Approved: 2-1-94
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 25, 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
Emalene Correll, Legislative Research Department
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:
Jim Yonally, Kansas Dental Hygienists Association
Robert Harder, Secretary, KDHE
Steven Potsic, M.D., M.P.H., Director, Division of Health, KDHE
Patricia Schloesser, M.D., Kansas Action for Children, Inc.
Mary Kopp, M.N., R.N., Kansas State Nurses Association
Karen Lowery, Coordinator of Governmental Relations, Kansas Association of School Boards
Joe Furjanic, Kansas Chiropractic Association
Jolene Grabill, Corporation for Change
Dr. Lorne A. Phillips, Director and State Registrar, KDHE

Others attending: See attached list

Bill Introductions

Jim Yonally, KDHA, requested introduction of a bill similar to 1993 SB 308 with the exception of removal of general supervision provision and statute changes that have been approved by the Kansas Dental Board. Senator Langworthy made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Ramirez. The motion carried.

Robert Harder, Secretary, KDHE, requested introduction of a bill that relates to the licensing of various child care facilities. The Chair noted that this proposed legislation is similar to SB 451, and that the Committee will work both bills at the same time in order to merge the sections in SB 451 into the proposed bill as requested by Dr. Harder. Senator Langworthy made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Hardenburger. The motion carried.

Hearing on SB 520 -- Child health assessment at school entry

Dr. Steven Potsic, KDHE, appeared before the Committee in support of **SB 520** and submitted written testimony. Dr. Potsic noted that legislative recommendations for modification of 1992 **HB 2546** developed by the task group are all included in **SB 520**, and recommended modifications in the Child Health Assessment form that the front consent sheet be removed with the remainder of the form staying the same. He noted that KDHE will not prescribe an exclusive health assessment form, and that the health care provider could use any form which would include the content necessary to meet the requirements of this legislation. (Attachment 1)

In answer to a member's question, Dr. Potsic noted that the health assessment recommendations in the bill would include health history and physical examinations, and such screening tests be used as a medical indicator. He commented that KDHE is leaving it to the discretion of the private provider to decide appropriate screening tests, and the content of the form would be what is recommended in the bill. It was pointed out that the original form is what is being objected to, and that legislative intent should be followed and not adopt rules and regs that would

prescribe anything in addition to what is stated in the bill. In answer to a question regarding subsection (f), page 3, task force language that would authorize the secretary to adopt rules and regulations to award grants to assist local health departments in providing health assessments consistent with state appropriations, Dr. Potsic noted that $143,000 has been appropriated for the current year for such health assessments, and the grant would be distributed to eligible individuals; also language on page 1, subsection (7) that describes "health assessment" is language agreed upon by the task force, and Dr. Potsic made mention of a minority report of the task force regarding religious exemption.

Patricia Schloesser, M.D., KAC, appeared before the Committee in support of the intent of **SB 520** and recommended four changes as part of her written testimony. (Attachment 2) It was noted that the task force was created at the direction of the Joint Committee for Health Care Decisions for the 1990s after the hearing on health assessments during the interim.

Mary Kopp, M.N., KSNA, appeared before the Committee in support of the bill with a recommendation that would change the proposed time frame for the acceptable interval of the health assessment to 12 months as outlined in her written testimony. (Attachment 3)

Karen Lowery, KASB, appeared in support of **SB 520** and supports the change in the bill that lessens the burden placed on school districts to cover the cost of the assessment. (Attachment 4)

Joe Furjanic, KCA, noted that his organization is in full support of health assessments to promote healthy school children, however, **SB 520** has no provision for chiropractors to do the assessments and requests that Chiropractic physicians be included in the language of the bill. (Attachment 5)

Jolene Grabill, Corporation for Change, appeared before the Committee and gave her support for **SB 520**. A chart showing universal services that are available for all children and families was distributed to the Committee, and Ms. Grabill noted that health assessments would fit in as a check point of well-being to help assure the child's success in school. (Attachment 6)

Written testimony with recommendation changes in **SB 520** was received from Chip Wheelen, Kansas Medical Society, (Attachment 7), and Lawrence T. Buening, Jr., Kansas Board of Healing Arts, (Attachment 8).

