

Approved: 2-18-94  
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 February 10, 1994 in Room 313-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:

Pam Scott, Kansas Funeral Directors  
Jerry Slaughter, Executive Director, Kansas Medical Society  
James Earl, Funeral Director and Embalmer, Topeka  
Mack Smith, State Board of Mortuary Arts  
Dr. Steven Potsic, Director of Health, Kansas Department of Health and Environment  
Carolyn Middendorf M.N., R.N., Kansas State Nurses Association

Others attending: See attached list

The Chair welcomed nurses from across the state who were in attendance at the meeting for "Nurses Day at the Capitol."

### **Continued Hearing on SB 587** - Funeral and burial expenses of recipients of assistance

Pam Scott, Kansas Funeral Directors, provided additional information to the Committee on SRS reimbursement of Medicaid and medical assistance which she noted in checking with representatives from the Kansas Medical Society, that bills are submitted to SRS by procedure code, and each procedure code has a maximum allowable amount for which SRS reimburses the physician. These payments are payments in full, and the physician cannot collect from the patient for any amount over the maximum allowable amount for that given procedure.

Jerry Slaughter, Executive Director, KMS, appeared before the Committee in agreement with Ms. Scott stating that under the Medicaid program a physician may not balance bill for services which they provide. They must accept Medicaid payments as payment in full for those services.

### **Hearing on SB 310** - Notice that deceased person had infectious or contagious disease

James Earl, Funeral Director and Embalmer, Topeka, appeared before the Committee in support of **SB 310** noting that the bill which was introduced during the 1993 legislative session at the request of the Kansas Funeral Directors and Embalmers Association, requires the hospital or nursing home at which a person dies to provide notice to a funeral director or embalmer that the deceased person had been diagnosed as having an infectious or contagious disease. Opponents of the bill last year suggested that legislation was unnecessary because universal precautions should be taken in all cases, and if such precautions were taken, funeral home personnel would be protected. Mr. Earl noted that funeral directors do use universal precautions which are required by law but they should have the right to know if such infectious and contagious diseases are present in the deceased. (Attachment 1)

During committee discussion members expressed concern that universal precautions should always be taken by funeral directors and embalmers regardless of notification, as such notification could give a false sense of security. Regulations adopted by the State Board of Mortuary Arts in 1969 directed them to take basic universal precautions when dealing with infectious diseases such as AIDS, Hepatitis B and tuberculosis.

Mack Smith, Executive Director, State Board of Mortuary Arts, appeared before the Committee in support of **SB 310** and noted that the bill would better define the parties responsible for notification when an infectious or contagious disease is involved with a death. (Attachment 2)

## CONTINUATION SHEET

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

In regard to technical language in **SB 310**, staff noted that the Committee should consider changing the term "hospital" to "medical care facility" which would pick up recuperation centers, and the term "nursing homes" should be changed to "adult care homes" or "nursing facilities." The Chair directed staff to prepare those technical changes when the Committee takes action on the bill.

There were no opponents to **SB 310**.

### **Hearing on SB 575** - Schools, tests and inoculations of pupils, alternatives

Dr. Steven R. Potsic, KDHE, addressed the Committee in support of **SB 575** and noted that the major change in the bill would be from voluntary exclusion of children with inadequate immunization status from school attendance to mandatory exclusion from school by incorporating the term "shall exclude" instead of "may exclude" in the text to alleviate inconsistencies with interpretation of exclusion. Instead of the 90 day immunization notification beginning at the start of school each year, the 90 day notice would be sent from the school board on or before May 15th for notification of immunization requirements for the proceeding school year. The child could not enter school unless the immunization requirements were up-to-date or exemptions were on file. Dr. Potsic also noted other changes in the bill as outlined in his written testimony. (Attachment 3)

It was noted by a member and confirmed by Dr. Potsic that since schools currently mandate student records transfers, transferring immunization records would be a part of that procedure.

Staff called attention to Sec. 4 of the bill that relates currently to the exclusion of students from school attendance under the act and is permissive on the local school board, and questioned whether Dr. Potsic's proposal that recommends changing language to mandatory exclusion of students would be consistent with the provisions under the Kansas constitution that provide certain powers and authorities to local school districts.

