Approved: January 11, 1994
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Joann Flower at 1:30 p.m. on January 11, 1994, 1994 in Room 423-S of the Capitol.

All members were present except: Representative Freeborn, excused.

Committee staff present: Emalene Correll, Legislative Research Department
William Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes
Sue Hill, Committee Secretary

Conferees appearing before the committee:
Pat Johnson, Executive Administrator, Kansas Board of Nursing
Tom Hitchcock, Executive Secretary, Kansas Board of Pharmacy
Dr. Robert C. Harder, Executive Director, Kansas Department of Health/Environment
Dr. Steven R. Potsic, Director of Health, Kansas Department of Health/Environment

Others attending: See attached list

Chair called meeting to order and welcomed Committee members and visitors.

Chair drew attention to the agenda and invited those with bill requests to begin.

Pat Johnson, Kansas Board of Nursing noted that considerable time had been spent on the IV issue the last several years and more specifically the past year. She offered hand outs, (Attachment No. 1), a position statement by the Kansas State Board of Nursing on Regulation of Intravenous Fluid Therapy by Licensed Practical Nurses. This statement indicates those organizations and agencies in agreement and support of the proposed change in the Nurse Practice Act regulating licensed practical nurses and intravenous fluid therapy.

Ms. Johnson drew attention to (Attachment No.2) bill draft #1553. She detailed language of the proposal, noting the education requirements for Licensed Practical Nurses (LPNs). LPNs need to have an educational base if they are to administer intravenous fluid therapy. She noted also, there are some limitations set out in the language proposed.

Rep. Samuelson moved to introduce the bill proposed by Ms. Johnson, seconded by Rep. Scott. No discussion. Motion carried.

Ms. Johnson drew attention to (Attachment No. 3), bill draft #1730. She indicated this proposed legislation is to follow-up on a problem that arose last year regarding legitimate records for education being obtained by an appropriate, and legal accredited agency. There were problems with interpretation of the statutes from the Attorney General's office, and the Board had been unable to issue licenses to foreign graduates. The proposed language should remedy the problem. She noted further, refresher course requirements are stipulated in the language proposed.

There were no questions of Ms. Johnson.

Rep. Neufeld moved to introduce the proposed legislation , seconded by Rep. Morrison, motion carried.

Tom Hitchcock, Kansas Board of Pharmacy offered a hand-out indicating the legislation being requested by the Board. He drew attention to a written explanation sheet, (Attachment No.4) that detailed the explanation of each bill request.

Mr. Hitchcock detailed proposed language in Proposal #1444. It would impose fines upon licensees or registrants with the exception of retail dealers for violations, see (Attachment No.5). Rep. Wells moved to introduce this legislation, seconded by Rep. Bishop, motion carried.

Proposal #1445 (Attachment No. 6) would add a specific notation that in subsection (a)(3) those convictions shall include a diversion agreement as a conviction of the crime originally charged. He further detailed the proposed language. Rep. Wells made a motion to introduce this legislation, seconded by Rep. Scott, motion carried.

Proposal #1690 (Attachment No.7) would strike the words, "the face of" because of controlled substances prescription regulations, and in subsection (g) the Board would be allowed to adopt regulations to make some exceptions to the registration requirements as a nonresident pharmacy for a single prescription. He detailed language. Motion made by Rep. Samuelson to introduce this legislation, seconded by Rep. Bruns. Motion carried.

Proposal #1691 (Attachment No.8) in subsection (b) numbers (6), (9, and (13) change the maximum which MAY be charged by fees set by regulation for reciprocity, registration of distributor of nonprescription drugs and permit for retail dealer. He offered a detailed explanation. Rep. Scott moved to introduce this legislation, seconded by Rep. Bruns. Motion carried.

Chair inquired if there were others with bill requests today. There were none.

Chair then introduced Dr. Robert C. Harder, Secretary, Kansas Department of Health/Environment who would offer remarks in regard to his health proposal. This particular proposal will be going to the Senate Committee on Health and Welfare first, but Dr. Harder had agreed to come before the House Public Health and Welfare Committee today. Chair thanked Dr. Harder for his time.

Dr. Harder offered hand-out, the Department of Health and Environment Annual Report, (Attachment No. 9). His remarks offered an overview of the Kansas Department of Health and Environment (KDHE) in order to bring members of this Committee up to date with the activities of KDHE. Dr. Harder introduced Dr. Steven Potsic who would present the latter part of the program. Ms. Pam Johnson Betts was also introduced. Ms. Betts is also working on these programs. Dr. Harder then detailed numerous items detailed in the annual report, i.e., Overview; Access to Services; Disease Reporting; Chronic Disease Prevention; Environmental Enhancement; Remediation Strategy; Pollution Prevention; Enforcement Actions; Information/Communication; Laboratory Improvements; Management/Support; Training; Future Challenges.

Dr. Potsic began, offering (Attachment No.10), a position paper on Health Care Reform by the KDHE. He stated the emerging health system is shifting its emphasis from illness towards health. He highlighted ways in which prevention of illnesses and accidents can be and are being implemented. He drew attention to the Clinton proposals and the response of the KDHE to those proposals of Health Care Reform. The Department of Health and Environment advocates changes in lifestyle behaviors that are no cost/low cost and will assure health care cost containment because of lifestyle/behavioral changes. These changes are activities, i.e., no smoking, timely immunizations; wearing of seat belts; use of bike helmets; proper diet; regular exercise, to name a few. He stressed the importance of child care services, immunizations, the need for the availability of grants to assist in provisions of health care services, the proper use of information generated by the activities of the Health Care Data Governing Board. He noted the KDHE is unique in its emphasis on prevention and its regard for the health of whole communities. He drew attention to critical issues, i.e., universal access to a comprehensive benefit package, resources must be maximized while stabilizing costs. A strong emphasis on prevention and non-financial access issues in advancing the public's health. He drew attention to funding concerns. Dr. Potsic concluded by noting it is important that Health Care Reform proceed in a timely manner. He cited concerns over specifics, though important, should not be distracting tothe commitment to reinforce the right of citizens to be healthy.

Both Dr. Harder and Dr. Potsic answered numerous questions.
Chair thanked Dr. Harder and Dr. Potsic for their time and their enlightening comments.
Chair adjourned the meeting at 2:45 p.m.

The next meeting is scheduled for January 12, 1994.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE January 11, '94

NAME	ORGANIZATION	ADDRESS
Samuel Lee Betts	~~KDHS~~ ICPHE	ICPHE LSOHS
Scott Rome	WICHITA HCS	Wichita
Chris Hayes	SRS	DSCS
Angela Siebert	KAHA	Topeka
Joe Tafoya	KCA	Topeka
Margot Henderson	Bethany College	Columbia, Mo
KEITH R. LANDIS	CHRISTIAN SCIENCE COMM. ON PUBLICATION FOR KS	TOPEKA
STEVE KEARNEY	KPTA	TOPEKA
Stacey Empson	KHA	Topeka
RAY SCHER	CITIZEN - R.N	TOPEKA
Larry Putman	KFMC	Topeka
Tom Hatchcock	Bd. of Pharmacy	"
Bob Williams	KS Pharmacists Assn	Topeka
Charles Gould		LAWRENCE
STEVEN POTSIC		KDHE
BOB HARDER		KDHE
HAROLD ZUERN	KAOM	TOPEKA
Gary Robb KS	KS Optometric Assn	Topeka
Chip Wheelen	KS Med Soc.	Topeka
Karen Gaumy	KS Assn. School Boards	Topeka
Chris Wilson	KS Governmental Cons.	Topeka
Michelle Petterson	Ks Governmental Cons.	Topeka

Kansas State Board of Nursing
Statement on Regulation
of
Intravenous Fluid Therapy by Licensed Practical Nurses

Purpose

The Kansas State Board of Nursing proposes a change in the Nurse Practice Act to govern the licensed practical nurse in the practice of intravenous fluid therapy.

Background

Based on interpretation of the current Nurse Practice Act, the licensed practical nurse (L.P.N.) may perform intravenous fluid therapy under the direction of a physician or registered professional nurse (R.N.). The initiation of this new statute was prompted by the changing health care environment which includes: evolving health care practices with increased utilization of intravenous fluid therapy, and the inconsistent educational preparation and practice of the L.P.N. in intravenous fluid therapy.

In January, 1990, the Board of Nursing began a series of meetings with representatives from various nursing organizations to develop a consensus for the regulation of L.P.N. intravenous fluid therapy practice. Since then, a survey was conducted of existing intravenous therapy practice in Kansas, and intravenous therapy course guidelines were written and utilized. These activities resulted in statutory language that was introduced, but was not passed during the previous two legislative sessions.

Considerations

1. In the interest of maintaining accountability for protecting the health care consumer, statutory language and proposed rules and regulations have been prepared by the Board of Nursing to govern the practice of

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L.P.N. intravenous fluid therapy by establishing parameters for L.P.N. education and practice.

2. The intravenous fluid therapy course outline prepared in 1991 will be maintained as the basis of the proposed regulations. Standardized requirements for the L.P.N. intravenous fluid therapy course should provide consistency in educational content.
3. Minimum competency will be validated by successful completion of an examination approved by the Board.
4. Intravenous fluid therapy administered by L.P.N.'s in the expanded scope of practice will be restricted by rules and regulations.
5. The change in law will assure R.N.'s who supervise L.P.N.'s that the L.P.N. has completed a standardized course of study and met minimal competency requirements.

Conclusion

The Kansas Board of Nursing believes there is unlimited L.P.N. intravenous fluid therapy practice without standardized education. These significant changes in the Nurse Practice Act shall mandate a limited scope of practice for the L.P.N. administering intravenous fluid therapy, assure standardized educational programming, and require minimum competency, thereby protecting the public.

The following organizations and agencies are in agreement and support the proposed change in the Nurse Practice Act regulating licensed practical nurses and intravenous fluid therapy:

Kansas State Board of Nursing

Kansas State Nurses Association

Kansas Federation of Licensed Practical Nurses

Kansas Organization of Nurse Executives

Kansas Home Care Association

Kansas Health Care Association

Kansas Associate Degree Nurse Educators

Kansas Hospital Association

Kansas Department of Health and Environment

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BILL NO. ____

AN ACT concerning qualifications of licensed practical nurses to administer intravenous fluid therapy; establishing an advisory committee.

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

Section 1. (a) As used in this section:

(1) "Provider" means a person who is approved by the board to administer an examination and to offer an intravenous fluid therapy course which has been approved by the board.

(2) "Person" means an individual, organization, agency, institution or other legal entity.

(3) "Examination" means an intravenous fluid therapy competency examination approved by the board.

(b) A licensed practical nurse may perform a limited scope of intravenous fluid therapy, as defined by rules and regulations of the board, under the supervision of a registered professional nurse.

(c) A licensed practical nurse may perform an expanded scope of intravenous fluid therapy, as defined by rules and regulations of the board, under the supervision of a registered professional nurse, if the licensed practical nurse:

(1) Has had one year of clinical experience and successfully completes an intravenous fluid therapy course given by an approved provider and passes an intravenous fluid therapy examination administered by an approved provider;

(2) has had one year of clinical experience, has performed intravenous fluid therapy prior to the effective date of this act and has successfully passed an examination; or

(3) has had one year of clinical experience, has successfully completed an intravenous fluid therapy course not given by an approved provider and has passed an intravenous fluid therapy examination not administered by an approved provider or approved by the board and, upon application to the board for review and approval of such course and examination, has had the

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board determine that such course and examination meets or exceeds the standards required under this act for an approved course and approved examination administered by a provider.

(d) The board may adopt rules and regulations:

(1) Which define the limited and expanded scope of practice of intravenous fluid therapy which may be performed by a licensed practical nurse under the supervision of a registered professional nurse;

(2) which restricts specific intravenous fluid therapy practices;

(3) which prescribe standards for an intravenous fluid therapy course and examination required of an approved provider;

(4) which govern provider record requirements;

(5) which prescribe the procedure to approve, condition limit and withdraw approval as a provider; and

(6) which further implement the provisions of this section.

(e) An advisory committee of not less than two board members and five nonboard members shall be established by the board to advise and assist the board in implementing this section as determined by the board. The advisory committee shall meet at least annually.

(f) On and after July 1, 1995, no licensed practical nurse shall perform intravenous fluid therapy unless qualified to perform intravenous fluid therapy under this section and rules and regulations adopted by the board.

(g) Nothing in this section shall be construed to prohibit the performance of intravenous fluid therapy by a registered professional nurse.

(h) This section shall be part of and supplemental to the Kansas nurse practice act.

Sec. 2. This act shall take effect and be in force from and after its publication in the Kansas register.

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BILL NO. ____

AN ACT concerning the Kansas nurse practice act; licensing of nurses; prohibiting certain acts; amending K.S.A. 65-1124 and K.S.A. 1993 Supp. 65-1115 and 65-1116 and repealing the existing sections.

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

Section 1. K.S.A. 1993 Supp. 65-1115 is hereby amended to read as follows: 65-1115. (a) Qualifications of applicants. An applicant for a license to practice as a registered professional nurse shall file with the board written application for a license and submit satisfactory proof that the applicant: (1) Has graduated from a high school accredited by the appropriate legal accrediting agency or has obtained the equivalent of a high school education, as determined by the state department of education; (2) ~~has successfully completed the basic professional curriculum in an accredited school of professional nursing and~~ holds evidence of graduation from ~~the~~ an accredited school of professional nursing in the United States or its territories or ~~has successfully completed the basic professional curriculum in~~ from a school of professional nursing ~~located outside this state which maintains standards at least equal to schools of professional nursing which are accredited by the board and holds evidence of graduation from the school~~ in a foreign country which is approved by the board as defined in rules and regulations; ~~(3) has been satisfactorily rehabilitated if the applicant has ever been convicted of a felony;~~ and ~~(4)~~ (3) has obtained other qualifications not in conflict with this act as the board may prescribe by rule and regulation.

(b) Applicant deficient in qualifications. If the board finds in evaluating any applicant that such applicant is deficient in qualification or in the quality of such applicant's

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educational experience, the board may require such applicant to fulfill such remedial or other requirements as the board may prescribe.

(c) License. (1) ~~By--examination.~~ An applicant shall ~~be required to~~ pass an examination ~~in such subjects~~ as the board may prescribe. Each examination may be supplemented by an oral or practical examination. Upon successfully passing such examinations the board shall issue to the applicant a license to practice nursing as a registered professional nurse.

(2) ~~Without--examination.--The--board may issue a license to practice nursing--as--a--registered--professional--nurse--without examination--to--an--applicant--who--has--been--duly--licensed or registered as a--registered--professional--nurse--by--examination under the laws of another state, territory or foreign country if, in---the---opinion---of---the--board,--the--applicant--meets--the qualifications required of a licensed professional nurse in--this state.---~~Refresher course. Notwithstanding the provisions of subsections (a) and (b), an applicant for a license to practice as a registered professional nurse who has not been licensed to practice professional nursing for five years preceding application shall be required to successfully complete a refresher course as defined by the board.

(3) ~~Persons licensed under previous law.-Any person who--was licensed immediately prior to the effective date of this act as a registered--professional nurse, shall be deemed to be licensed as a registered--professional--nurse--under--this--act--and~~ Renewal license. A licensed professional nurse licensed under this act shall be eligible for renewal licenses upon compliance with K.S.A. 65-1117 and amendments thereto.

(4) Repeated examination failure. Persons who are unsuccessful in passing the licensure examination after four failures shall petition the board for permission prior to subsequent attempts. The board may require the applicant to submit and complete a plan of study prior to taking the licensure examination for the fifth time or any subsequent attempt.

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(c) Title and abbreviation. Any person who holds a license to practice as a registered professional nurse in this state shall have the right to use the title, "registered nurse," and the abbreviation, "R.N." No other person shall assume the title or use the abbreviation or any other words, letters, signs or figures to indicate that the person is a registered professional nurse.

(d) Temporary permit. The board may issue a temporary permit to practice nursing as a registered professional nurse for a period not to exceed 90 days. The 90-day temporary permit may be renewed for an additional 30 days but not to exceed a combined total of 120 days. ~~The board may issue a temporary permit to practice nursing as a registered professional nurse for a period not to exceed 180 days to an applicant for a license as a registered professional nurse who is enrolled in a refresher course required by the board for reinstatement of a license which has lapsed for more than five years or for licensure in this state from another state if the applicant has not been engaged in practice of nursing for five years preceding application. The 180-day temporary permit may be renewed by the board for one additional period not to exceed 180 days.~~

Sec. 2. K.S.A. 1993 Supp. 65-1116 is hereby amended to read as follows: 65-1116. (a) Qualification. An applicant for a license to practice as a licensed practical nurse shall file with the board a written application for a license and submit to the board satisfactory proof that the applicant: (1) Has graduated from a high school accredited by the appropriate legal accrediting agency or has obtained the equivalent of a high school education, as determined by the state department of education; (2) ~~has successfully completed the prescribed curriculum in an accredited school of practical nursing and~~ holds evidence of graduation from ~~the~~ an accredited school of practical nursing in the United States or its territories or ~~has successfully completed the prescribed curriculum in an accredited~~ from a school of practical nursing ~~located outside this state~~

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~~which--maintains-standards-at-least-equal-to-schools-of-practical nursing-which-are-accredited-by-the-board-and-holds--evidence--of graduation-from-the-school~~ in a foreign country which is approved by the board as defined in rules and regulations; and (3) has obtained other qualifications not in conflict with this act as the board may prescribe by rule and regulation.