Hearing on SB 547 -- Disclosure of birth and death records for specific purposes

Dr. Lorne A. Phillips, KDHE, appeared in support of **SB 547** and noted that the bill was initiated by the department and would allow the secretary in selected situations to direct the State Registrar to release selected birth registration information to program personnel with state agencies when that information could serve as a means of notifying mothers of young children about programs aimed at addressing the child's health needs. The bill would also allow OVS to release facts of death information to state and federal agencies administering benefit programs provided the information was to be used for file clearance purposes. (Attachment 9)

During Committee discussion Dr. Phillips noted that the secretary does have the authority to adopt rules and regulations, and the confidentiality aspect of this bill is still in place that would allow only the secretary to selectively release certain information. He explained that federal legislation was passed last year that required the Social Security Administration to release facts of information to other benefit paying agencies, and KDHE provides that information to SSA. Dr. Phillips noted that if KDHE did not provide that information and SSA released information to the benefit paying agency, then the state would not be able to receive any tax information from the federal government. He noted this is one of the reasons KDHE is proposing this legislation.

The Chair directed staff to see if additional language should be added to the bill that would protect confidentiality.

The meeting was adjourned at 11:05 a.m.

The next meeting is scheduled for January 26, 1994.

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE DATE: 1-25-95

NAME	ADDRESS	COMPANY/ORGANIZATION
Jim Yonally	Overland Park	KDHA
Robert Harder	LSOB	KDHE
Gary Robbins	Topeka	Ks Opt Assn
Douglas Johnston	Wichita	Planned Parenthood
[illegible]	Paola	KCA
Joe Furjanic	Topeka	KCA
Michelle Peterson	Topeka	Ks. Gov. Consulting
Chip Wheelen	Topeka	KS Medical Soc
Mary Kopp	Topeka	KSNA
Linda Hadeloff	Topeka	KDHE
Steve Potter	LSOB	KDHE
Tom A. Phillips	LSOB	KDHE
Rebecca Schlozman	Topeka KS	KAC
KEITH R LANDIS	TOPEKA	CHRISTIAN SCIENCE COMMITTEE ON PUBLIC ACTION FOR KS
Robin Walker	Topeka	SRS
Kandy Shortle	Topeka	SRS
Peggy A Bryant	Kansas City	KU - Master Student
HAROLD RIEMAN	TOPEKA	KAOA
Josie Torres	Topeka	Families Together
John Peterson	Tyro	Ks Governmental Consultants
SHELBY SMITH	WICHITA	KPMA
Don Zoellner	Topeka	Assoc. Gen. Contractors
Jennifer Brandeberry	K.C.	PCAL

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE DATE: 1-25-94

NAME	ADDRESS	COMPANY/ORGANIZATION
Sue Lecklitter	Wichita	NOW
Peggy Jarman	Wichita	PCAL
Karen Kinney	Topeka	KHSB
Susan Chase	Topeka	KNEA
Rosa Clements	Wichita	Wichita Public Schools
Larry Bunning	Topeka	Bd of Healing Arts
Betty Johnson	"	"

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

SB 520

Thank you for the opportunity to discuss SB 520, Child Health Assessment at School Entry. The Kansas Department of Health and Environment supports the rationale for providing child health assessment at school entry. This type of examination will assist to identify, for all children, the existence or the potential for health problems that could interfere with the educational process. The time of first school entry is also the one point where all children can be targeted for a determination of their health status. Further, health status information on children assists school personnel in planning for children and their individual needs to enhance their learning experiences.

During the summer of 1993, a Task Group was convened by the Kansas Department of Health and Environment (KDHE) with the charge of reexamining the legislation, HB 2546, which was originally passed during the 1992 legislative session. A second charge of the Task Group was to review the Child Health Assessment form developed by KDHE to be utilized for school entry health assessments.

The Task Group was comprised of representatives from various agencies, organizations, and disciplines which have an interest in determining the outcome of Child Health Assessment at School Entry. After thoughtful deliberations and extensive input from interested parties, issues were identified and recommendations were made.

