

Approved: 1-27-94
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 18, 1994 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statutes
William Wolff, Legislative Research Department
Jo Ann Bunten, Committee Secretary

Others attending: See attached list

Conferees appearing before the committee:

Robert C. Harder, Secretary, Kansas Department of Health and Environment
Nancy Lindberg, Assistant to the Attorney General of Kansas
Camille Nohe, Assistant to the Attorney General of Kansas
Representative Melvin Neufeld
Gene Johnson, Kansas Alcohol and Drug Association
Andrew R. Pelletier, M.D., Bureau of Disease Control, KDHE
Mike Amyx, Chairman, Kansas Board of Barbering

Introduction of bills:

After a brief explanation, Robert C. Harder, Secretary, KDHE, requested introduction of eight bills dealing with: Health Care Reform, Amendment to statute establishing the Health Care Database, Manpower Information, Birth Registration, Definitions/Vital Statistics, Disclosure of Records, Neonatal Screening and Health Assessments (Attachment 1)

Senator Langworthy made a motion the Committee recommend introduction of the proposed legislation by Dr. Harder, seconded by Senator Hardenburger. The motion carried.

Nancy Lindberg, Attorney General's Office, requested introduction of legislation dealing with funding of the State Child Death Review Board as well as encourage counties to hire a medical investigator for their county or district, delete the 24 hour notification requirement, increase the appropriation to KDHE to cover the additional costs of mandated autopsies, and encourage the organizing of local review teams. Ms. Lindberg noted the fiscal note is approximately \$150,000 and that this request would have to go through appropriations as well. In terms of consistency across the state with reports received from coroners, Ms. Lindberg commented that of the 145 deaths in the first five months of tracking, all but 41 coroners had sent in their report of those deaths. (Attachment 2)

Camille Nohe, Attorney General's Office, requested introduction of legislation for proposed amendments to Chapter 75, Article 7b - Private Investigative or Security Operations. (Attachment 3)

Senator Ramirez made a motion the Committee recommend introduction of the proposed legislation by the Attorney General's Office, seconded by Senator Langworthy. The motion carried.

Hearing on:

SB 448 -- Regulation of facilities for treatment of alcoholism; rules and regs

Representative Melvin Neufeld appeared before the Committee in support of **SB 448** and noted the bill is a result of the Joint Committee on Administrative Rules and Regulations and is a routine review of statutory authority and clean up of language.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on January 18, 1994.

Gene Johnson, Kansas Alcohol and Drug Association, appeared before the Committee and noted he had no problem with the bill but did not want standards taken away that are working.

After Committee discussion regarding definition of rules and regulations in the statute, Senator Langworthy made a motion the Committee recommend passage of SB 448, seconded by Senator Salisbury. The motion carried.

SCR 1618 -- Requesting secretary of KDHE to modify rules and regulations relating to barber shops.

Andrew R. Pelletier, M.D., KDHE, appeared in opposition to amend the sanitary regulations in **SCR 1618** because the department feels the regulations are either needed to protect the public health or so minor that KDHE cannot justify the cost of amendment. (Attachment 4)

Committee discussion related to sterile situations, *i.e.*, shaving mugs and neck dusters in a barber shop that could spread head lice. Staff noted that a few years ago the legislature changed the sanitary rules and regulations authority from the Board of Barbering to the Secretary of the Kansas Department of Health and Environment. That legislation also asked that the Secretary of KDHE make consistent the rules and regulations of cosmetologists and barbers, and since they are sanitary rules and regulations, they should be under the Secretary rather than under the licensing agency. Passage of this concurrent resolution by both houses does not change these regulations, as it would still be up to KDHE whether they want to do this.

Mike Amyx, Chairman of Kansas Board of Barbering, appeared before the Committee in support of **SCR 1618** to discuss the neck duster issue and noted that the Board was unanimous in asking that the neck duster be allowed to stay in the barber shop.

Senator Hardenburger made a motion the Committee recommend SCR 1618 be adopted, seconded by Senator Salisbury. The motion carried.

Senator Walker asked that his "no" vote be recorded.

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for January 19, 1994.