Concerns were expressed by members of the Committee regarding mandatory exclusion of students from school and that there should be another way to enforce such immunizations without interrupting the students' education. Dr. Potsic noted that in talking to a number of school nurses about mandatory exclusion, there are school districts that use their policies on up-to-date immunizations very aggressively and some more passively, and the department is trying to protect all of the pupils in the schools which may necessitate removing one child in order to protect the whole student body.

Carolyn Middendorf, KSNA, appeared before the Committee in support of **SB 575** and submitted written testimony (Attachment 4) as well as noting that moving the 90 day immunization notification to May 15th would be very helpful.

The Chair announced that opponents of the bill would be heard on Tuesday, February 15, 1994.

### **Introduction of bills**

The Chair requested introduction of a bill that would direct the secretary of SRS to establish a managed care program for the Medicaid population which would put together the perimeters under which negotiations would occur to contract with either groups or individual providers to provide the most economical and efficient services statewide. This bill request is more comprehensive than the pilot project for Wyandotte County and would repeal the two pilot projects that were enacted during the 1993 legislative session. Senator Hardenburger made a motion the Committee recommend introduction of the bill request, seconded by Senator Lee. The motion carried.

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

The next meeting is scheduled for February 15, 1994.

# GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 2-10-99

NAME	ADDRESS	COMPANY / ORGANIZATION
MATT CALDWELL	N. NEWTON KS Box 157	BETHEL COLLEGE STUDENT NURSE
Kevin Gough	Bethel College Box 155 N. Newton	Bethel College STUDENT NURSE
Brian Mahr	Bethel College Box 363	Bethel College STUDENT NURSE
Amy Gardner	Bethel College Box 841 N. Newton, KS 67117	Bethel College STUDENT NURSE
Jenni Rios	Joplin	Senate Staff
Calene Soudner	Bethel College - North Newton	Student Nurse
Christy Rader	218 S.W. 3rd Newton, KS	Bethel College Student Nurse
Tamara Poe	1101 Sheldon El Dorado, KS 67042	Bethel College Student Nurse
Deeta Opprecht	223 E 10th St Hastead KS 67656	Bethel College Student Nurse
Heidi Ziecke	405 S. Ridge Rd Hession, KS 67062	Bethel College Student Nurse
Jodi Holloman	P.O. Box 734 Moundridge, KS 67107	Bethel College Student Nurse
Lawrence Anderson	N. Newton KS	BC Nursing Student
Leanne Pekarek	N. Newton, KS.	BC Nursing Student
Richelle Rieh	410 S. Main Hession, KS 67062	BC Nursing Student
DEBORAH DTRAVI	234 S. VOLUTSIA WICHITA, KS 67211	Bethel College STUDENT NURSE
Jody Lavy	N. Newton KS 300 E. 27th, Box 177, 67117	Bethel College Student Nurse
Annastasia Stucky	8129 N. Hoover Rd Hastead KS 67656	Bethel College STUDENT NURSE
Stephennie Schmidt	205 E 2nd Haven KS.	Bethel College Nsg. Student
Carmen Amberger	1314 SW 2nd Abilene, KS.	Bethel College Nsg Student
Kelli Jensen	Wichita, KS	Bethel College Nsg Student
Christine Manheim	115 Pine St Whitewater, KS. 67154	Bethel College Nsg Student
Stephanie Macy	1408 W. Carr El Dorado, KS 67042	Bethel College Nsg. Student
Lorie Schmidt	Box 63 Bethel Co. N. Newton, KS 67117	BC Student Nurse

# GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 2-10-88

NAME	ADDRESS	COMPANY / ORGANIZATION
Brenda Dennis	Manassas City	NCCC
Karen Wheeler	Shaver	NCCC
Peggy Stewart	Bx 11 Elmore, KS	NCCC
Carol Hegg	Enid	Nesque Co. Comm. College <sup>Nsg.</sup> Student
Jennifer Wallace	Tecumseh, KS	Baker University School of Nursing
Karen Hopkins	Rt 2 Sedan KS	NCCC
Dawn Hites	1529 W. <sup>1st St.</sup> Laurel - Co	NCCC
Rachelle D. Pius	6622 SW Shadyvale Top	Baker Univ. Nsg. Student
Jan Martin	Edgerton, KS	Baker Univ. Sch. Nsg.
Shayla M. Long	Salina, KS	Baker Univ. Sch. Nsg.
Rebecca S. Johnson	Rt 1, Box 28 Council Grove, KS	KSNA
Carolyn C. Anderson	2638 Waters Edge Ln, Topeka, KS	Baker Univ. School of Nsg. and APN
Vicki FRIEDE	1108 W. Hills Trce. Lawrence, KS	Lawrence Memorial Hosp
Lu Ann Van Rhee	1104 Pomeroy Dr. Paola, KS	NCCC
Mark Weatherby	2933 Eaton KC, KS	Nesque, County Comm. College
Matt White	215 Sycamore, Herculano, KS	NCCC - cherokee
Gregg L. Schroeder	Groesbeck, KS	Bethel College, N. Newton
Carolyn Uncin	North Newton, KS	Bethel College, Nsg Student
Jennifer Walton	Belle Plaine, KS	Bethel College <sup>Nsg.</sup> Student
Brenda Holck	North Newton, KS	Bethel College Nsg. Student
James Nestle	North Newton, KS	Bethel College Nsg. Student
Tim Klassen	N. Newton, KS	Bethel College
Chris Huxman	Newton, KS	Bethel College Student nurse

# GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 2-10-94

NAME	ADDRESS	COMPANY/ORGANIZATION
Pan Scott	KS Funeral Directors Assn	Topeka
James Earl	Penwell - Grable Fun. Hm	Topeka
Michelle Peterson	Topeka	KGC
Becky Neely	Top	Baker School of Mng
Betty Dwyer		
Carolyn Mendenhall	Topeka	KS WA
Robert Harder	LSO B	KDHE
STEVE POTRIC	LSOB	KDHE
Andrew Belletier	Mills Bldg	KDHE
Karen Ramsey	Topeka	KHSB
Pat Baker	Topeka	KASB
Arnold Riem	TOPEKA	KADM
Barbara Balch	Overland Park	Merck
David Till	Arlington Texas	Zeneca
Glenn Hargauer	979 Glen Ellen Pl 6037 Chapel Ct. Nat	Hoechst-Roussel
Rhonda GRIFFIN	Trayer	Neosho County Community College
Johnny McIntire	Chanute	Neosho County C.C.
Michelle Howell	Chanute	Neosho County Comm Coll.
Ann SKAGGS	"	" " "
Joan Reed	Topeka	St. Francis Hosp.
Betty Francis	Topeka	BLUN
Karl Gilpin Jr	Topeka	Neosho Co Comm College
Annette West	Humboldt	Neosho Co Comm College student

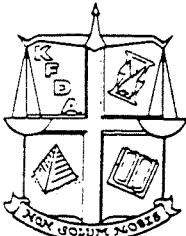
GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 2-10-79

[illegible]





AFFILIATED WITH N.F.D.A.

# THE KANSAS FUNERAL DIRECTORS AND EMBALMERS ASSOCIATION, INC.

EXECUTIVE OFFICE — 1200 KANSAS AVENUE, P.O. BOX 1904  
TOPEKA, KANSAS 66601  
PHONE 913-232-7789 FAX 913-232-7791

## OFFICERS

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Topeka

*President Elect*  
**SHIRLEY BROWN**  
Gardner

*First Vice President*  
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Belleville

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Moran

*Executive Director*  
**PAMELA SCOTT**  
Topeka

## TESTIMONY PRESENTED TO SENATE PUBLIC HEALTH AND WELFARE COMMITTEE BY THE KANSAS FUNERAL DIRECTORS AND EMBALMERS ASSOCIATION

Madam Chairman and members of the committee, my name is Mike Turnbull, owner of Roberts-Blue-Barnett Funeral Home, and I am a funeral director and embalmer from Emporia, Kansas. I am here as a member of the Kansas Funeral Directors and Embalmers Association (KFDA). I am here to speak in support of Senate Bill No. 310.

## BOARD OF DIRECTORS

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Senate Bill No. 310 is a bill which was introduced during the 1993 Legislative Session at the request of the KFDA. Senate Bill No. 310 amends K.S.A. 65-2438 to require the hospital or nursing home at which a person dies to provide notice to a funeral director or embalmer that the deceased person had been diagnosed as having an infectious or contagious disease. Currently the law requires the attending physician or, if there is no attending physician present, a family member or person making arrangements for the disposition of the body to provide the notice.