The legislative recommendations for modification of HB 2546 developed by the Task Group are all included in SB 520 that you have before you. Recommendations for modifications in the Child Health Assessment form are that the front consent sheet be removed with the remainder of the form staying the same. Also, KDHE will not prescribe an exclusive health assessment form. The health care provider could use any form which would include the content necessary to meet the requirements of this legislation.

The Kansas Department of Health and Environment supports the recommendations which appear in SB 520. Again, thank you for the opportunity to provide testimony today.

Testimony presented by: Steven Potsic, M.D., M.P.H.
Director, Division of Health
January 25, 1994

Senate PH&W
Attachment # 1
1-25-94

Because all children need someone who cares...

Kansas Action for Children, Inc.

A non-profit, tax-exempt organization.

715 SW 10th Suite 215
PO Box 463
Topeka, Kansas 66601-0463
Phone: (913) 232-0550
Fax: (913) 232-0699

Johannah Bryant
Executive Director

January 25, 1994

TESTIMONY ON SENATE BILL NO. 520
TO SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

By Patricia Schloesser, M.D, KAC Advisory Board

POSITION STATEMENT: Kansas Action for Children continues to support state health policy legislation which assures that all Kansas preschoolers receive a health checkup prior to entrance into school for the first time. This law provides a basic preventive checkpoint at an important stage of a child's life. The assessment is to be performed when the child is "well" and should include a health history and a complete physical examination with observations on growth and development, vision and hearing, behavior, dental health and nutritional status.

RECOMMENDATIONS: We suggest some changes of S.B. 502 to the committee for consideration which would simplify the implementation of the law, and be consistent with existing health policies.

1. Eliminate the requirement that students up to age nine who are transfers from out of state have a health assessment. (Delete on p. 1, line 34 "up to the age of nine years" and line 35 "in this state".)
   Rationale -The law does not require additional assessments beyond the first entrance checkup for children who have attended only Kansas schools. This would also simplify administration for schools and decrease the number of children health providers would have to assess.

2. Retain the requirement that health assessment be performed within six months of school entry (p. 1, line 39)
   Rationale - Twenty-four months is reasonable for older children, but not for preschoolers. Much can happen between age 3 and age 5, which would make an assessment at age 3 meaningless by the time of school entrance. Presently a six month cut-off is used for all licensed child care admissions and for locally required school entrance check-ups. Certification of immunizations are required for school entrance at age 5, which would coincide with a health assessment. If a compromise must be made, the outside limit should not exceed 12 months.

Senate P H & W
Attachment #2
1-25-94

3. Reinstate the authority of the Secretary of Health and Environment to prescribe the content of the forms. (P. 3, lines 31,32 and 33 "the secretary shall prescribe the content of forms and certificates to be used by the school boards in carrying out this section" - and delete lines on 36, 37, and 38 "but shall not prescribe a form on which the results of health assessments are reported").
Rationale - A consistent content of the form statewide will be more useful to schools and simplify the administration of the law. There are two other state school health laws which can be compared: K.S.A. 72-5213 concerning Certification of Health of School Personnel, and K.S.A. 72-5211 concerning immunization certification. Both of these state that the Secretary shall prescribe the content. Also for at least 4 decades, the Dept of H. and E. has provided shools with child health assessment forms for use by school districts on a voluntary basis as part of a child health promotion effort.

4. Delete the provision that schools may exclude students from school for failure to submit a health assessment (P. 3 (h) and P. 4 (i).
Rationale - This language was borrowed from the enforcement provisions of the state's immunization law and was designed to prevent the spread of communicable disease by unimmunized children, so as to protect other students -- the health assessment is designed to benefit the individual child and to assist the school in meeting the child's needs - to deprive a child of schooling does not seem appropriate.

KSNA
the voice of Nursing in Kansas

KSNA & You
A Powerful Match

For Further Information Contact:
Terri Roberts J.D., R.N.
Executive Director
Kansas State Nurses Association
700 SW Jackson, Suite 601
Topeka, Kansas 66603-3731
(913) 233-8638
Date: January 25, 1994

Senator Praeger, and members of the Senate Public Health and Welfare Committee, my name is Mary Kopp M.N., R.N. and I represent the Kansas State Nurses Association.

