

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 2, 2009, in Room 136-N of the Capitol.

All members were present.
Senator Kelsey - absent

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Others attending:

See attached list

Conferees appearing before the committee:

Justin Cessna, Private Citizen
Doug Farmer, State Employee Health Benefits Plan, Kansas Health Policy Authority
Richard Morrissey, Interim Director, Division of Health, Kansas Department of Health and Environment
Jennifer Lowry, MD, Children's Mercy Hospital, Kansas City
Harold Swedlund, Chairman, Kansas Advocacy Committee, American heart Association
Phil Nusser, Private Citizen
Richard Sigle, Jr., Kansas Heart Disease and Stroke Prevention Program
J. J. Lutz, Private Citizen
Moji Fanimoukun, Staff Attorney, League of Kansas Municipalities
Steve Sutton, Kansas Board of EMS

Chairman Barnett welcomed Justin Cessna, Wichita, Kansas. Mr. Cessna testified before the Public Health and Welfare Committee in January 2008 regarding his obesity, its impact on his health, and the fact that his insurance would not cover bariatric surgery which was recommended as life-saving treatment by his primary care provider. As a result of his testimony, a law was enacted that required the Kansas Health Policy Authority, in collaboration with the Insurance Commissioner, to conduct a study on the impact of extending coverage for bariatric surgery to the State Employee Health Benefit Program, the affordability of coverage in the small business employer group and the high-risk pool, and the possibility of reinsurance or state subsidies for reinsurance.

Mr. Cessna informed committee members that following that meeting, he was given the life-saving gift of bariatric surgery from the financial assistance of Dr. James Hamilton and Dr. Bernita Berntsen, Tallgrass General, Vascular and Bariatric Surgery, St. Francis Hospital, and Dr. David Bishop, St. Francis Hospital Anesthesiology. Mr. Cessna reported that 231 days following his procedure (Attachment 1), he has lost 125 pounds, decreased dosages of multiple medications, and decreased his insulin 75% with perfect glucose control.

Senators questioned how the lap band was adjusted, what diet changes/adjustments were made, how exercise is incorporated into his daily regime, components of pre- and post-followup, and the costs of the procedure. Mr. Cessna clarified the procedure for adjusting the band, post-procedure food intake is approximately one cup of food for each meal, the pre-procedure psychiatric/education evaluation and the post-procedure followup requirements.

Doug Farmer, Director State Employee Health Benefits Plan (SEHP), Kansas Health Policy Authority, provided detailed testimony covering the issue of bariatric surgery (Attachment 2). Mr. Farmer indicated that health plan changes in 2008 provide for non-surgical obesity treatment, expanded coverage for dietitian consultation, and additional coverage for prescription weight-loss medications. He indicated that in the last several years, an explosion in bariatric surgery technology and research has occurred. He reported that if bariatric surgery coverage were added to the State Employee Health Benefits Plan, the potential financial impact could be as much as \$15 million. However, new research supports the long-term value of this procedure with improved health/longevity and reduced medical costs.

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Senators questioned whether data exists from states who have implemented bariatric surgery coverage. Specifically, surgical costs based on a patient's Body Mass Index (BMI) by surgical procedure type (Roux n y and lap band). Mr. Farmer indicated the one recommendation from other states appears to be covering skin removal when gastric bypass has been performed; this recommendation is not data-driven.

Chairman Barnett recognized Nobuko Folmsbee, Revisor of Statutes Office, to brief committee members on **SB 82** which would allow the Kansas Department of Health and Environment to continue its lead poisoning prevention program and **SB 102** which shields any person who aids another using an automated external defibrillator (AED) from liability for civil damages as long as actions are above ordinary standards.

SB 82 - Repealing K.S.A. 2008 Supp. 65-1,214.

Senator Barnett opened the hearing on **SB 82** - Repealing K.S.A. 2008 Supp. 65-1,214, and recognized Richard Morrissey, Interim Director of the Kansas Department of Health and Environment, who provided a history (Attachment 3) of the childhood lead poisoning prevention act of 1999, activities, workforce development, funding, challenges, and recommendation to support **SB 82**.

Dr. Jennifer Lowry, pediatrician, toxicologist and clinical pharmacologist at Children's Mercy Hospital was present to support the proposed legislation. Dr. Lowry indicated that while progress has been made relative to childhood lead poisoning, the risk to children has not been removed, and 2010 objectives will not be met (Attachment 4). Dr. Lowry discussed the KDHE Childhood Lead Poisoning and Prevention Program emphasizing that the eradication of lead poisoning in children is based on prevention, education, and management of lead poisoning in the home. Dr. Lowry emphasized that such progress can only result from passage of **SB 82**. Discussion was heard relative to numbers of children tested, numbers of positive tests, and costs for serum lead tests to the State.

Upon a motion by Senator Haley to pass out **SB 82** favorably and a second by Senator Schmidt; the motion carried.

SB 102 - Emergency medical services; use of automated external defibrillator.

Senator Barnett called upon Richard Morrissey, Interim Director of the Kansas Department of Health and Environment, who testified in support of **SB 102**. He indicated that passage of this legislation is expected to result in additional automated external defibrillators (AEDs) being placed in public places where lay rescuers would be more inclined to use them knowing they are immune to civil liability (Attachment 5).

Harold Swedlund, American Heart Association, discussed AED technology, the use of the device by lay rescuer, and the importance of immediate treatment to improve survival from sudden cardiac arrest (Attachment 6).

Phil Nusser from St. John, Kansas, related his experience refereeing a high school basketball game in Ellinwood, Kansas, when he experienced cardiac arrest. An AED was available and was used to deliver the cardiac defibrillation which allowed his heart to reestablish an effective rhythm (Attachment 7).

Richard Sigle, Jr., paramedic, brought an AED and demonstrated the simplicity of the device. Tai Houtz, a KU pharmacy intern with Senator Vicki Schmidt, was asked to participate in the 3-minute demonstration serving as a lay rescuer. Mr. Sigle's comments are attached to these minutes (Attachment 8).

J. J. Lutz appeared to relate his story about how an AED saved his life on January 31, 2007. A unit was used at Seaman High School on that day, and Mr. Lutz encouraged passage of **SB 102** (Attachment 9).

Moji Fanimoukun, staff attorney for the League of Kansas Municipalities, discussed her support of **SB 102**. She indicated the removal of the barrier limiting AEDs be used only by trained, qualified individuals allows cities the opportunity to better protect their staff, constituents, and public (Attachment 10).

Steve Sutton, Deputy Director, Kansas Board of Emergency Medical Services, provided testimony supporting the passage of **SB 102** and indicated that the use of an AED provides many stricken with cardiac arrest another chance to live (Attachment 11).

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Senator Barnett closed the hearing on **SB 102**.

The meeting was adjourned at 2:34pm

The next meeting will be on Tuesday, February 3, 2009.