(b) If the board finds in evaluating any applicant that such applicant is deficient in qualification or in the quality of such applicant's educational experience, the board may require such applicant to fulfill such remedial or other requirements as the board may prescribe.

(c) License. (1) ~~By--examination.~~ The applicant shall ~~be required to~~ pass an examination ~~in-such-subjects~~ as the board may prescribe. Each examination may be supplemented by an oral or practical examination. Upon successfully passing such examinations, the board shall issue to the applicant a license to practice as a licensed practical nurse. (2) ~~Without--examination. The-board-may-issue-a-license-to-practice-as-a-licensed-practical nurse--without--examination--to--any--applicant-who-has-been-duly licensed-or-registered-by-examination--as--a--licensed--practical nurse--or--a--person-entitled-to-perform-similar-services-under-a different-title-under-the-laws-of-any-other-state,--territory--or foreign--country--if,--in-the-opinion-of-the-board,-the-applicant meets-the-requirements-for--licensed--practical--nurses--in--this state.~~ Refresher course. Notwithstanding the provisions of subsections (a) and (b), an applicant for a license to practice as a licensed practical nurse who has not been licensed to practice practical nursing for five years preceding application shall be required to successfully complete a refresher course as defined by the board. (3) Renewal license. A licensed practical nurse licensed under this act shall be eligible for renewal licenses upon compliance with K.S.A. 65-1117 and amendments thereto. (4) Repeated examination failure. Persons who are unsuccessful in passing the licensure examination after four failures shall petition the board for permission prior to

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subsequent attempts. The board may require the applicant to submit and complete a plan of study prior to taking the licensure examination for the fifth time or any subsequent attempt.

(c) Title and abbreviation. Any person who holds a license to practice as a licensed practical nurse in this state shall have the right to use the title, "licensed practical nurse," and the abbreviation, "L.P.N." No other person shall assume the title or use the abbreviation or any other words, letters, signs or figures to indicate that the person is a licensed practical nurse.

(d) Temporary permit. The board may issue a temporary permit to practice nursing as a licensed practical nurse for a period not to exceed 90 days. The 90-day temporary permit may be renewed for an additional 30 days not to exceed a combined total of 120 days. ~~The board may issue a temporary permit to practice nursing as a licensed practical nurse for a period not to exceed 180 days to an applicant for a license as a licensed practical nurse who is enrolled in a refresher course required by the board for reinstatement of a license which has lapsed for more than five years or for licensure in this state from another state if the applicant has not been engaged in practice of nursing for five years preceding application. The 180-day temporary permit may be renewed by the board for one additional period not to exceed 180 days.~~

Sec. 3. K.S.A. 65-1124 is hereby amended to read as follows: 65-1124. No provisions of this law shall be construed as prohibiting:

(a) Gratuitous nursing by friends or members of the family;

(b) the incidental care of the sick by domestic servants or persons primarily employed as housekeepers;

(c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;

(d) nursing assistance in the case of an emergency;

(e) the practice of nursing by students enrolled in

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accredited schools of professional or practical nursing ~~nor nursing by graduates of such schools or courses pending the results of the first licensing examination scheduled by the board following such graduation~~;

(f) the practice of nursing in this state by legally qualified nurses of any of the other states as long as the engagement of any such nurse requires the nurse to accompany and care for a patient temporarily residing in this state during the period of one such engagement not to exceed six months in length, and as long as such nurses do not represent or hold themselves out as nurses licensed to practice in this state;

(g) the practice by any nurse who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of official duties;

(h) auxiliary patient care services performed in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry or the supervision of a registered professional nurse or a licensed practical nurse;

(i) the administration of medications to residents of adult care homes or to patients in hospital-based long-term care units, including state operated institutions for the mentally retarded, by an unlicensed person who has been certified as having satisfactorily completed a training program in medication administration approved by the secretary of health and environment and has completed the program on continuing education adopted by the secretary, or by an unlicensed person while engaged in and as a part of such training program in medication administration;

(j) the practice of mental health technology by licensed mental health technicians as authorized under the mental health technicians' licensure act;

(k) performance in the school setting of selected nursing procedures, as specified by rules and regulations of the board,

necessary for handicapped students;

(l) performance in the school setting of selected nursing procedures, as specified by rules and regulations of the board, necessary to accomplish activities of daily living and which are routinely performed by the student or student's family in the home setting;

(m) performance of attendant care services directed by or on behalf of an individual in need of in-home care as the terms "attendant care services" and "individual in need of in-home care" are defined under K.S.A. 65-6201 and amendments thereto; ~~or~~

(n) performance of a nursing task by a person when that task is delegated by a licensed nurse, within the reasonable exercise of independent nursing judgment, and is performed with reasonable skill and safety by that person under the supervision of a registered professional nurse or a licensed practical nurse~~.~~; or

(o) the practice of nursing by applicants in the supervised clinical portion of a refresher course.

Sec. 4. K.S.A. 65-1124 and K.S.A. 1993 Supp. 65-1115 and 65-1116 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

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~~Page 747~~

Tom Hitchcock Hbill

BILL NO. _____ (1444) #5

New section 1. allows the Board of Pharmacy to impose administrative fines upon any of their licensees or registrants, with the exception of retail dealers, for violations of the pharmacy act and regulations or controlled substances act and regulations in an amount not to exceed $500 for each violation.

Section 2. in subsection (a)(2) specifically places the responsibility on the pharmacist and removes it from the Board to prove the pharmacist has been rehabilitated to warrant the public trust.

Also in section 2, subsection (d)(6) allows the Board to sanction a manufacturer or wholesale distributor if they are found to be in violation of the Kansas pharmacy act or regulations or in violation of the Kansas controlled substances act or regulations.

BILL NO. _____ (1445) #6

Section 1. in subsection (g) adds the specific notation that in subsection (a)(3) those convictions shall include a diversion agreement as a conviction of the crime originally charged.

Section 2. in subsection (a)(2) in the rational for consistency changes the term felony to any crime. Then again in subsection (d) adds the specific notation that in subsection (a)(2) those convictions shall include a diversion agreement as a conviction of the crime originally charged.

PHW 1-11-4 Attm #4

BILL NO. _____(1690) #7

Section 1. in subsection (a)(2)(B) strike the words "the face of" because in refillable C-III & IV controlled substances prescriptions DEA regulations require all the information with the exception of the word "void" must not be on the face of the voided prescription.

Section 2. in subsection (g) allows the Board to adopt regulations to make some exceptions to the registration requirements as a nonresident pharmacy for a single prescription supplied or for isolated transactions supplied to a resident of Kansas.

BILL NO. _____(1691) #8

Section 1. in subsection (b) numbers (6), (9) and (13) change the maximum which MAY be charged by fees set by regulation for reciprocity, registration of distributor of nonprescription drugs and permit for retail dealer.

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attm# 4-2

Jan Fitchard 3 RS 1444

BILL NO. ____

AN ACT concerning the state board of pharmacy; providing civil penalties for violations; grounds for disciplinary actions; amending K.S.A. 65-1627 and repealing the existing section.

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

New Section 1. The state board of pharmacy, in addition to any other penalty prescribed under the pharmacy act of the state of Kansas, may assess a civil fine, after notice and an opportunity to be heard in accordance with the Kansas administrative procedure act, against any licensee or registrant under subsections (a), (c) and (d) of K.S.A. 65-1627 and amendments thereto for violation of the pharmacy act of the state of Kansas or rules and regulations of the state board of pharmacy adopted under the pharmacy act of the state of Kansas or for violation of the uniform controlled substances act or rules and regulations of the state board of pharmacy adopted under the uniform controlled substances act, in an amount not to exceed $500 for each violation. All fines assessed and collected under this section shall be remitted to the state treasurer. Upon receipt thereof, the state treasurer shall deposit the entire amount in the state treasury and credit such amount to the state general fund.

Sec. 2. K.S.A. 65-1627 is hereby amended to read as follows: 65-1627. (a) The board may revoke, suspend, place in a probationary status or deny a renewal of any license of any pharmacist upon a finding that:

(1) The license was obtained by fraudulent means;

(2) the licensee has been convicted of a felony and the ~~board--determines,--after-investigation,-that-such-person-has-not been~~ licensee fails to show that the licensee has been sufficiently rehabilitated to warrant the public trust;

PHCO 1-11-94 attach #5

(3) the licensee is found by the board to be guilty of unprofessional conduct or professional incompetency;

(4) the licensee is addicted to the liquor or drug habit to such a degree as to render the licensee unfit to practice the profession of pharmacy;

(5) the licensee has violated a provision of the federal or state food, drug and cosmetic act, the uniform controlled substances act of the state of Kansas, or any rule and regulation adopted under any such act;

(6) the licensee is found by the board to have filled a prescription not in strict accordance with the directions of the practitioner;

(7) the licensee is found to be mentally or physically incapacitated to such a degree as to render the licensee unfit to practice the profession of pharmacy;

(8) the licensee has violated any of the provisions of the pharmacy act of the state of Kansas or any rule and regulation adopted by the board pursuant to the provisions of such pharmacy act;

(9) the licensee has failed to comply with the requirements of the board relating to the continuing education of pharmacists;

(10) the licensee as a pharmacist in charge or consultant pharmacist under the provisions of subsection (c) or (d) of K.S.A. 65-1648 and amendments thereto has failed to comply with the requirements of subsection (c) or (d) of K.S.A. 65-1648 and amendments thereto;

(11) the licensee has knowingly submitted a misleading, deceptive, untrue or fraudulent misrepresentation on a claim form, bill or statement;

(12) the licensee has had a license to practice pharmacy revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for license denied, by the proper licensing authority of another state, territory, District of Columbia or other country, a certified copy of the record of the action of the other jurisdiction being conclusive

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evidence thereof; or

(13) the licensee has self-administered any controlled substance without a practitioner's prescription order.

(b) The board may suspend, revoke, place in a probationary status or deny a renewal of any retail dealer's permit issued by the board when information in possession of the board discloses that such operations for which the permit was issued are not being conducted according to law or the rules and regulations of the board.

(c) The board may revoke, suspend, place in a probationary status or deny a renewal of the registration of a pharmacy upon a finding that: (1) Such pharmacy has been operated in such manner that violations of the provisions of the pharmacy act of the state of Kansas or of the rules and regulations of the board have occurred in connection therewith; (2) the owner or any pharmacist employed at such pharmacy is convicted, subsequent to such owner's acquisition of or such employee's employment at such pharmacy, of a violation of the pharmacy act or uniform controlled substances act of the state of Kansas, or the federal or state food, drug and cosmetic act; or (3) the owner or any pharmacist employed by such pharmacy has fraudulently claimed money for pharmaceutical services.

(d) A registration to manufacture or to distribute at wholesale a drug or a registration for the place of business where any such operation is conducted may be suspended, revoked, placed in a probationary status or the renewal of such registration may be denied by the board upon a finding that the registrant or the registrant's agent: (1) Has materially falsified any application filed pursuant to or required by the pharmacy act of the state of Kansas; (2) has been convicted of a felony under any federal or state law relating to the manufacture or distribution of drugs; (3) has had any federal registration for the manufacture or distribution of drugs suspended or revoked; (4) has refused to permit the board or its duly authorized agents to inspect the registrant's establishment in

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accordance with the provisions of K.S.A. 65-1629 and amendments thereto; ~~or~~ (5) has failed to keep, or has failed to file with the board or has falsified records required to be kept or filed by the provisions of the pharmacy act of the state of Kansas or by the board's rules and regulations; or (6) has violated the pharmacy act of the state of Kansas or rules and regulations adopted by the state board of pharmacy under the pharmacy act of the state of Kansas or has violated the uniform controlled substances act or rules and regulations adopted by the state board of pharmacy under the uniform controlled substances act.

(e) Orders under this section, and proceedings thereon, shall be subject to the provisions of the Kansas administrative procedure act.

Sec. 3. K.S.A. 65-1627 is hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

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Attm #5-4
~~3-4-94~~

BILL NO. ____

AN ACT concerning the uniform controlled substances act; grounds for registration and disciplinary actions; office of diversion agreements; amending K.S.A. 65-4117 and 65-4118 and repealing the existing sections.

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

Section 1. K.S.A. 65-4117 is hereby amended to read as follows: 65-4117. (a) The board shall register an applicant to manufacture, dispense or distribute controlled substances included in K.S.A. 65-4105, 65-4107, 65-4109, 65-4111 and 65-4113, and amendments to these sections, unless it determines that the issuance of that registration would be inconsistent with the public interest. In determining the public interest, the board shall consider the following factors:

(1) Maintenance of effective controls against diversion of controlled substances into other than legitimate medical, scientific or industrial channels;

(2) compliance with applicable state and local law;

(3) any conviction of the applicant under any federal and state laws relating to any controlled substance;

(4) past experience in the manufacture, dispensing or distribution of controlled substances and the existence in the applicant's establishment of effective controls against diversion;

(5) furnishing by the applicant of false or fraudulent material in any application filed under this act;

(6) suspension or revocation of the applicant's federal registration to manufacture, distribute or dispense controlled substances as authorized by federal law; and

(7) any other factors relevant to and consistent with the public health and safety.

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(b) Registration under subsection (a) does not entitle a registrant to manufacture and distribute controlled substances in schedule I or II other than those specified in the registration.

(c) Practitioners shall be registered to dispense any controlled substances or to conduct research with controlled substances in schedules II through V if they are authorized to prescribe or to conduct research under the laws of this state.

(d) Pharmacists shall be registered to dispense schedule I designated prescription substances and controlled substances in schedules II through V if none of the grounds for revocation, suspension or refusal to renew a registration exist at the time of application.

(e) The board need not require separate registration under this act for practitioners or pharmacists engaging in research with nonnarcotic controlled substances in schedules II through V where the registrant is already registered under this act in another capacity. Practitioners or pharmacists registered under federal law to conduct research with schedule I substances may conduct research with schedule I substances within this state upon furnishing the board evidence of that federal registration.

(f) Compliance by manufacturers and distributors with the provisions of the federal law respecting registration (excluding fees) entitles them to be registered under this act.

(g) For purposes of paragraph (3) of subsection (a), a diversion agreement shall be deemed a conviction of the crime originally charged.

Sec. 2. K.S.A. 65-4118 is hereby amended to read as follows: 65-4118. (a) A registration under K.S.A. 65-4117 to manufacture, distribute or dispense a controlled substance may be suspended or revoked by the board upon a finding that the registrant: (1) Has furnished false or fraudulent material information in any application filed under this act;

(2) has been convicted of ~~a felony~~ any crime under any state or federal law relating to any controlled substance;

(3) has violated any rule or regulation of the board

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controlling the manufacture, distribution or dispensing of the controlled substances contained in the schedules promulgated in the rules and regulations of the board; or

(4) has had his federal registration suspended or revoked to manufacture, distribute or dispense controlled substances.

(b) The board may limit revocation or suspension of a registration to the particular controlled substance with respect to which grounds for revocation or suspension exist.

(c) If the board suspends or revokes a registration, all controlled substances owned or possessed by the registrant at the time of suspension or the effective date of the revocation order may be placed under seal. No disposition shall be made of substances under seal until the time for taking an appeal has elapsed or until all appeals have been concluded unless a court upon application therefor orders the sale of perishable substances and the deposit of the proceeds of the sale with the court. Upon a revocation order becoming final, all controlled substances shall be forfeited to the state.

(d) For purposes of paragraph (2) of subsection (a), a diversion agreement shall be deemed a conviction of the crime originally charged.

~~(d)~~ (e) The board shall promptly notify the bureau of all orders suspending or revoking registration and all forfeitures of controlled substances.

Sec. 3. K.S.A. 65-4117 and 65-4118 are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

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PROPOSED BILL NO. ____

By

AN ACT relating to pharmacists and pharmacies; prescription requirements; amending K.S.A. 65-1656 and 65-1657 and repealing the existing sections.