The most significant aspect of S.B. 520 is not only the promotion of preventive health care services for children but to provide school personnel with the earliest possible opportunity for baseline health data on children. Health data, other than immunizations, is often not available on children until they reach the age for participation in secondary level athletics. The health data obtained, especially if on children of pre-school and kindergarten ages, can assist families and school personnel in appropriate health and educational interventions that, in some cases, may have considerable long range impact on positive educational outcomes. Data provided prior to school entry for kindergartners and, assuming appropriate interventions are obtained, better prepare children as they begin their academic career.

The Kansas Commission on Education Restructuring and Accountability **as well as the America 2000** educational objectives provide strong argument for ensuring that children come to school ready to learn. The earlier that health barriers are addressed in a child's life the better we prepare them to learn. This is an important philosophy to maintain during the implementation of S.B. 520. Early health assessment and intervention can facilitate readiness to learn.

To expediate the implementation of S.B. 520 KSNA recommends the following changes:
Line 39, Page 1

KSNA recommends that the committee give serious consideration to changing the proposed time frame for the acceptable interval of the health assessment to 12 months. The 1993 version had only a six month time interval, and the bill today has a 24 month interval. It is important that the schedule for physical assessments be in-line with the acceptable norm recommended by the American Academy of Pediatrics. That schedule recommends routine physicals at the following intervals

Senate PHEW
Attachment #3
1-25-94

1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 3 years, 4 years, 5 years, 6 years, 8 years, and 10 years.

For pre-kindergarten school age children, you can see that the one year interval (12 months) is appropriate. Thank you for your support to date and request your consideration of this one minor revision.

NOTE: Nurses to Perform the Health Assessments

There are over 300 R.N.'s currently in the State who are trained to perform the health assessments. Some of these are Nurse Practitioners and Clinical Nurse Specialists, others are Registered Nurses.

a:legislation94/orange/sb520/la 1-94

KANSAS STATE NURSES ASSOCIATION
Recommendation to S.B. 520
Senate Public Health and Welfare
January 25, 1994

3-3

Session of 1994

SENATE BILL No. 520

By Committee on Public Health and Welfare

1-18

AN ACT relating to health assessments of school pupils; amending K.S.A. 1993 Supp. 72-5214 and repealing the existing section.

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

Section 1. K.S.A. 1993 Supp. 72-5214 is hereby amended to read as follows: 72-5214. (a) As used in this section:

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

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

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

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

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

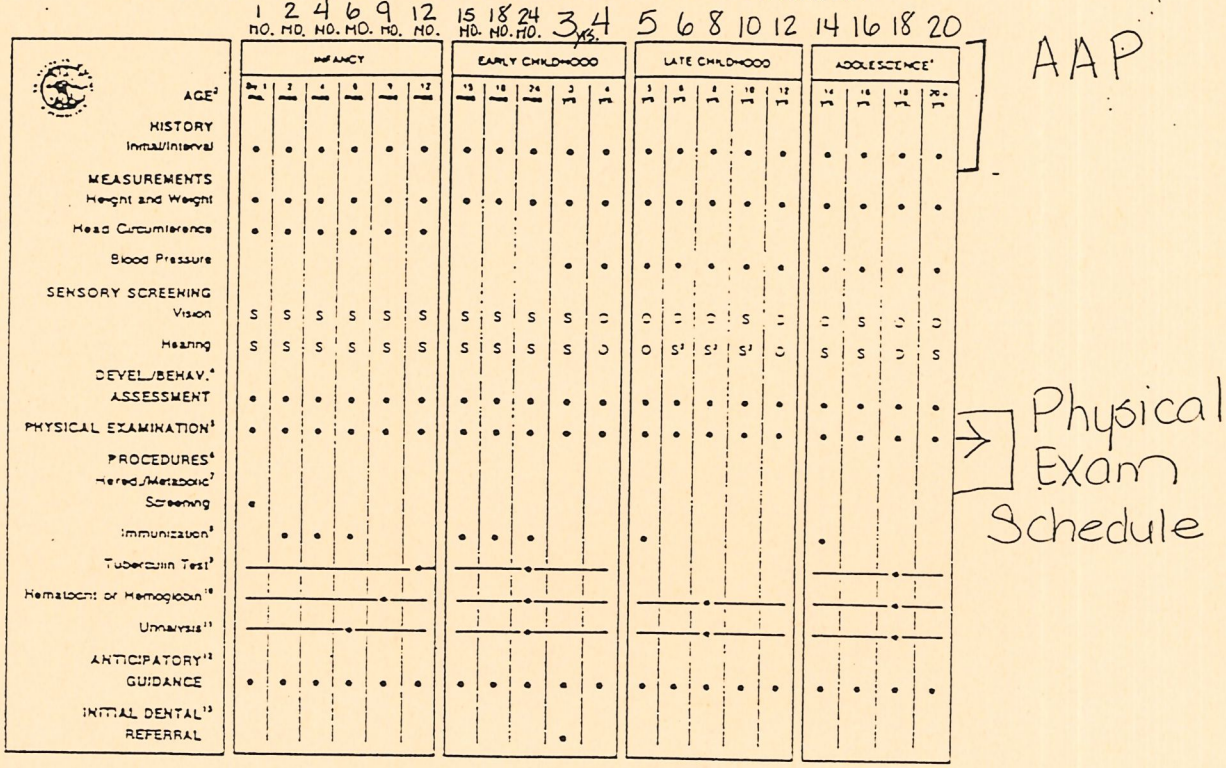
(6) "nurse" means a person licensed to practice professional nursing;

