamorro
☐ American Indian or Alaska Native (Name of the enrolled or principal tribes) _____	☐ Samoan	☐ American Indian or Alaska Native (Name of the enrolled or principal tribes) _____	☐ Samoan
	☐ Other Pacific Islander (Specify) _____		☐ Other Pacific Islander (Specify) _____
☐ Asian Indian	☐ Other (Specify) _____	☐ Asian Indian	☐ Other (Specify) _____
☐ Chinese		☐ Chinese	
☐ Filipino	☐ Unknown	☐ Filipino	☐ Unknown
☐ Japanese		☐ Japanese	
☐ Korean		☐ Korean	
☐ Vietnamese		☐ Vietnamese	
☐ Other Asian (Specify) _____		☐ Other Asian (Specify) _____	

41. ANCESTRY - What is the parents' ancestry or ethnic origin?- Italian, German, Dominican, Vietnamese, Hmong, French Canadian, etc. (Specify below)

42. OCCUPATION AND BUSINESS/INDUSTRY

	Occupation	Business/Industry (Do not give name of company.)
41a. MOTHER	42a. MOTHER (Most recent)	42c. MOTHER
41b. FATHER	42b. FATHER (Usual)	42d. FATHER

43. EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery.)

43a. MOTHER'S EDUCATION	☐ 8th grade or less	☐ 9th - 12th grade; no diploma	☐ High school graduate or GED
	☐ Some College credit, but no degree	☐ Associate degree (e.g., AA,AS)	☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Unknown	☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)	☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	
43b. FATHER'S EDUCATION	☐ 8th grade or less	☐ 9th - 12th grade; no diploma	☐ High school graduate or GED
	☐ Some College credit, but no degree	☐ Associate degree (e.g., AA,AS)	☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Unknown	☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)	☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	

44. PREVIOUS LIVE BIRTHS (Do not include this child.)		45. NUMBER OF OTHER OUTCOMES (Spontaneous or induced losses or ectopic or stillbirth pregnancies)		46. PRENATAL CARE? ☐ Yes ☐ No	47. DATE OF FIRST PRENATAL CARE VISIT (Month, Day, Year)
44a. Now living Number _____ ☐ None	44b. Now dead Number _____ ☐ None	45a. Before 20 weeks Number _____ ☐ None	45b. 20 weeks & over Number _____ ☐ None	48. DATE OF LAST PRENATAL CARE VISIT (Month, Day, Year)	49. PRENATAL VISITS-Total Number (If none, enter "0")
44c. DATE OF LAST LIVE BIRTH (Month, Year)		45c. DATE OF LAST OTHER PREGNANCY OUTCOME (Month, Year)		50. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	51. OBSTETRIC ESTIMATE OF GESTATION (Completed Weeks)
52. PLURALITY-Single, Twin, Triplet, etc. (Specify)	53. IF NOT A SINGLE BIRTH – Born First, Second, Third, etc. (Specify)	54. TOTAL LIVE BIRTHS AT THIS DELIVERY		55. IS INFANT ALIVE AT THE TIME OF THIS REPORT? ☐ Yes ☐ No ☐ Unknown	56. IS INFANT BEING BREAST-FED AT DISCHARGE? ☐ Yes ☐ No ☐ Unknown

57. CIGARETTE SMOKING BEFORE & DURING PREGNANCY: Did mother smoke 3 mos. before or during pregnancy? ☐ Yes ☐ No ☐ Unknown

For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. If none, enter "0".