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

Section 1. K.S.A. 65-1656 is hereby amended to read as follows: 65-1656. (a) Nothing contained in the pharmacy act of the state of Kansas shall prohibit a pharmacist licensed in this state from filling or refilling a valid prescription for prescription drugs not listed in schedule II of the uniform controlled substances act, which is on file in a pharmacy licensed in any state and has been transferred from one pharmacy to another by any means, including by way of electronic data processing equipment, upon the following conditions and exceptions:

(1) Prior to dispensing pursuant to any such prescription, the dispensing pharmacist shall:

(A) Advise the patient that the prescription file at such other pharmacy must be canceled before the dispensing pharmacist will be able to fill the prescription;

(B) determine that the prescription is valid and on file at such other pharmacy and that such prescription may be filled or refilled, as requested, in accordance with the prescriber's intent expressed on such prescription;

(C) notify the pharmacy where the prescription is on file that the prescription must be canceled;

(D) record in writing the prescription order, the name of the pharmacy at which the prescription was on file, the prescription number, the name of the drug and the original amount dispensed, the date of original dispensing and the number of remaining authorized refills; and

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attm #7

(E) obtain the consent of the prescriber to the refilling of the prescription when the prescription, in the professional judgment of the dispensing pharmacist, so requires. Any interference with the professional judgment of the dispensing pharmacist by any other licensed pharmacist, agents of the licensed pharmacist or employees shall be grounds for revocation or suspension of the registration issued to the pharmacy.

(2) Upon receipt of a request for prescription information set forth in subsection (a)(1)(D), if the requested pharmacist is satisfied in the professional judgment of the pharmacist that such request is valid and legal, the requested pharmacist shall:

(A) Provide such information accurately and completely;

(B) record on ~~the face of~~ the prescription the name of the requesting pharmacy and pharmacist and the date of request; and

(C) cancel the prescription on file by writing the word "void" on its face. No further prescription information shall be given or medication dispensed pursuant to such original prescription.

(3) In the event that, after the information set forth in subsection (a)(1)(D) has been provided, a prescription is not dispensed by the requesting pharmacist, then such pharmacist shall provide notice of this fact to the pharmacy from which such information was obtained, such notice shall then cancel the prescription in the same manner as set forth in subsection (a)(2)(C).

(4) When filling or refilling a valid prescription on file in another state, the dispensing pharmacist shall be required to follow all the requirements of Kansas law which apply to the dispensing of prescription drugs. If anything in Kansas law prevents the filling or refilling of the original prescription it shall be unlawful to dispense pursuant to this section.

(b) Two or more pharmacies may establish and use a common electronic file to maintain required dispensing information. Pharmacies using such a common electronic file are not required to physically transfer prescriptions or information for

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dispensing purposes between or among pharmacies participating in the same common prescription file, except that any such common file must contain complete and adequate records of such prescription and refill dispensed as required by the pharmacy act of the state of Kansas.

(c) The board may formulate such rules and regulations, not inconsistent with law, as may be necessary to carry out the purposes of and to enforce the provisions of this section except that the board shall not impose greater requirements on either common electronic files or a hard copy record system.

(d) Drugs shall in no event be dispensed more frequently or in larger amounts than the prescriber ordered without direct prescriber authorization by way of a new prescription order.

(e) This section shall be part of and supplemental to the pharmacy act of the state of Kansas.

Sec. 2. K.S.A. 65-1657 is hereby amended to read as follows: 65-1657. (a) No nonresident pharmacy shall ship, mail or deliver, in any manner, prescription drugs to a patient in this state unless registered under this section as a nonresident pharmacy. Applications for a nonresident pharmacy registration under this section shall be made on a form furnished by the board. A nonresident pharmacy registration shall be granted for a period of one year upon compliance by the nonresident pharmacy with the provisions of this section and rules and regulations adopted pursuant to this section and upon payment of the registration fee established under K.S.A. 65-1645 and amendments thereto for a pharmacy registration. A nonresident pharmacy registration shall be renewed annually on forms provided by the board, upon compliance by the nonresident pharmacy with the provisions of this section and rules and regulations adopted pursuant to this section and upon payment of the renewal fee established under K.S.A. 65-1645 and amendments thereto for the renewal of a pharmacy registration.

(b) As conditions for the granting of a registration and for the renewal of a registration for a nonresident pharmacy, the

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nonresident pharmacy shall comply with the following:

(1) Provide information to the board to indicate the person or persons applying for the registration, the location of the pharmacy from which the prescription drugs will be dispensed, the names and titles of all principal owners and corporate officers, if any, and the names of all pharmacists dispensing prescription drugs to residents of Kansas;

(2) be registered and in good standing in the state in which such pharmacy is located;

(3) maintain, in readily retrievable form, records of prescription drugs dispensed to Kansas patients;

(4) supply upon request, all information needed by the board to carry out the board's responsibilities under this section and rules and regulations adopted pursuant to this section;

(5) maintain pharmacy hours that permit the timely dispensing of drugs to Kansas patients and provide reasonable access for the patients to consult with a licensed pharmacist about such patients' medications;

(6) provide toll-free telephone communication consultation between a Kansas patient and a pharmacist at the pharmacy who has access to the patient's records, and ensure that the telephone number(s) will be placed upon the label affixed to each prescription drug container dispensed in Kansas; and

(7) provide to the board such other information as the board may reasonably request to administer the provisions of this section.

(c) Each nonresident pharmacy shall comply with the following unless compliance would be in conflict with specific laws or rules and regulations of the state in which the pharmacy is located:

(1) All statutory and regulatory requirements of Kansas for controlled substances, including those that are different from federal law;

(2) labeling of all prescriptions dispensed, to include but not be limited to identification of the product and quantity

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dispensed;

(3) all the statutory and regulatory requirements of Kansas for dispensing prescriptions in accordance with the quantities indicated by the prescriber; and

(4) the Kansas law regarding the maintenance and use of the patient medication profile record system.

(d) In addition to subsection (c) requirements, each nonresident pharmacy shall comply with all the statutory and regulatory requirements of Kansas regarding drug product selection laws whether or not such compliance would be in conflict with specific laws or rules and regulations of the state in which the pharmacy is located, except that compliance which constitutes only a minor conflict with specific laws or rules and regulations of the state in which the pharmacy is located would not be required under this subsection.

(e) Each nonresident pharmacy shall develop and provide the board with a policy and procedure manual that sets forth:

(1) Normal delivery protocols and times;

(2) the procedure to be followed if the patient's medication is not available at the nonresident pharmacy, or if delivery will be delayed beyond the normal delivery time;

(3) the procedure to be followed upon receipt of a prescription for an acute illness, which policy shall include a procedure for delivery of the medication to the patient from the nonresident pharmacy at the earliest possible time, or an alternative that assures the patient the opportunity to obtain the medication at the earliest possible time; and

(4) the procedure to be followed when the nonresident pharmacy is advised that the patient's medication has not been received within the normal delivery time and that the patient is out of medication and requires interim dosage until mailed prescription drugs become available.

(f) Except in emergencies that constitute an immediate threat to the public health and require prompt action by the board, the board may file a complaint against any nonresident

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pharmacy that violates any provision of this section. This complaint shall be filed with the regulatory or licensing agency of the state in which the nonresident pharmacy is located. If the regulatory or licensing agency of the state in which the nonresident pharmacy is located fails to resolve the violation complained of within a reasonable time, not less than 180 days from the date that the complaint is filed, disciplinary proceedings may be initiated by the board. The board also may initiate disciplinary actions against a nonresident pharmacy if the regulatory or licensing agency of the state in which the nonresident pharmacy is located lacks or fails to exercise jurisdiction.

(g) The board may adopt rules and regulations that make exceptions to the requirement of registration by a nonresident pharmacy when the out-of-state pharmacy supplies lawful refills to a patient from a prescription that was originally filled and delivered to a patient within the state in which the nonresident pharmacy is located, or when the prescriptions being mailed into the state of Kansas by a nonresident pharmacy occurs only in isolated transactions.

~~(g)~~ (h) It is unlawful for any nonresident pharmacy which is not registered under this act to advertise its services in this state, or for any person who is a resident of this state to advertise the pharmacy services of a nonresident pharmacy which has not registered with the board, with the knowledge that the advertisement will or is likely to induce members of the public in this state to use the pharmacy to fill prescriptions. A violation of this section is a class C misdemeanor.

~~(h)~~ (i) Upon request of the board, the attorney general may bring an action in a court of competent jurisdiction for injunctive relief to restrain a violation of the provisions of this section or any rules and regulations adopted by the board under authority of this section. The remedy provided under this subsection shall be in addition to any other remedy provided under this section or under the pharmacy act of the state of

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Kansas.

~~(i)~~ (j) The board may adopt rules and regulations as necessary and as are consistent with this section to carry out the provisions of this section.

~~(j)~~ (k) The executive secretary of the board shall remit all moneys received from fees under this section to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit such moneys in the manner specified under K.S.A. 74-1609 and amendments thereto.

~~(k)~~ (l) This section shall be part of and supplemental to the pharmacy act of the state of Kansas.

Sec. 3. K.S.A. 65-1656 and 65-1657 are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

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Attm# 7-7

PROPOSED BILL NO. ____

By

AN ACT relating to pharmacists and pharmacies; registration and permit fees; amending K.S.A. 65-1645 and repealing the existing section.

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

Section 1. K.S.A. 65-1645 is hereby amended to read as follows: 65-1645. (a) Application for registrations or permits under K.S.A. 65-1643 and amendments thereto shall be made on a form prescribed and furnished by the board. Applications for registration to distribute at wholesale any drugs shall contain such information as may be required by the board in accordance with the provisions of K.S.A. 65-1655 and amendments thereto. The application shall be accompanied by the fee prescribed by the board under the provisions of this section. When such application and fees are received by the executive secretary of the board on or before the due date, such application shall have the effect of temporarily renewing the applicant's registration or permit until actual issuance or denial of the renewal. However, if at the time of filing a proceeding is pending before the board which may result in the suspension, probation, revocation or denial of the applicant's registration or permit, the board may declare, by emergency order, that such application for renewal shall not have the effect of temporarily renewing such applicant's registration or permit. Separate applications shall be made and separate registrations or permits issued for each separate place at which is carried on any of the operations for which a registration or permit is required by K.S.A. 65-1643 and amendments thereto except that the board may provide for a single registration for a business entity registered to manufacture any drugs or registered to distribute at wholesale any drugs and operating more than one facility within the state, or for a parent entity with divisions,

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subsidiaries or affiliate companies, or any combination thereof, within the state when operations are conducted at more than one location and there exists joint ownership and control among all the entities.

(b) The fees required for the issuing of the registrations or permits required by K.S.A. 65-1643 and amendments thereto shall be fixed by the board as herein provided, subject to the following:

(1) Pharmacy, new registration not more than $150, renewal not more than $125;

(2) pharmacist, examination fee not more than $350;

(3) pharmacist, examination fee for previously licensed pharmacist not more than $250;

(4) pharmacist, renewal fee not more than $100;

(5) pharmacist, evaluation fee not more than $250;

(6) pharmacist, reciprocal licensure fee not more than ~~$250~~ $350;

(7) pharmacist, penalty fee, not more than $250;

(8) manufacturer, new registration not more than $500, renewal not more than $400;

(9) wholesaler, new registration not more than $500, renewal not more than $400, except that a wholesaler dealing exclusively in nonprescription drugs, the manufacturing, distributing or dispensing of which does not require registration under the uniform controlled substances act, shall be assessed a fee for registration and reregistration not to exceed ~~$50~~ $100;

(10) special auction not more than $50;

(11) samples distribution not more than $50;

(12) institutional drug room, new registration not more than $40, renewal not more than $35;

(13) retail dealer selling more than 12 different nonprescription drug products, new permit not more than ~~$12~~ $25, renewal not more than ~~$12~~ $25; or

(14) certification of grades for each applicant for examination and registration not more than $25.

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(c) For the purpose of fixing fees, the board may establish classes of retail dealers' permits for retail dealers selling more than 12 different nonprescription drug products, and the board may fix a different fee for each such class of permit.

(d) The board shall determine annually the amount necessary to carry out and enforce the provisions of this act for the next ensuing fiscal year and shall fix by rules and regulations the fees authorized for such year at the sum deemed necessary for such purposes. The fees fixed by the board under this section immediately prior to the effective date of this act shall continue in effect until different fees are fixed by the board by rules and regulations as provided under this section.

(e) The board may deny renewal of any registration or permit required by K.S.A. 65-1643 and amendments thereto on any ground which would authorize the board to suspend, revoke or place on probation a registration or permit previously granted pursuant to the provisions of K.S.A. 65-1643 and amendments thereto. Registrations and permits issued under the provisions of K.S.A. 65-1643 and 65-1644 and amendments thereto shall be conspicuously displayed in the place for which the registration or permit was granted. Such registrations or permits shall not be transferable. All such registrations and permits except retail dealer permits shall expire on June 30 following date of issuance. Retail dealers' permits shall expire on the last day of February. All registrations and permits shall be renewed annually. Application blanks for renewal of registrations and permits shall be mailed by the board to each registrant or permittee at least 30 days prior to expiration of the registration or permit. If application for renewal is not made before 30 days after such expiration, the existing registration or permit shall lapse and become null and void on the date of its expiration, and no new registration or permit shall be granted except upon payment of the required renewal fee plus a penalty equal to the renewal fee. Failure of any registrant or permittee to receive such application blank shall not relieve the registrant or permittee from the penalty

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hereby imposed if the renewal is not made as prescribed.

Sec. 2. K.S.A. 65-1645 is hereby repealed.

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

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Protecting and Improving the Health and Environment of Kansans through the Wise Stewardship of Resources

Kansas Department of Health and Environment

1993 Annual Report

Joan Finney, Governor
Robert C. Harder, Secretary
Pamela Johnson Betts, Director, Office of Government and Community Relations
Greg Crawford, OGCR Public Relations
Paula Schumacher, OGCR Graphic Arts and Publications

Printed at the State Division of Printing, Topeka, Kansas

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Dear Kansans,

The well-being of our state rests with our ability to lead healthy, productive lives that contribute to the economic growth of Kansas. To reach the goal of a healthy state, we must first improve the health and wellness of all residents and protect our environment through the wise use of our resources.

Protecting and improving the health and environment for all Kansans has been a cornerstone of this administration. I am pleased with the Department of Health and Environment's accomplishments in this area. During the past three years, we have moved forward, addressing such concerns as access to health care for people without insurance, increasing outreach efforts, and improving poor immunization rates for children birth to two years old. We have adopted new laws to prevent future environmental problems and protect our precious air, soil, and water resources. While we are heartened that Kansas has made significant health and environmental advances, we must continue education efforts that inform people of new and continuing environmental and health dangers and empower them to take preventive action. The Kansas Department of Health and Environment has done a fine job informing and educating the public that health and a healthy environment are personal responsibilities as well as partnership issues to be addressed jointly. The department is the state's primary resource for implementing the improvements needed to enable all Kansans to access health care and live lives that are free of environmental contaminants.

Each state—and the nation as a whole—is grappling with health care reform, environmental concerns, and a changing economic landscape. Kansas has set priorities and outlined strategies for health and environmental protection. I am proud of this state's accomplishments over the past three years and am confident our work puts us in a position to not just maintain but **advance** health and environmental progress.

Very Truly Yours,

Joan Finney

Joan Finney, Governor

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■ Open Letter to All Kansans:

As you read this report that highlights the Department of Health and Environment's progress, you will see the department is moving in a direction that puts prevention center stage. We do this because prevention, both health and environmental, in the long run will reduce expenditures, which I believe is the best possible investment for our state. If we are to decrease the cost of health care in Kansas, it will be dependent on many of us changing our lifestyles. If we are to preserve our environment, it will require wise stewardship of our resources and prevention of pollution. As we pass into the final year of the Finney administration, the Department of Health and Environment is proud to be able to say we have significantly advanced the goal of both the administration and the department: protecting and improving the health and environment of Kansans.

To achieve our goal, we first made the realization that environmental issues and health care are shared responsibilities. The government cannot alone protect residents' health and the environment; the department must bring businesses and individuals into an active role in making sound choices to protect the future. Since October 1992, the department has established forums to improve communications between employees, business, residents, local health departments, and other health and environmental professionals. The process has pulled together literally hundreds of people throughout the state, strengthened working relationships, and provided valuable input to the development of sound policies.

The department is now taking a leadership role in developing policy, assessing what services are needed, and ensuring that those services are not only available, but that they are also both quality services and cost effective. Through informational efforts and educational campaigns, the department is educating its partners and the public to be responsible for health through daily healthy decisions.

All of the activities of the Kansas Department of Health and Environment are coordinated by its talented staff. I am especially proud and appreciative of the staff for their outstanding work and dedication in helping to provide the best in environmental services, quality health care, effective health education, and protection of the residents of Kansas during these challenging economic times.

