

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 30 in Room 210 Memorial Hall

All members were present except:

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Dr. Arnold Z. Balanoff, Kansas Immunization Action Coalition
Dr. Michael Moser, Director, Division of Health, KDHE
Sally Finney, Kansas Public Health Association, Inc.
Jose Torrez, Developmental Disabilities Council
Terri Roberts, Kansas Nurses Association
Stan Newby
Marlin Rein, Kansas University Medical Center
Randy Williams, CEO, National Kidney Foundation for Kansas and Western Missouri
Trish Pooley, former dialysis patient and kidney recipient

The Chairperson brought the meeting to order and requested introduction of a bill concerning the Behavioral Sciences Regulatory Board (1rs0410).

The bill was introduced without objection.

The Chairperson continued the hearing on **HB 2041 - Concerning proof of inoculations; requiring hepatitis B.**

Arnold Z. Balanoff, M.D., FAAP, responded to a question asked the previous day which was how many cases of Hepatitis B had been reported in Kansas. Dr. Balanoff stated Kansas is low in comparison to other states, but being a mobile society all children need to be immunized (Attachment 1).

Dr. Michael Moser, Director, Division of Health, testified in opposition to **HB 2041**. The Department supports the goal of full immunization of our young people against hepatitis B infection. However, we do not believe that a statutory mandate to require hepatitis B immunization for school entry is a good public health policy for Kansas at this time and on that basis, we do not support this bill (Attachment 2).

Sally Finney, M.Ed, Executive Director, Kansas Public Health Association, Inc., testified stating KPHA strongly supports adding hepatitis B vaccination to the list of school entry requirements, but are concerned about using legislation to accomplish this. Current statute grants the secretary of health and environment the authority to enact regulations regarding immunization for school entry. KPHA supports the continuation of this policy and, therefore, asks that rather than acting on **HB 2041** a statement be issued directing the secretary to comply with national recommendations and use his regulatory authority to require immunization against hepatitis B for school entry (Attachment 3).

Josie Torrez, Kansas Council on Development Disabilities, Partners in Policymaking, Coordinator, testified stating they would like to see language added to this bill that parents are informed of the option to give the MMR immunization in three separate vaccinations. The MMR vaccination is given between the age of 15-18 months. Many children are diagnosed with autism at around this same age period. If the MMR can be offered split up, parents perceptions that the MMR immunization "caused" their child's autism would be eliminated (Attachment

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Terri Roberts, Executive Director, Kansas State Nurses Association, testified as a proponent of **HB 2041**, stating they supported a Hepatitis B school entry requirements to add the Hepatitis B immunization (Attachment 5).

Shari Sauer, Sterling, testified that her 2 sons have autism. No one knows what causes autism, however there is concern with the dramatic rise in the incidence rate that closely parallels the increase in vaccinations, particularly the MMR. Although a cause and effect relationship has not yet been established by scientific evidence, the current trend suggests research is imperative. Would ask your consideration to include in this bill or write a separate bill that would require health care providers to disclose the potential risks associated with the MMR, and give parents the needed information about immunizations to make an informed decision. Some evidence suggests that a schedule of breaking up the MMR into three separate immunizations may benefit some children who's immune systems cannot handle all of the shots at once (Attachment 6).

Written testimony only on **HB 2041** by Cindy Burbach, RN (Attachment 7) and Chris Collins, Kansas Medical Society (Attachment 8).

The Chairperson closed the hearing on **HB 2041** and stated would open at a later time for questions

The Chairperson opened the hearing on **HB 2059 - Renal Assistance Program**.

Dr. Bill Wolff, Legislative Research Department, stated the Health Care Reform Legislative Oversight Committee concluded and recommended the enactment of a bill directing the Executive Vice Chancellor of the University of Kansas School of Medicine, with necessary support staff, to establish a program for the care and treatment of persons suffering from chronic renal disease who require lifesaving medications and transportation to treatment for renal disease. The Executive Vice Chancellor is to develop standards for determining eligibility of persons under the program, and may adopt rules and regulations necessary to properly administer and enforce the provisions of this act.

Further, the Committee found that a program to assist patients with the costs of medications and transportation to treatment for renal disease is worthy of state financial support and recommended the Legislature provide funding for such a program (Attachment 9).

Stan Newby, a proponent for **HB 2059** testified he received a kidney and pancreas transplant in 1995 after being a diabetic and on dialysis for renal failure. Medications for transplants are very expensive and believe this aid is of vital importance (Attachment 10).

Randy Williams, Chief Executive Officer, National Kidney Foundation of Kansas and Western Missouri, testified in support of **HB 2059**, stating that kidney disease ranked 8th as a cause of death in Kansas (Attachment 11).

Trish Pooley, testified in support of **HB 2059**, testified that transportation and medications are very expensive for renal disease patients and funding is necessary for these patients as they should not have to drastically lower their standard of living to pay for treatment (Attachment 12).

Marlin Rein, University of Kansas, testified stating the bill would direct the University of Kansas Medical Center to establish a program for the care and treatment of persons suffering from chronic renal disease who require lifesaving medications and transportation to treatment. The Executive Vice Chancellor of the institution would be authorised to appoint needed support staff to assist in the administration of the act and to develop standards for determining eligibility for care and treatment under the program. Finally, the legislation establishes within the State Treasury a renal disease fund. The University would be authorized to accept monies from any source to be credited to this fund to defray the costs of the program. While the act does not specify the source of those monies, one might presume that the state would be a source for at least a portion of the funding.

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The University is going to be supportive of any initiative that extends quality healthcare to Kansans. Whether the University is the appropriate agency to be charged with administering the program envisioned by this bill is another issue ([Attachment 13](#)).

Written Testimony only: Stan Langhofer, Administrator, Kansas Dialysis Service ([Attachment 14](#)), Beth Whitten, MSW, Life Options Rehabilitation Programs, Missouri Kidney Program ([Attachment 15](#)), Ronald R. Hein, National Kidney Foundation of Kansas and Western Kansas ([Attachment 16](#)), Scott Solcher, MD, FACP, Wendy Funk Schrag, LMSW ([Attachment 17](#)), Robert Whitlock, Executive Director, Missouri Kidney Program ([Attachment 18](#)).

The meeting adjourned at 3:00 p.m. The next meeting will be January 31.