

Approved: 1-28-93  
Date

## MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 14, 1993 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: William Wolff, Legislative Research Department  
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

The Chair announced that Dr. Robert Harder, Secretary, Kansas Department of Health and Environment, who was scheduled to present an overview of the Department's programs and issues to the Committee, was ill, however, his prepared report was distributed to the Committee for review. (Attachment 1) The Chair called the Committee's attention to the goals, programs and budget of the Department as outlined in Dr. Harder's report.

The Chair announced the agenda for the upcoming week and what procedure will be used following introduction of bills.

The meeting was adjourned at 10:20 A.M.

The next meeting is scheduled for January 19, 1993.

**Kansas Department of Health and Environment**



**Senate Public Health and Welfare Committee**

**Robert C. Harder, Secretary  
January 14, 1993**

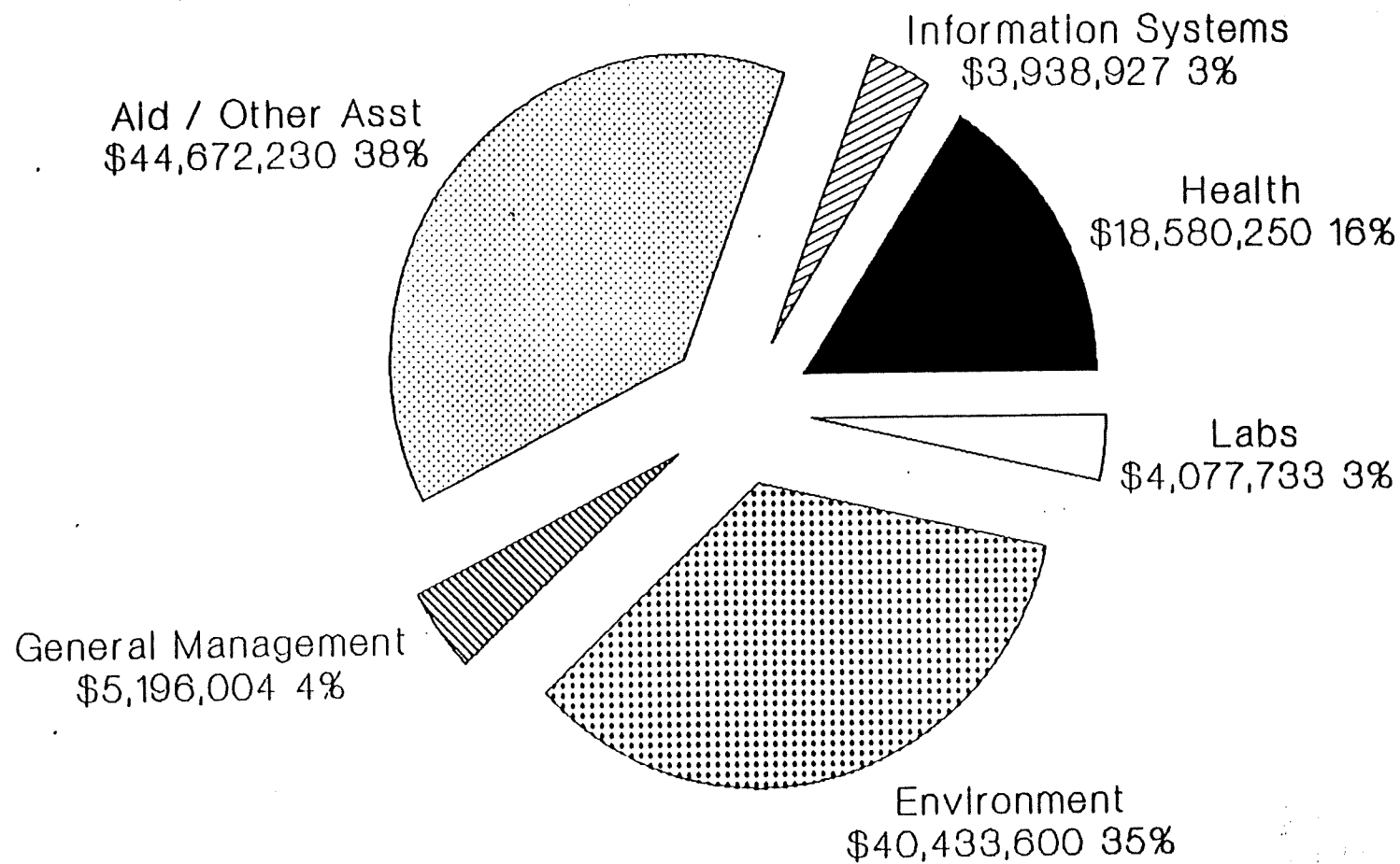
*Senate PHEW  
attachment #1  
1-14-93*

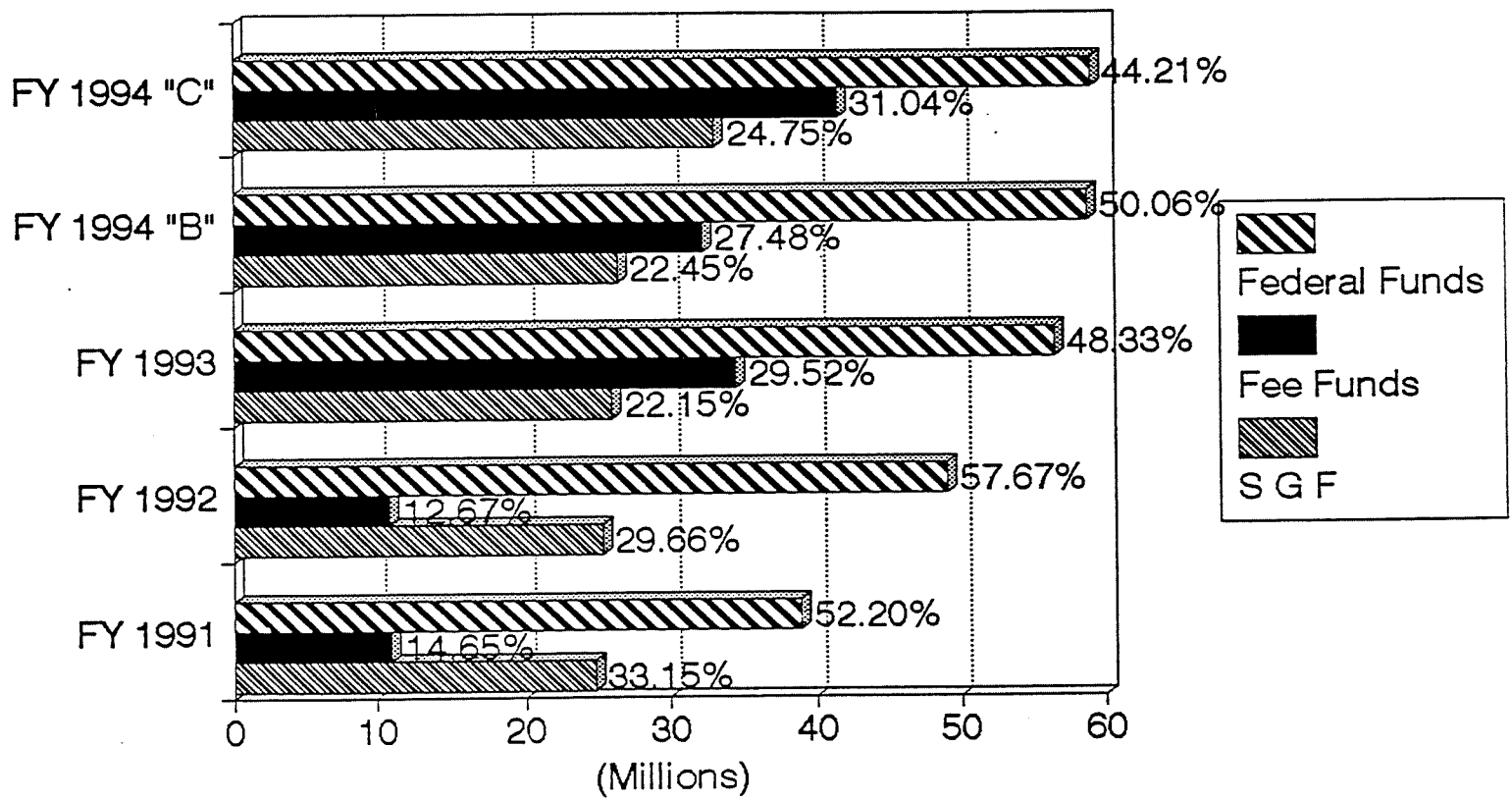
**1) A Brief Overview of KDHE Budget Request for FY 1994**