Sincerely,

Robert C. Harder, Secretary

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■ Executive Summary

If 1993 had to be summarized in just a few words, it would be said that the department more clearly identified, defined, and carried out its role to all of its customers. Beginning with a shift of philosophy, the department made structural changes to enable delegation of more authority and responsibility to employees at more levels in the organization. Along with this action, the department also took more steps to firmly establish its leadership role in the health care arena through forming coalitions to identify and address statewide public health needs. The department is comprised of complex, interrelated health, environmental, and support programs with each program carrying out a unique segment of the department's overall vision: healthy Kansans in an environment exemplifying wise stewardship of resources.

With that vision in mind, the department has set the following goals to serve as continual guideposts for departmental work.

- Establish an information system that will provide employees and the public reliable data which can be used to make good decisions to protect the residents and environment of Kansas.
- Strengthen the organizational capacity of the department to address critical issues.
- Address health and environment issues and concerns in a holistic fashion.
- Teach and impress the importance of wise stewardship of natural resources to residents.
- Improve the quality of life for Kansans through the prevention of unnecessary morbidity and mortality.
- Ensure a minimum level of public health and environmental services.

The department has expanded its data collection, analysis, and laboratory services to meet the increasing demand for information to support public health care decisions and environmental enforcement. By pursuing a course of orderly growth, the department is ensuring a coordinated, efficient system capable of providing for present and future needs.

To make better and more efficient use of its resources, the department continued expanding public health and environmental training opportunities, fostering a more diverse and empowered workforce, looking for efficiencies to eliminate waste, and reorganizing operations to proactively respond to environmental challenges.

The department provided training opportunities to thousands of staff and professionals to ensure program uniformity, improve efficiency, and enhance compliance with the health and environmental laws of the state.

Many of the department's programs are in a constant state of evolution. In areas such as solid waste reform, Clean Air Act revisions, access to health care, and chronic disease and pollution prevention, the department has put in place public involvement components to solicit and use public input for optimal development, implementation, and outcomes.

The achievements noted above occurred in an era of tightening resources, calls for greater efficiency, and new program initiatives. The department has incorporated these achievements, and it will continue to refine and build on these successes.

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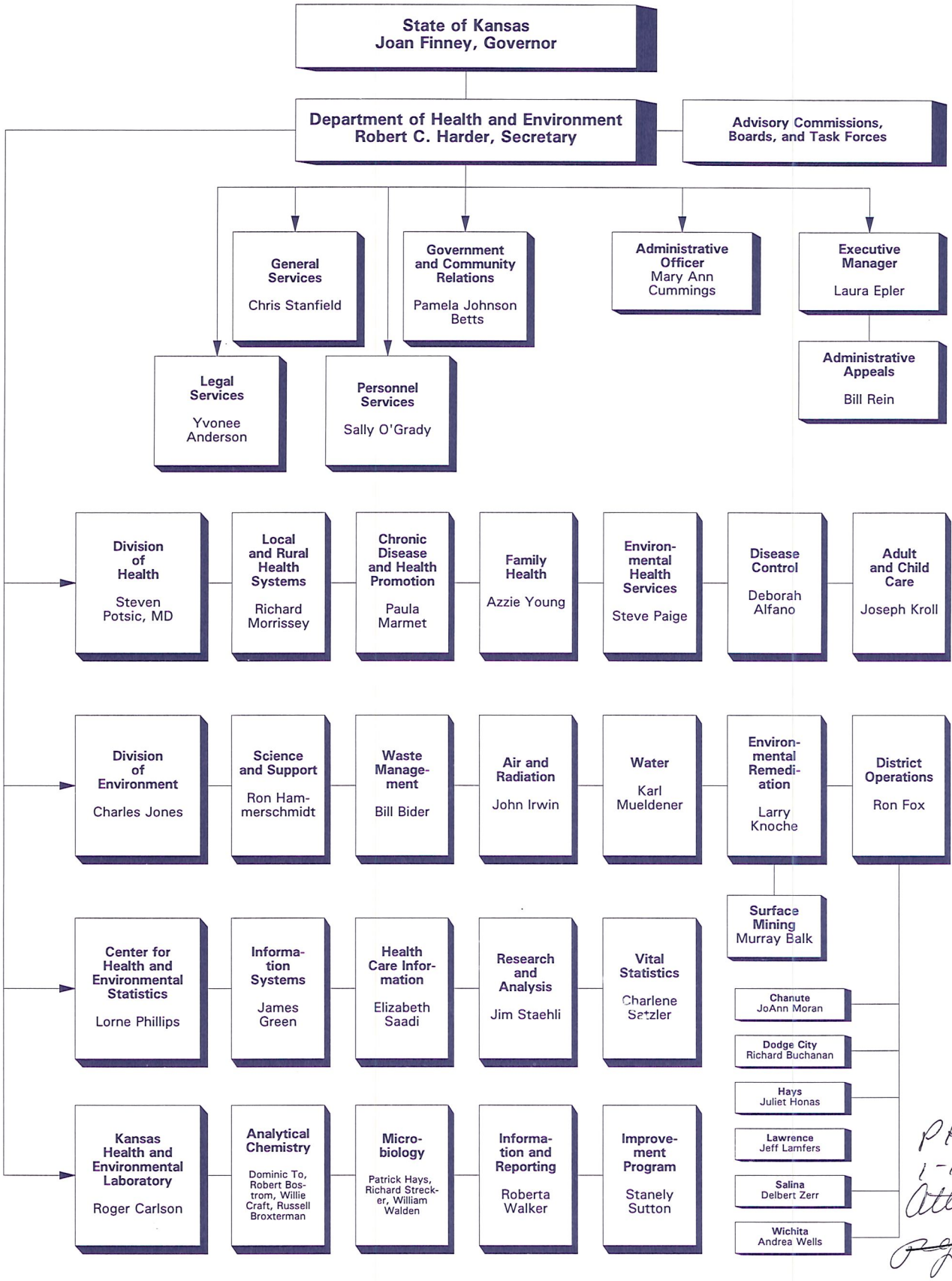

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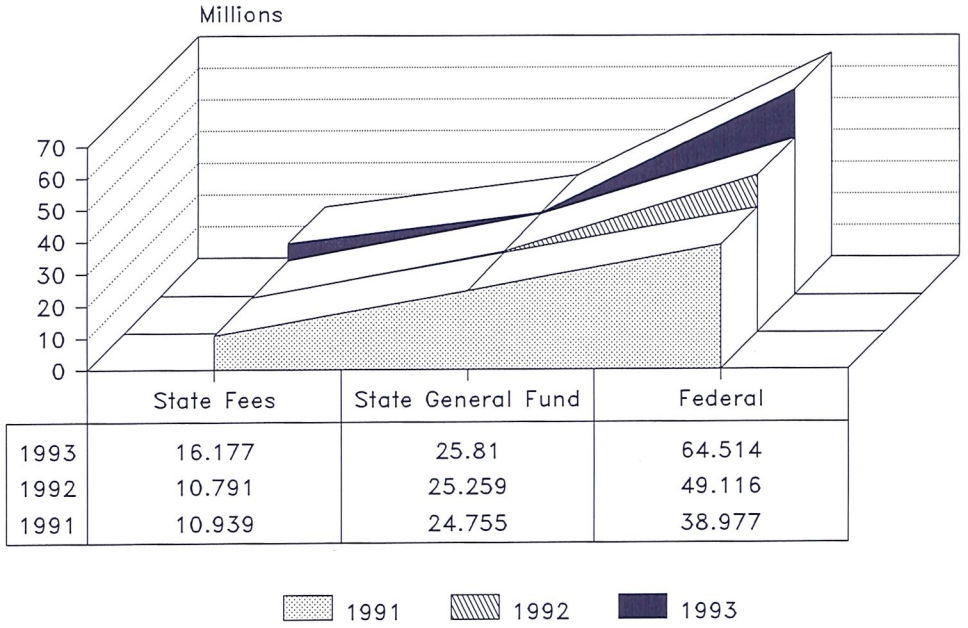
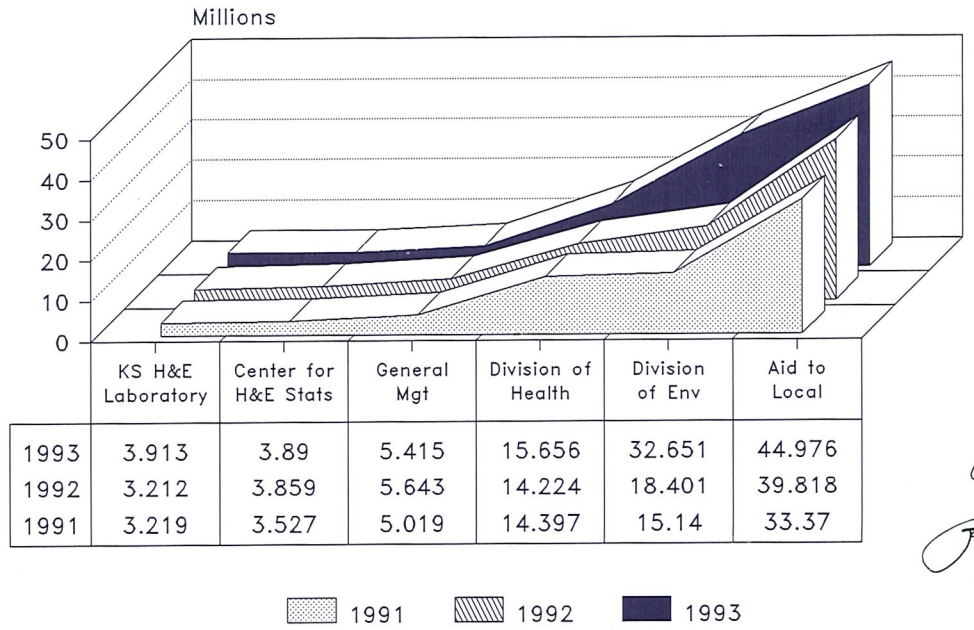
Fiscal Year 1991, 1992, and 1993 Department Actuals by Funding Source



	State Fees	State General Fund	Federal
1993	16.177	25.81	64.514
1992	10.791	25.259	49.116
1991	10.939	24.755	38.977

Fiscal Year 1991, 1992, and 1993 Department Expenditures by Program



	KS H&E Laboratory	Center for H&E Stats	General Mgt	Division of Health	Division of Env	Aid to Local
1993	3.913	3.89	5.415	15.656	32.651	44.976
1992	3.212	3.859	5.643	14.224	18.401	39.818
1991	3.219	3.527	5.019	14.397	15.14	33.37

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1991-93 Overview

Local and Rural Health

- in partnership with KHA, EMS, and Kansas Helth Foundations, established and supported rural health networks to ensure access to primary care services in rural Kansas.
- maintained the department's role as liaison with local health departments through meetings, mailings, and technical assistance.
- developed and distributed the *Community Nursing Manual, Kansas Public Health Directory,* and *Essential Public Health Services.*
- provided lead training for public health nurses in 99 counties.
- completed assessing local health department infrastructure on 104 counties.
- helped develop the training model for Operation Immunize nurse volunteers and provided 49 training workshops during 1993.
- designed, implemented, and administered ten primary care clinics which had 30,796 client visits in 1992.
- established and maintained a Primary Care Provider Registry to establish medically underserved and professional shortage areas.
- helped designate 96 counties as Rural Health Clinic elegible, a 50% increase from 1991.
- developed and implemented the Charitable Health Care Provider program which has registered 521 doctors, 41 dentists, and 146 nurses; over 15,500 clients have gotten care through this program.
- aided communities in receiving National Health Service Corps providers.
- established and provided technical assistance to the Kansas Association for the Medically Underserved.
- administered three migrant health clinic sites.
- administered the Federal Refugee program.

Chronic Disease and Health Promotion

- worked with over 300 collaborating organizations and agencies in the state and nation to provide services.
- produced, tested, and began distributing *Jack Sprat's Table,* the nutrition education game featuring the Food Guide Pyramid.
- collaborated with KAKE TV-10 and Dillon Stores to offer the "Heart Test" to over 425.
- tested the "Check Your 6" nutrition program concept with over 15,000 people at the Kansas Sate Fair.
- hosted the First and Second Annual Legislative Fat Bucks Buffet to celebrate National Nutrition Month and educate approximately 800 legislators about nutrition.
- developed Behavioral Risk Factor survey abilities to CDC specifications and surveyed over 6,080 residents.
- received over $1,935,595 in grants for chronic disease prevention and health promotion programs.
- held Kansas Kids Fitness Day for third graders at seven sites in the state.

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- helped start the Walking Kansas program in 291 schools and 92 communities.
- helped plan, facilitate, or host over 100 conferences, workshops, and trainings to over 9,000 participants.
- wrote and submitted *Injury Prevention Planning in Kansas* to the secretary.
- developed playground education program guidelines to all elementary schools.
- distributed 200 first alert smoke detectors with batteries to low-income Kansans.
- began the Please Be Seated program and received over 1,363 notices of improper car restraint use for children.
- distributed approximately 3,000 bicycle helmets at a reduced price to residents.
- supplied traffic safety information targeting those age 55 and above to 511 communities and over 20,500 residents.
- distributed 348 information kits for Breast Cancer Awareness Month.
- targeted the state's 36,000 third grade students with Smart Kids Don't Smoke program information.
- targeted junior and senior high students with the Nic-a-Teen program.
- facilitated the development of the Tobacco Free Kansas Coalition (currently with 53 member organizations).
- developed and provided testimony on the health impacts of 15 legislative proposals dealing with use of tobacco products.

Family Health

- served over 178,000 clients with family planning services such as pap smears, laboratory tests, and education.
- provided prenatal and postpartum care coordination to 27,900 mothers and 19,200 infants.
- provided WIC services to 54,000 mothers and children each month.
- served 5,380 prenatal and 13,460 postnatal families through the Healthy Start program.
- expanded the Healthy Start program from 62 counties to 80.
- collaborated with Social and Rehabilitation Services to increase reimbursement for family planning services.
- expanded training of school nurses.
- successfully administered teen pregnancy reduction projects in two urban and two rural counties.
- designed and built automated case management system for the Special Health Services program.
- with the full implementation of the Individuals with Disabilities Education Act, Part H, expanded the Infant-Toddler program.
- helped over 4,500 children with developmental delays through the Infant-Toddler program.
- implemented a newborn hearing risk screening program.
- sustained partnership in the Baby Your Baby campaign targeting childbearing women and their families.
- completed, in collaboration with the KU Medical Center, a 50-year study of Kansas maternal deaths.
- instituted an automated system for identifying potentially abusive WIC vendors.

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- began the Best Beginnings Breast Feeding Support/Lactation program at KU Medical Center.
- participated in the Immunization Task Force and provided immunization information to clients.
- increased the number of WIC materials available in Spanish and Vietnamese.
- coordinated the development of a State Plan for Oral Health based on Kansas' first oral health survey.

Environmental Health Services

- responded to the cave fire at the Americold food storage facility by placing embargoes on damaged goods.
- established the Lead Working Group which has developed guidelines and helped train nurses and lead inspectors.
- investigated 2,249 consumer complaints.
- regarding the 1993 flood, spent 257 hours on inspections and surveillance, and embargoed contaminated food products in 14 counties.
- fined 22 food, service, and lodging establishments for not being in compliance.
- amended food service regulations to better protect consumers from pathogenic micro organisms in ground beef.

Disease Control

- developed and implemented a model for training HIV educators and counselors and trained approximately 900 residents.
- increased AIDS case reporting which resulting in a 32% increase of federal funds.
- received $161,276 in federal money for tuberculosis control in Kansas.
- provided drugs for treatment of approximately 150 tuberculosis cases and 2,000 infections.
- developed a comprehensive TB screening and treatment program with Prison Health Systems on behalf of the Department of Corrections.
- developed the Perinatal Hepatitis B program to provide vaccine for all contacts and children of Kansas mothers who screen positive.
- developed a federally funded Universal Hepatitis B Pilot Project to implement the Hepatitis B vaccine series beginning at birth.
- gave immunizations to approximately 10,000 chldren during the first Operation Immunize campaign drive.
- started the Immunization Action Plan to increase the age-appropriate immunization level of children up to age two to 90%.
- computerized reportable disease data.
- developed disease protocols for county health departments.

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Adult and Child Care

- implemented the Nursing Home Reform Act.
- completed comprehensive new regulations for nursing facilities that will affect over 28,000 nursing home residents, their families, and employees of adult care homes.
- publicly recognized nursing facilities that clearly exceeded regulatory standards.

- developed a conflict prevention protocol to minimize disputes regarding nursing facility survey results.
- upgraded the educational standards for adult care home administrator licensure from a high school degree to a baccalaureate degree and practicum.
- received over 90,000 phone inquiries through the Nurse Aide Registry regarding nurse aides, home health aides, and medication aides.
- implemented programs to ensure approximately 180 medical care facilities have effective risk management programs.
- organized from existing resources the Mental Health and Mental Retardation Survey and Policy program.
- successfully automated the child care database (holding records for approximately 250,000 children and families) which will affect almost 13,000 providers.
- initiated program reporting and established performance standards and basic educational qualifications with aide to county contractees.
- developed a standardized nursing facility resident assessment.
- eliminated inspection of care—a duplicative survey process—which allowed reassignment of 29 staff.

