

Approved: 4-28-93
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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Joann Flower at 5:09 p.m. on April 1, 1993 in Room 423-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Sue Hill, Committee Secretary

Conferees appearing before the committee:
Linda Kenny, Department of Health and Environment
Robin Nichols, Wichita Public Schools
Jackie Oakes, Schools for Quality Education

Others attending: See attached list

Chairperson Flower called the meeting to order drawing attention to Committee minutes for March 31, 1993, noting, if there are corrections call the secretary by 5:00 on April 2, 1993. If there are none, the minutes will be approved as presented.

Chair expressed her thanks and thanks of members of this Committee to the secretary for her work this year and presented the secretary with a lovely card and a gift certificate for dinner at Giorgio's. Sue Hill, Committee secretary expressed her SINCERE THANKS for this expression of appreciation from members of the PH&W Committee.

Note: Sue has a very high regard for members, their interest, their caring, and their kindnesses towards the secretary. She thanks each member for the unique gift and will think of each of them as she and her husband enjoy dinner together at Giorgio's.

Chair drew attention to the agenda, i.e., newly printed HB 2546, and requested a staff briefing.

Ms. Correll distributed (Attachment No. 1), Health Assessment Form for Compliance (Health Assessment at School Entry). She noted, use of this form has been adopted by the Secretary of Department of Health and Environment, and is currently being used. She detailed HB 2546, drawing attention to amendatory language on page 1, (b), to change the date from 1993 to 1994. She detailed other sections of the bill, i.e., the completion of this assessment form is required, or a written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such assessments, or a written statement signed by one parent or guardian that such assessments are in the process of being received and will be completed within 90 days after admission to school. She noted two problems that have arisen within the last 2 weeks. Concerns have been expressed in regard to lead screening, i.e., the fiscal impact at the state level; the financial ability of local health departments to conduct the screenings. There have also been concerns expressed that the Attorney for the State Department of Education had called attention to the fact that as the law reads, any school authorized to operate a school lunch program is also authorized to provide free screenings for any child eligible for the lunch program to receive a free assessment from the local health departments. The fiscal impact from this was not anticipated.

Ms. Correll noted, there have been alternatives proposed, i.e., to allow the Secretary of Department of Health and Environment (by rules and regulations) to determine what is required in health assessment. She noted the definition of "health assessment" that appears in the law is a verbatim adoption by the Senate Public Health and Welfare Committee of language recommended by Joyce Markendorf last year on March 16, 1992, in the Committee meeting of the Senate Public Health and Welfare to add to the law, this definition of health assessment. She stated, the adoption of that verbatim language seems to be part of the problems just detailed.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S
Statehouse, at 1:30 p.m. on April 1, 1993.

A draft of HB 2546 was provided for members. (See Attachment No. 3).

Linda Kenny, Director of Children and Family Section, Bureau of Family Health Department of Health and Environment, offered hand out, (Attachment No. 2, Most commonly asked questions regarding the assessment, Attachment No. 2-A, Preventing Lead Poisoning in Young Children.) She detailed rationale on why Joyce Markendorf of the Department had recommended the specific components of the assessment relating to HB 2546.

At this time, the Chair stated the Committee was not planning to debate the merit of the bill, but planned only to vote to delay the date of implementation in order to work out some of the problems and concerns. Ms. Kenny stated, the Department of Health and Environment could support that action.

Robin Nichols, Wichita Public Schools, stated she had been informed only one hour ago of this legislation by Dr. Cindy Burbach, Coordinator of Health Services, Wichita Public Schools. She stated schools had been tirelessly working to meet the July 1, 1993 deadline. It is apparent this deadline cannot be met, so the School Districts are pleased for the amendment to delay the deadline date for one year in order to provide time for hearings on these issues related to prescreening, communication, and assessment forms. A major concern of the schools and Dr. Burbach is that the immunization programs (already in progress) will not be affected with delays in any manner. She answered questions.