(7) "health assessment" means ~~a basic screening for hearing, vision, dental, lead, urinalysis, hemoglobin/hematocrit, nutrition, developmental, health history and complete physical examination~~ *a health history, physical examination and such screening tests as are medically indicated to determine hearing ability, vision ability, dental health, nutrition adequacy and appropriate growth and development.*

(b) Subject to the provisions of subsection (d) and subsection (g), on and after July 1, 1994, every pupil *up to the age of nine years* who has not previously enrolled in any school in this state, prior to admission to and attendance in school, shall present to the appropriate school board the results of a health assessment, ~~recorded on a form provided by the secretary~~ *pursuant to subsection (g)*, which assessment shall have been conducted within ~~six 24~~ 12 months ~~before admission~~ *of school entry* by a nurse ~~or health care provider other than a physician approved by the secretary to perform health assessments~~ *who has completed the department of health and environment training and certification* or by a physician. ~~In~~

Rationale: The current statute is 6 months, this bill recommends 24 months. For consistency with the American Academy of Pediatrics the 24 months should be changed to 12 months. See attached schedule.

Box 7-1 RECOMMENDATIONS FOR HEALTH SUPERVISION



1. Adolescent-related issues (e.g., psychosocial emotional, substance usage, and reproductive health) may necessitate more frequent health supervision.
2. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest time.
3. At these points, history may suffice: if problem suggested, a standard testing method should be employed.
4. By history and appropriate physical examination: if suspicious, by specific objective development testing.
5. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
6. These may be modified, depending upon entry point into schedule and individual need.
7. Metabolic screening (e.g., thyroid, phenylketonuria, galactosemia) should be done according to state law.
8. Schedule(s) per Report of Committee on Infectious Disease, *1986 Red Book.**
9. For low-risk groups, the Committee on Infectious Diseases recommends the following options: (1) no routine testing or (2) testing at three times—infancy, preschool, and adolescence. For high-risk groups, annual TB skin testing is recommended.
10. Present medical evidence suggests the need for reevaluation of the frequency and timing of hemoglobin or hematocrit tests. One determination is therefore suggested during each time period. Performance of additional tests is left to the individual practice experience.
11. Present medical evidence suggests the need for reevaluation of the frequency and timing of urinalyses. One determination is therefore suggested during each time period. Performance of additional tests is left to the individual practice experience.
12. Appropriate discussion and counseling should be an integral part of each visit for care.
13. Subsequent examinations as prescribed by dentist.

From Committee on Psychosocial Aspects of Child and Family Health, 1985-1988: Guidelines for health supervision II, 1987, Elk Grove Village, IL, American Academy of Pediatrics.

Note: Special chemical, immunologic, and endocrine testing are usually carried out upon specific indications. Testing other than newborn (e.g., inborn errors of metabolism, sickle disease, lead) are discretionary with the physician.