Science and Support

- completed watershed land use and pollution modelling assessments for more than 30 recreational and drinking water supply lakes.
- responded to over 200 pollution-related complaints, most involving fishkills, toxic algal blooms, nuisance taste and odor problems, and other water quality problems.
- released 17 environmental reports ranging from *A Citizen's Guide to Lake Protection* to *Lake Sediment Quality Survey*.

Waste Management

- held three conferences and 178 public meetings in 1993 to provide solid waste management technical assistance to cities, counties, etc.
- awarded 23 household hazardous waste grants and 21 waste tire grants to counties.
- developed a grant application procedure for solid waste planning grants.
- submitted the Kansas application to the US EPA to operate an approved landfill permit program.
- established a solid waste advisory committee with representatives from industry and local government.
- conducted monitoring inspections at approximated 36 hazardous waste treatment, storage, or disposal facilities and 125 hazardous waste generator facilities.
- provided a solid waste newsletter to local government, industry, and the public.
- initiated administrative orders related to violations of hazardous waste regulations at 27 facilities; 12 orders have been settled.

Air and Radiation

- performed 821 field inspections and consultations (every school filing a notification was given top priority for inspection).
- received $2,823,400 in federal air quality grants.
- introduced the Nuclear SAfety Emergency Preparedness Act.
- collected results from over 8,000 indoor radon measurements.

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- responded to over 2,000 telephone inquiries and distributed over 10,000 pieces of radon information.
- developed a program to inspect facilities performing screening mammography and helped in the training of mammography technologists.
- coordinated removal of 300 barrels of depleted uranium from a site near De Soto.
- developed a computer system to enhance compliance with Right-to-Know regulations.
- developed a hazard-base risk-assessment system for the Superfund Amendment and Reauthorization Act.

Water

- made $43.4 million in grants and $90 million in low interest loans to municipalities for financing wastewater systems.
- leveraged grant money, enabling the loan fund to increase by over $50 million.
- sent mailings and held 22 seminars, workshops, and speaking engagements to explain wastewater regulation requirements to the approximate 13,000 Kansas installations affected.
- sent informational articles and held on-site visits to explain changes in the Federal Safe Drinking Water Act.
- began Non-Point Source Pollution Control program projects on two lakes, three groundwater pollution sites, and a stream monitoring project.

Environmental Remediation

- fully implemented the State Cooperative program to bring responsible parties into consent orders with the department to investigate, evaluate, and remediate lead contaminated sites.
- conducted 40 landfill closure inspections.
- received and processed 1,107 spill reports and performed 196 spill investigations.
- investigated and added 48 sites to the contaminated sites listing; resolved six sites.
- negotiated 48 consent orders with potential responsible parties.
- lead or assisted at 12 superfund sites.
- investigated 21 sites for inclusion on the National Priorities List.
- investigated 68 potential surface mining related emergencies in southeast Kansas.
- permitted 10,980 underground storage tanks; this represents more than a 95% compliance rate.
- developed regulations for the Underground Storage Tank program.
- developed and implemented a licensing program for underground storage tank installers, removers, and testers.
- initiated an above ground storage tank section in response to the Above Ground Petroleum Storage Tank Release Trust fund created by the Kansas Legislature.
- entered into an agreement with the U.S. Department of Defense to provide for state oversight of remedial activities at military installations in Kansas.

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Center for Health and Environmental Statistics

- implemented a department computer network using three IBM AS/400 minicomputers to link over 400 staff.
- finalized implementation of optical disk the automated vital statistics system.

- continued installing the Electronic Birth Certificate system in Kansas hospitals.
- implemented a Mortality Medical Indexing, Classification, and Retrieval system; reducing processing time spent on approximately 24,000 death certificates annually.
- implemented an automated death/birth match system which helps to curtail fraud and costs.
- developed and installed six systems for department programs ranging from the Special Health Services System for tracking and servicing children with special needs to the Wastewater Treatment System for registering and monitoring treatment facilities.
- provided hardware and software support to department staff.
- implemented the Geographic Information and Global Positioning systems.
- in collaboration with the Oklahoma University School of Public Health, provided training in basic epidemiology and statistics.
- collected, compiled, and analyzed data in support of the *Kansas Public Health System Study*.
- implemented the Revised Occupational Safety and Health survey.
- implemented the Census of Fatal Occupational Injuries.
- compiled and provided statistics to the Kansas Kids Count project.

Kansas Health and Environmental Laboratory

- developed and implemented a management information system to improve reporting speed.
- improved reporting of Tuberculosis and Gonorrhea results to doctors through a change to use of nucleic acid probes.
- performed neonatal screening on 40,000 newborns to detect metabolic deficiency disorders and prevent mental retardation.
- expanded analytical capabilities for detection and quantification of chemicals and pollutants in drinking water, ambient water, and program water samples.
- analyzed approximately 6,000 samples for radiation control and nuclear power plant monitoring.
- analyzed 150,000 samples from 1,500 public drinking water supplies to ensure the biological safety of ambient and public drinking water sources.
- reduced the cost by 50% of water testing for public water supplies using new technology.
- monitored the performance of 1,500 clinical, 200 environmental, and 235 law enforcement laboratories.
- helped implement the Clinical Laboratory Improvement Act of 1988—a change from policing and regulatory orientation to an improvement philosophy.
- provided state-wide chlamydia testing with local medical facility expenditures limited to collection kit and mailing costs.
- performed blood spot tests for HIV-1 antibodies on over 114,000 newborns.

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Government and Community Relations

- developed and implemented department-wide employee education forums in 1993.
- coordinated with Social Rehabilitation Services and WIBW Channel 13 to expand and successfully launch the Baby Your Baby campaign in northeast Kansas.

- reached over 822,000 residents with health and environmental audiovisual education information.
- provided over 4,500,000 pieces of printed educational material to Kansas families, businesses, and schools.
- provided educational outreach to over 100 corporations, school groups, and the general public.
- developed over 900 news releases and made over 3,600 media contacts.
- produced 725 graphic arts and publications projects for the department.

General Services

- reimbursed vendors for programs, offices, and bureaus.
- supplied budget information to department staff.
- conducted payroll, travel, office space, and office equipment functions for the department.

Legal Services

- defended the department in a variety of lawsuits.
- established legal precedent that will facilitate department enforcement actions.
- coordinated with the Kansas Public Health Association and the Kansas Association of Local Health Departments in publishing the *Kansas Public Health Systems Study*.
- helped make Kansas the leader in the EPA Region VII in initiating and formalizing voluntary remediation consent agreements.
- adopted regulations for adult care facilities for mentally retarded residents.
- revamped the adult care home regulations.
- identified 211 certified nurse aides who were perpetrators of adult abuse, neglect, or exploitation and flagged their records as such on the CNA Registry—warning potential employers.

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■ Access To Services

The fact that an estimated 300,000 Kansans live without adequate health care represents an expensive burden for the state today and in the future.

Perhaps the most daunting task the department faces is ensuring every resident access to adequate health care. During 1993 the department maintained its role as coordinator of publicly-funded primary care services through the funding of ten special health clinics (five are located in health departments). These clinics provided about 30,000 visits, a fraction of the services needed by the Kansas at-risk population.

Technical assistance provided by the department enabled many communities to benefit from federal programs to provide migrant health services, place doctors in eligible areas, and obtain community health center funding.

To increase public awareness of health care reform, the department conducted a forum for representatives of business, the health care community, civic organizations, and elected officials. During the forum, former Minnesota Health Department Director Marlene Marschall reported on Minnesota's efforts to make health insurance coverage available to thousands of residents too poor to afford insurance and not poor enough to receive state assistance.

■ Rural Health Care

Helping rural hospitals remain in operation ensures that health care services are available across the state.

In partnership with public and private organizations, the department helped establish and support rural health networks to ensure access to primary care services in rural Kansas. Approximately $5.6 million has been provided to ten networks involving 43 hospitals. As a result of the networks, the hospitals receive a more favorable reimbursement rate from the federal government.

■ Charitable Provider Program

Thousands of indigent and disenfranchised Kansans receive free medical care from the health care community. The department facilitates this service to widen the state's health care safety net.

The department led the effort to register over 581 doctors, 45 dentists, and 168 nurses as part of the Charitable Health Care Provider Program. This program, covering the provider's liability when treating patients for free, has helped over 15,500 people to receive health care. The program also provided liability protection to over 700 health care professionals who volunteered to help in the state's Operation Immunize campaign.

■ Infant Toddler Services

Services that ensure health care access to children with disabilities provides care to those in greatest need and at an early age that greatly reduces future cost burdens to the state.

During 1993, the department's Infant Toddler Services (part of the Individuals with Disabilities Education Act, Part H) went into full implementation. This program ensures approved program services for all children from birth to two years of age who meet eligibility criteria.

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Family Health

Successful interventions and services require an accurate assessment of needs, a strategy for access, and a comprehensive outcome. Family health services are a critical element of the holistic health services provided by the department.

The department contemplated the health needs of families when it prepared its two year Strategic Plan and Progress Review of Year 2000 Objectives on family health. The plan sets the stage for future maternal and child health initiatives and establishes an outcome-based method to determine if those needs are met.

The department's Operation Immunize campaign, which addresses proper immunization of children birth to age two, was promoted publicly and through maternal and child health programs. This use of internal networks enabled staff to promote immunization among children being seen in programs such as WIC and Healthy Start.

During 1993, the department was assigned the coordination role for the implementation of legislation requiring child health assessments before school entry. Implementation had been delayed a year to give health care providers and school officials an opportunity to prepare for the change. Over 30 percent of the school districts in Kansas required assessments to screen children for health problems that might affect learning ability before this legislation passed.

Nursing Home Care

Residents in adult care facilities are entitled to care that maintains their quality of life and ensures appropriate rehabilitation. It's the department's role to ensure quality care in these facilities.

The department's ability to ensure the care for those living in adult care homes was enhanced in 1993 when it approved sweeping new regulations governing the operation of such facilities. The regulations shift the department's priority from evaluating the nursing home process to reviewing the outcome of care provided. While the department will maintain its emphasis on quality of care, the new requirements help it place more importance on maintaining and improving residents' health. The nursing home industry, which participated in the two-year process of developing the new regulations, will have more latitude on how it reaches those outcomes.

AIDS/HIV Services

The department's ability to decrease the impact of AIDS and HIV on Kansans hinges on its capacity to counsel and test at-risk people and to provide support services to infected people.

In mid-1993, Kansas recorded its 1,000th AIDS case. Faced with static federal funding levels in most areas to combat AIDS, the department has increased its AIDS case reporting efforts where increased funding is still available.

To get perspective on future AIDS cases, the department secured passage of legislation to allow reporting of HIV cases without identifiers (i.e., anonymously).

The end is not yet in sight. Due to increased surveillance efforts the department increased its federal AIDS funding in 1993 by 32%. These funds will help provide medications, insurance, and home health care for AIDS patients. A new AIDS grant of $1 million for the Kansas City area will provide several hundred people with programs ranging from primary care to housing. Education, risk reduction, testing, and counseling remain the department's best tools against the spread of AIDS until a cure is found.

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■ Disease Reporting

Thousands of Kansans are afflicted with infectious diseases each year. To control the spread of disease, doctors and local health departments must report cases promptly and the Department of Health and Environment must recognize and address emerging disease trends quickly.

During 1993, the department revised disease reporting regulations and published the first annual summary of reportable diseases. The report, combined with monthly articles on disease control in issues of *Kansas Medicine*, are expected to improve disease surveillance and, ultimately, disease control.

In anticipation of an increased incidence of tuberculosis, the department secured additional federal funding for its TB program. The department used the funds to employ a field nurse who will assist in outbreak control and to upgrade the capacity of the Kansas Health and Environmental Laboratory to identify TB in laboratory cultures.

Lead poisoning is one of the most common and preventable pediatric health problems today. Over four percent of the children whose blood lead samples were analyzed by the department were found to have levels exceeding 20 ug/dL and were referred to medical treatment. The department's Blood Lead Working Group continues to advocate for appropriate services and intervention.

■ Health Director

Stable leadership within the department is a key component to ensuring quality services to Kansans. Competent health professionals are needed to guide the department in meeting Kansas' health needs.

During 1993, the department hired Steven R. Potsic, MD, MPH, an Illinois public health doctor and former administrator of a large county health department. This action ended a two-year search for a state health officer and director of the division of health. The department secured legislation in 1993 that allowed state health officers to serve a term of four years upon legislative confirmation. Dr. Potsic, a pediatrician with board certification in preventive medicine, brings a strong epidemiological background to the department.

■ Immunization

To prevent outbreaks of crippling and life-threatening diseases, the department is working to make immunization second nature to families. For many, cost and access are roadblocks to obtaining necessary vaccinations.

During 1993, the department began its Operation Immunize campaign to immunize 90 percent of all children under the age of two. Currently, a little over half of these children are appropriately immunized.

Two Operation Immunize weekends held in 1993 reached 24 percent of the estimated target population of 33,000 children. Two additional state-wide weekends are planned for 1994 to reach the remaining children. The department will follow up these immunization drives with the implementation of the Kansas Immunization Information System which will use birth certificate information to remind families of needed immunizations.

The department's immunization efforts also include the development of the Perinatal Hepatitis B Program and implementation of the federally funded Universal Hepatitis B Pilot Program. The perinatal program provides vaccine for all contacts and children of mothers who screen positive. The pilot project is the first step toward making universal Hepatitis B vaccination available to all newborns. The project started in Sedgwick County where about 20 percent of the state's births annually occur. If successful, the pilot program will expand by 20 percent of total births each year until state-wide coverage is reached.

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■ Food and Safety

Preserving the health of Kansans includes preventing dangerous foods from being sold or served in the state. The department promotes a safe food supply and it prohibits the adulteration of foods.

Department efforts during 1993 prevented several hundred million dollars worth of adulterated food products from reaching unsuspecting Kansans. The largest food embargo ever issued by any agency in the United States involved the Americold Cave which was damaged by fire. The department ordered millions of pounds of foods destroyed because of smoke damage. Over $1 billion worth of food was stored in the Kansas City cave. The department put embargoes on other food products with a retail value of $14 million due to floods, fires, tornadoes and other catastrophes.

■ Chronic Disease Prevention

Although making health care more accessible and affordable will reduce society's health care costs, prevention efforts will further minimize costs. Effecting changes in society's behaviors and habits will prevent chronic disease which becomes increasingly difficult and expensive to treat as a person ages.

During the past year, disease prevention staffing expanded with the broadening of the department's health promotion efforts. Aided by private grants and federal funding, chronic disease prevention and health promotion efforts increased five fold. This support enabled the department to: develop capacity for chronic disease epidemiology; create a state prevention plan; enhance chronic disease and risk factor surveillance; and develop active advisory bodies and state-wide coalitions to promote healthier lifestyles.

While the chronic disease office does not provide direct services, it conducts health promotion efforts through collaboration with over 300 organizations and agencies in the state and nation. These organizations promote interventions that are aimed at changing health behaviors and practices that contribute to the leading causes of death and disability in Kansas.

■ Nutrition and Disease

Five of the ten leading causes of premature death in Kansas are due to conditions related to the typical American diet. Kansas LEAN (Low Fat Eating for America Now) exists to counter misleading diet information with education and information.

Kansas LEAN, in conjunction with private sector partners, developed and distributed curriculum packets to all fifth grade educators and 8,000 preschools. Potentially 42,000 fifth grade students and 40,000 preschoolers will receive these materials that reinforce the new USDA food guide Pyramid.

The department unveiled it's Jack Sprat's Table board game in 1993. This popular game teaches proper nutrition through the principles of budgeting "fat bucks."

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■ Tobacco and Cancer

Tobacco is the second leading cause of death in Kansas, claiming almost 4,000 lives a year. Prevention efforts in this area will pay dividends in the form of lower health care costs for future generations.

During 1993, the department conducted two major campaigns to help youth avoid smoking and nicotine addiction. The department strengthened the state's public private anti-tobacco coalition efforts by hiring a tobacco control coordinator. More than 50 organizations have

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grants, totaling $597,475, provide communities with partial funding to start local programs to properly collect and dispose of household hazardous wastes.

■ Landfill Contamination

Existing and closed landfills may be a source of pollution. The department must systematically review landfills to determine possible public health risk.

The department's new landfill remediation unit began studying existing and closed landfills to determine how many have groundwater contamination. Of 82 landfills checked, 25 have known contamination. Staff are continuing studies to determine if the contamination occurred as the result of the landfill or from other sources. Staff conducted 40 landfill closure inspections in 1993.