Average number of cigarettes or packs of cigarettes smoked per day:

	No.	No.
Three months before pregnancy:	_____ cigarettes or	_____ packs
First three months of pregnancy:	_____ cigarettes or	_____ packs
Second three months of pregnancy:	_____ cigarettes or	_____ packs
Third Trimester of pregnancy:	_____ cigarettes or	_____ packs

58. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY

☐ Medicaid ☐ Private/Employer Ins. ☐ Self-pay
☐ Indian Health Service ☐ CHAMPUS/TRICARE ☐ Other government
☐ Other (Specify) _____ ☐ Unknown

59. MOTHER'S MEDICAL RECORD NO.

60. NEWBORN'S MEDICAL RECORD NO.

61. MOTHER TRANSFERRED IN FOR DELIVERY DUE TO MATERNAL, MEDICAL, OR FETAL INDICATIONS? ☐ Yes ☐ No (If yes, enter facility name)

FACILITY TRANSFERRED FROM:

62. INFANT TRANSFERRED (Within 24 hours of delivery) ☐ Yes ☐ No (If yes, enter facility name)

FACILITY TRANSFERRED TO:

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CE[illegible]FICATE OF LIVE BIRTH (Cont.)

CHILD'S NAME _____ MOTHER'S NAME _____

PRENATAL (Birth)

63. NUTRITION OF MOTHER

1. Height _____
2. Prepregnancy Weight _____
3. Weight at delivery _____
4. Did mother get WIC food for herself?
   Yes _____ No _____
   Unknown _____

64. MEDICAL RISK FACTORS
(Check all that apply.)

1. ☐ Diabetes, prepregnancy
2. ☐ Diabetes, gestational
3. Hypertension
   - ☐ Prepregnancy (Chronic)
   - ☐ Gestational (PIH, preeclampsia)
   - ☐ Eclampsia
4. ☐ Previous preterm birth
5. ☐ Other previous poor pregnancy outcome (SGA, perinatal death, etc.)
6. ☐ Vaginal bleeding during this pregnancy prior to labor
7. ☐ Pregnancy resulted from infertility treatment (If yes, check all that apply.)
   - ☐ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
   - ☐ Assisted reproductive technology (e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
8. ☐ Mother had a previous cesarean delivery, if yes, how many? Number: _____
9. ☐ Alcohol use
   No. of drinks per week _____
10. ☐ None of the above

65. METHOD OF DELIVERY

1. Forceps attempted? Yes ____ No____
   Successful Yes _____ No_____
2. Vacuum extraction attempted?
   Yes _____ No_____
   Successful Yes _____ No _____
3. Fetal presentation at delivery
   - ☐ Cephalic
   - ☐ Breech
   - ☐ Other
4. Final route and method of delivery (check one)
   - ☐ Vaginal/spontaneous
   - ☐ Vaginal/forceps
   - ☐ Vaginal/vacuum
   - ☐ Cesarean, if cesarean was a trial of labor attempted?
     Yes _____ No_____

LABOR-DELIVERY/NEWBORN

66. OBSTETRICAL PROCEDURES
(Check all that apply.)

1. ☐ Cervical cerclage
2. ☐ Tocolysis
3. External cephalic version:
   - ☐ Successful
   - ☐ Failed
4. ☐ None of the above

67. ONSET OF LABOR (Check all that apply.)

1. ☐ Premature Rupture of the Membranes (prolonged, ≥ 12 hours)
2. ☐ Precipitous Labor (< 3 hrs)
3. ☐ Prolonged Labor (≥ 20 hrs)
4. ☐ None of the above

68. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply.)

1. ☐ Induction of labor
2. ☐ Augmentation of labor
3. ☐ Non-vertex presentation
4. ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
5. ☐ Antibiotics received by the mother during labor
6. ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38 C (100.4 F)
7. ☐ Moderate/heavy meconium staining of the amniotic fluid
8. ☐ Fetal intolerance of labor: (examples: in-utero resuscitative measures, further fetal assessment, or operative delivery)
9. ☐ Epidural or spinal anesthesia during labor
10. ☐ None of the above

69. MATERNAL MORBIDITY
(Check all that apply.)
(These are complications associated with labor and delivery.)

1. ☐ Maternal transfusion
2. ☐ Third or fourth degree perineal laceration
3. ☐ Ruptured uterus
4. ☐ Unplanned hysterectomy
5. ☐ Admission to intensive care unit
6. ☐ Unplanned operating room procedure following delivery
7. ☐ None of the above