*Author's note: For more current recommendations see Immunizations, Chapter 12.

3-4

KANSAS ASSOCIATION OF SCHOOL BOARDS

1420 S.W. Arrowhead Rd, Topeka, Kansas 66604
913-273-3600

Testimony on S.B. 520
before the
Senate Committee on Public Health and Welfare

by

Karen Lowery, Coordinator of Governmental Relations
Kansas Association of School Boards

January 25, 1994

Madam Chairperson, Members of the Committee:

Thank you for the opportunity to comment on S.B. 520. KASB appears today as a proponent of this bill. In the past, KASB has testified in favor of the concept of health assessments prior to school entrance. We believe health assessments are a useful tool in helping students enter school ready to learn.

KASB also supports the changes made to the original legislation that are contained in S.B. 520. The changes reflect improvements and help to eliminate some of the complications contained in the original measure. We strongly support the change that lessens the burden placed on school districts to cover the cost of the assessment, and request this section remained unchanged.

Senate PH&W
attachment #4
1-25-94

Kansas Chiropractic Association

Before the Committee on Public Health and Welfare
January 25, 1994

Testimony of Joe Furjanic
Executive Director, Kansas Chiropractic Association
in support of SB 520

Thank you Mr. Chairman and members of the Committee for the opportunity to speak in support of SB 520.

The Kansas Chiropractic Association is fully in favor of health assessments, school physicals, and furthering the efforts of the Department of Health & Environment to promote healthy school children. There is only one problem with this bill. The bill as written excludes Chiropractic.

I have contacted three (3) present Chiropractic members of the Board of Healing Arts and one (1) former member of the Board of Healing Arts and all four of them have assured me that the criteria under Section #7 which reads:

> *"health assessment" means a health history, physical examination and such screening tests as are medically indicated to determine hearing ability, vision ability, dental health, nutrition adequacy and appropriate growth and development.*

falls within the Chiropractic scope of practice. In addition, federally the Department of Transportation authorizes Chiropractors to conduct physicals for interstate truck drivers; therefore, there is no reason why they should be excluded from performing these health assessments for school children.

The Kansas Chiropractic Association is in support of the concept of SB 520; however, the KCA only requests that Chiropractic physicians be included in the language of the bill.

Thank you very much for the time you have given me. If you have any questions I will be happy to respond.

Senate PNEW
attachment #5

1334 S. TOPEKA BLVD. • TOPEKA, KANSAS 66612-1878 • (913) 233-0697 • FAX (913) 233-1833

1-25-94

Kansas Communities Supporting Families and Children

Universal Services for all Children and Families

Community Resources for Families:
Schools, Churches, School-Linked Family Centers
Parent Education, Community Education

Universal Health Care for All Children and Families
Public Awareness/Education
Transportation

Family Friendly Employment Practices

Services and Support for the First Years of Life
Ages 0 to 5

Milestone:
Healthy Births

Milestone:
Children Prepared to Succeed in School

Prenatal Services → Home Visits for Newborns → Child Development, Care and Education Head Start

Supports to Assure that All Children Succeed in School
Ages 6 to 18

Milestone:
Children Ready for Adulthood

School-Linked Services

Education and Life Skills
Special Education
Career Development
School to Work Transition
Child Care including
Before and After School Care

Support Services
Counseling
Nutrition
Wellness etc.
Community Services

Student Assistance Teams

Supports to Preserve Families at Risk

Milestone: Safe Child and Stable Family

Family Courts Child Welfare Juvenile Justice Mental Health Developmental Disabilities Substance Abuse Services

Interagency Gatekeeping and Coordination

In-home Care
Respite Care
Preservation of Family
Wrap Around Services
Day Programs (Year Round)
Mental Health
Probation

Array of Community Based Supports

Out of Home Services

Family Foster Care
Theraputic Foster Care
Group Homes
Independant Living
Institutional Care

Income Support Programs: Public Assistance / Medicaid / Housing / Child Support / Employment and Training

Corporation for Change
Service-Flow-Model 01/21/94

Senate PW&U
Attachment #6
1-25-94

KANSAS MEDICAL SOCIETY
623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

January 25, 1994

To: Senate Public Health and Welfare Committee

From: Chip Wheelen, KMS Director of Public Affairs

Subject: Senate Bill 520 as introduced; Child Health Assessments

The Kansas Medical Society supports the amendments contained in SB520. This bill is the product of several months of deliberations by KMS committees as well as a KDHE task force.