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 1-18-94

NAME	ADDRESS	COMPANY/ORGANIZATION
David Palmer	3005 W. Dotley	SRS/ADAS
Gene Johnson	112 SE 24th	Ks Alcohol/Drug
Graig W. Grant	Topeka	HNWA
JOHN KITE	TOPEKA	KBI
Robert Harder	Topeka 2	K DHE
Nancy Lindberg	Topeka	AG
Tom Rickman	KC Mo.	mmD
Michael C. Quinn	Topeka	attys. Jon Small
Camille Nohe	AB - Topeka	AG
Chip Wheelen	Topeka	Ks Med Soc
Stacey Empson	Topeka	KHA
Ann Miller	Topeka	KSHS Sch. Board
Leggy Bryant, RN	Kansas City	KU Nursing Student
David Hamzlick	Topeka	KDA
Jeff Bottenberg	Lawrence	Rehab. & Assoc.
Douglas E. Johnston	Wichita	Planned Parenthood
Andy Drapa	Topeka	Sen. Burke
Bob Williams	Topeka	Ks Pharmacists Assoc.
Rich Guthrie	KC	Neetha Midwest
Andrew Pelletier	Topeka	KDHE
Joe Furjanic	Topeka	KCA
Jaki Hunk	Topeka	Hum. Effort & Educ.
KEITH R. LANDIS	TOPEKA	CHRISTIAN SCIENCE COMM. ON PUBLICATION FOR KS

DATE: 1-18-94

[illegible]

KDHE Bills Introduced in Senate PHW

1. Health Care Reform.
2. Amendment to statute establishing the Health Care Database
Changes were made in bill draft and have been
made by the Revisor's Office.
3. Manpower Information
4. Birth Registration
5. Definitions/Vital Statistics
6. Disclosure of Records
7. Neonatal Screening
Bill Draft change given to Fred Carman 1-14-94
8. Health Assessments

*Senate PHW
Attachment #1
1-18-94*

Amendment to statute establishing the Health Care Database

This legislation provides the statutory base by which health care data can be collected from all health care providers so that more accurate assessments of the availability, quality and price of health care services can be determined. This bill amends the previous legislation to establish the health care database to include provision of data to the health care database by physicians and adult care homes. This will broaden the scope of the database and assure more accurate assessments of the health care system in Kansas.

Amends KSA 1993 Supp. 65-6801 and 65-6805.

Manpower Information

This legislation allows the agency to use manpower information obtained from occupational licensing boards under the Open Records Act in its programmatic activities.

Amends KSA 65-1,113.

Birth Registration

This legislation would allow the hospital administrator or their designee to sign the birth certificate if the attending physician is unavailable or cannot sign within the required five days time period.

Amends KSA 65-2409a and repealing 65-2409.

Definitions/Vital Statistics

This legislation revises and adds the definition of "induced termination of pregnancy (ITP)". It provides a distinction between an ITP and a stillbirth in order to promote a more accurate reporting of both events.

Amends KSA 65-2401.

Disclosure of Records

This legislation would allow the Secretary to release birth information to state agencies for programs notifying mothers of young children about children's health needs; i.e., immunization tracking, etc. Also, the proposal allows state and federal agencies to obtain death record information to assist in administering benefit programs.

Amends KSA 65-2422.

Neonatal Screening Program

This legislation modifies the neonatal screening program by initiating a cost recovery program that establishes a dedicated fee fund. An advisory committee is also established and the Secretary is given the authority to promulgate rules and regulations.

Amending KSA 65-180, 65-181, 65-183 and NEW Language.

Health Assessment

Amendments to HB 2546 are proposed in order to resolve implementation issues. A multidisciplinary, interagency task group recommended the following amendments to the bill:

1. removal of prescriptive components of the child health assessment definition to allow more latitude by medical practitioners in determining what is medically necessary; this includes deletion of lead screening requirement except as medically indicated or as required by Medicaid;
2. deletion of junior and senior high school new school enterers from the requirement, only required of elementary new school enterers;
3. change of timeframe within which the assessment must be completed from 6 months prior to school entry to 24 months prior to school entry;
4. adds training and certification requirement of nurses doing assessments;
5. addition of a sentence indicating philosophical or moral considerations should not be sufficient grounds for exempting parents from the requirement;
6. provision for transfer of health assessment results from one school to another when the child transfers;
7. use of a sliding fee scale for assessments by local health departments; and
8. addition of a clause to allow the KDHE secretary to adopt rules and regulations relating to grants to local health departments for providing health assessments.



Department of Health and Environment

Robert C. Harder, *Secretary*

(913) 296-0461
(913) 296-8112 (FAX)

**Remarks Concerning Health Care Reform
and
Establishment of a Health Care Alliance in the State of Kansas**

As Legislators, each of you will have a unique opportunity to vote on one of the most important issues facing Kansans and Americans in the last 50 years.

It is hard to keep individual public policy issues before the public for extended periods. The public's attention has been directed to health care reform in a significant way over the last two years. I hope you feel a sense of urgency about the following legislation as a response to that public concern.