**January 14, 1993**

# FY 93 K D H E

## Expenditures by Major Programs





## KS Dept of Health and Environment Funding Sources

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
AGENCY SUMMARY OF FISCAL YEAR EXPENDITURES

<u>Financing</u>	<u>FY 1991 Actuals</u>	<u>FY 1992 Actuals</u>	<u>FY 1993 Approved</u>
S G F	\$24,754,810	\$25,259,401	\$25,893,398
State Fees	10,939,390	10,791,131	34,511,319
Federal	38,977,026	49,115,876	56,494,029
<b>TOTAL</b>	<b>\$74,671,226</b>	<b>\$85,166,408</b>	<b>\$116,898,746</b>

Salaries	23,352,816	25,403,777	29,344,527
O O E	19,049,046	20,684,397	44,094,303
Aid to Locals	14,010,486	17,632,581	20,139,916
Other Assistance	18,259,167	21,445,653	23,320,000

F T E Positions	723.2	732.5	761.0
Special Project Positions	35	56	114 *

\* includes the 41 Special Projects Workers approved by  
the 1992 Legislature for the Public Drinking Water Project

- 2) What, As A Department Secretary, Would You Like To Emphasize And How Would You Like To Accomplish Those Goals?**
- a) To make KDHE even more responsive and more user friendly to its customers, the citizens of Kansas. This will be accomplished through leadership, example and training.**
  - b) By 1995, to have every child, ages 0-2, appropriately immunized. To accomplish this goal, the Department is serving as the lead agency to carry out a massive immunization program over the next two (2) years.**
  - c) To have KDHE viewed as a Leader in the fields of health and environment. To accomplish this goal, the Department staff will be encouraged to be expert in their fields of responsibility and then advocate for those issues.**
  - d) To provide leadership as it relates to combining health, social services and education to be provided at one location. This goal will be accomplished by staff working closely with the Kansas Commission on Children, Youth and Families, the Corporation for Change, and local communities to provide technical assistance and support as it is appropriate.**
  - e) To expand the public's concern and interest in relation to healthy lifestyles. To accomplish this goal, the KDHE will actively promote public education to this end.**
  - f) To ensure appropriate water and air quality and the management of those resources over time. This goal will be accomplished by the staff being actively engaged in the promoting of these issues.**
  - g) To ensure adequate, professionally trained staff to carry out the work of KDHE. This goal will be accomplished through continuous work with the Governor and the Legislature.**

**January 14, 1993**

**3) Where Are Your Programs the Most Effective?**

- a) **Prevention:**      **Immunization; air and water quality control; Healthy Start; licensing**
- b) **Health Promotion:**      **Healthy lifestyles; no smoking campaigns; media campaigns**
- c) **Environment Control:**      **Permit granting; waste management; interaction with other agencies**

**PRIORITY FUNDING**

**Health**

- 1) **Immunization - \$2.9 million per KDHE request**
- 2) **Physician Salaries - \$81,971**
- 3) **Health Promotion      -      % Increase over FY 93**
  - Office of Government and Community Relations- +2.3%**
  - Division of Health, Director      - +4.4%**

**Environment**

- 1) **Clean Air Act**
- 2) **Surface Mining SGF Support**
- 3) **Water Plan money continues FY 93 funding levels:**
  - \$1.37 million for Local Environment Protection Grant Program (LEPP)**
  - \$150,000 for Kansas Rural Water Association**
  - \$150,000 for Hazardous Waste Collections Grants**

**January 14, 1993**



**4) What Does the Public Expect From Your Agency And How Are You Proposing To Improve Your Services During the Next Budget Year?**

**Expectations:**

- a) To promote and enhance safe health and a safe environment. To protect the public from abusive behaviors, questionable practices, and promote good health practices
- b) To ensure disease control and to promote safety
- c) To capture the imagination of the general public in regard to health and environment issues.

