

**Testimony on Agency Goals
To
House Appropriations Committee
Presented by Bob Moser, MD
Acting Secretary, Kansas Department of Health and Environment
January 18, 2011**

Chairman Rhoades and members of the Appropriations Committee, good morning. Thank you for giving me an opportunity to appear before you today; to get to know one another better and for me to present to the committee information about my agency, the Kansas Department of Health and Environment.

When this testimony was scheduled I was asked to address three questions:

1. Where do things currently stand with your agency?
2. What are the short-term and long-term agency goals of the Secretary?
3. How do those goals match up with the agency's budget – what budget changes does the Secretary foresee?

A great deal of what I will review today is available in the 2010 KDHE Annual Report and copies of this have been provided.

The Kansas Department of Health and Environment is currently organized into one administrative section and two divisions, Health and Environment. There are 9 Bureaus within the Health Division and I will serve as the State Health Officer overseeing the operations of the Health Division as well as serve as KDHE Secretary. The Division of Environment has 6 Bureaus within it. There are 6 district offices across Kansas and 2 outreach offices that help to carry out the KDHE programs.

Based on the SFY2011 budget, there are 791 regular classified FTE's and 246 unclassified non-FTE positions within KDHE with total expenditures recommended for SFY12 totaling \$247,225,892. Of the total budgeted expenditures, \$217,217,620 are made from non-State General Funds. The State General Fund makes-up the remaining 12.14% of the total KDHE budget.

I would like to review with you the summary of the 2010 legislation that had any impact on KDHE programs or regulatory activity.

Kansas Indoor Clean Air Act – HB 2221 created the Kansas Indoor Clean Air Act that became effective July 1, 2010.

Child Care Licensing-HB 2356 eliminated the "registered family day care home" and created a transition process for all day care facilities to be licensed. It creates an online information web site for the public. So far, the usual turnover in day care providers has remained stable according to a verbal report I received last week but this will be monitored and later reported.

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Background check for employees and use of Vital Statistics for Maternal and Child Health – HB 2454 grants KDHE statutory authority to conduct criminal background checks on new Office of Vital Statistics employees and prohibit any person who has been convicted of a felony or misdemeanor related to dishonesty, including identity theft or fraud, from being hired by the Office of Vital Statistics. (Was formerly SB 488). This bill also allows the use of identifiable data in still birth, birth and death certificates for the purpose of maternal and child surveillance and monitoring.

Radon Certification Law-SB531 creates the Radon Certificate Law requiring certification of radon measurement technicians, radon mitigation technicians, and radon measurement laboratories by the Secretary of KDHE.

TB Evaluation Requirements and Prevention & Control Plans for Postsecondary Educational Institutions-SB62 creates new law and amends existing law concerning responsibilities for the prevention and control of tuberculosis in postsecondary educational institutions.

Licensure of Audiologists-SB62 requires individuals seeking licensure as an audiologist on or after January 1, 2012 to hold at least a doctorate degree, or its equivalent, in audiology. Individuals holding a master's degree in audiology or its equivalent prior to January 1, 2010 will be deemed to have met the new educational requirement. The bill also will exempt individuals holding an audiology clinical doctoral degree from the requirement to complete a postgraduate professional experience.

HIV Screening for Pregnant Women and Newborn Children-SB62 requires a physician or other professional authorized by law to provide medical treatment for pregnant women to administer, or have administered, a routine opt-out screening for HIV infection during the first trimester of the pregnancy. If the mother's HIV status is unknown because of refusal to submit to the screening during the pregnancy, or for any other reason, the newborn child would be screened with an HIV test as soon as possible within medical standards.

Administration of Vaccine by Pharmacists-HB2448 allows a pharmacist, or a pharmacy student or intern who is working under the direct supervision and control of a pharmacist, to administer the influenza vaccine to a person six years of age or older and may administer vaccine, other than influenza vaccine, to a person 18 years of age or older pursuant to a vaccination protocol if the pharmacist, pharmacy student or intern has successfully completed the necessary prerequisites.