Jackie Oakes, Schools for Quality Education spoke in support of HB 2546 noted concerns by the small schools in respect to costs. She drew attention to the preassessment form that is used for ages 5-16 years of age, which would not make all questions applicable to all students in those age groups. She noted concern also the school nurses have been authorized to use discretion in the use of the assessment, but in some cases, this is not being done. She noted she had known of issuance of this new bill for 5 minutes, prior to today's meeting.

At this point, Chair opened the meeting for questions of Conferees by members.

Numerous questions were asked. It was noted the Joint Committee for Health Care Decisions for the 90s discussed this matter on Tuesday, March 30th. This issue of preassessments will be on the agenda of things the Joint Committee will look at this summer.

Ms. Kelly was asked numerous questions. Rationale for delaying the implementation date in HB 2546 was given, i.e., she drew attention to the data sheet on questions most frequently asked. She stated the program had been dropped from the federal regulations.

High costs for the lead testing is a very key factor she stated. There are currently only two labs in the state that can conduct the blood lead test and it is very costly. The Department has suggested a verbal risk assessment until more labs are available. Statistics were given on those children with lead poisoning; these programs regarding assessments are an educational process for the parents; she was not aware of the concern stated by the Attorney for the Department of Education in respect to all those eligible for free assessments. The capability of the state laboratories just isn't adequate at the current time.

There was a lengthy discussion in regard to statistics on the number of children at risk to lead poisoning; numbers on those percentages found positive. It was noted there are counties that have worked out various ways to provide screening.

The Wichita Health Department has done the most screening for lead poisoning.

At this time the Chair stated she would entertain a Committee action on HB 2546.

Rep. Neufeld moved to report HB 2546 favorably out of Committee, seconded by Rep. Mayans. A short discussion took place. Vote taken. Motion carried.

Chair adjourned the meeting at 5:40 p.m.

It is unknown this date as to whether or not there will be another Committee meeting scheduled.

**HEALTH ASSESSMENT FORM FOR COMPLIANCE
WITH K.S.A. 72-5214 (Health Assessment at School Entry)**

I hereby consent for my child, _____, to receive a health assessment screening. I understand that this screening includes: hearing, vision, dental, lead, urinalysis, hemoglobin/hematocrit, nutrition, developmental, health history, and a complete physical examination.

If the HEALTH ASSESSMENT FOR CHILDREN AND YOUTH form is used for school entry, a copy should accompany the student to school.

Parent/guardian

Date

Do not write below this line

I certify that _____ has completed the health assessment screening
Child's name
required by Kansas law.

Health Care Provider

Date

Complete and detach this section only if parent refuses to sign consent on Health Assessment form for Children and Youth.

ppw
4-1-93
Attn #1
pg 1 of 3

HEALTH ASSESSMENT FOR CHILDREN AND YOUTH

In order to better serve the health needs of my child, I hereby give my permission for the transfer of health screening records to school and other appropriate health professionals.

Date _____

Birthdate: _____ Male/Female: _____
City: _____ Zip: _____
Phone: Work: _____ Home: _____
Phone: Work: _____ Home: _____
Type of family housing: _____
Date of last examination: _____
Date of last examination: _____
Date of last examination: _____
Community Services: _____

NA = Not applicable

- [illegible]

NA = Not applicable

- | | | | | | | | | | |
|--------------------|-----|------------------|-----|-----------|-----|---------------|-----|--------------------|-----|
| Headache | ___ | Convulsions | ___ | Diabetics | ___ | Eczemas | ___ | Back/spine/ | |
| Cold/sore throat | ___ | Rheumatic fever | ___ | Genitalia | ___ | Oral/dental | ___ | extremity problems | ___ |
| Heart/lung disease | ___ | Allergics/asthma | ___ | Digestive | ___ | Urinary/bowel | ___ | Other | ___ |

List present concerns of child/parent/guardian:

[illegible]

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4-1-93
Attn #1
pg 2 of 3

CAL EXAMINATION: To be completed by health care provider approved to perform health assessments.