**Strategies: (Not in priority order)**

- a) KDHE Open Meetings
- b) Internal and external review committees
- c) Secretary's Forums
- d) User friendly
- e) Training
- f) Example
- g) Openness
- h) Risk-taking
- i) Collaboration, internal and external

**January 14, 1993**

# Bee Wise Immunize.



*Each Little Sting Stops Many Bad Things.*

## IMMUNIZATION FACT SHEET

- ★ Immunizations are among the most vital and cost-effective medical interventions available.
- ★ Before the measles vaccine received approval in 1963, an average of over 500,000 cases were reported each year. Measles also killed 400-500 people annually.
- ★ The nation has had a resurgence in measles beginning in 1989. Between 1989 and 1991, some 55,000 cases of measles and more than 150 deaths were reported. Nearly half of the cases occurred in preschool children, most of whom were not vaccinated.
- ★ Minority children living in urban areas face a 4 to 9 times greater risk of measles than white children of the same age.
- ★ The biggest cause of the measles epidemic is not failure of the vaccine to protect, but failure to get the vaccine to the most susceptible children at an early enough age.
- ★ The Kansas Department of Health and Environment immunization goal is to have 100% of all Kansas children fully vaccinated by 2 years of age.
- ★ The immunization level among young children is about 51%, leaving thousands of children not vaccinated.
- ★ All 50 states and the District of Columbia have immunization laws or requirements for school children and for children attending day care centers.
- ★ Every dollar spent on early childhood immunization saves \$10.00 in later medical costs.