Attempts have been made to modify the health care system dating back to the 1910s. Presidents Roosevelt, Truman, Nixon, Carter and Bush made unsuccessful runs at significant change. President Johnson was able to get Medicare and Medicaid passed. President Clinton has been successful in getting health care reform on the public agenda. There are a number of bills in Congress speaking to issues related to health care reform.

The State of Kansas needs to capitalize on this activity. We need to move during this legislative session to set the framework for continued discussion and implementation of health care reform .

As we enter into the discussion concerning health care reform, we often move on the assumption that we are talking only about the delivery of medical services and the costs related to the delivery of those services. We talk about the need for change in the system related to provision of health insurance and tort reform. All of that information is relevant and to the point. However, we must not lose sight of the fact we are talking also about the political, social and medical environment in which we do decision making within the country and state.

If we are going to capitalize on the discussion at the federal level, as well as the discussion which is taking place in our own state over the last couple of years, we need to take into account a broad understanding of the context in which we are operating. This means we need to take seriously not only the issues related to medical services and the payment of medical services, but the general environment in which the medical services are provided and the political context in which these decisions are going to be made.

In that setting, it suggests that we may well be in a period of transition which could conceivably last for a period of two to five years. During that transition we will have the opportunity to explore many of the ideas being talked about at the present time and position ourselves to make maximum use of federal changes as they are beneficial to the states and to continue to maintain a consensus as to how health care services ought to be delivered in our state.

While there may be the opportunity for some significant savings as it relates to the overall administration of the program, quite likely, the significant savings to be derived from health care reform will be in the manner in which the health care services are delivered, illness is prevented and health is promoted. As the Kansas public takes upon itself greater responsibility for its own good health, we can expect to see significant changes over a long period of time. As Kansans begin to recognize the importance of wellness, we can derive the greatest benefit to the citizens of our state.

In that spirit, the following bill is proposed, not as a final definitive document, but rather as an option which needs to be considered. As the bill is being studied, attention needs to be given to the fact that there is not mention of various insurance ideas which need changing. Work needs to be done on community rating, matters of adverse selection, and the elimination of the mechanism wherein pre-existing conditions eliminates a person from getting health insurance. These are all important items but need to be handled as separate legislation.

It is important that health care reform proceed in a timely manner. Concerns over specifics, although 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.

For the purpose of comparing the concept of a health alliance to the existing Kansas State Employees Health Care Commission, the following table is provided for your consideration:

Functions

Health Care Alliances

- 1) Provide information to compare plans--report cards.
- 2) Enforce rules of competition, monitor marketing, prevent risk selection.
- 3) Enroll people in plans.
- 4) Collect premiums.
- 5) Distribute premiums.
- 6) Administer risk adjustment.
- 7) Act as ombudsman.

KS State Employees Health Care Commission

- 1) Provide benefits; does not provide "report cards." Proposed legislation speaks of practice parameters.
- 2) The bid process is competitive, monitors risk selection.
- 3) Communicate through personnel staffs; enrolls persons into programs.
- 4) Collects premiums.
- 5) Distributes premiums.
- 6) Limited work related to risk adjustment; proposed amendments make this task more specific.
- 7) Acts as ombudsman to a limited extent; proposed legislation sets forth a specific complaint mechanism.

Additionally, the proposed legislation expands the membership of the Alliance and the Advisory Committee to make it more representative of the constituents to be served by the Alliance.

The proposed legislation envisions the Alliance as the point of contact for monitoring and implementing health care reform. It sets a deadline for the implementation of universal access in Kansas as of July 1, 1997. The Alliance will have the authority to define the comprehensive health plan in keeping with federal mandates.

The proposed Alliance will have the authority to develop criteria for providers to meet to do business with the Alliance. It will have responsibility to make recommendations to the Governor and the Legislature concerning tort reform and antitrust measures. It will have the authority to purchase medical services for all state agencies. The Alliance will have the task of exploring the issues related to integrating medical Worker's Compensation and medical auto insurance with a basic health plan.

The proposed Alliance will have the authority to work with other states related to the delivery and payment of health services. It will have the authority to purchase health insurance for small companies and businesses, not to exceed 100 employees.

The proposed Alliance shall be expected to take into account issues related to providing public health services and improve upon the health status of our residents.

In conclusion, this bill provides a framework for continued discussion related to health care reform. If passed, it will provide the state with significant checkpoints for making meaningful changes in terms of how health care is provided, especially to those individuals without health insurance at the present time.