Height _____	Weight _____	Hgb or Hct _____
Pulse _____	Blood Pressure _____	Lead _____
Urinalysis _____	Sickle Cell _____	Other _____
Tuberculosis _____	Head Circumference _____	

Code Each Item as Follows: 0 = No significant findings 1 = Significant findings	Code	Description of Findings
General Appearance Integument Head - Neck EENT Oral - Dental Thorax Breasts Cardiovascular Abdomen Musculoskeletal Genitourinary Neurological		

SCREENING

1. Nutritional Evaluation (all ages - each screen) (✓ if applicable)

Nutrition/WIC Questionnaires available from (913) 296-0092.

☐ Enrolled in WIC☐ Receiving Vitamin Supplement with iron☐ Without iron☐ Fluoride Supplement

Food intake review. Results:

milk/milk products (breastfed/type of formula) _____

fruit/vegetables _____

meat, beans, eggs _____

breads, cereals _____

2. Development: Type of screen _____	Results _____	
3. Speech: Type of screen _____	Results _____	
4. Hearing: Type of screen _____	Results _____	Date of last screen _____
5. Vision: Type of screen _____	Results _____	Date of last screen _____

Significant Assessment Findings:Anticipatory Guidance: (circle those discussed)

- | | |
|--------------------|----------------|
| 1. Safety/poisons | 8. Lifestyle |
| 2. Nutrition | 9. Development |
| 3. Parenting | 10. Behavior |
| 4. Family Planning | 11. Sexuality |
| 5. Discipline | 12. Dental |
| 6. Immunizations | 13. Other |
| 7. Hygiene | |

Comments:Recommendations: (include referrals)Follow Up:

Additional Information may be attached

Date _____

Signature of Licensed Physician or Nurse approved to perform health assessments.

COMMONLY ASKED QUESTIONS RE:

Child Health Assessment at School Entry
HB 2695, 1992 Legislative Session

Q1: What are the required laboratory tests?

The bill requires hemoglobin/hematocrit, urinalysis, lead screening. For lead screening, a verbal assessment is adequate (see attached guidance).

Q2: Which developmental screening test is required?

No specific developmental test is prescribed under this bill. You may use your own judgment as a provider in determining the best test. Many school districts do this screening at either kindergarten roundups or child find clinics.

Q3: Do we need to do hearing and vision screening for all children?

These are required to be provided by the school district. We suggest that you use school personnel as part of the screening team and rely on their expertise to provide this service. Many school districts do screenings at either kindergarten roundups or child find clinics.

Q4: Where do families go if they cannot afford the health assessment?

When the family is under 185% of the federal poverty guidelines and the health department does not provide the service, the family is exempt from the requirement due to lack of access to a provider. Families over 185% of the federal poverty guidelines are encouraged to go to their private physicians.

Q5: What happens when a health department is unable to provide the service?

Communities are encouraged to work together in providing access for families. For example, providing community screening efforts.

Q6: Can a school exclude a child that has not had the health assessment?

This is up to the local school district, through policy, as to whether to exclude the child who has not had an assessment within 90 calendar days of school entry.

Q7: Is it true that this assessment will cost me \$300 if I go to a private physician?

This assessment is the same required by the Medicaid program, Kan-Be-Healthy. Medicaid reimburses local physicians \$60 for a Kan-Be-Healthy screen. Local health departments have estimated their cost to screen at about \$70 per child. We have no indication that physicians will be charging at the higher rate.

PH/ell
4-1-93
Attn #2

Q8: Does this bill only require health assessments for kindergartners?

In addition to kindergartners, preschoolers who are part of the public school system would require the health assessment. Children in higher grade levels would also require the screen but only if they are new to the Kansas school system.

Q9: Must children who are attending private/parochial school obtain health assessments?

Yes.

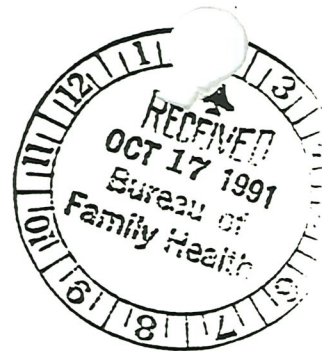
Q10: Are we required to use the child health assessment form issued by the Kansas Department of Health and Environment?

No, it is optional. These may be ordered by phoning 913-296-1215.