Prohibiting Texting While Driving-SB 300 prohibits a person from using a handheld wireless communication device for text messaging or electronic mail communication while driving a moving motor vehicle. Warning tickets will be issued until January 1, 2011.

Primary Seat Belt Law-HB 2130 amends state law to require every occupant of a passenger vehicle to wear a safety belt and to allows a law enforcement officer to stop a vehicle for violations of safety belt requirements by anyone in the front seat and by anyone under age 18.

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Smoke Management Plan-SCR 1623 addresses the need to manage the Flint Hill ecosystem by agricultural burning and states that the existing burning practice should be considered a best management practice. The resolution urges the United States Congress to require the EPA to exclude certain air monitoring data from use in determinations of excess levels and National Ambient Air Quality Standards (NAAQS) violations where the emissions are from prairie burning in the Tallgrass Prairie in the Flint Hills, and to treat the data related to burning as exceptional events under 40 CFR Section 50.14.

Short-Term Goals

1. Assess ongoing programs and how they address the current KDHE goal "To protect the health and environment of all Kansans by promoting responsible choices" as well as how they address Governor Brownback's Road Map for Kansas.
2. Review the Governor's budget proposal and evaluate the impact on KDHE programs and services.
 - a. The Administration section and the Division of Health SFY2012 budget have been reduced by a total of \$590,690 with the existing aid, safety net, and regulatory programs remaining at the approved SFY2011 levels. There are five adjustments of note to the Health and Administration budgets.
 - i. Governor provided \$350,000 in SGF for the Pregnancy Maintenance Initiative with \$212,656 coming from an increased allocation to the agency and the balance coming from existing resources
 - ii. Eliminated funding for the Coordinated School Health Program
 - iii. Reduced vaccine funding by \$80,000
 - iv. Reduced salary and wage funding by \$125,760
 - v. Shifted \$50,000 to other funding sources

Long-Term Goals

1. Prepare for Aligning KHPA services and programs into KDHE
 - a. We have only begun the process of looking at the alignment and more will come but at this time I can assure you the focus is continuing to provide services to those that are currently enrolled.
 - b. Goals will be:
 - i. the effective purchasing and administration of health care
 - ii. improved coordination through KDHE programs and other agencies and partners, including a focus on healthcare workforce development

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- iii. health promotion and disease prevention oriented public health strategies based on continuing state and community health assessments
 - iv. disease management based on provider-led evidence-based guideline development and implementation
 - v. development and implementation of a robust health information exchange network to support providers, improve patient safety and care, and reduce costs eventually. Here the ultimate goal is evidence-based policy making and the key to accomplish this is through centralized data collection and analysis
2. For KDHE, develop a strategic plan based on the findings of ongoing state health and environmental assessments to determine priorities to address, indicators to monitor, and quantifiable goals to obtain.
- a. **Implement Program Performance Management.** A grant from the CDC has been obtained to start this process within KDHE and there are opportunities for additional funding for implementation costs.
 - i. Program Goal - Systematically increase the performance management capacity of public health departments to ensure that public health goals are effectively and efficiently met
 - ii. Program Intent
 1. Improve the quality, effectiveness and efficiency of the public health infrastructure that will support public health service and program delivery
 2. Support systems-wide public health system changes that categorical programs cannot do alone
 3. Improve the networking, coordination, standardization, and cross-jurisdictional cooperation for efficient delivery of public health services.
 - b. Similar ongoing efforts related to strategic efforts is the **Multi-State Learning Collaborative-3 (MLC-3)**

In early 2008, sixteen states, including Kansas, were selected through a competitive review to lead a national initiative to advance accreditation and quality improvement efforts in public health departments. The MLC-3 Project is funded by the Robert Wood Johnson Foundation and administered through the National Network of Public Health Institutes.

In Kansas, the MLC-3 Project was developed through a partnership between the Kansas Health Institute (KHI), Kansas Department of Health and Environment (KDHE), and the Kansas Association of Local Health Departments (KALHD). Appropriations Committee

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