The program outlined in this bill takes into account the existing health care framework, but also envisions pathways to the future. It leaves a great deal of the responsibility for good health upon each individual citizen. We are moving in a time when it appears that the public is disenchanted with reliance upon government for providing the various kinds of services. This bill provides a delicate blend between the private and public sector in the interest of making maximum use of the good qualities of both entities. It keeps the state on target in terms of health care reform without predetermining or locking the state into one particular way in which health care reform is to take place within the state. The proposed legislation viewed from five years hence is apt to be viewed in historical perspective as transitional legislation setting the framework for continued discussion and preparing the state for an even more refined and sophisticated way for delivering health services to all Kansans.

Robert C. Harder
Secretary
KS Department of Health and Environment
January 11, 1994

January 11, 1994

Explanation of An Act Concerning the Kansas Health Alliance

New Section 1: provides definitions as used throughout the act.

New Section 2: indicates the composition of the Kansas health alliance to be nine (9). The stated designated positions would be the commissioner of insurance, the secretary of administration, the secretary of health and environment, and six (6) members appointed by the Governor who are representative of the entities receiving the insurance.

RATIONALE

In that we are talking about major health policy within our state, the legislation does propose adding the secretary of health and environment to provide health input in terms of the work of the alliance. Additionally, the membership is broadened to be representative of individuals beyond state employment.

New Section 3: sets forth a mandatory advisory committee not to exceed 100, made up of 51% consumers and 49% providers. Fifty-one (51) percent consumers would be drawn from the constituent groups securing insurance; providers would be from the medical community. The advisory committee would be chaired by the Director of Health.

RATIONALE

The advisory committee is made mandatory and has a much broader representation both from the consumer and provider standpoint because the legislation is suggesting a broader plan than previously noted under the existing Health Care Commission. The Director of Health is the designated chairperson because we need to have the work directed toward health issues rather than the more mechanical issues of how the contract is processed.

New Section 4: provides that the alliance and the advisory committee will maintain ongoing study and review of state health care benefits.

RATIONALE

For the program to be responsive to the needs of individuals represented in the various groups, there is the need for ongoing study and deliberation to insure that the program is meeting the needs of the constituents.

New Section 5: the Kansas health alliance shall cooperate with the federal government in matters related to health care.

RATIONALE

This provides a mechanism for a designated agency within the state to be conversant with federal requirements and to take advantage of federal changes whenever it is going to be beneficial to the state of Kansas.

New Section 6: the Kansas health alliance shall be the official agency in the state of Kansas to cooperate with and interact with its counterpart of the federal government responsible for health care reform.

RATIONALE

There needs to be a specific checkpoint within the state to coordinate all of the activities as it relates to federal health care reform.

New Section 7: the Kansas health alliance may enter into agreements with appropriate authorities of other states having similar kinds of statutes.

RATIONALE

Because of the need for insuring health security to the citizens of the state of Kansas as well as other states within our country and neighboring states and provinces of Mexico and Canada, it is important to have a mechanism for Kansas to interact with other states in developing mechanisms to insure easy access and delivery of services across state lines.

New Section 8: the Kansas health alliance is directed to develop a health care plan for all Kansans.

RATIONALE

One of the tasks of the alliance will be to develop a comprehensive plan which will include benefits as well as attainment mechanisms which will be in keeping with federal legislation and designed to be unique to the needs of Kansans. It also will provide implementation not later than July 1, 1997.

New Section 9: the Kansas health alliance shall adopt a basic minimum package of health benefits.

RATIONALE

The legislation is geared to health care reform. It is imperative that the alliance be given the authority to develop a comprehensive health care package and to bring it into conformity with any federal legislation.

New Section 10: the Kansas health alliance shall develop a schedule of its work.

RATIONALE

This section provides that the alliance is charged with tasks to be done related to health care reform and to report to the Governor and the Legislature on a timely basis. The report will be on the implementation of the health care plan, including expected expenditures.

New Section 11: the Kansas health alliance shall prescribe and publish the basis upon which the alliance will certify various participating groups doing business with the alliance.

RATIONALE

The various insurance companies and/or medical providers need to know in advance the way in which their programs will be considered by the alliance.

New Section 12: the Kansas health alliance shall work in cooperation with representatives of health care providers and the health care data governing board to develop practice parameters to insure adequate, quality medical services to all Kansans.

RATIONALE

This provision indicates that the health alliance will work cooperatively with other interested parties to insure the development of guidelines related to medical practice parameters so evaluation can be made as to the outcomes of the delivery of medical services within the state. Additionally, it will provide a mechanism for insuring continued high quality of medical services provided in Kansas.

New Section 13: the Kansas health alliance may contract for and purchase medical services for companies having at least three (3) and not more than 100 employees.

RATIONALE

This section provides a mechanism for the alliance to purchase on behalf of individuals who are in the private sector.