70. INFECTIONS PRESENT AND/OR TREATED
(During this pregnancy, check all that apply.)

1. ☐ Gonorrhea
2. ☐ Syphilis
3. ☐ Herpes Simplex Virus (HSV)
4. ☐ Chlamydia
5. ☐ Hepatitis B
6. ☐ Hepatitis C
7. ☐ AIDS or HIV antibody
8. ☐ None of the above

71. ABNORMAL CONDITIONS OF NEWBORN (Check all that apply)

1. ☐ Assisted ventilation required immediately following delivery
2. ☐ Assisted ventilation required for more than six hours
3. ☐ NICU admission
4. ☐ Newborn given surfactant replacement therapy
5. ☐ Antibiotics received by the newborn for suspected neonatal sepsis
6. ☐ Seizure or serious neurologic dysfunction
7. ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention
8. ☐ None of the above

72. VACCINES ADMINISTERED TO NEWBORN

1. ☐ Hepatitis B Date Given: _____
2. ☐ Other* Specify: _____
   Date Given: _____

73. APGAR SCORE

1 min	5 min	10 min

74. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply.)

1. ☐ Anencephaly
2. ☐ Meningomyelocele/Spina bifida
3. ☐ Cyanotic congenital heart disease
4. ☐ Congenital diaphragmatic hernia
5. ☐ Omphalocele
6. ☐ Gastroschisis
7. ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
8. ☐ Cleft Lip with or without Cleft Palate
9. ☐ Cleft Palate alone
10. ☐ Down Syndrome
    - ☐ Karyotype confirmed
    - ☐ Karyotype pending
11. ☐ Suspected chromosomal disorder
    - ☐ Karyotype confirmed
    - ☐ Karyotype pending
12. ☐ Hypospadias
13. ☐ Fetal alcohol syndrome
14. ☐ Other congenital anomalies *(Specify)* _____
15. ☐ None of the above

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CERTIFICATE OF LIVE BIRTH (Cont.)

CHILD'S NAME _____ MOTHER'S NAME _____

Test required by K.S.A. 65-153f 153G Serological Test Made: _____ 1st _____ 2nd _____ 3rd (Trimester) _____ At Delivery _____ Not Performed If no test made, state reason:	Test required by K.S.A. 65-180 Infant Neonatal Screening specimen taken: _____ Yes _____ No If no test made, state reason:	Test required by K.S.A. 65-1157A Newborn Hearing Screening Accomplished: _____ Yes _____ No

Infant's patient number:

Infant's Primary Care Physician

First	Middle	Last	Title (MD, DO, etc.)

If screening accomplished,
Date hearing screened _____/_____/_____
Month Day Year

The results of the hearing screening ✓:
Right ear: _____ Pass _____ Refer for further testing
Left ear: _____ Pass _____ Refer for further testing

Physiologic equipment used ✓: _____ OAE _____ AABR _____ ABR

If screening not accomplished, ✓ one reason:

_____ b – missed appointment
_____ c – could not test
_____ d – deceased
_____ i – Incomplete test
_____ m – Infant discharged before screening
_____ n – transferred to NICU
_____ o – other
_____ r – did not consent
_____ s – scheduled but not completed
_____ t – transferred to another hospital
_____ u – no information
_____ x – invalid results

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Kansas Department of Health and Environment
Office of Vital Statistics

CERTIFICATE OF STILLBIRTH (FETAL DEATH)

State File Number

1. NAME (First, Middle, Last, Suffix)	2. DATE OF DELIVERY (Month, Day, Year)	3. TIME OF DELIVERY M
4. SEX	5. CITY, TOWN, OR LOCATION OF DELIVERY	6. COUNTY OF DELIVERY
7. PLACE OF DELIVERY ☐ Hospital ☐ Freestanding Birthing Center ☐ Home Delivery ☐ Clinic/Doctor's Office ☐ Other (Specify) _____	8. FACILITY NAME (If not institution, give street and number and zip code)	
9. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE
11. DATE OF BIRTH (Month, Day, Year)	12. BIRTHPLACE (State, Territory, or Foreign Country)	13. PRESENT RESIDENCE-STATE
14. COUNTY	15. CITY, TOWN, OR LOCATION	16. STREET AND NUMBER OF PRESENT RESIDENCE
17. ZIPCODE	18. INSIDE CITY LIMITS? ☐ Yes ☐ No	19. MOTHER'S MAILING ADDRESS (If same as residence, leave blank)
20. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	21. DATE OF BIRTH (Month, Day, Year)	22. BIRTHPLACE (State, Territory, or Foreign Country)
23. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THE CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. Signature of Parent (or Other Informant) ➢		24. DATE SIGNED (Month, Day, Year)

25. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

25a. INITIATING CAUSE/CONDITION (Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the fetus.)