Funeral directors and embalmers have requested this bill because they are finding that notification is not being given in cases where there is a known contagious or infectious disease. Often an attending physician is not present at death. In such cases, hospital or nursing home personnel arrange for the deceased to be picked up by a funeral establishment without the attending physician being present. The staff in many cases does not notify the funeral director or embalmer when they know the deceased has a contagious or infectious disease. It is arguable that the law as written already places the notification requirement on staff of hospitals because they are the persons making arrangements for the disposition of the dead body. If this is the case, this amendment will clarify the law.

Several hospitals have advised our members that they believe they have no obligation to provide notice under current Kansas law. Their attorneys have advised them not to give notice because of potential liability for breach of

*Senate PH&W*  
*attachment #1*  
*2-10-94*

confidentiality. We believe that if the notice requirements of K.S.A. 65-2438 are made applicable to hospitals and nursing homes, the confidentiality and immunity provisions in the statute address the hospitals concerns. The amendments in the bill would extend those protections to hospitals and to nursing homes providing the notice. Furthermore, a funeral director is responsible for completing and filing the death certificate, which requires the cause of death to be stated. Therefore, he or she will eventually have the information anyway.

Funeral directors have a need and a right to know when a person has an infectious or contagious disease. They need to know because regulations adopted by the State Board of Mortuary Arts, specifically K.A.R. 63-3-10 and 63-3-11, place requirements on how a body is to be handled and prepared when death occurs from an infectious or contagious disease. K.A.R. 63-3-10 states that if an infectious or contagious disease was present or was reasonably suspected to be present, the body may not be transported or buried until it is embalmed and placed in a casket or suitable combustible container. K.A.R. 63-3-11 places similar requirements on the preparation and transporting of infected bodies. Attached is a copy of these regulations.

Funeral directors have a right to know when there is a known infectious or contagious disease present, to know there is a very real danger of communicable diseases being present so that he or she can better protect themselves beyond using universal precautions required by law. This does not mean the funeral director is going to be lulled into a feeling of false security where there is no known infectious or contagious disease present. They know they need to be cautious in all cases.

Last year during hearings before this committee, opponents of the bill suggested that legislation was unnecessary because universal precautions should be taken in all cases, and if taken funeral home personnel would be protected. This philosophy does not address the varying degrees of risk and the different types of protective measures that can be taken based upon whether the disease is transmitted through blood or is airborne, nor does it consider the virulence, strength and persistency of different diseases. An embalmer will use different embalming techniques and various strengths of embalming fluids based upon the type of disease diagnosed. You would not expect or ask a surgeon to perform surgery without being fully informed concerning a patient's health history or illness. Why should you ask an embalmer to do anything less.

Funeral directors do use universal precautions. We are required to by law. The KFDDA holds many seminars each year



educating its members on how to comply with OSHA rules. Funeral home employees must go through annual training in this area. Funeral service professionals have the right to know if known infectious and contagious diseases are present so that they can go beyond the universal precautions required by law if they deem necessary. It's a matter of health, safety, human life and common sense.

In conclusion, we ask for your support of Senate Bill No. 310. It is necessary to enable the funeral director and embalmer to comply with regulations of the Kansas Board of Mortuary Arts and to protect themselves from such diseases to the greatest extent possible.

Thank you for giving me this opportunity to speak to you today.

ARTICLE 3 — PREPARATION AND TRANSPORTATION  
OF BODIES; BURIAL IN MAUSOLEUMS;  
AND FUNERAL ESTABLISHMENTS

63-3-1 to 63-3-8. (Authorized by K.S.A. 74-1704; effective Jan. 1, 1966; revoked, Jan. 1, 1969.)

63-3-9. EMBALMING FLUIDS AND COMPOUNDS. The use of any fluid or compound which contains arsenic, lead, mercury, zinc, silver, antimony, chloral or any poisonous alkaloid in the embalming of a dead human body is prohibited. (Authorized by K.S.A. 74-1704; effective Jan. 1, 1969; amended May 1, 1978.)

63-3-10. DEATH FROM INFECTIOUS OR CONTAGIOUS DISEASES. (a) Each embalmer and funeral director shall at all times, undertake and be responsible for appropriate precautionary measures to prevent the spread of infectious or contagious diseases from deceased human bodies to employees of mortuary establishments, persons contracted to provide services involved in the preparation and handling of dead human bodies, and to the general public.