New Section 14: the Kansas health alliance shall develop plans for health care cost containment.

RATIONALE

In working through health care reform issues, it is imperative that attention be given to issues related to cost containment; quite likely those issues will need the further attention of a governor and legislature. This section provides a mandate to the alliance to work in this area and to provide necessary guidance to the governor and the legislature.

New Section 15: the Kansas health alliance shall study and make recommendations concerning tort reform and anti-trust measures.

RATIONALE

It is understood that there will need to be work done in the area of tort reform and anti-trust measures. The alliance will be expected to explore these areas and provide the governor and the legislature with recommendations.

New Section 16: the Kansas health alliance shall appoint a representative to receive complaints and attempt to resolve such complaints.

RATIONALE

This section provides a mechanism for individuals to come to the alliance with complaints and for the alliance to have a way to resolve problems related to the operation of the various plans under contract to the alliance.

New Section 17: the Kansas health alliance shall work with the department of health and environment related to core public health functions.

RATIONALE

As we progress toward some type of health care reform, it is essential that we keep in mind certain basic public health functions which will continue to need the attention of state government and other interested parties.

New Section 18: provides a statutory mechanism to transfer staff, property, and power from the existing health care commission to the health care alliance.

RATIONALE

This is a transition section and provides for continuity of work between the existing health care commission and the proposed health care alliance.

Section 19: provides a mechanism for the health alliance to purchase health care services for other state agencies.

RATIONALE

The alliance should be in the best possible position to purchase health care services at the lowest possible cost. This amendment would make it possible for the alliance to purchase on behalf of all other state agencies.

Section 20: sets forth that the authority of the previous Kansas state employees health care commission is now designated as the Kansas health alliance and it is in the position to establish a state health care benefits package and a purchasing program.

RATIONALE

The modification in language is to make it possible for the health care alliance to purchase health care services in behalf of other state agencies. This is conforming language.

Section 21: deals with technical amendments related to language and the newly established state health care services purchasing program.

RATIONALE

These changes are necessary to bring existing language into conformity with the new language as proposed in this bill.

Section 22: provides certain technical changes related to the health care alliance.

RATIONALE

The amendments are necessary for purposes of conforming language.

Section 23: conforming amendments.

Section 24: conforming amendments.

Section 25: deals with the authority of the Secretary of Social and Rehabilitation Services and the provision for purchase of health care services under the state medical assistance program by the health care alliance.

RATIONALE

A significant part of the federal discussion is that acute care under the medicaid program is to be integrated into any type of health care reform at the state level. This amendment provides for that to be done.

Section 26: repealers.

Section 27: effective date.

PROBLEMS/CONCERNS/LEGISLATIVE RECOMMENDATIONS

1. The board needs two full time staff, operating expense and travel reimbursement for board members.

When the State Child Death Review Board was formed in 1992, no funding was provided. The members have served as volunteers with no travel expenses paid. The State Child Death Review Board members have spent an significant amount of volunteer time in setting up procedures and materials for the board.

The coroner forms reporting the child deaths are being completed by some coroners and submitted to the board. With no staff assistance the board will not be able to adequately review the forms submitted to the board; with no staff assistance the board will not be able to keep up with notifications to coroners who are not completing forms; and with no staff assistance the board will not be able to evaluate the information.

The Office of Attorney General Bob Stephan has absorbed the costs of mailings and underwritten the costs of providing materials for the board members. The time of a staff member in the attorney general's office has reached two to three days a week and she is not able to do many of the things that is needed for the board to properly function. This is an additional workload that will not be able to continue because of other responsibilities. In addition to the added work in the attorney general's office, individuals in other state agencies have had to absorb additional work responsibilities. This includes KDHE and SRS. By having State Child Death Review Board staff, many projects could be done so that the board members could limit their time commitment to the board work and so that the work of the board can be done to best meet the intent of the legislation.

Most states with state child death review boards have funding. For example, the newly formed Arizona Child Fatality State Team has two staff—one program manager and one clerical person. Arizona funded their program by increasing the death certificate fee \$1.00 (\$5.00 to \$6.00) which generated \$220,000. Besides funding this program, the balance of the increased fee goes to a Child Abuse Prevention Fund which funds programs such as Healthy Start. Arizona also provides travel expenses for board members.

THE BOARD RECOMMENDS A PROFESSIONAL STAFF PERSON (LEVEL 26, STEP A) AND A SECRETARY III (LEVEL 17, STEP A). THE BOARD FURTHER RECOMMENDS AN OFFICE AND OPERATIONAL EXPENSES. THIS PROGRAM COULD BE SET UP SIMILAR TO THE CRIME VICTIMS' COMPENSATION BOARD.