The new definition of "health assessment" (p.1, line 26) would allow the physician or nurse to decide if the child has symptoms that would indicate the need to conduct laboratory screens, whereas current law mandates a specific set of screens, some of which are expensive. This change would allow for more efficient use of health care resources.

Similarly, the amendment which allows the assessment to be performed within two years of school attendance rather than six months would avoid unnecessary visits to a physician's office or a public health agency. We must emphasize, however, that the two-year timeframe is a compromise designed to avoid burdening the primary care health system each August when parents realize that they have procrastinated in regard to the child's health evaluation. The Kansas Medical Society believes that <u>every child should be medically evaluated at least once a year</u>. In view of the dire shortage of primary care physicians we are concerned that if the health assessment were required within 12 months of school attendance, the demands might interfere with delivery of acute care.

The KMS discussed extensively whether schools should be allowed to exclude from attendance pupils who had not had the benefit of a health assessment. Our conclusion is that the health evaluation could indeed make a difference in determining whether the child may be able to take advantage of educational opportunities. Therefore it is important that school districts be empowered to enforce the requirement. Otherwise, you may as well repeal the law and simply allow local boards of education to decide this question as they have in the past.

Another issue of concern to the medical profession has been the question as to whether there should be a single, statewide form for recording the results of a health assessment. Our conclusion is that as long as the pertinent information is contained in a form, there should be no need to disrupt established practices at physician offices and public health agencies.

Senate PHEW
attachment #7
1-25-94

Finally, we must comment that we remain opposed to the exemption based on religious denomination. The language in item (1) of subsection 1(c) (p.2, line 20) resembles the exemption contained in the immunization law, yet there is no similarity between the two public policy issues, other than the association with school attendance. This is the principal reason that the KMS did not support the original legislation calling for the health assessment.

Performance of a health assessment does not involve the actual rendering of any kind of medical care. It simply determines whether the child may be suffering from a condition that might impair his or her ability to develop normally and learn in school. If the child is an adherent of a religious denomination that prescribes spiritual healing in lieu of drugs or surgical procedures, then the family can focus their prayers on the condition discovered in the process of conducting a health assessment. In the meantime, school nurses and teachers can be made aware of the child's condition and perhaps better accommodate the educational needs of the child. For these reasons, we respectfully request that you consider amending SB520 by striking lines 20-24 on page two.

In spite of our objection to the loophole allowing anyone to claim that the child is an adherent of a church that opposes health assessments of children, we support the bill and urge you to recommend that it be passed. Thank you for considering our comments and recommendations.

KANSAS BOARD OF HEALING ARTS

JOAN FINNEY
Governor

LAWRENCE T. BUENING, JR.
Executive Director

235 S. Topeka Blvd.
Topeka, KS 66603-3068
(913) 296-7413
FAX # (913) 296-0852

M E M O R A N D U M

TO: Senate Committee on Public Health and Welfare

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: January 25, 1994

RE: **SENATE BILL NO. 520**

Thank you for the opportunity to present written testimony in support of Senate Bill No. 520. While the Kansas State Board of Healing Arts is not aware of all of the policy reasons behind the proposed amendments to K.S.A. 72-5214 as modified by the 1993 Legislature with the enactment of House Bill No. 2546, the Board did feel that you should be apprised of the effect the amendments to subsection (b) would have on the numbers of individuals who could potentially be able to conduct the health assessment on pupils.

K.S.A. 1993 Supp. 72-5214 presently provides that the health assessment must be conducted by either a nurse, a physician or a "health care provider other than a physician approved by the Secretary to perform health assessments". The term "physician" continues to be defined as a person licensed to practice medicine and surgery. The changes to subsection (b) would substantially limit the number of people who would be able to conduct the health assessment.