# PERCENTAGE BREAKDOWN OF KANSAS POPULATION BY COUNTY

## BIRTH - 2 YEARS\*

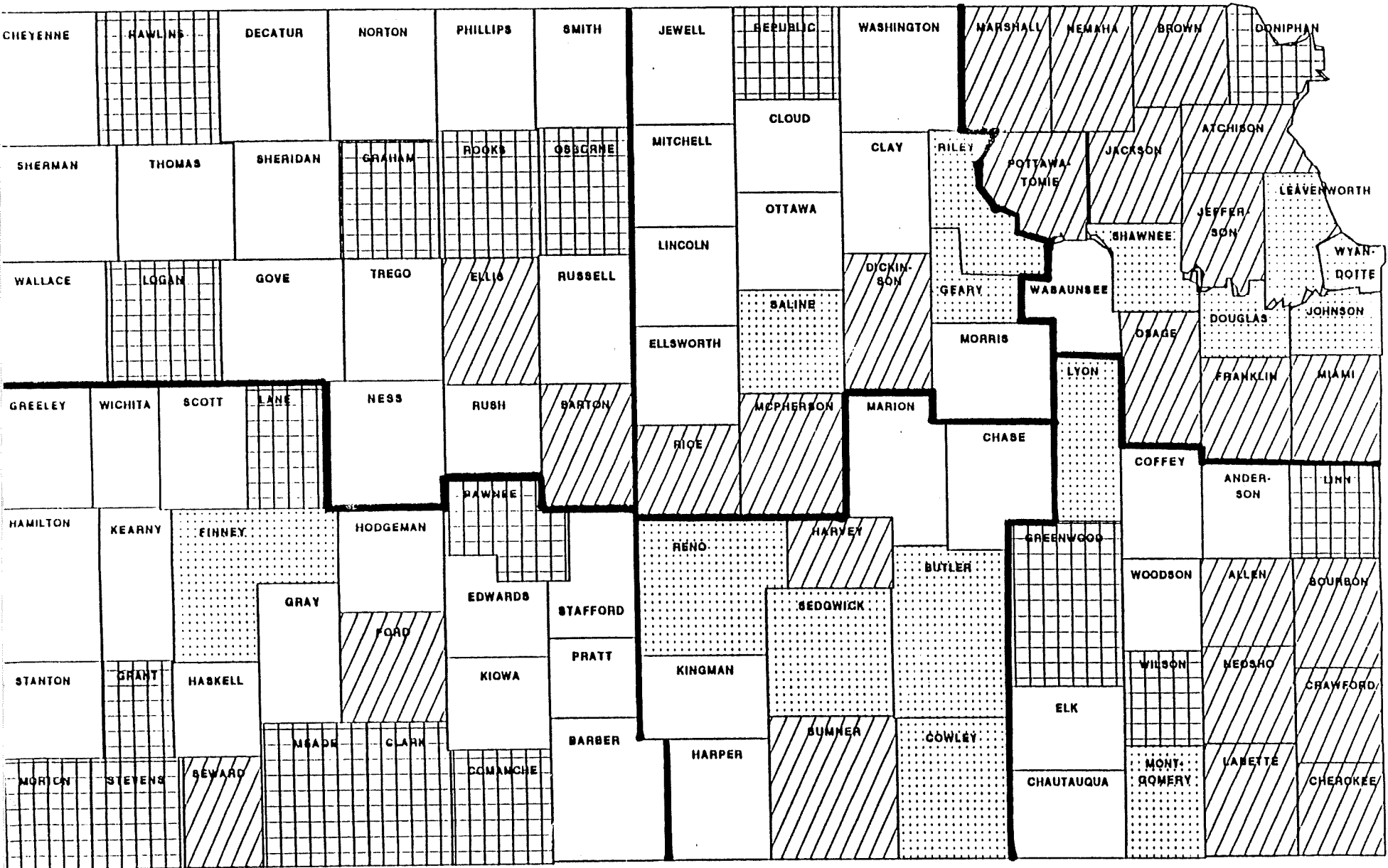
COUNTY	0-2 YR	TOTAL	%	COUNTY	0-2 YR	TOTAL	%	COUNTY	0-2 YR	TOTAL	%
Sedgwick	20,663			Jackson	489			Haskell	204		
Johnson	16,664			Nemaha	476			Ottawa	198		
Wyandotte	8,026			Marshall	470			Kearny	198		
Shawnee	6,923			Brown	467			Norton	196		
Douglas	3,142	55,418	49.82%	Rice	430	97,811	87.92%	Osborne	187	107,533	96.60%
Riley	3,059			Marion	427			Chautauqua	169		
Leavenworth	2,599			Cloud	390			Decatur	163		
Reno	2,488			Wilson	381			Meade	161		
Butler	2,169			Grant	372			Jewell	157		
Geary	2,161	67,894	61.03%	Thomas	364	99,745	89.66%	Morton	155	108,338	97.35%
Saline	2,115			Clay	354			Smith	146		
Finney	2,082			Pratt	350			Kiowa	144		
Montgomery	1,591			Kingman	347			Wichita	143		
Lyon	1,550			Sherman	322			Gove	132		
Cowley	1,534	76,766	69.01%	Coffey	316	101,434	91.18%	Woodson	131	109,034	98.00%
Ford	1,480			Anderson	308			Sheridan	131		
Barton	1,287			Linn	303			Graham	128		
Crawford	1,277			Doniphan	279			Stanton	128		
Harvey	1,212			Greenwood	276			Lincoln	127		
Sumner	1,154	83,176	74.77%	Phillips	269	102,869	92.47%	Trego	126	109,674	98.59%
Mcpherson	1,128			Mitchell	269			Rawlins	125		
Franklin	1,056			Harper	265			Ness	122		
Labette	1,001			Rooks	264			Edwards	121		
Seward	989			Washington	258			Rush	119		
Miami	972	88,322	79.39%	Pawnee	257	104,182	93.65%	Logan	119	110,280	99.11%
Ellis	972			Gray	256			Chase	117		
Cherokee	819			Russell	249			Elk	115		
Pottawatomie	766			Stevens	246			Cheyenne	107		
Dickinson	728			Scott	240			Hodgeman	100		
Atchison	700	92,307	82.98%	Barber	238	105,411	94.76%	Hamilton	97	110,816	99.11%
Neosho	683			Wabaunsee	237			Lane	92		
Bourbon	665			Morris	236			Wallace	90		
Jefferson	627			Republic	225			Comanche	89		
Osage	601			Stafford	224			Greeley	84		
Allen	596	95,479	85.83%	Ellsworth	217	106,550	95.78%	Clark	74	111,245	100.00%

There are a total of 111,245 children age birth to 2 years of age in the state of Kansas. The anticipated number of children who are not immunized at this time is estimated to be 49 %, or 54,510 children