(b) When death has occurred from any infectious or contagious disease, the body shall be handled and prepared by a licensed Kansas embalmer. If any infectious or contagious disease occurred, or was reasonably suspected to be present, the body shall be embalmed and placed in a casket or suitable combustible container prior to transporting and burial. Any body dead from infectious or contagious disease may be cremated or buried without embalming if final disposition takes place within 24 hours of death as long as no health hazard will result. Each unembalmed body to be buried within 24 hours following death shall be placed in a metal-lined, hermetically sealed container prior to burial. Each unembalmed body to be cremated within 24 hours following death shall be placed in a suitable combustible container. (Authorized by and Implementing K.S.A. 65-1712, K.S.A. 74-1704; effective Jan. 1, 1969; amended May 1, 1978; modified, L. 1979, ch. 353, May 1, 1979; amended May 1, 1988; amended June 7, 1993.)

63-3-11. PREPARATION AND TRANSPORTATION OF DEAD HUMAN BODIES. A dead human body shall not be transported by private conveyance or common carrier until the following conditions are met. (a) Any unembalmed body released by the family or proper authority, other than a dead with an infectious or contagious disease, may be transported by private conveyance within the state of Kansas if: (1) A certificate of death has been filed according to laws and regulations set forth by the Kansas state department of health and environment; and (2) After the body has been released to a funeral director, any transportation is supervised personally by the funeral director.

(b) In addition to meeting the requirements of subsection (a), each body dead with an infectious or contagious disease shall be handled pursuant to K.A.R. 63-3-10 prior to being transported by private conveyance or common carrier.

(c) A body dead from any cause may be transported by a common carrier if: (1) The body has been prepared and properly disinfected by arterial and cavity injection with an approved disinfecting fluid having a minimum phenol coefficient equal to that of a five percent formaldehyde solution. The amount of the fluid injected shall not be less than 1/10 of the body weight; (2) all body orifices have been disinfected and plugged with dry cotton; (3) the body has been washed with five percent formaldehyde or other disinfectant of equivalent coefficient; and (4) the body is encased in a shipping case which is acceptable under the rules of the common carrier.

(d) A body dead from any cause may be interred or cremated without embalming if interment or cremation is within 24 hours of death. A reasonable period of time beyond 24 hours may be permitted if: (1) religious beliefs, laws or customs do not permit transportation or interments on Sabbath or holy days; and (2) no health hazard or nuisance will result from such a delay. Each body dead with an infectious or contagious disease shall be handled pursuant to K.A.R. 63-3-10.

(e) A body dead from any cause other than infectious or contagious disease may be interred or cremated without embalming if embalming would violate personal or religious beliefs and a health hazard or nuisance will not result. An unembalmed body may be retained in storage at a constant temperature of less than 40 degrees Fahrenheit. When that body is removed from storage and transported, the body shall reach its final destination within 24 hours following the removal from storage. If the body is placed in a metal or

metal-lined hermetically sealed container immediately after death, the body may be considered an embalmed body, for the purpose of transportation.

(f) If a casket has not been used in the preparation and transportation of a body that is to be cremated, the body shall be placed in a suitable combustible container which shall be permanently closed before being released to a receiving crematory.

(g) This regulation shall not apply to bodies donated to the university of Kansas school of medicine. (Authorized by and implementing K.S.A. 65-1712, K.S.A. 74-1702, K.S.A. 65-1723; effective Jan. 1, 1960; amended, E-72-6, Dec. 17, 1971; amended Jan. 1, 1973; amended May 1, 1976; amended May 1, 1978; modified, L. 1979, ch. 353, May 1, 1979; amended Jan. 6, 1992; amended June 7, 1993.)

63-3-12. BODIES MANGLED, BURNED, ETC. Bodies badly mangled, burned, decomposed or partially decomposed that cannot be prepared pursuant to K.A.R. 63-3-11, shall not be removed from the city where the death occurred, or from the immediate vicinity if the death occurred in a rural area, by private conveyance or by any common carrier unless first being thoroughly disinfected by an approved disinfecting compound or preservative and placed in a suitable container which shall be permanently closed. (Authorized by K.S.A. 74-1704; effective Jan. 1, 1969; modified, L. 1976, ch. 331, § 1, May 1, 1976; amended May 1, 1978.)