Senate PH&W
Attachment #8
1-25-94

Currently under K.S.A. 65-2896e, physicians' assistants are allowed to perform only under the direction and supervision of a physician, acts which constitute the practice of medicine and surgery to the extent and in the manner authorized by the physician responsible for the physician's assistant. There are presently 183 physicians' assistants with an active registration in the State of Kansas issued by the Board. These individuals commonly obtain health histories, perform physical examinations and make other diagnostic determinations as part of their support for the responsible physician under whose direction and supervision they operate. Since physicians' assistants are not licensed to practice medicine and surgery, the adoption of subsection (b) would eliminate physicians' assistants as one of those groups who could conduct the health assessment.

The Board also issues temporary permits to individuals who are engaged in postgraduate training programs. These individuals have completed four years of medical school and staff the family practice and other clinics run by the residency programs throughout the State. Since these individuals are granted a temporary permit under K.S.A. 65-2811, they are not "licensed" to practice medicine and surgery and, therefore, would not be eligible to conduct the health assessment should the amendments proposed in subsection (b) be adopted.

Similarly, pursuant to K.S.A. 65-2872(d) and (e), students in medical school may perform acts which constitute the practice of medicine and surgery without being licensed or otherwise credentialed by the State Board of Healing Arts. Since they are not licensed, such individuals would not be eligible under the proposed provisions of subsection (b) to conduct the health assessment.

There are currently 595 individuals with active chiropractic licenses issued by the Board. Pursuant to K.S.A. 65-2871, these persons may "examine, analyze and diagnose the human living body". Although expressly allowed by statute to conduct health assessments, the amendments proposed for subsection (b) would eliminate these individuals as a source of providing the health assessment. While chiropractors are licensed under the Healing Arts Act, they are not licensed to practice medicine and surgery as would be required under the proposed amendments.

Finally, K.S.A. 65-2872(g) provides that persons who perform professional services under the supervision or by order of or referral of a practitioner who is licensed under the Healing

Arts Act are not construed to be engaged in the practice of the healing arts and, therefore, require no licensure. This is commonly referred as the "captain of the ship doctrine" and has been upheld in a long line of court cases to enable practitioners to delegate certain responsibilities. It is common that individuals licensed under the Healing Arts Act do delegate such things as the obtaining of a health history and certain portions of physical examinations. The Board is unclear as to whether the proposed amendments to subsection (b) are intended to prohibit such delegation which is otherwise allowed in all other areas related to the practice of the healing arts so only the licensed physician or the nurse who has been certified could "conduct" the health assessment.

In conclusion, by making the amendments proposed in subsection (b) of Senate Bill 520, the Legislature would be eliminating a number of individuals who by current statutory law may perform health assessments. This would substantially reduce the availability of individuals to obtain the health assessment.

Thank you very much for the opportunity to present this testimony in written form.

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 Bill 547

S.B. 547 was initiated by KDHE and would allow the Secretary to direct the State Registrar to release selected birth registration information to program personnel within state agencies when that information could serve as a means of notifying mothers of young children about programs aimed at addressing the children's health needs. It would also allow OVS to disseminate death information for file clearance purposes to state and federal agencies.

S.B. 547 is needed as birth and death certificate information is restricted by statute and cannot be released without specific authority to do so.

The birth registration system can produce the most timely, accurate and complete listing of children that could then be used by program staff in providing information to the parent(s) in order to assist in assuring awareness and access to the health care system. Without this data, program staff are unable to adequately provide services and information to parent(s) and children in a number of programmatic areas.

S.B. 547 would also allow OVS to release fact of death information to state and federal agencies administering benefit programs provided the information was to be used for file clearance purposes **and file clearance purposes only.** This provision would allow OVS to provide information to SSA, Unclaimed Properties (Treasurer's Office), Department of Corrections, etc. The result of this provision would be a savings to the taxpayers by providing proof of death to the administrators of various benefit programs. Also, this legislation will allow the state to be compliant with recent federal legislation requiring the state to provide the death data to SSA and allowing SSA to release the data to other federal benefit paying agencies.

Since both needs addressed in this bill would have a positive impact on the state, we recommend passage of S.B. 547.

Testimony presented by: Dr. Lorne A. Phillips
Director and State Registrar
Center for Health and Environmental Statistics
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Senate PHEW
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