■ Air Quality Improvements

The Clean Air Act of 1990 represents the nation's first overhaul of air quality regulation in almost two decades. The department will play an important role in implementing these new requirements.

The 1993 Legislature approved the department's proposed revision of the Air Pollution Control Program which authorizes the department to begin implementation of air program changes required by the Clean Air Act of 1990.

The largest and most sweeping changes associated with the Clean Air Act will be in the area of operating permits. The air permit system, now being drafted into regulatory form, is designed after the federal National Pollutant Discharge Elimination System (NPDES) which is used to regulate discharges to streams and rivers. Air permits issued under the new program will be reviewed every five years. Currently, reviews are conducted only when the permit holder has an operational change resulting in a change in emissions.

The department has established an emissions fee of $18.00 per ton with implementation planned in 1994. Over 400 industries, utilities, and businesses will be affected based on the amount of air pollution and hazardous pollutants they emit.

The department has established a small Business Assistance Program with an environmental ombudsman to help smaller businesses understand and comply with the new air pollution law.

■ Nuclear Safety

Kansans must be protected from emergency radioactive releases from nuclear power plants. The existence of these possible emergency situations requires the department to be prepared for response.

The department secured legislative approval of the Nuclear Safety Emergency Preparedness Act in 1993. This bill and the regulations that followed enable the agency and other governmental units to recover emergency planning and preparedness costs from the nuclear powered electrical generating facilities. Armed with this legislative backing, the department revised its emergency response plans and procedures for responding to possible accidents at the Wolf Creek Generating Station.

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■ Radioactive Wastes

Proper removal and disposal of radioactive wastes is essential. The department, sometimes in concert with other states, helps secure long-term disposal for low-level radioactive wastes.

- Stormwater regulations in Kansas potentially affect 13,000 Kansas installations. The department conducted over 22 presentations, sent out several mass mailings, and established a special phone line to receive inquiries.
- When sweeping new solid waste regulations resulted in over 178 public meetings and presentations during 1993, the department recognized the need to assist small businesses regulated under the Clean Air Act of 1990. It hired an ombudsman to help firms comply with regulations and assist them in reducing their air pollution.
- In response to the growing need for state input on pending federal legislation, the department devised a vehicle through which federal, state, and local concerns can be shared with the Governor and the legislature: the Secretary's Legislative Policy Forum series. Chaired by the department secretary, these forums cover topics such as health care reform and reauthorization of the Clean Water Act.
- Since the department's implementation of revisions to the Safe Drinking Water Act require outreach activities, the department has used newsletters, site visits, and seminars to share information with the public on the new requirements.
- To provide assistance and information to small public water supplies on an on-going basis, the department entered into a contract with the Kansas Rural Water Association.
- In 1993, a panel established by the Bureau of Adult and Child Care completed its work of overhauling the state's regulations of adult care homes. The changes, accomplished with the active involvement of industry and advocacy groups, were adopted with little controversy.

The department also considers sharing information with staff to be essential. As mentioned previously, the department holds Town Hall Meetings to recognize staff for their service; share updates on legislation, program decisions, and budgets; and provide the opportunity for staff questions and answers.

Laboratory Improvements

Accurate, timely analyses of pollutants and disease-causing organisms is one of the pillars of sound environmental and public health policy and enforcement actions. Demands for testing grow as the department expands its detection capabilities of pollutants and pathogens.

Expanding program mandates increased the number of samples received to over 300,000 in 1993, resulting in implementation of procedures and processes that provide accurate analyses more efficiently.

Analysis of drinking water samples expanded as thousands of new samples were received from drinking water supplies to ensure users that their water was free of contaminants. One sampling effort involved the detection of lead and copper in the approximately 1,200 Kansas public water supplies.

While new equipment improved operations, new methodology helped staff conduct more analyses while maintaining quality. A new method to detect whether harmful bacteria are present in public drinking water reduced analytical time by 30 percent and also reduced the amount of labor required. These changes resulted in fewer false readings and a reduction in testing costs for some public water supplies. The laboratory analyzed over 50,000 water samples in 1993.

During 1993, the laboratory expanded chlamydia testing state-wide. Using new testing procedures, it is now possible for distant Kansas medical facilities to submit samples for accurate determination of chlamydia. The number of chlamydia samples analyzed—28,000 in 1993—is expected to grow to 42,000 in 1994.

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During the past year, laboratory screening programs detected metabolic deficiency diseases in 13 Kansas children. Detection of these diseases shortly after birth allows medical prevention of otherwise inevitable mental retardation.

The increased demand for laboratory analyses led to the need for a new information management system. The planned system will be more reliable, flexible, and efficient than the current system.

■ Management and Support

Training, evaluation, professional development, diversity, and assistance are indispensable for efficient and effective department staff and operations. To serve the public, the department must not only develop the skills of staff and entities it interacts with, but also facilitate an environment that fosters coordination and cooperation internally and externally.

During 1993, staff participated in several department workshops to identify short and long-term objectives. Staff vocalized views that department objectives and goals are necessary for improving not only their performance, but also the health and environment of all Kansans. The workshops complement ongoing planning by division, office, and bureau management. The department and staff plan to improve the capacity of the department's support components, laboratory, information systems, personnel management, budget management, and community relations.

■ Staff Involvement

Department employees come from a diverse background of professions, races, and cultures. Acceptance of everyone as unique individuals contributes to a positive work environment.

During 1993, the department conducted diversity training for staff in areas of race, disabilities, and sexual harassment. Managers, a cornerstone to successful implementation of diversity training, were encouraged to participate.

Town hall meetings for employees also began in 1993. These meetings give the Secretary an opportunity to update staff on personnel, legislative, and policy issues on a quarterly basis. The sessions, held in Topeka, are linked to Forbes Field by telephone and are videotaped for district office staff and those who are unable to attend.

As noted earlier, the department established a work day comprised of employees from all levels and regional areas. The work days empower customers and employees and refines the agency's focus—crucial elements of quality management.

To increase employees' role in improving program operations, the department established a quality improvement program for nursing home inspection surveyors. Staff will identify weaknesses in the regulatory program and work with inspectors to ensure the survey process of adult care facilities is consistent and maintains a high standard.

The department recognized the need for basic orientation of new employees; personnel staff began preparing a program with quarterly orientation sessions during 1993. Implementation is planned for 1994.

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■ Legal Support

For the department to carry out its mission, it must be prepared to legally defend the health and environmental interests of the public. Several legal challenges that reached the Kansas Supreme Court in 1993 resulted in rulings favorable to the department. These precedent-setting decisions will facilitate future department enforcement efforts.

Department legal support of nursing home regulations resulted in the placement of 211 certified nurse aides (CNAs) who were perpetrators of adult abuse, neglect, or exploitation

on a registry to prevent them from being hired again. Thirty-five actions were taken against adult care homes to maintain the quality of care for the elderly. Substandard childcare facilities were targeted in 32 enforcement actions.

Legal staff strive for voluntary remediation consent agreements which enable the department to avoid protracted litigation over contaminated sites and to start remediation sooner. Where consent orders and negotiated settlements have not been possible, the department's legal staff used enforcement orders—in over 100—to prevent or remediate pollution.

■ Structural Efficiencies and Changes

Business and government are finding that constant reevaluation of the product and the process are equally important. New solutions to problems and more effective approaches may not only generate savings but also enhance services to the public.

In response to the Governor's efficiency request, the department continued use of its department efficiency team in 1993. This empowered panel of employees continued to look for ways to make department operations more efficient. The team solicits suggestions from all staff and approves ideas that will create a savings and improve or streamline operations. Evaluation of current operations and methods is expected to remain a priority for the department.

In 1993, the department completed its reorganization of district environmental operations to strengthen its partnership with local governments and increase pollution prevention activities. The department created the Bureau of District Operations and hired environmental administrators in each district to oversee local operations. The bureau is charged with resolving environmental problems at the local level as much as possible. Enforcement and permitting actions will remain the responsibility of the division of environment office. The department also updated space needs and prioritized equipment needs for all staff and programs.

■ Training

Untrained staff, inadequately prepared local health departments and care providers, and ill-informed businesses and individuals do not contribute to the wise stewardship of our Kansas natural resources. Training is recognized as a tool to achieve compliance, promote wellness, and increase efficient use of staff time.

Thousands of Kansans received health and environmental training from the department in 1993. Department training is conducted by individual programs, bureaus, offices, and divisions. Trainee costs are generally very low, covering reimbursement for materials and special speakers.

The department recognized the importance of better coordination of training activities for staff and began formulating plans for a training academy. The academy will foster a greater utilization of existing staffing, communication channels, and partnerships; planning and preparation for training will remain with individual programs.

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■ Technical Assistance

Training takes many forms. One form is technical assistance provided by the department to those the department regulates, provides services to, and administers programs for.

To improve technical assistance, the department established district environmental administrators in each of the six district offices. These administrators are liaisons to the public and regulated community. They will work proactively, finding solutions before problems become insurmountable. Staff field thousands of calls from citizens, businesses,

and local governments seeking assistance in complying with health and environmental laws each year.

Seminars and Workshops

The one-on-one training found in technical assistance is not practical for many program areas. Many professionals (e.g., nurses, surveyors, inspectors, and engineers) need specialized training and information.

The department conducts the bulk of its training activities through seminars and workshops. Meetings and conferences are held across the state, involve groups ranging from a dozen to several hundred, and last anywhere from several hours to several days. When applicable, the department coordinates continuing education credit for trainings, making sure professionals earn appropriate educational credit.

During 1993, the department hosted a training for 150 mammography technologists. Mammography is now more actively promoted for detection of breast and other cancers. Training focused on improving the skills of those who actually provide the x-ray doses to patients.

The department trained over 1,500 nurses and other health care providers at regional update workshops on infectious disease in 1993. These workshops are held each spring to acquaint local health department staff, school nurses, and other providers with changes in disease control.

Training Partnerships

Training partnerships enable the department and the public health community to address health and environment challenges proactively. Often, in the absence of a specific state or federally funded program, these partnerships represent the core of the department's response to growing public health needs.

Since it is impractical to station an inspector at every facility, the department relies on spot surveys and training to make sure service providers are rendering services within industry standards. Each year, thousands of child care providers and adult care home employees receive continuing education directly from program staff or indirectly from the department's audiovisual and literature libraries. Department approval often includes licensure or certification requirements.

The department, recognizing that outside experts are necessary to help provide training, enters into cooperative ventures with groups and universities. As part of its commitment to address the problem of lead poisoning in children, the department coordinated an inspector's training for sanitarians in Kansas with the University of Kansas Continuing Education Program. University experts presented material, department environmental health staff identified content areas and the target trainees, and department family health staff provided the fiscal support.

The department and the Oklahoma University School of Public Health's Agency Health Training Program are providing basic epidemiology and statistical short course training to 90 health workers in Kansas. Additional public health courses are planned.

A cooperative agreement with the Agency for Toxic Substances and Disease Registry enabled the department to enlist a KU Medical Center doctor to make training materials available to health care providers on lead poisoning. This effort heightened awareness that one out of six children under the age of six may have high blood lead levels and enabled a sharing of protocols for medical and environmental interventions where elevated levels are reported.

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■ Specialized Staff Training

The department augments staff professional training with instruction in related skills. Some training is provided on computer software to maximize the efficiency of technology.

Staff training on long-term care facility regulations is extensive. Nursing home surveyors receive department orientation, are trained in the field for up to six months, are trained by the federal Health Care Financing Administration, receive regional office orientation, and then must pass a minimum qualifications test. Once over those hurdles, staff are evaluated for additional training needs. Department supervisors conduct annual training for all field surveyors to ensure currency and competency with state and federal nursing home requirements.

Environmental technicians receive training on how to conduct better environmental investigations. Such training ensures enforcement actions are not lost on technicalities.

Court-defensible breath alcohol tests is the goal of department training provided to breath testing instrument operators. Instruction helps ensure accurate results, which are critical in light of the new DUI level of 0.08 breath alcohol standard.

■ Training and Compliance

Training has become a component in some of the department's enforcement programs. Staff implementing the medical laboratory regulation called for in the Clinical Laboratory Improvement Act of 1988 have shifted the emphasis from a policing orientation to an improvement philosophy. As an alternative to some enforcement, the department will educate laboratories on how to comply with new laboratory standards.

In 1993, department staff participated in over 120 food service training sessions attended by more than 4,300 trainees. Food service managers are the focus of this joint program with the Kansas State University Extension Service. While the training is not mandatory, the department emphasizes the importance of it and the impact it may have on preventing food service license violations.

Environmental staff have long recognized the importance of training as a way to prevent problems that could result in threats to the environment. Operators of wastewater and water treatment facilities must have certification from the department before they may operate such facilities. Instruction is provided in conjunction with several community colleges in Kansas.

■ Training Volunteers

Perhaps the newest and one of the largest training ventures in 1993 was training volunteers for the department's Operation Immunize campaign. Volunteers, who were mostly nurses, were critical to the success of the state-wide campaign. The department addressed the distinctive training needs for those who give vaccinations, prepared training materials, and scheduled speakers for local training sessions. All of this work was completed four months after the campaign was announced.

In all, over 900 nurses received the six-hour training. As a further inducement to participate in the campaign, the department secured legislative approval to exempt trained volunteer nurses from the tort liability law when helping at an Operation Immunize clinic.

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■ Training the Trainer

One of the benefits of training is that many who are trained by the department go on to provide direct education of the public. This "train the trainer" concept has been thoroughly embraced by the department.

Local public health providers and community leaders who are trained by the department provide targeted interventions aimed at their constituents. Rather than compete for the same

audience, the department aids trainers by providing instructional materials, state-wide media campaigns to bolster awareness, and technical assistance in implementing community interventions. In the area of health promotion, staff were involved in 42 conferences, workshops, and seminars in which over 3,690 people participated. Those receiving instruction included dietitians, nurses, school personnel, and community leaders.

The department, recognizing that training needs change, conducted quarterly meetings with local health department supervisors in eight areas of the state to assess training needs. The result of these meetings is identification of new workshop and self-study training needs.

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Future Challenges

Will the resurgence of disease afflict large numbers of Kansans? How can we better protect our natural resources? The challenge for the department is to detect trends, adapt current programs, and identify needs.

Health Care Reform

With universal health coverage on the horizon, the department must be in a position to strongly influence both the national direction and the state response to ensure health care that meets the needs of Kansas and its residents.

The department, one of the major forces in the current health care system, will use its communication channels and project partners to gather comments, articulate concerns, and meet state health care needs. As health care reform and environmental protection issues increase, the department may have to give serious consideration to developing each of its two major components into separate entities.

Future of Public Health

Health care reform will affect changes nationally and locally. Kansas health departments may look for ways to meet the challenge of these changes by consolidation. Many primary care services now provided by local health departments will eventually be provided once again by doctors. Even with restructuring, local health departments will play a vital role in prevention and public health protection.

The department, like many local businesses and communities it regulates, will also face shifting and expanding mandates. It will need to keep and build upon existing resources and partnerships to accomplish new program objectives.

Disease Prevention

It is no longer philosophy: chronic disease prevention more than pays for itself through decreased future health care needs and costs. It is also a fact that this is not well understood and is often lost in the rush for a quick fix.

Chronic disease prevention must receive more attention if the state hopes to control rising health care costs. The department's actions, programs, policy choices, and campaigns will help people live longer, healthier lives; reduce suffering; and hold down costs.

Children's Health

Data from the *Kids Count Report* and other such reports call out for action. The department strongly believes more emphasis on prevention activities will pay dividends in healthier children and adults. One activity planned for 1994 is the Governor's Child Health Fair. The fair, to be held in June 1994, will showcase children's health issues and offer substantive ways parents and communities can prevent the detrimental health effects of abuse, disease, and violence.

Pollution Prevention

Like disease prevention, pollution prevention has proved its worth in decreasing future costs—both in the health and environmental areas. Pollution prevention must be assimilated into all of the department's environmental programs. Program actions need to consider prevention alternatives and incentives that reward actions to reduce pollution.

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■ Compliance

Whereas voluntary compliance with regulations is preferred, the department must not neglect its enforcement capabilities.

Plans call for improving enforcement by providing a training module, development of a tracking system, releasing regular activity reports to the public, and delegating additional authority to the district offices. The department also plans to analyze and review both health and environmental compliance efforts.

■ Data Collection and Analysis

Before being able to assess the health and environmental needs, one must first have the tools to find out and gauge those needs.

The Health Care Governing Board was established to meet the diverse data needs required from a comprehensive health care database for the state. The board has developed priority data questions and task forces to obtain the data.

The department's capacity to analyze the information it collects must also be enhanced. One of the highest priorities is its epidemiological capacity as it seeks to increase resources for identifying and responding to disease outbreaks within Kansas. The commitment to this area has been inadequate for years, forcing the department to depend on assignees from the US Centers for Disease Control and Prevention to coordinate disease surveillance.