THE BOARD RECOMMENDS THE REIMBURSEMENT OF TRAVEL EXPENSES OF THE BOARD MEMBERS.

2. The board has limited enforcement power to require coroners to submit information on child deaths.

Except for subpoena power and the ability to report coroners to the Board of Healing Arts, the board has little power to get coroners to file a report on a child death to the board. The board has heard

*Senate PH&W
Attachment #2
1-18-94*

from several coroners who are not willing to voluntarily comply with the board's request for information.

The coroners are asked to complete the form on each child death within one month of the death. In the two months since the board required the information from coroners, only 14 forms have been received for the 58 child deaths that have occurred. If all coroners do not participate, then the statistics will be incomplete and meaningless.

THE BOARD RECOMMENDS THE LEGISLATURE ENCOURAGE COUNTIES TO HIRE A MEDICAL INVESTIGATOR FOR THEIR COUNTY OR DISTRICT. THE BOARD ALSO RECOMMENDS THE STATE HIRE AN ADDITIONAL STAFF MEMBER FOR THE STATE CHILD DEATH REVIEW BOARD WHO IS A MEDICAL INVESTIGATOR TO WORK IN COUNTIES OR DISTRICTS WHERE THE LOCAL STAFF ARE NOT ABLE TO COMPLY WITH THE STATUTE.

3. A timeline as set forth in the statute is needing to be changed.

In K.S.A. 22a-242(c) - "If, after investigation and an autopsy, the coroner determines that the death of a child includes any suspicious circumstance or unknown cause ... the coroner shall, within 24 hours, notify the chairperson of the state review board and the county or district of the county where the death of the child occurred." Because the board does not have investigative power, the board does not believe the 24 hour notification is necessary. Also, a phone line with an answering machine would be needed to fully comply.

THE BOARD RECOMMENDS DELETING THE 24 HOUR NOTIFICATION REQUIREMENT.

4. Increased funding for additional autopsies will be needed by KDHE.

The new law generates a significant number of autopsies. Prior to the passage of this statute, KDHE was paying for SIDS autopsies. The legislature has changed the definition on which autopsies are required, thereby requiring KDHE to pay for more autopsies.

THE BOARD RECOMMENDS INCREASING THE APPROPRIATION TO KDHE TO COVER THE ADDITIONAL COSTS OF MANDATED AUTOPSIES.

5. Implementation of local review teams.

Based on experiences in other states, local review teams are a valuable addition to the work of state child death review teams.

THE BOARD RECOMMENDS THE LEGISLATURE ENCOURAGE THE ORGANIZING OF LOCAL REVIEW TEAMS.

IN SUMMARY

Although it is too soon for the State Child Death Review Board to recognize any trends and patterns of child deaths, the board has established a procedure and materials that will provide the necessary information needed for future reports. It is also too early to begin developing prevention strategies to avoid child deaths in Kansas.

The State Child Death Review Board has accomplished much in a short amount of time. The members of the board have volunteered their time and expertise to help get the work started. And now the legislature must decide what financial assistance it can provide to assist the board members in accomplishing the mandates as set forth in state statute. Without the funding, the work that the board feels needs to be accomplished cannot be completed. We believe that what you want us to do by statute is appropriate and necessary but must be funded. We appreciate your support of the State Child Death Review Board and encourage you to pass these recommendations in the 1994 legislative session.

Proposed Amendments to Chapter 75, Article 7b
Private Investigative or Security Operations

A comprehensive review of the private investigative or security operations act was undertaken by the Attorney General's office in consultation with representatives from the Kansas Bureau of Investigation and the private detective community. The proposed amendments resulted from that review. Changes in the act include the following:

Licensing is changed from the present scheme of licensing private detective agencies as well as individuals to a scheme of licensing individuals only.

License requirements are clarified, strengthened and simplified for private detectives, firearm permit holders and firearm trainers.

License fees increase for private detectives, firearm permit holders and firearm trainers.

The licensing period for private detectives is two years instead of the present one year. Firearm permit holders and firearm trainers will continued to be licensed annually.

Renewal authority and conditions are clarified.

The present requirement of a \$10,000 bond, insurance or deposit requirement for private detectives is eliminated. A \$500,000 liability insurance requirement is added for firearm permit holders and firearm trainers.

120 day temporary permits for private detectives are authorized.

The requirement for licensed private detectives to register their car in Kansas is eliminated.

Authority to censure, limit or condition a private detective license is added.

The requirement of a hearing prior to denying a license is eliminated.