KDHE:BFH
3-31-93

DHW
4-1-93
Attn #2
Pg. 2 of 4

Preventing Lead Poisoning in Young Children



A STATEMENT BY THE CENTERS FOR DISEASE CONTROL — OCTOBER 1991

William L. Roper, M.D., M.P.H., *Director*

National Center for Environmental Health and Injury Control

Vernon N. Houk, M.D., Director

Division of Environmental Hazards and Health Effects

Henry Falk, M.D., Director

Lead Poisoning Prevention Branch

Sue Binder, M.D., Chief

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control

P. HAW.
Attn # 2:
4-1-93
3 of 4

VERBAL RISK ASSESSMENT

Table 6-2. Assessing the risk of high-dose exposure to lead—sample questionnaire

Does your child—

1. Live in or regularly visit a house with peeling or chipping paint built before 1960? This could include a day care center, preschool, the home of a babysitter or a relative, etc.
2. Live in or regularly visit a house built before 1960 with recent, ongoing, or planned renovation or remodeling?
3. Have a brother or sister, housemate, or playmate being followed or treated for lead poisoning (that is, blood lead $\geq 15 \mu\text{g/dL}$)?
4. Live with an adult whose job or hobby involves exposure to lead (see Chapter 3)?
5. Live near an active lead smelter, battery recycling plant, or other industry likely to release lead?

Using Questionnaire Results

If answers to the questionnaire indicate that the child is not at high risk for high-dose lead exposure, the child should be screened at 12 months of age, and, if resources allow, at 24 months of age.

If answers to the questionnaire indicate that the child is at risk for high-dose lead exposure, the child should be screened starting at 6 months of age.

For children previously at low risk, any history suggesting that exposure to lead has increased should be followed up with a blood lead test.

On the basis of responses to questions such as those in Table 6-2, children can be categorized as low or high risk for high-dose lead exposure. If the answers to all questions are negative, the child is at low risk for high-dose lead exposure and should be screened by a blood lead test at 12 months and again, if possible, at 24 months (since blood lead levels often peak at ages greater than 12 months). If the answer to any question is positive, the child is potentially at high risk for high-dose lead exposure, and a blood lead test should be obtained. **For children previously at low risk, any history suggesting that exposure to lead has increased should be followed up with a blood lead test.**

Example: A pediatrician in southern California almost exclusively serves communities built after 1988. She is aware, however, that some of her patients' families store juice and punch in pottery imported from Mexico. In her guidance to parents, she warns them that lead can leach from improperly fired pottery. At every routine visit, she asks parents about the use of this pottery and screens any children whose parents use this pottery. In her anticipatory guidance and assessment of her patients' risks of lead poisoning, she emphasizes sources of exposure that are common in the community she serves.

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Attch # 2
pg 4 of 4
4-1-93

HOUSE BILL NO. 2546

By Committee on Appropriations

AN ACT concerning health assessments of school pupils; amending K.S.A. 72-5214 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 72-5214 is hereby amended to read as follows: 72-5214. (a) As used in this section:

(1) "School board" means the board of education of a school district and the governing authority of any nonpublic school;

(2) "school" means all elementary, junior high, or high schools within the state;

(3) "local health department" means any county or joint board of health having jurisdiction over the place where any pupil affected by this section may reside;

(4) "secretary" means the secretary of health and environment;

(5) "physician" means a person licensed to practice medicine and surgery;

(6) "nurse" means a person licensed to practice professional nursing;

(7) "health assessment" means a basic screening for hearing, vision, dental, lead, urinalysis, hemoglobin/hematocrit, nutrition, developmental, health history and complete physical examination.

(b) Subject to the provisions of subsection (d) and subsection (g), on and after July 1, ~~1993~~ 1994, every pupil who has not previously enrolled in any school in this state, prior to admission to and attendance in school, shall present to the appropriate school board the results of a health assessment, recorded on a form provided by the secretary, which assessment shall have been conducted within six months before admission by a nurse or health care provider other than a physician approved by the secretary to perform health assessments or by a physician.