# OPERATION IMMUNIZE

POPULATION: 0-2 YEARS OLD IS 111,245

54,510 CHILDREN 0-2 YEARS OLD ARE NOT APPROPRIATELY IMMUNIZED



- TARGET I. 69% Population
- TARGET III. 40% or less Immunization compliance
- TARGET II. Additional 19% Population
- TARGET IV. Remaining counties

# IMMUNIZATION 2 YEAR OLD KID RECORDS

## School Year 1990/91 - Kindergarten Records

(Extracted from Kansas Certificate's of Immunization (KCI's))

CHEYENNE	PAWLINS	DECATUR	HORTON	PHILLIPS	SMITH	JEWELL	REPUBLIC	WASHINGTON	MARSHALL	NEMAHA	BROWN	DOUGLASS
57	39	42	45	47	67	79	42	57	66	60	53	37
SHERMAN	THOMAS	SHERIDAN	GRAHAM	ROOKS	OSBORNE	MITCHELL	CLOUD	CLAY	RILEY	POTTAWA-TOMIE	JACKSON	ATCHISON
43	52	68	34	40	39	50	36	55	57	55	68	37
WALLACE	LOGAN	GOVE	TRIGO	ELLIS	RUSSELL	LINCOLN	OTTAWA	DICKINSON	GEARY	SHAWNEE	JEFFERSON	LEAVENWORTH
91	4	60	52	68	65	79	53	57	47	58	58	51
GREELEY	WICHITA	SCOTT	LANE	NESS	RUSH	BARTON	SALINE	MORRIS	WABAUNSEE	OSAGE	DOUGLAS	JOHNSON
44	47	56	36	62	44	47	58	54	64	52	68	61
HAMILTON	KEARNY	FINNEY	HODGEMAN	PAYNEE	RICE	MCPIERSON	MCPIERSON	MANION	CHASE	LYON	FRANKLIN	MIAMI
56	61	45	60	33	56	64	58	58	49	44	43	39
STANTON	GRANT	HASKELL	GRAY	EDWARDS	STAFFORD	PENO	HARVEY	BUTLER	GREENWOOD	COFFEY	ANDERSON	LINN
62	36	53	66	49	58	58	52	48	31	51	44	34
MORTON	STEVENS	BEWARD	FORD	KIOWA	PRATT	KINGMAN	SEDGWICK	WILSON	WOODSON	ALLEN	BOURBON	CHANDLER
31	38	29	47	57	44	54	54	34	45	41	51	35
			MEADE	CLARK	BARBER	HARPER	SUMNER	COWLEY	ELK	NEOSHO	CHERRY	
				COMANCHE					47	32		
									CHAUTAUQUA	LABETTE		
									49	41		

The numbers above indicate the percentage of students who were adequately immunized by age 2.

The total number of KCI's received was 35,258 (does not include USD 259 in Sedgwick County)

(The State's overall percentage of kindergarten children adequately immunized by age 2 was 51.3%)

**STATE DEPARTMENT OF HEALTH AND ENVIRONMENT  
OFFICE OF THE SECRETARY**

**MEMORANDUM**

**DATE:** January 5, 1993  
**TO:** Interested Persons  
**FROM:** Robert C. Harder, Secretary

**IDEAS AND THOUGHTS CONCERNING CHILDREN, YOUTH AND ELDERLY VENTURES**

**Children & Youth**

- 1) There is a need to focus on getting immunizations up to date by 1995. Related to that is the necessity for some type of tracking and referral system related to immunizations.
- 2) There is a need to define a minimum medical benefit level for low income children, youth and families.
- 3) There is the necessity for looking at alternatives to institutional placement of children and youth.
- 4) Attention needs to be given to public education as it relates to teenage pregnancy
- 5) Attention needs to be given to the work necessary to assure a drug free society starting with children youth and families and following along on the family initiatives program which is underway.
- 6) Attention needs to be directed to developing models on how to deliver comprehensive services to children, youth and families through an educational setting but partnering up with health and social services as well as the private sector.
- 7) Work needs to be done in relation to the development of a statewide, comprehensive education-oriented plan for the delivery of pre-school, day care, Head Start programs to children ages 0-5.
- 8) Work needs to be done on establishing networks as it relates to day care centers, preschool programs, Head Start programs tied to kindergartens.
- 9) There needs to be the development of neighborhood workers.