Authority to define unprofessional conduct by rules and regulations is added.

Language and intent is clarified.

Responsibilities of licensees are modified.

Fees from private detective licenses, firearm permits and firearm trainer certification flow to the Attorney General's office as the licensing entity.

Senate PHEW
Attachment #3
1-18-94

Article 7b Name of act changed from "Private Investigative or Security Operations" to more accurate "Private Detective Licensing and Firearm Permit Act"

75-7b01, Definitions

(a)(1) - clarify definition of "detective business" so that it does not include law enforcement activities

(a)(4) - add investigating fraud to definition of "detective business"

(a)(6) - add conducting polygraph and electronic truth verification testing to definition of "detective business"

(c) - delete definition of "private detective agency"

(g) - clarify permit authority to carry concealed firearm

(h) - redefine "firearm" consistent with Kansas case law

(j) - add definition of "good moral character"

(l) - add definition of "special commission"

75-7b02, License required

(b) delete reference to private detective agency

(b) clarify prohibition against law enforcement officers from being licensed as private detectives

75-7b03, Exemptions from licensure

(a) clarify exemption which pertains to person employed by one employer

(e) clarify attorney exemption to extend to agents of attorneys

75-7b04, Licensure; application; references; qualifications; hearing; grounds for denial of license

(a) delete reference to private detective agency

(a)(1) - add requirement of residence address

(a)(3) - amend regarding required statement from "general nature of detective business" to "type of private detective business"

- (a)(4) - delete reference to classifications
- (a)(4) - clarify requirement for information about applicant
- (a)(5) - amend requirement of "two recent photographs" to "two photographs taken within 60 days prior to application"
- (a)(6) - add application requirement of employment history in place of experience qualifications
- (b) - eliminate distinction between references for in-state and out-of-state applicants; eliminate specified geographic area for references; replace with requirement of "five or more reputable citizens who have known the applicant for a period of at least 5 years"
- (c) - delete reference to private detective agency
- (c)(4) - add license requirement of high school graduation or graduate equivalency examination (GED)
- (c)(5) - add license requirement: not incompetent, incapacitated or impaired by reason of mental condition, deficiency or disease
- (c)(6) - add license requirement: not dishonorably discharged from military
- (d) - delete requirement of hearing prior to denying license
- (d)(4) - include conviction of crime of violence as basis to deny license
- (d)(5) - include wider range of prior disciplinary action as basis to deny license
- (d)(6) - include wider range of prior disciplinary action as basis to deny license
- (d)(9) - include addiction, dependence or abuse of alcohol or drugs as basis to deny license
- (e) - add authority to issue 120 day temporary licenses
- (f) - add authority to charge \$15 fee for application forms and materials

75-7b05, License fees -

- (a) - amend amount for private detective license fee to \$350 (for two year license)
- (a) - delete private detective agency license fee

(b) - delete \$18 application fee for applicant who will work for private detective agency

(b) - add renewal fee of \$300

75-7b06, License; form; display; pocket card; license

(b) - delete reference to private detective agency; delete requirement to "turn in" pocket card on change of employment;

(c) - delete requirement that officers/partners of private detective agency be licensed

75-7b07, License renewal; responsibility; license not assignable -

(a) - establishes two year license period; authorize the attorney general to establish manner, form and conditions of renewal of private detective license; add requirement of two new photographs with renewal; delete specific statutory renewal language

(b) add license not transferable

(c) add grandfather provision to allow private detective agency operators to renew as individual licensed private detectives

75-7b08, Information confidential -

(a) - clarify language; delete reference to private detective agency

(b) - delete reference to private detective agency

(b)(3) - delete prohibition against contingency fees

(b)(5) - allow use of alias for undercover investigative activities

75-7b09, Record of employees - technical change

75-7b11, Surety bond, liability insurance or deposit with treasurer

(a) eliminate requirement for private detectives

(b) add \$500,000 liability insurance as requirement for firearms trainers and firearms permit holders

- (c) delete reference to bond requirement
- (d) delete as refers to bond or deposit requirement

75-7b12, Same; failure to maintain on file

(a) eliminate requirement for private detectives to maintain bond/insurance/deposit; add continuing liability insurance requirement for firearms trainers and firearms permit holders

- (b) delete reference to bond requirement

75-7b13, Suspension or revocation of license; grounds; hearing

(a) add authority to censure, limit or condition license, as well as suspend or revoke

(a)(4) - add conviction of crime of violence as basis for disciplinary action

(a)(10) - delete reference to "runner or capper"; add specific conduct as basis for disciplinary action

(a)(11) - add prohibition against committing act of unprofessional conducts as defined by rules and regulations

75-7b14, Same; grounds; hearing

(a) and (b) - add authority to censure, limit or condition license, as well as suspend or revoke

(b)(1) - clarify language

(b)(2) - clarify language

75-7b15, Records and reports; inspection

(a) - specify three year record retention requirement; delete reference to private detective agency;

(b) - delete reference to private detective agency; technical change

75-7b16, Motor vehicles required to be registered in this state - Eliminate

75-7b17, Firearms permit, etc.