Maternal Conditions/Diseases (Specify) _____

Complications of Placenta, Cord, or Membranes – ☐ Rupture of membranes prior to onset of labor ☐ Abruptio placenta ☐ Placental insufficiency ☐ Prolapsed cord ☐ Chorioamnionitis ☐ Other (Specify) _____

Other Obstetrical or Pregnancy Complications (Specify) _____

Fetal Injury (Specify) _____

Other Fetal Conditions/Disorders (Specify) _____

Fetal Anomaly (Specify) _____

Fetal Infection (Specify) _____

☐ Unknown

25b. OTHER SIGNIFICANT CAUSES OR CONDITIONS (Select or specify all other conditions contributing to death in item 25a.)

Maternal Conditions/Diseases (Specify) _____

Complications of Placenta, Cord, or Membranes – ☐ Rupture of membranes prior to onset of labor ☐ Abruptio placenta ☐ Placental insufficiency ☐ Prolapsed cord ☐ Chorioamnionitis ☐ Other (Specify) _____

Other Obstetrical or Pregnancy Complications (Specify) _____

Fetal Injury (Specify) _____

Other Fetal Conditions/Disorders (Specify) _____

Fetal Anomaly (Specify) _____

Fetal Infection (Specify) _____

☐ Unknown

26. ESTIMATED TIME OF FETAL DEATH ☐ Dead at time of first assessment, no labor ongoing ☐ Dead at time of first assessment, labor ongoing ☐ Died during labor, after first assessment ☐ Unknown time of fetal death	27a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No ☐ Planned	27b. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? ☐ Yes ☐ No ☐ Planned
	27c. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? ☐ Yes ☐ No	
28. I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE STATED ABOVE AND THE FETUS WAS BORN DEAD. Signature ➢	29. DATE SIGNED (Month, Day, Year)	30. ATTENDANT'S NAME AND TITLE (If delivery not attended by physician) Name (Type) _____ ☐ CNM/CM ☐ Other Midwife ☐ Other (Specify) _____
31. CERTIFIER'S NAME AND TITLE (Type) _____ ☐ M.D. ☐ D.O. ☐ Other (Specify) _____	32. CERTIFIER'S MAILING ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code)	33a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Hospital Disposition ☐ Removal from State ☐ Other (Specify) _____
33b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	33c. LOCATION (City or Town, and State)	
34. FUNERAL DIRECTOR OR HOSPITAL ADMINISTRATOR Signature ➢	35. FIRM OR HOSPITAL NAME AND ADDRESS	36. DATE FILED BY STATE REGISTRAR (Month, Day, Year)

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CERTIFICATE OF STILLBIRTH (Cont.)

CONFIDENTIAL INFORMATION FOR INTERNAL USE ONLY

37. IF HOME DELIVERY, WAS DELIVERY PLANNED AT HOME? ☐ Yes ☐ No ☐ Unknown

38. MOTHER'S MEDICAL RECORD NO.

39a. WAS MOTHER EVER MARRIED? ☐ Yes ☐ No ☐ Unknown

39b. MOTHER MARRIED? (At birth, conception or any time between) ☐ Yes ☐ No ☐ Unknown

40. PARENT'S HISPANIC ORIGIN (Check the box or boxes that best describes whether the parent is Spanish, Hispanic, or Latino. Check the "no" box if the parent is not Spanish, Hispanic, or Latino.)