- 10) A comprehensive tracking/funding mechanism to insure maximum utilization of federal dollars in all the various human services federal programs.
- 11) Attention should be given to the development of experimental models related to outcomes as demonstrated by a variety of social service interventions.

### Elderly

- 1) Experimental work needs to be encouraged as it relates to adult family foster care.
- 2) Attention needs to be directed to promoting and publicizing shared living arrangements throughout the total Kansas population.
- 3) Attention needs to be given to transportation mechanisms to enhance mobility for elderly persons.
- 4) There is a need for the exploration of a concept of time sharing for disabled and elderly persons so they can bank volunteer hours and draw on those for later times as some type of volunteer care is needed by an individual.
- 5) Work needs to be done in relation to developing alternatives to nursing home care
- 6) There needs to be public discussion about the balance between funding for programs for the elderly in contrast to programs for children, youth and families.
- 7) There needs to be public attention focused on funding issues as it relates to Social Security benefits.
- 8) Attention needs to be given to issues related to the providing of health care, especially for low income elderly.
- 9) Consideration should be given to the development of a quality of life scale as a means of determining the delivery of medical services.

1-11-93

Kansas Department of Health and Environment  
Division of Health  
Bureau of Family Health

**TEENAGE PREGNANCY PREVENTION PROGRAM**

Teenage Pregnancy Prevention Program

During the 1991 Legislative Session, HB 2531 provided for two pilot projects to reduce teen pregnancy. The legislature appropriated a total of \$100,000 (or \$50,000 for each project). The bill outlines expectations of the community projects. (See attached.) Basically, a successful South Carolina model of massive community health education is outlined in the bill. KDHE staff solicited proposals from Kansas communities with high teen pregnancy rates (the top ten). Two projects were selected: YWCA in Shawnee County; FACT in Cowley County. These were funded in the fall of 1991, so they have been in operation for about one year. In the 1992 Legislative session, another \$52,000 was appropriated for a third project. Two health risk appraisal projects for youth were discontinued which released money to fund a fourth teen pregnancy prevention project.

KDHE staff went through the same selection process as in FY 92. Two additional projects were selected in FY 93: SW Regional Prevention Center in Finney County and African American Family Preservation Project in Sedgwick County. Funding for these projects was finalized in the fall of 1992. These two new projects have less than six months operating experience.

In the fall of 1992, the Kansas Health Foundation borrowed the KDHE materials relating to the Teen Pregnancy Reduction projects. They had prioritized teen pregnancy as a health issue. They liked the way these projects were designed. They plan to fund another four local projects within the near future. KDHE staff are on the steering committee for this effort.

Aid-to-Local Agencies

SGF of \$100,000 was appropriated for two projects for FY 92. Another \$52,000 was appropriated for FY 93 for a third project. Two health risk appraisal projects for youth were discontinued which released money to fund a fourth teen pregnancy prevention project. Each of the four projects above received \$49,500 during FY 93 (the reduced funding per project due to SGF reductions/1% cut). The C Level request for FY 94 is \$100,000 to develop fifth and sixth projects.

Effectiveness

The South Carolina model is based on a massive community education campaign using the media, public forums, community/school/professional groups. Documented outcomes in South Carolina include marked reduction in the rates of teen pregnancy in rural communities over a three-to-five year period. None of our projects has been in operation for a sufficient length of time to determine effectiveness in reducing the teen pregnancy rate. County teen pregnancy rates for calendar years 1994 and 1995 will be used as the primary means of evaluating the overall effectiveness of each of the projects. Each project works with a university for evaluation design and technical assistance in completing the project evaluation. Meanwhile, it is important to stress to legislators that project outcomes will not be evident until we have Vital Statistics data for 1994 and 1995.