63-3-13. DISINTERRED. The transportation of disinterred remains by common carrier or by private conveyance is subject to the same rules as for any dead human body. (Authorized by K.S.A. 74-1704; effective Jan. 1, 1969; amended May 1, 1978; amended, T-88-43, Oct. 27, 1987; amended May 1, 1988.)

63-3-14. RETRANSPORTING OF BODIES. Bodies not in good condition shall not be reshipped or further transported until said body has been prepared according to the rules governing the preparation and transportation of dead human bodies in the state of Kansas.

Shipping box or outer case may be dispensed with, if body is conveyed in hearse or private

conveyance used for moving the dead. (Authorized by K.S.A. 74-1704; effective Jan. 1, 1969.)

63-3-15. DEAD BODIES IN TRANSIT. All dead human bodies coming into the state of Kansas via any common carrier or private conveyance, shall be accompanied by a duly completed removal permit, in accordance with the embalming and transportation rules of the state from where said body was shipped.

Any person, agent or owner of any common carrier or private conveyance, having in charge and transit any dead human body that has not been properly prepared or embalmed and has become offensive or dangerous to public health, shall refuse to continue transportation until said body has been properly prepared, so that public health is not endangered. (Authorized by K.S.A. 74-1704; effective Jan. 1, 1969.)

63-3-16. BURIAL IN MAUSOLEUM. All dead human bodies shall be embalmed in accordance with the foregoing rules before same may be placed in a mausoleum. (Authorized by K.S.A. 74-1704; effective Jan. 1, 1969; amended May 1, 1978.)

#### 63-3-17. SERVICES AND MERCHANDISE PRICING.

(a) Each funeral service casket in the casket selection room shall have a card or brochure which sets forth the price of the service using that casket and listing the services and any other merchandise included in the price. Where there are separate prices for the casket, services, or the use of facilities and equipment, the card shall indicate the price of the casket and of each item separately priced.

(b) If a funeral service establishment uses the facilities of a manufacturer, jobber, or other place where caskets are displayed for selection, the funeral service licensee conducting the service shall place the cards or brochures required by subsection (a) in the caskets before any selection is made by those arranging a funeral.

(c) Each funeral service licensee shall give to the person or persons making funeral arrangements a written price statement duly signed by the licensee or a representative of the funeral establishment or

MEMBERS OF THE BOARD

M. JERRY W. BEDENE,  
ARMA  
MR. FRANK L. BRUNER,  
WICHITA  
MR. MATTHEW J. SKRADSKI,  
KANSAS CITY  
MR. ANDERSON E. JACKSON,  
WICHITA

*The Kansas*  
*State Board of Mortuary Arts*

CREATED AUG. 1, 1907

700 S.W. JACKSON ST., SUITE 904  
TOPEKA, KANSAS 66603-3758  
(913) 296-3980



OFFICE STAFF  
MACK SMITH,  
EXECUTIVE SECRETARY  
FRANCIS F. MILLS,  
INSPECTOR-INVESTIGATOR  
TERRY A. BLAND,  
OFFICE SECRETARY

Senator Sandy Praeger, Chairperson  
Senate Committee on Public Health and Welfare  
State Capitol, Room 526-South  
Topeka, Kansas 66612

**S.B. 310**

The Kansas State Board of Mortuary Arts supports S.B. 310. The bill appears to better define the parties responsible for notification when an infectious or contagious disease is involved with a death.

While universal precautions should be used by funeral homes in all cases, there is no reason that notification in cases where an infectious or contagious disease is known to be present should not occur.

Death certificates that list the cause of death also list the name of the embalmer and funeral home--as well as the signature of the funeral service licensee (funeral director). Because funeral homes are generally the responsible parties for the filing of these forms, the area of privacy doesn't appear to be an issue.

There are regulations addressing infectious and contagious disease deaths in situations when burial or cremation does not take place within 24 hours--another reason for notification in known cases of infectious and contagious diseases.

I ask for the committee's support of S.B. 310, and I will be glad to answer any questions you might have.

Mack Smith, Executive Secretary  
Kansas State Board of Mortuary

*Senate PHC*

*Attachment #2*  
*2-10-94*

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 575

Senate Bill 575 affects the Kansas School Immunization Statute, 72-5209, which states immunization requirements and standards of actions.