■ Communication

The department intends to maintain the intensity of its efforts to keep staff informed and to encourage the exchange of ideas. It will strive for greater input from citizens, legislators, industry, and advocacy groups. Part of the promotion of a Center for Health and Environmental Statistics serving as the focal point for health and environmental statistical information in Kansas will include ways to effectively communicate information to local health departments.

Outreach and education will remain instrumental to achieving department goals. The department's health and environment information distribution center will need to enhance its capabilities to provide additional public health educational information and outreach to Kansas residents. To that end, the department recognizes the need for more and better materials which clearly explain regulatory programs, underscore the need for programs and enforcement, and provide technical information. Regular reports on department progress are planned for 1994.

Coupled with the development of a department training academy, the department anticipates enhancing its educational opportunities for staff and the public in 1994. As important as training is the material staff have to work with. The department will explore establishing a Health Advisory Committee similar to the Environmental Advisory Committee.

■ Training and Improvements

The department set the stage for improvements in fiscal management, purchasing, and budget analysis in 1993 with an advanced procurement system to automate purchases of goods and services. Improvements to the department's budget management are anticipated in 1994. The department will replace an older accounting system with one that will enable managers to obtain accurate, up-to-date budget information.

Laboratory capacity will need to expand as the demands placed on it for accurate analyses by department programs grows. The department will complete a transition from targeted to universal screening of newborn children for red blood cell deficiencies. Staff intend to complete program and instrument changes for the state's blood alcohol detection

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program in 1994. Physical and instrumental changes necessary to improve the department's ability to analyze emergency radioactive releases from the Wolf Creek Nuclear Power Plant will also take place in 1994.

In line with department efforts to ensure compliance with new and expanding drinking water standards, it intends to expand the frequency and scope of analytical tests performed on over 1,200 public water supplies. This is intended to prevent adverse health effects that result from drinking contaminated water.

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Kansas Department of Health and Environment 913-296-1500

Secretary	Robert C. Harder	913-296-0461
Executive Manager	Laura Epler	913-296-6917
Administrative Appeals Section	Bill Rein	913-296-1291
Office of General Services	Chris Stanfield	913-296-2336
Office of Government and Community Relations	Pamela Johnson Betts	913-296-5795
Office of Legal Services	Yvonne Anderson	913-296-1330
Office of Personnel Services	Sally O'Grady	913-296-1290
Division of Environment	Charles Jones	913-296-1535
Office of Science and Support	Ron Hammerschmidt	913-296-5565
Bureau of Air and Radiation	John Irwin	913-296-1593
Bureau of Waste Management	Bill Bider	913-296-1600
Bureau of District Operations	Ron Fox	913-296-0077
Bureau of Environmental Remediation	Larry Knoche	913-296-1660
Bureau of Water	Karl Mueldener	913-296-5500
Division of Health	Steven Potsic, MD	913-296-1086
Coordinating Council on Early Childhood Development Services		913-296-1329
Bureau of Adult and Child Care	Joe Kroll	913-296-1240
Bureau of Disease Control	Deborah Alfano	913-296-5586
Bureau of Environmental Health Services	Steve Paige	913-296-0189
Bureau of Family Health	Azzie Young	913-296-1300
Office of Chronic Disease and Health Promotion	Paula Marmet	913-296-1207
Office of Local and Rural Health Systems	Richard Morrissey	913-296-1200
Center for Health and Environmental Statistics	Lorne Phillips	913-296-1415
Office of Information Systems	James Green	913-296-5620
Office of Health Care Information	Elizabeth Saadi	913-296-5639
Office of Research and Analysis	Jim Staehli	913-296-5640
Office of Vital Statistics	Charlene Satzler	913-296-1414
Kansas Health and Environmental Laboratory	Roger Carlson	913-296-1620
Radiation Chemistry	Dominic To	913-296-1629
Organic Chemistry	Russell Broxterman	913-296-1647
Inorganic Chemistry	Robert Bostrom	913-296-1654
Neonatal Screening/Toxicology	Willie Craft	913-296-1650
Virology/Serology	Patrick Hays	913-296-1644
Environmental Microbiology	Richard Strecker	913-296-1658
Diagnostic Microbiology	William Walden	913-296-1636
Laboratory Improvement Program Office	Stanley Sutton	913-296-1640
Laboratory Information and Reporting	Roberta Walker	913-296-1624

District–Section Offices

Northwest District Office (Hays)	Juliet Honas	913-625-5663
North Central Office (Salina)	Delbert Zerr	913-827-9639
Northeast District Office (Lawrence)	Jeff Lamfers	913-842-4600
Southwest District Office (Dodge City)	Richard Buchanan	316-225-0596
South Central District Office (Wichita)	Andrea Wells	316-838-1071
Southeast District Office (Chanute)	Jo Ann Moran	316-431-2390
Surface Mining Section (Pittsburg)	Murray Balk	316-231-8540

Miscellaneous

Nursing Home Complaints	800-842-0078 (in state) 913-296-0133 (out of state)
24-Hour Emergency/Spill Response	913-296-1500
Vital Statistics (birth, death, divorce, and marriage records)	913-296-1400
Make A Difference Hotline	800-332-6262

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
PROJECT: OPERATION IMMUNIZE

April 24-25 and October 2-3, 1993

SUMMARY

During the two free immunization weekends in 1993 the Kansas Department of Health and Environment have tallied the following results.

In the State of Kansas there were 163 clinics open during the two weekends with 121 open on Saturday and 42 open on Sunday for a total of 680 hours. In the greater Kansas City area during the two weekends, there were 60 clinics with 34 open on Saturday and 26 open on Saturday for a total of 358 hours.

During the two campaigns over 1500 volunteers administered 33,655 doses of vaccine to 15,598 children with 45% (7,088) under the age of two years. In the greater Kansas City area 11,318 doses of vaccine were administered to 4,614 children.

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HEALTHY KANSANS 2000

Committed to Healthier Kansans in a Healthier Environment by the Year 2000

Where we've been:

Healthy Kansans 2000 is an effort designed to focus on the prevention of health problems. The project is coordinated by the Kansas Department of Health and Environment and involves the commitment of and collaboration with many other governmental, private and voluntary organizations. It follows in the steps of the "Healthy People 2000" effort which established health objectives for the nation for the year 2000.

The purpose of Healthy Kansans 2000 is to set realistic health objectives for our state for the year 2000. The project began with a prioritization process to select health issues of greatest immediate importance to Kansas.

The **Healthy Kansans 2000 Steering Committee** included a wide range of individuals representing a variety of disciplines and viewpoints. These business, health, education, medical and governmental leaders examined information about health status and public opinion in Kansas. Drawing upon the information at hand and their combined expertise, they chose seven preventable health problems as top priorities to be addressed in the Healthy Kansans 2000 Plan.

Where we are:

The seven priority areas that will be addressed by the Healthy Kansans 2000 Project are listed below along with a brief rationale for their inclusion. The Steering Committee selected these important preventable health problems as those that should receive the most attention during the rest of this decade.

1. The use of **Alcohol and Other Drugs** is directly responsible for 200-300 deaths in Kansas each year **and** is related to hundreds of other deaths and thousands of injuries annually. Almost 50% of intentional and unintentional injuries are related to alcohol and drug use. In addition, domestic violence, child abuse, unintended pregnancy, and infant health are all related to alcohol use.

   Decreasing the abuse of alcohol and use of other drugs could have an immediate beneficial impact both economically and socially in Kansas.

2. **Cancer** is the number two killer of Kansans. In 1990 cancer was responsible for 5,018 deaths or 23% of all deaths. The rate of death from cancer has steadily risen over the past few decades.

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It is estimated that as much as 30% of all cancer deaths are linked to tobacco use, and perhaps 35% are related to diet. Many of those deaths could be prevented or delayed through changing people's behavior and changing related policy.

3. **Heart Disease** is the number one killer of Kansans. Despite a significant decrease in the rate of death from heart disease and stroke over the past few decades, 34% of all deaths in Kansas in 1990 were due to heart disease and another 8% were due to stroke.

   Much heart disease is related to smoking, obesity, hypertension, high blood cholesterol, and physical inactivity. Once again, in most cases these risk factors can be controlled resulting in fewer premature deaths and less illness.

4. **HIV Infection and Sexually Transmitted Diseases** are significant sources of illness in Kansas. While Kansas has a lower prevalence of HIV infection than some states, the deadly nature of this disease requires prevention as a primary focus. Other sexually transmitted diseases (STDs) are not a significant cause of mortality; however, they are so widespread that they account for a great deal of illness. The long-term effects of untreated STDs can be serious, permanent and costly. Moreover, STDs and HIV infection disproportionately affect the African-American population, many of whom have inadequate access to health care.

   The risk factors associated with the spread of HIV infection and STDs are very similar. While AIDS has no cure, treatment or cure is available for STDs; nonetheless, prevention is preferable and certainly saves both pain and suffering as well as costs for treatment.

5. **Immunizations and Infectious Diseases** Serious infectious diseases are far less frequent than they were 50 years ago largely because of immunizations and antibiotics. As the memory of those epidemics fades, there has been less emphasis on timely vaccinations and many children are unprotected until school age when vaccinations are required. Other infectious diseases such as tuberculosis and hepatitis are still public health problems and may even be on the increase.

   The preventability of these diseases is a good reason to focus on their eradication whenever possible. In addition, public health measures to control infectious diseases generally save money that would be necessary for treatment.

6. **Injuries and Violent Behavior** were responsible for 1327 deaths in 1990 and much illness and disability. Unintentional injuries are the leading cause of death in Kansas for persons age 1-34. All types of injury account for more years of potential life lost (before age 65) than either heart disease or cancer.

   Injuries are not generally "accidents." Interventions to prevent injury can focus on associated risk factors such as alcohol use, lack of seat belt use and history of family violence.

7. **Maternal and Infant Health** including the prevention of teen pregnancy is important to Kansans because of the potential long term impact of unhealthy behaviors by mothers or of an unhealthy first year for the child. Teenage pregnancy along with its related social and economic impact has increased over the last five years. Also of concern is the large gap between the health of mothers and babies of different racial groups.

   There are ways to prevent these negative outcomes. Smoking, alcohol use, other drug use and lack of prenatal care, all of which can be changed, are risk factors that contribute to low birth weight and infant mortality.

Where we're going:

Now that the priority health issues have been identified, **Work Groups** are developing measurable objectives and recommending strategies to reach those objectives by the year 2000. The Work Groups are open to all Healthy Kansans Consortium members with expertise and interest in that issue. KDHE will arrange to provide staff for each Work Group.

Since many of these issues are interrelated, such as alcohol use and injuries, or share major risk factors; for example, tobacco use contributes to cancer, heart disease and adverse pregnancy outcomes, the Steering Committee recommended that the Work Groups should be organized to capitalize on those similarities. Below is a listing of the Healthy Kansans 2000 Work Groups. The Work Groups will include at least one objective for each item marked with a ♦. Issues listed in () are related to the topic and special care will be taken to coordinate writing objectives that relate to more than one issue.

1. Access to Preventive Services
   - ♦ Cancer
   - ♦ Heart Disease
   - ♦ Maternal and Infant Health

2. Alcohol and Other Drugs
   (HIV Infection and STDs)
   (Injuries and Violent Behavior)
   (Maternal and Infant Health)
   (Tobacco)

3. HIV Infection and Sexually Transmitted Diseases
   (Alcohol and Other Drugs)

4. Immunizations and Infectious Diseases
   (Maternal and Infant Health)

5. Injuries and Violent Behavior

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(Alcohol and Other Drugs)

6. Maternal and Infant Health
   - ♦ Teen Pregnancy

   (Alcohol and Other Drugs)

7. Nutrition
   - ♦ Cancer
   - ♦ Heart Disease
   - ♦ Maternal and Infant Health

8. Physical Activity
   - ♦ Heart Disease

   (Cancer)
   (Maternal and Infant Health)

9. Tobacco
   - ♦ Cancer
   - ♦ Heart Disease
   - ♦ Maternal and Infant Health

   (Alcohol and Other Drugs)

A Healthy Kansans 2000 report, including all objectives for each of the seven priority areas, is planned for publication in the spring of 1994.

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Position Paper on Health Care Reform

Robert C. Harder, Secretary

Steven R. Potsic, MD, MPH
Director of Health

January 1994

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attm # 10
1-11-94

Kansas Department of Health and Environment
Landon State Office Building
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KDHE
Position Paper on Health Care Reform

INTRODUCTION

The Kansas Department of Health and Environment is supportive of the need for health care reform as it is an important and significant issue. It's premise and promise is to improve the health status of our citizens and can only be assured with significant changes in our health system, including health insurance reform, improved health care accessibility, and reform of the public health system. It is critical that these three components are integrated in any future plan to avoid duplication and significant gaps in service delivery, and to remain focused on changing our health system emphasis from illness care to health improvement.

Most public health problems in the nation transcend anyone's own organization to command and control the necessary resources to eradicate the problems. The determinants of these public health issues are multifaceted and involve social, behavioral, education, economic and other important factors. Therefore, in health care reform, there needs to be renewed emphasis and integration of resources and talents by multiple players, including private, voluntary and public entities. All must work in a singular direction to improve the health of our citizens.

The Governor and the Legislature have taken steps to improve access to health care within the state. Attention has been focused on health insurance reform, compressing insurance rates, mobility of coverage, affordability, and the formation of a basic health plan.

The Caring Program and Kansas Healthy Kids organizations have been in the process of developing school age health insurance programs. The Department of Social and Rehabilitation Services has been mandated to do two pilot projects related to managed care. Also, legislation was passed to establish a Health Care Data Governing Board and a specific Commission to study and make health care reform recommendations.

These steps have been taken over the last several years but there has not always been a coordinated approach. Nevertheless, enough has happened to suggest that, in a modest way, health care reform has begun in Kansas.

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THE FEDERAL RESPONSE

President Clinton and his staff have emphasized health care reform at the national level and a plan has emerged. Essential points are as follows:

- Universal coverage.
- A broad, comprehensive health benefit package set by the federal government. Lives will be covered rather than occasions of services.
- The federal government will set the limits of growth to be controlled by the state by limiting the growth of insurance premiums.
- The states will be expected to administer and partially finance the program.
- The states will be expected to maintain financial effort.
- All persons and companies will be expected to participate in financing the program on the basis of ability to pay.

  There will be a variety of approaches but the emphasis will be on managed care.
- There will be large provider networks.
- There will be an emphasis upon prevention.
- Home and community based services will be highlighted as an alternative to nursing home care. HCBS federal funding will be on a block grant basis.
- The health care package will be at least partially funded by a tobacco tax and cost savings.

THE KDHE RESPONSE

The Kansas Department of Health and Environment thinks there should be an increased emphasis on <u>prevention</u> of morbidity and mortality. Preventing people from coming into the illness system will be the best methodology for reducing the cost of health care. We advocate changes in lifestyle behaviors that are no cost or low cost and will assure health care cost containment because individuals' lifestyle and behaviors will have changed. These activities would include no smoking, timely immunizations, the wearing of seat

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belts, the use of bike helmets, proper diet, regular exercise and others.

For example, cigarette smoking is the number one preventable cause of death and disability. In this time of concern over high health care costs and limited funds, it is unfortunate that 29% of Americans continue to smoke cigarettes and more than one of every six deaths is attributable to smoking. These deaths and associated illnesses result in approximately $69 billion in health care costs and lost productivity. Almost one out of every four Kansans between the ages of 35 and 64 years smoke cigarettes. In 1991, an estimated 3,888 Kansans died due to smoking related illness, 18% of all deaths. In addition, 13% of all deaths to children under age 1 were due to burns due to maternal cigarette smoking. In 1991, $186 million was spent for direct costs of smoking related illness, with approximately 68% due to hospitalization. Indirect costs, such as lost productivity, are estimated at $347 million per year in Kansas. Thus, we estimated that the total smoking attributable cost to our Kansas economy in 1991 was approximately $533 million.

Another important prevention activity is the use of helmets by motorcyclists. When motorcyclist helmet laws were repealed or weakened, it was followed by an almost 40% increase nationally in the numbers of fatally injured motorcyclists. In Kansas, the fatality rate increase with repeal from 15 deaths per 1000 motorcycle crashes to 25 deaths per 1000. Studies have shown that helmet use is the single most important factor governing survival in motorcycle crashes. When one compares the cost of all motorcycle crashes including wages lost, medical expenses, insurance costs and property damages, approximately $40 million are expended annually in the United States. With head injury as the leading cause of death, an unhelmeted motorcyclist is forty times more likely to incur a fatal head injury than a helmeted motorcyclist. It is estimated that Kansas is losing approximately three-quarters of a million dollars per year in hospital costs without a motorcycle helmet law; and the medical costs for non-helmeted riders was 189.3% higher than for helmeted riders.