(a) - clarify permit authority to carry concealed firearm

- (b) - amend amount of application fee from \$10 to \$50
- (b)(3) - add requirement of two sets of classifiable fingerprints
- (b)(4) - add requirement of two photographs taken within 60 days of application
- (c) - clarify permit authority to carry concealed firearm
- (d) - technical change; clarify no requirement to report firearm discharge during firearm training
- (e) - add authority to revoke or suspend firearm permit upon violation of act or regulations, or when permit holder can not longer demonstrate need to carry firearm
- (g)(2) - add authority to deny firearm permit to mentally impaired or incompetent person
- (g)(2) - add authority to deny firearm permit to person with drug/alcohol abuse, dependence or addiction problem
- (h) - add authority of attorney general to renew firearm permits annually in form, manner and on conditions of attorney general, including demonstrated continuing need to carry concealed firearm; renewal fee of \$50

75-7b18, Attorney general exclusive jurisdiction -

- (a) - eliminate reference to private detective agencies

75-7b19, Penalties - technical change

75-7b20, Licensure; examination; interview; investigation

- (a) - delete reference to private detective agencies
- (a)(1) - add licensing exam to cover law of private detectives as well as knowledge of the business
- (b) - delete reference to private detective agencies
- (a)(2) - delete requirement or pre-licensure oral interview
- (b) - delete reference to private detective agencies

75-7b21, Trainers

(b) - delete reference to agencies

(b)(4) - add requirement that firearm trainer be licensed private detective

(c) - amend amount of application fee from \$25 to \$100; add requirement that trainer include written examination as part of training

(d) - delete reference to agencies

(d)(3) - add requirement that trainer be knowledgeable in firearms training and lawful use of force

(e) - amend renewal fee from \$25 to \$250; add authority of attorney general to establish renewal requirements

NEW 75-7b22, Dispostion of moneys

provide that private detective license fees, firearm permit fee and firearm certification fees flow to licensing entity, i.e. the AG

State of Kansas

Joan Finney, Governor



Department of Health and Environment

Robert C. Harder, Secretary

Testimony presented to

Senate Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Senate Concurrent Resolution 1618

Senate Resolution Number 1618 requests four changes in the Sanitary Regulations for Barbers (K.A.R. 28-25-1 through 28-25-15) which were adopted by the Department of Health and Environment in 1993. The Department of Health and Environment is opposed to amending the regulations. I will explain our opposition to each of the proposed changes.

The first change involves K.A.R. 28-25-2 which deals with the personal cleanliness of barbers and their attire. KDHE believes that personal cleanliness is important in any worker who is involved in occupations involving personal care. We do not feel that this regulation poses an undue burden on barbers.

The second change involves wording in K.A.R. 28-25-5. The phrase "free from dust and dirt" has been in the sanitary regulations since 1966 (see K.A.R. 61-1-27 which was revoked last year). The wording does not appear to have caused any problems in the past.

The third change involves wording in K.A.R. 28-25-12. The changes in wording appear to be minor and do not justify amending the regulations in order to protect the public health.

The last change involves K.A.R. 28-25-13 which deals with prohibitions in barber shops. Shaving mugs and lather brushes have been prohibited in Kansas barber shops since 1966 (see K.A.R. 61-1-6 which was revoked last year). In general, it is best to avoid re-using such items on patrons since the items can not be cleaned and disinfected. The prohibition against neck dusters is to prevent the spread of head lice. Again, it is difficult to clean and disinfect a neck duster. Vacuums tend to be more effective and safer to use. The prohibition against animals in barber shops was never intended to exclude disabled individuals who rely on trained animals. While the wording of the current regulation may not be ideal, neither the Board of Barbering nor KDHE has any intention of excluding any disabled individual using a guide animal from a barber shop.

In summary, KDHE opposes the senate resolution to amend the sanitary regulations because we feel the regulations are either needed to protect the public health or so minor that we cannot justify the cost of amendment.

Testimony presented by:

Andrew R. Pelletier, M.D.
Acting State Epidemiologist
Bureau of Disease Control, KDHE
January 18, 1994

Senate PHEU
Attachment # 4
1-18-94