40a. MOTHER-
- ☐ No, not Spanish/ Hispanic/Latina
- ☐ Yes, Mexican/Mexican American/Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, other Spanish/ Hispanic/Latina (Specify) _____
- ☐ Unknown

40b. FATHER-
- ☐ No, not Spanish/ Hispanic/Latino
- ☐ Yes, Mexican/Mexican American/Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, other Spanish/ Hispanic/Latino (Specify) _____
- ☐ Unknown

41. PARENT'S RACE (Check one or more races to indicate what you consider yourself to be.)

41a. MOTHER
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribes) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)
- ☐ Other (Specify)
- ☐ Unknown

41b. FATHER
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribes) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)
- ☐ Other (Specify)
- ☐ Unknown

42. ANCESTRY - What is the parents' ancestry or ethnic origin?- Italian, German, Dominican, Vietnamese, Hmong, French Canadian, etc. (Specify below)

42a. MOTHER

42b. FATHER

43. OCCUPATION AND BUSINESS/INDUSTRY

	Occupation	Business/Industry (Do not give name of company.)
MOTHER	43a. MOTHER (Most recent)	43c. MOTHER
FATHER	43b. FATHER (Usual)	43d. FATHER

44. EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery.)

44a. MOTHER'S EDUCATION ☐ Unknown
- ☐ 8th grade or less
- ☐ 9th - 12th grade, no diploma
- ☐ High school graduate or GED
- ☐ Some College credit, but no degree
- ☐ Associate degree (e.g., AA,AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

44a. FATHER'S EDUCATION ☐ Unknown
- ☐ 8th grade or less
- ☐ 9th - 12th grade, no diploma
- ☐ High school graduate or GED
- ☐ Some College credit, but no degree
- ☐ Associate degree (e.g., AA,AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

45. PREVIOUS LIVE BIRTHS (Do not include this child.)
- 45a. Now living Number _____ ☐ None
- 45b. Now dead Number _____ ☐ None

46. NUMBER OF OTHER OUTCOMES (Spontaneous or induced losses or ectopic or stillbirth pregnancies)
- 46a. Before 20 weeks Number _____ ☐ None
- 46b. 20 weeks & over Number _____ ☐ None

47. PLURALITY – Single, Twin, Triplet, etc. (Specify)

48. IF NOT A SINGLE BIRTH – Born First, Second, Third, etc. (Specify)

49. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)

50. OBSTETRIC ESTIMATE OF GESTATION (Completed Weeks)

45c. DATE OF LAST LIVE BIRTH (Month, Year)

46c. DATE OF LAST OTHER PREGNANCY OUTCOME (Month, Year)

51. WEIGHT OF FETUS (grams)

52. PRENATAL CARE? ☐ Yes ☐ No

53. DATE OF FIRST PRENATAL CARE VISIT (Month, Day, Year)

54. DATE OF LAST PRENATAL CARE VISIT (Month, Day, Year)

55. PRENATAL VISIT – Total number (If none, enter "0")

56. CIGARETTE SMOKING BEFORE & DURING PREGNANCY: Did mother smoke 3 mos. before or during pregnancy?
☐ Yes ☐ No ☐ Unknown

For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. If none, enter "0".

Average number of cigarettes or packs of cigarettes smoked per day:

	No.	No.
Three months before pregnancy:	_____ cigarettes or	_____ packs
First three months of pregnancy:	_____ cigarettes or	_____ packs
Second three months of pregnancy:	_____ cigarettes or	_____ packs
Third Trimester of pregnancy:	_____ cigarettes or	_____ packs

57. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY
- ☐ Medicaid
- ☐ Private/Employer Ins.
- ☐ Self-pay
- ☐ Indian Health Service
- ☐ CHAMPUS/TRICARE
- ☐ Other government
- ☐ Other
- ☐ Unknown

58a. MOTHER TRANSFERRED IN FOR DELIVERY DUE TO MATERNAL, MEDICAL, OR FETAL INDICATIONS? ☐ Yes ☐ No (If yes, enter facility name)

58b. FACILITY TRANSFERRED FROM:

CHILD'S NAME _____ MOTHER'S NAME _____

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CERTIFICATE OF STILLBIRTH (Cont.)