First, the major change of K.S.A. 72-5209 would be from the voluntary exclusion of children with inadequate immunization status from school attendance to mandatory exclusion from school by incorporating the term "shall exclude" instead of "may exclude" in the text to alleviate inconsistencies with interpretation of exclusion.

Second, instead of the 90 day immunization notification beginning at the start of school each year, the 90 day notice would be sent from the school board on or before May 15th for notification of immunization requirements for the proceeding school year. The child could not enter school unless the immunization requirements were up-to-date or exemptions were on file.

The revision mandates the transfer of immunization records with the pupil's transcripts when the child transfers from school to school to prevent immunization records being left behind in the prior school system or lost. The bill revision states that the immunization record shall be maintained and examined for required immunization compliance.

Immunizations would be required for all school entry for the first time in this state including school based day care and preschool facilities.

Third, the revision of the bill eliminates the term "personal grounds" for not receiving required immunizations; updated medical and religious exemptions are still honored.

The county, city-county or multi-county health departments may charge for immunizations on a sliding fee scale for administrative compensation with the exception that no child may be refused immunization for inability to pay an administrative fee.

There is no anticipated increase in labor to implement these changes at the Kansas Department of Health and Environment. The local health departments may notice a slight surge of clients the first year of implementation to meet required school immunizations by school entry. With the 5-7 year old school immunization rates at 87%, and approximately 1% of the children with medical or religious exemptions, 12% of the children would be anticipated to need additional immunizations.

Testimony presented by:

Steven R. Potsic, M.D., M.P.H.

Director of Health

Kansas Department of Health and Environment

February 10, 1994

*Senate PHW*  
*Attachment #3*  
*2-10-94*

FOR MORE INFORMATION CONTACT:

Terri Roberts J.D., R.N.

Executive Director

700 SW Jackson, Suite 601

Topeka, Kansas 66603-3731

913-233-8638

Date: February 10, 1994

## **S.B. 575 Schoolage Children's Required Immunizations**

Chairperson Praeger and members of the Senate Public Health and Welfare Committee, my name is Carolyn Middendorf M.N., R.N. and I represent the Kansas State Nurses Association. I am here today as a proponent for the Senate Bill 575.

I would like to preface my remarks by saying that the recommended amendments to K.S.A. 72-5209 are a step in the right direction towards preventing the senseless spread of childhood diseases. Health care providers must be given the means with which to enforce necessary and prudent public health principles.

As you well know, Kansas 2 year olds are struggling to maintain a 50-60% overall immunization compliance rate. This is equal if not below the national average. Nearly half of Kansas children remain vulnerable to preventable childhood diseases between the ages of 2 and entry into kindergarten. However, the picture has improved, as the 1992-93 immunization school audit report shows a rise to 87% compliance for those children 5-7 years of age. The simple truth of the matter is that with the existing statute provisions, schools remain powerless in enforcing or mandating compliance. The schools would have to defer to the discretion of the parents. These are the same parents who have demonstrated low priorities in the past when their children were 2 years old.

Clearly there must be a stronger message regarding the principles of public health. Once children enter formal education the sheer presence of multiple individuals in a closed environment demands the establishment and enforcement of public health principles. Numerous steps will be required in order to emphasize the significance, to demonstrate the seriousness and finally to assist the parents in reprioritizing their children's health care needs.

For the schools, countless time is spent notifying parents. This is very challenging, with nothing more than the school "may exclude" Johnnie, when the school should have the authority to say we "shall exclude" Johnnie.

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*Senate PH&W*

*Attachment #4  
2-10-94*



Secondly, moving the 90-day notification up, earlier in the year is beneficial. Recently a school in the southwest part of the state decided to work smarter earlier. That meant that the parent was notified earlier in the year and by August 15th the child should have been in compliance. (Rather than going 90 days into the school year or November 15th.) Under the current system, once the child is in school the fear of expulsion is not as great. In theory, this is done to eliminate the pointless and needless risk of exposure to contagious yet preventable childhood diseases while school is in session. The school experienced a rapid and drastic reduction in noncompliance, a drop from 250 noncompliance to less than a dozen. This is a savings of both nursing and support staff time not to mention the health savings of the children.

I spoke earlier of successfully raising immunization rates to near 90%. Through enacting the amendments cited in this bill we will be one step closer.