Clearly, it is in the public's health interest to minimize health resources required for smoking related illnesses and motorcycle crashes. These types of prevention activities are essential to increase the health and well-being of our communities, and to decrease the substantial health care costs which greatly burden this state's and nation's economies.

If an individual abides by good health practices, that person will probably save money out of the health/illness system and will not suffer through the illness system.

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The Kansas Department of Health and Environment supports the concept of health care for all Kansans. For some, this may mean private insurance, for others the use of government programs, the use of primary care health clinics, for others this may mean dependency on an employer, with a variety of delivery systems, and still others may participate in some other form of managed care. Increasing attention needs to be given to grouping individuals in the interest of developing large pools of persons who can leverage favorable costs for health insurance and/or health coverage.

It is important for public health to assure a "safety net" for health care by assessing the health systems impact upon the health status of Kansans, by working with public and private policymakers to address gaps and develop effective interventions, and by assuring access to quality, cost-effective health care which truly improves the overall health status of our communities.

It is especially important to provide this safety net for children and for persons with chronic conditions. If any health care reform plan places limits on care, after those limits are reached, a coordinated system must be available and financial incentives must be structured so as not to encourage institutional placements. In addition, many public health issues, e.g. prevention of teenage pregnancy, will require special policies such as the need for access to confidential contraceptive services for minors in a privately based system. Having co-payments required could result in serious social consequences.

One needs to be especially concerned about essential services for children. Children are very vulnerable and are disproportionally represented. Society's commitment needs to assure that all children have the opportunity to achieve their full potential. KDHE has always been a strong advocate for maternal and child health services which usually fare poorly in competition for resources and have specific needs that require certain expertise and services. This public health role must be enhanced and strengthened in any health care reform to assure that every child has access to comprehensive and continuous prevention and medical services. For example, good nutrition, immunizations and injury prevention are critical to the well-being of children and their future development. It is essential that KDHE assures that such services are made available and accessible to all children. In addition, for children with special health needs, we know that universal coverage will not eliminate all the barriers to adequate, appropriate and quality care. These children, because of their need for a variety of services which extend even beyond specialty medical diagnosis and treatment, usually represent an underserved population. Children with special and complex needs must be assured these services and not a loss of service if, e.g., they are required to transfer into a health service delivery systems which

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offers a less extensive benefit package. Therefore, the role of KDHE must continue to assure that children do not fall between the cracks.

We must continue to be a strong advocate for true access with elimination of barriers for adequate and quality care for children. As an example, what happens if a physician in a provider network is baffled over a childhood condition. Who decides that a distant specialist should be consulted and who coordinates and pays for such services? What factors, financial, geographical, and/or medical will influence such access to necessary services? KDHE has helped assure appropriate management and the accessibility of such comprehensive services. These activities must actually be strengthened in health care reform. With basic benefit package limitation, the possible loss of expanded EPSDT, and possible reduction in Title V, the result could be major reductions in services for children, especially those with special health care needs.

Though it has been well documented both in human suffering and health care that childhood vaccination is highly effective, we have seen substantial slippage in the numbers of young children adequately immunized. Childhood prevention activities such as immunization must continue to have very focused assessment, policy development and assurance activities at a government level so that in the provision of personal health services adequate immunization levels for children are achieved.

The Kansas Department of Health and Environment supports the concept of a basic core of personal health care services being made available to all Kansans. The core of services should be developed through communication and interaction among concerned citizens, providers, and governmental agencies. The core of services should be balanced against a careful analysis of available resources. The financing of a health care system should be shared among individuals, employers, local, state and federal government. Over time, there should be less emphasis on the role of the employer.

It is critical that KDHE position itself to fully assess, develop policy and assure that the health of the state is addressed adequately and is improved. There will be the potential for significant federal dollars to look at special population-based health needs and access issues. It is critical that KDHE serves the key state role for timely collection, maintenance and analyzes of appropriate data and maintains and enhances our expertise to develop strategies, apply for funding, coordinate the resources and assure implementation of these highly competitive grants. In order for Kansas to maximize its fair share of these finite resources, KDHE has a unique role to assure that populations that are either underserved presently because of limited providers, financial

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barriers or other barriers such as culture, ethnicity, or race, have a strong advocacy to see that these services are legitimately integrated into any health care reform system.

Since grants will be available to assist in the provisions of health care services, it will be critical that KDHE continues to develop the data and analyze dynamic changes so the geographic areas and special populations are designated and are well represented in receiving grant dollars. For example, the need for and facilitation of partnerships for comprehensive school health education programs that target high risk behaviors among youth must be integrated with plans related to Healthy Kansas 2000, thus would have to be jointly developed by the Kansas Board of Educational and KDHE. The need for strong public health expertise in a number of educational and health prevention and promotion activities is necessary for external funding. (For school health, assessment and analysis would need to be done on such issues as adolescent births and incidence and prevalence of STDs.) KDHE will probably be required to apply on behalf of community partnerships to see that additional adolescent health services are provided. The key element will be how services will be integrated with other services including public and private. Since historically, KDHE has taken the lead for such assessments and been a strong advocate for the development of needed health care delivery systems, we are in the best position to continue and enhance our leadership to see that these issues are addressed.

Through the use of information generated by the activities of the Health Care Data Governing Board, the development of standards of practice, analysis of the delivery of services, the cost of services and comparative service delivery studies should begin to emerge that will be helpful in assuring <u>high quality of health care</u> within the state. There is no question that better data (both quantative and qualitative) are required since intensive use of information will be necessary for policy development, critical insurance directions, patient information, outcome measurements, etc. The consumers will need to become more educated in order to understand the scope and limits of health services so they in turn can participate in assuring **quality health care.**

The <u>delivery of health care services</u> should increasingly fall to various kinds of health care networks. These networks would be made up of combinations of medical professionals, para-professionals, health care extenders, community providers, and institutional providers.

The health care services provided by these groups should be done in cooperative networks that bind together the provider groups and connect the four corners of the state.

The health care services provided by this far flung and diverse medical community should be geared to practical health outcomes and

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payments tied to those outcomes. Historically, medical care has been measured by the numbers of visits, encounters, diagnostic tests, hospital days. However, community health goals and objectives must also be built into performance (with built-in financial incentives which reward prevention and appropriate care).

In the delivery of health services, providers will be required to make a special effort to promote primary and preventive care. Effective clinical preventive services promote health, reduce the risk of illness, injury and premature death and enable early detection and treatment of illness when it occurs. Clinical preventive medical services must be enhanced in the provision of medical care as an expectation of service rather than just a desirable activity.

For example, clinical preventive services such as the pap test has shown substantial reductions in invasive cervical cancer and cervical cancer mortality. When pap tests are done every 3 years in women over the age of 40, it has been shown to have a dramatic decrease in the incidence of invasive cervical cancer by more than 90%.

Government needs to be responsible for and have overall accountability for the changes which occur in health care reform, and community strategies for improving health outcomes are central to health care reform. It is estimated that there will only be a 10% decrease in infant mortality due to increased accessibility to health care, with major decreases still possible through direct population-based public health interventions.

Governmental public health must increase it's capacity to provide three essential public health functions, namely, assessment, policy development and assurance. Since the goal of improving the health of our state's residents is pivotal to the health care reform process, the role of state government is essential as the party most free of vested interest and as the agent for the electorial process. The governmental public health functions can be further described by the following ten core activities:

1. Collection of health-related data, surveillance, outcome monitoring, and analysis.

2. Epidemiological investigations and control (intervention strategies and emergency response) of infectious and chronic diseases and injuries.

3. Assessment and protection of environment, housing, workplace, food and water.

4. Quality assurance.

5. Laboratory services.

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6. Public information, education of consumers and providers and health promotion to reduce risks to health.

7. Targeted outreach, referral and linkage to personal health care services.

8. Training and education of public health professionals.

9. Research, demonstrations of new prevention and control interventions, and evaluation.

10. Leadership, policy development and administration.

KDHE is unique in its emphasis on prevention and its regard for the health of the whole community. It is essential that there be a single, accountable state health agency (KDHE) which performs the following as a more detailed description of the core activities:

- To be the accountable agency to receive, disseminate and integrate information concerning national health care reform initiatives and regulations. Since this is a time of potentially great change, it is important that the State of Kansas has a single point in which to assure coordination and communication amongst the multiple players associated with health care reform, particularly in any transition period.

- To continue to be the lead agency to develop consensus for a comprehensive plan with implementation strategies regarding health objectives for the state, as in Healthy Kansans 2000. In a state as geographically diverse as Kansas, many communities will have a special priority of their health needs based upon local determinants. The role of KDHE is to look at pervasive statewide urgent and priority health needs which transcend separate local communities. This prioritization is an essential state role given the difficult job of the state policy makers in allocating finite resources.

- To monitor the health status of the state and its achievement towards the statewide objectives. As the official state governmental agency, KDHE must continue to bear primary responsibility for monitoring health status by investigating disease pathways in populations and identify, implement and evaluate population-based efforts to improve health status. These functions cannot be designated to a health alliance or any other entity.

- To assure that the health care system is accountable to the state health objectives.

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- To disseminate information on community health status to the Governor, elected officials, public and private agencies, providers and the public.

- To convene and coordinate planning, implementation and evaluation activities related to urgent special health problems or the prevention of health problems such as can occur in natural disasters.

- To assure services to special populations, for example, children, adolescents and mothers.

- To assess the environmental risks to health and assure protection from these risks.

- To establish population-based prevention including community intervention strategies, policies and criteria (especially where there is no national consensus). To evaluate population-based performance criteria for provider networks. (For example, help develop and assess "Report Cards.")

- To monitor and assure that care is given to historically disenfranchised populations. To develop intervention strategies to remove remaining non-financial barriers to access. A transition must be made with the under-served population having an adequate choice of community-oriented providers and health plans. Action must be supported which enables these populations to gain access to the health care systems and to use it effectively. A special effort and specific plans need to be developed so that health plans provide services in health professional shortage areas.

  A privately based system may quickly identify those access issues which may be unbillable (for example, outreach, transportation, education); and, therefore, dismantling the public health system prematurely only to build that infrastructure again would be costly and time consuming.

- To assess the need for funded initiatives and categorical grants especially for outreach, enabling, and integration of services. Identify what resources and what implementation strategies are necessary for improving the health status of Kansas. Historical and future public health expertise is required to be successful in obtaining federal and other funding. (For example, adequately measuring the number of years of life lost in the state could have a major impact upon the success of grant funding. Assessments should not only be for premature death but also years of productive life lost due to disabling conditions.)

  In order to be competitive for federal dollars, states will be required to have substantial public health capacity to

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describe the current public health measures and how they are to be improved within the state, the ability to measure outcome objectives, to identify the amount of state and federal dollars expended on each public health function and to describe how additional federal funding will improve funding by both state and local agencies. In addition, specific action plans of how core public health functions will be carried out will be required with a strong evaluation component to determine the extent of progress. These activities require strong public health expertise, experience and presence to analyze and fashion the information into viable intervention strategies and grant applications.

- To develop comprehensive public health policies to improve health conditions by incorporating scientific information and data from epidemiological surveillance assessments and literature review.

- To administer quality assurance programs such as enforcing health standards or laws for licensed facilities and certified health plans.

- To identify emerging public health problems such as populations at high risk for tuberculosis.

- To monitor and collect data from public and private resources and identify new trends in diseases and injury. Alert the public and health professionals to particular community health problems and the appropriate interventions.

- To provide the services required for infectious diseases which cross provider networks, community boundaries and/or need contact tracing and intervention.

- To recruit and train public health practitioners in the special skills needed to assess and prevent injury and disease.

- To provide laboratory services to identify special and community health problems and with the capacity for rapid diagnostics.

- To advocate for adequate funding to ensure the provision of necessary public health services (including the designation of a source for federal funding instead of requiring an annual Congressional appropriation to ensure a continuation of critical services).

- To address and assure that federal standards for access and quality are maintained.

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- To monitor the effectiveness of community based services to determine whether all populations receive the guaranteed health benefits and the services appropriate to their needs.

CRITICAL ISSUES

In trying to arrive at a position on health care reform, attention should be directed toward the following:

I. **Universal access of a comprehensive benefit package must be part of any health care reform.** Illustrating the importance of this provision: two million persons were permanently laid off from work in 1993 and 20% of our nation's children are without any health insurance.

II. **Analysis of health care reform packages must include a review of the assumptions in each plan.**

1) Reviewing any proposal by name only may be deceptive because the components of each proposal may be significantly different.

2) Criteria need to be known, such as:

a) A cap on total health expenditures and/or provider price controls.

b) Extent of citizen coverage and scope of services provided.

c) Projected savings because of cutting administrative costs and/or utilizing managed care.

d) Single payor vs multiple reimbursement system.

III. **Resources must be maximized while stabilizing costs.**

IV. **There must be strong emphasis on prevention and non-financial access issues in advancing the public's health.**

V. **Formal organization structure between purchasing personal health care and the essential state governmental public health (KDHE) functions.**

Since the promise and premise of health care reform is to improve the health of our nation and state, it is essential that KDHE have a formal organizational link to whatever agency becomes the Kansas health care purchaser in health care reform. Since the assessment,

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policy development and assurance functions of KDHE are essential to the functions related to both provider networks and a purchasing cooperative, it is our position that this health care purchaser agency have a Health Standing Committee with the following duties:

1. To give advice and counsel regarding health policy and to make health policy recommendations for implementation throughout the health service/provider networks.

2. To present health issues to the purchasing cooperative and make recommendations for the resolution of those issues within the scope of responsibility of the purchasing cooperative.

3. To coordinate data collection and studies to delineate health problems.

4. To make recommendations regarding the coordination of health activities, voluntary associations and provider networks.

5. To evaluate the provider network accomplishments regarding implementation of statewide health objectives, encompassing in part, the federal health objectives for the nation. To make recommendations regarding policy development, legislation, interventions, and resources necessary to implement the statewide health objectives, e.g. Healthy Kansans 2000.

6. To recommend policy and services consistent with statewide needs-assessment.

7. To make recommendations regarding assurance of access to all population groups, particularly the vulnerable populations.

VI. Public Health Funding

Unfortunately, the amount currently being spent on the public health functions is inadequate as shown by the unacceptably high rates of preventable illness and injury. In order to adequately fund these effective core public health functions, six percent should be set aside from the "premiums" (total health care expenditures) collected for health care. As part of national health care reform, there should be requirements not only for this set-aside but also that each state use the funds to perform the core public health programs and prevention activities according to national performance measures.

There needs to be full funding of wrap around services for special populations (for example, case management), and variable funding for components to personal health services when performed by public

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health agencies when still needing to serve special populations.

Core public health functions must be an integral part of health care reform. In fact, the funding should be guaranteed to all states, not a competitive grants program, with a fair and equitable formula. If there is not guaranteed funding, there is a great "nervousness" that if federal and state funding for personal health care runs out and the entitlement caps are not lifted, then public health money will be shifted for the provision of personal health care. Health promotion and disease prevention should not unduly compete with cost reduction.

VII. Some Questions which need additional clarification:

1) What is the expected cost of the program? Start-up? One - three years ? Long term trends? What are the sources of funding?

2) Universal coverage? Comprehensive services? Level of utilization?

3) How will follow-up and linkage occur for public health problems, especially across multiple agencies, providers and communities?

4) How are health care costs to be controlled? National? State? Are the controls enforceable? Who is financially responsible in the case of alliance bankruptcy?

5) What is the baseline for projecting costs? Utilization of an inflation factor? Extent of citizens' usage?

6) Where are the savings coming from? One year savings? Ongoing?

7) What will the role of taxes be in relation to paying for health care? Individual? Corporate? State? National?

8) What is the mode of the delivery of health services?

9) How does one integrate population-based health expectations in the provisions of contractual services when consumers are free to choose their provider and providers may serve fragmented segments of defined communities?

10) What is the phase-in period for the roles of local, state, federal government?

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11) What role will public health play vs the private sector?

12) What will be the funding mechanisms for the public health infrastructure and major services such as public health education?

CONCLUSION

It is important that health care reform proceed in a timely manner. Concerns over specifics, though important, should not distract our commitment to reinforce our citizens' right to be healthy. We also need to shift our focus from provision of services around the care for illness to see that resources and strategies are implemented to truly advance the public's health. Visionary, organizational leadership and resources need to be focused on this premise for health care reform.

There will be a critical transition associated with health care reform, not only an increased demand for accessibility to medical care, but also the continuity, or possible lack thereof, of currently provided services by governmental public health. Many of these public health services are essential to the well being of our population, such as the needy and disenfranchised. There needs to be a careful consideration of assuring that many of these services are provided in this critical transition period. The costs, both in terms of human suffering and dollars, will be significant if essential public health services are lost in the transition of health care reform.

The Kansas Department of Health and Environment needs to continue its critical public health role with increased capacity for those activities that assure prevention, protection and promotion of the health of Kansans.

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