PKW
7-1-93
Alm #3

In approving health care providers other than physicians to conduct health assessments, the secretary shall not approve such providers individually but shall approve such providers by credentialed group. Information contained in the health assessment shall be confidential and shall not be disclosed or made public beyond that necessary under this section except that: (1) Information contained in the health assessment may be disclosed to school board personnel but only to the extent necessary to administer this section and protect the health of the pupil; (2) if a medical emergency exists, the information contained in the health assessment may be disclosed to medical personnel to the extent necessary to protect the health of the pupil; (3) if the parent or guardian of a pupil under 18 years of age consents to the disclosure of the information contained in the health assessment or, if the pupil is 18 years of age or older, if the pupil consents to the disclosure of the information; and (4) if no person can be identified in the information to be disclosed and the disclosure is for statistical purposes.

(c) As an alternative to the health assessment required under subsection (b), a pupil shall present:

(1) A written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such assessments, or

(2) a written statement signed by one parent or guardian that such assessments are in the process of being received and will be completed within 90 days after admission to school.

(d) Every pupil enrolling or enrolled in any school in this state who is subject to the requirements of subsection (b) and who has not complied with the requirements of subsections (b) or (c), shall present evidence of compliance with either subsection (b) or (c) to the school board upon admission to school.

(e) Prior to the commencement of each school year, the school board of every school affected by this section shall give to all known pupils who are enrolled or who will be enrolling in the school and who are subject to the requirements of subsection

PHW 4-1-93
Hm #3
pg. 2 of 4

(b), a copy of this section and any policy regarding the implementation of the provisions of this section adopted by the school board.

(f) If a pupil transfers from one school to another, the school board of the school from which the pupil transfers shall forward with the pupil's transcript, upon request of the parent or guardian of the pupil therefor, the certification or statement showing evidence of compliance with the requirements of this section to the school board of the school to which the pupil transfers.

(g) The local health department, upon application of the school board of any school affected by this section, at federal, state, county, municipal, local health department or school district, or any combination thereof, expense (to the extent that funds are available for this purpose) and without delay, shall provide the health assessments required by this section to such pupils as are not provided with them by their parents or guardians and who have not been exempted under subsection (c). Local health departments may charge a fee for providing such health assessments based on ability to pay except that no pupil eligible to participate in the school lunch program under K.S.A. ~~75-5112~~ 72-5112 et seq., and amendments thereto, shall be charged a fee by the local health department for a health assessment required by this section. If no funds are available for the local health department to provide a health assessment to a pupil unable to pay for the health assessment, the local health department shall certify to the school board that insufficient funds are available for the local health department to provide the health assessment for such pupil. Upon receipt of such certification by the local school board, such pupil shall be exempt from the requirements of subsection (b). The local health officer shall counsel and advise school boards concerning the administration of this section.

(h) The secretary shall prescribe the content of forms and certificates to be used by the school boards in carrying out this section and shall provide, without cost to the school boards,

PHN 4-1-93
Jm+13
pg. 3 of 4

sufficient copies of this section for distribution to pupils. The secretary may adopt such rules and regulations as are necessary to carry out the provisions of this section.

(i) The school board of every school affected by this section may exclude from school attendance, or by policy adopted by any such school board authorize any certificated employee or committee of certificated employees to exclude from school attendance, any pupil who is subject to and who has not complied with the requirements of subsection (b) or (c). A pupil shall be subject to exclusion from school attendance under this section until such time as the pupil shall have complied with the requirements of subsection (b) or (c). The policy shall include provisions for written notice to be given to the parent or guardian of the involved pupil. The notice shall indicate the reason for the exclusion from school attendance, state that the pupil shall continue to be excluded until the pupil has complied with the requirements of subsection (b) or (c) and inform the parent or guardian that a hearing thereon shall be afforded the parent or guardian upon request for a hearing.

(j) The provisions of K.S.A. 72-1111 and amendments thereto do not apply to any pupil while subject to exclusion from school attendance under the provisions of this section.

Sec. 2. K.S.A. 72-5214 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the Kansas register.

PHW
4-1-93
Alm #3
Pg 4 of 4