PRENATAL

59. NUTRITION OF MOTHER

1. Height _____
2. Prepregnancy Weight _____
3. Weight at delivery _____
4. Did mother get WIC food for herself?
   Yes _____ No _____ Unknown ___

60. MEDICAL RISK FACTORS (Check all that apply.)

1. ☐ Diabetes, prepregnancy
2. ☐ Diabetes, gestational
3. Hypertension
   - ☐ Prepregnancy (Chronic)
   - ☐ Gestational (PIH, preeclampsia)
   - ☐ Eclampsia
4. ☐ Previous preterm birth
5. ☐ Other previous poor pregnancy outcome (SGA, perinatal death, etc.)
6. ☐ Vaginal bleeding during this pregnancy prior to labor
7. ☐ Pregnancy resulted from infertility treatment (If yes, check all that apply.)
   - ☐ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
   - ☐ Assisted reproductive technology (e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
8. ☐ Mother had a previous cesarean delivery, if yes, how many Number ___
9. ☐ Alcohol use No. of drinks per week: _____
10. ☐ None of the above

61. METHOD OF DELIVERY

1. Forceps attempted? Yes ____ No____
   Successful: Yes _____ No_____
2. Vacuum extraction attempted?
   Yes _____ No_____
   Successful: Yes _____ No _____
3. Fetal presentation at delivery
   - ☐ Cephalic
   - ☐ Breech
   - ☐ Other
4. Final route and method of delivery (check one)
   - ☐ Vaginal/spontaneous
   - ☐ Vaginal/forceps
   - ☐ Vaginal/vacuum
   - ☐ Cesarean, if cesarean was a trial of labor attempted?
     Yes _____ No _____
5. Hysterotomy/Hysterectomy
   Yes _____ No _____

LABOR-DELIVERY/STILLBORN FETUS

62. MATERNAL MORBIDITY (Check all that apply.)
(These are complications associated with labor and delivery.)

1. ☐ Maternal transfusion
2. ☐ Third or fourth degree perineal laceration
3. ☐ Ruptured uterus
4. ☐ Unplanned hysterectomy
5. ☐ Admission to intensive care unit
6. ☐ Unplanned operating room procedure following delivery
7. ☐ None of the above

63. INFECTIONS PRESENT AND/OR TREATED (During this pregnancy, check all that apply.)

1. ☐ Gonorrhea
2. ☐ Syphilis
3. ☐ Herpes Simplex Virus (HSV)
4. ☐ Chlamydia
5. ☐ Listeria
6. ☐ Group B Streptococcus
7. ☐ Cytomegalovirus
8. ☐ Parvo virus
9. ☐ Toxoplasmosis
10. ☐ AIDS or HIV antibody
11. ☐ None of the above
12. ☐ Other (Specify) _____

64. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply.)

1. ☐ Anencephaly
2. ☐ Meningomyelocele/Spina bifida
3. ☐ Cyanotic congenital heart disease
4. ☐ Congenital diaphragmatic hernia
5. ☐ Omphalocele
6. ☐ Gastroschisis
7. ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
8. ☐ Cleft Lip with or without Cleft Palate
9. ☐ Cleft Palate alone
10. ☐ Down Syndrome
    - ☐ Karyotype confirmed
    - ☐ Karyotype pending
11. ☐ Suspected chromosomal disorder
    - ☐ Karyotype confirmed
    - ☐ Karyotype pending
12. ☐ Hypospadias
13. ☐ Fetal alcohol syndrome
14. ☐ Other congenital anomalies *(Specify)* _____
15. ☐ None of the above

THIS IS NOT PART OF THE CERTIFICATE OF STILLBIRTH
Test required by K.S.A. 65-153F, 153G

Serological Test Made: _____ 1st _____ 2nd _____ 3rd (Trimester) _____ At Delivery _____ Not Performed

If no test made, state reason: _____

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as Department Of Health And Environment
Office of Vital Statistics