**COOPERATIVE AGREEMENT AMONG  
FOUR KANSAS STATE AGENCIES**

**KANSAS STATE BOARD OF EDUCATION  
KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT  
KANSAS DEPARTMENT OF INSURANCE  
KANSAS DEPARTMENT OF SOCIAL & REHABILITATION SERVICES**

**I. Purpose and Philosophy**

This Agreement among the Kansas State Board of Education (KSBE), Kansas Department of Health and Environment (KDHE), Kansas Department of Insurance (KDI), and Kansas Department of Social and Rehabilitation Services (SRS), hereinafter referred to as the state Agencies, shall assure the following:

Commitment by key state Agencies in assuring access to quality health care for all children, youth and families in Kansas;

Input by state Agencies into decision-making regarding health care reform proposals and financing initiatives with special attention to children, youth and families;

Input by state Agencies into formulating health care policy as a necessary precursor to selection of the appropriate course or method of action;

Sharing of initiatives and proposals by staff of key state Agencies to best utilize their expertise so that knowledge about existing benefits, service mechanisms and systems of care is incorporated into proposals as indicated; and

Dissemination of findings/results of the Committee at least annually to relevant parties.

**II. Authority for Agreement**

In the State of Kansas, authority and responsibility for the organization, administration and financing of health care and health education is variously distributed among a number of agencies. Key among these agencies are KSBE, KDHE, KDI, and SRS. These four state Agencies bear primary administrative responsibility for health education, public health programs, regulation of private insurance and financing of health care services for low-income and uninsured individuals.

### III. Mutual Objective and Respective Responsibilities

Each of the four state Agencies will:

- A. Maximize resources and expertise of KSBE, KDI, SRS and KDHE in developing health care reform plans especially as these relate to services for children, youth and families
- B. Ensure coordination among state Agencies in planning and implementing a system of comprehensive health care for all Kansas children, youth and families who otherwise have limited or no access to adequate health care
  - 1. Designate state Agency staff as liaison to the interagency effort to meet at least quarterly for the purpose of reviewing health care reform proposals, in this state and in other states.
  - 2. Assist in developing an annual report to the Governor and the Legislature relating to activities of the four state Agencies during the past year.

### IV. Procedure for Resolution of Disagreements

Operational disagreements which become apparent in the course of this Agreement shall be resolved by discussions between the concerned parties closest to the problem. If the problem/issue is not resolved informally, it shall be referred to and resolved by the Commissioners/Secretaries of the state Agencies or their designees. This will be done in writing and include an outline of the problem and circumstances with a request for a meeting between the Commissioners/Secretaries or designees, and will involve any other affected parties.

### V. Decision Authority

Policy decisions necessary for the implementation of this Agreement shall be developed by the parties to this Agreement. Agency staff will develop policy recommendations as needed for review and approval by Agency Commissioners/Secretaries or their designees prior to final adoption and inclusion in any report.

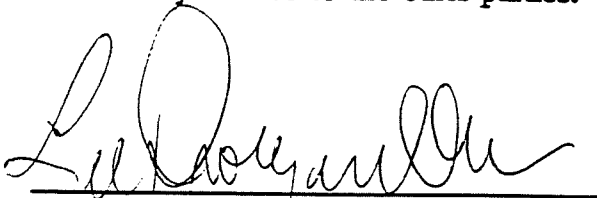
### VI. Continuous Liaison

Continuous liaison among the parties to the Agreement shall be the responsibility of the Commissioners/Secretaries or their appointed staff designees.


VII. Provision for Periodic Review of the Agreement

This Agreement shall be in effect upon signature by the Commissioners/Secretaries of the state Agencies and is continuing in nature until such time as it is terminated by any party. The Agreement shall be reviewed at least annually by the parties to said Agreement or whenever a major reorganization occurs. Such reviews shall be for the purpose of development of new agreements, modifications, clarification, or redefinition of any provision as deemed necessary. Any modification shall require review by the signing parties.


Any Agency's participation in this agreement may be terminated upon written thirty (30) -days notice to the other parties.

  
\_\_\_\_\_  
Commissioner  
Board of Education


Date \_\_\_\_\_

  
\_\_\_\_\_  
Secretary  
Department of Health & Environment

Date 12/17/92

  
\_\_\_\_\_  
Commissioner  
Department of Insurance

Date 12-17-92

  
\_\_\_\_\_  
Secretary  
Department of Social and  
Rehabilitation Services

Date 12-17-92