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S LEGAL NAME (First, Middle, Last)					2. SEX	3. DATE OF DEATH (Month, Day, Year)
4. SOCIAL SECURITY NUMBER	5. DATE OF BIRTH (Month, Day, Year)	6a. AGE-Last Birthday (Years)	6b. UNDER 1 YEAR Months / Days	6c. UNDER 1 DAY Hours / Minutes	7. PLACE OF BIRTH (City and State or Foreign Country)	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No ☐ Unknown	9a. PLACE OF DEATH (Check only one) HOSPITAL ☐ Inpatient ☐ DOA ☐ ER/Outpatient		☐ Nursing Home ☐ Hospice Facility ☐ Assisted Living Facility ☐ Decedent's Residence ☐ Other (Specify) _____			
9b. FACILITY NAME (If not institution, give street and number)	9c. CITY OR TOWN OF DEATH		9d. ZIP CODE	9e. COUNTY OF DEATH		
10. MARITAL STATUS ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown			11. SURVIVING SPOUSE (If wife, give name before first marriage)			
12a. RESIDENCE-STATE	12b. COUNTY		12c. CITY or TOWN			
12d. STREET ADDRESS & APARTMENT NO.			12e. ZIP CODE	12f. INSIDE CITY LIMITS? ☐ Yes ☐ No		
13. FATHER'S NAME (First, Middle, Last)			14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
15a. INFORMANT'S NAME (First, Middle, Last)	15b. MAILING ADDRESS (Street and Number, City, State, Zip Code)			15c. RELATIONSHIP TO DECEDENT		
16. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify) _____	17a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		17b. LOCATION-City or Town, and State			
18. FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature) ➢			19. NAME OF EMBALMER & LICENSE NO.			
20. NAME AND ADDRESS OF FIRM						

21. CAUSE OF DEATH – Part I. Enter the chain of events - diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines, if necessary.

Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. _____
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) LAST.
b. _____
DUE TO (OR AS A CONSEQUENCE OF):
c. _____
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.	22a. AUTOPSY ☐ Yes ☐ No	22b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No	22c. WAS CORONER CONTACTED? ☐ Yes ☐ No

23. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown	24. IF FEMALE ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the last year ☐ Not pregnant, but pregnant within 42 days of death	25. MANNER OF DEATH ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY A.M. P.M.	26c. INJURY AT WORK ☐ Yes ☐ No	26d. DESCRIBE HOW INJURY OCCURRED	
26e. PLACE OF INJURY-Residence, farm, street, factory, building, etc. (Specify)			26f. LOCATION (Street and Number or Rural Route, City or Town, State, Zip Code)	

27a. DATE PRONOUNCED DEAD (Month, Day, Year)	27b. TIME PRONOUNCED DEAD A.M. P.M.	27c. ACTUAL OR PRESUMED TIME OF DEATH A.M. P.M.	27d. NAME OF PERSON PRONOUNCING DEATH (If applicable)	27e. LICENSE NO.

28a. **CERTIFIER** (Check only one)
☐ Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier ➢ LICENSE NO. DATE CERTIFIED (Month, Day, Year)

28b. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ☐ M.D. ☐ D.O.	29. DATE FILED BY STATE REGISTRAR (Month, Day, Year)

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30. ANCESTRY-What is this person's ancestry or ethnic origin? Italian, German, Dominican, Vietnamese, Hmong, French Canadian, etc. (Specify below)

31. HISPANIC ORIGIN (Check the box or boxes that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "no" box if the decedent is not Spanish/Hispanic/Latino)

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican/Mexican American/Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, other Spanish/Hispanic/Latino (Specify)

_____

- ☐ Unknown

32. RACE (Check one or more boxes to indicate what race(s) the decedent considered himself or herself to be.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribes)

_____

_____

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)

_____

_____

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)

_____

_____

- ☐ Other (Specify)

_____

_____

- ☐ Unknown

33. EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)

- ☐ 8th grade or less
- ☐ 9th - 12th grade; no diploma
- ☐ High school graduate or GED
- ☐ Some College credit, but no degree
- ☑ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- ☐ Unknown

34. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

35. KIND OF BUSINESS/INDUSTRY (Do not give name of company.)

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The Kansas Department of Health and Environment
Mark Parkinson, Governor - Roderick L. Bremby, Secretary
Curtis State Office Building 1000 SW Jackson Topeka, KS. 66612
(785) 296-1500 FAX:(785)368-6368 Email:info@kdheks.gov

KDHE Institutional Review Board (IRB)

What is the KDHE IRB?

The KDHE Institutional Review Board (IRB), sometimes called the Human Subjects Review Board, includes members with diverse backgrounds and is designed to implement basic ethical principles for people during KDHE public health research activities. The KDHE IRB is committed to protecting people's health, emotional well being, or social well being during public health research.

What does the IRB do?

The IRB protects volunteers for public health research by requiring investigators to assure that volunteers:

1. understand and consent to the research they are volunteering for,
2. understand the potential risks to the research,
3. are willing to take those risks,
4. and that the volunteer may withdraw from the research at any time without penalty or retribution.

How often does the KDHE IRB meet?

Meetings are scheduled once a quarter. Schedule of IRB Meetings (.pdf)

Who needs to get approval of the KDHE IRB?

IRB approval is needed for any research that involves data obtained through intervention or interaction with the individual, or from identifiable private information. Approval must be granted BEFORE the research begins.

Once approved, the IRB reviews the status of the research at least annually until the research is finished, to ensure the welfare of the volunteers is being maintained. The IRB has the authority to suspend or terminate approved research that is not being conducted in accordance with the IRB's requirements, or that has been associated with unexpected serious harm to subjects.

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How do I know if IRB approval is needed?

The IRB distinguishes research from the routine activities of public health. A determination that an activity is exempt from the IRB approval process does not imply that investigators have no ethical responsibilities to subjects in such research; it means only that the regulatory requirements related to IRB review do not apply to the activity. If there is a question about whether a planned or existing activity is routine public health service, exempt from IRB review, or whether it is research that needs IRB review and approval, please contact the KDHE IRB Chair (Dr. Lou Saadi, LSaadi@kdheks.gov).

Is it public health practice or research?

This is one of the most important questions in public health practice.

For a few activities in pubic health. distinguishing public health practice and research is easy. **Practice** is about protecting the public's health. It includes epidemiological investigations, surveillance, programmatic evaluations, and clinical care for the population. It is the collection and analysis of identifiable health data by a public health authority for the purpose of protecting the health of a community.

Research involves human subjects for the purpose of generating knowledge that benefits those beyond the participating community who bear the risks of participation. Public health practitioners engage in research activities for reasons similar to any researcher's interests: they seek to explore hypotheses, advance current knowledge, and contribute to the welfare of persons beyond the study itself.

It can be difficult to distinguish between practice and research beyond the easiest of cases. Differentiation is needed to help dispel unnecessary IRB review delays and obstacles for public health practice, avoid mistreatment of human subjects or privacy infringements, and eliminate burdens on IRBs and public health practitioners. Approaches to distinguish public health practice from research have been developed in governmental, private sector, and scholarly settings. KDHE follow the guidelines in the report on public health practice vs. research by the Council of State and Territorial Epidemiologists (CSTE).

More on Public Health Practice vs. Research
http://www.cste.org/pdffiles/newpdffiles/CSTEPHResRptHodgeFinal.5.24.04.pdf

More information on Human Subjects Research and IRB

Office of Human Subjects Research Protection http://www.hhs.gov/ohrp/education/

IRB Procedures, Submission Forms and Projects

- IRB Request Form (.doc)
- IRB Exemption Request Form (.doc)
- IRB Procedures (.pdf)
- IRB Active Projects (.pdf)

IRB Committee Members

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- Dr. Lou Saadi (CHAIR, KDHE)
- Dr. Ghazala Perveen (KDHE)
- Charlie Hunt (KDHE)
- Rev. Bill Gannaway
- Dennis Dobson (KDHE-Labs)
- Yvonne Anderson, JD (KDHE)
- IRB Administrator: Nancy Akin (KDHE)