

MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE

The meeting was called to order by Chairman Dwayne Umbarger at 10:30 A.M. on January 29, 2008, in Room 123-S of the Capitol.

All members were present except:

Senator Donald Betts, Jr. - excused

Committee staff present:

Jill Wolters, Senior Assistant, Revisor of Statutes
Kristen Clarke Kellems, Assistant Revisor of Statutes
Amy Deckard, Kansas Legislative Research Department
Audrey Dunkel, Kansas Legislative Research Department
Jarod Waltner, Kansas Legislative Research Department
Melinda Gaul, Chief of Staff, Senate Ways & Means
Mary Shaw, Committee Assistant

Conferees appearing before the committee:

Major General Tod M. Bunting, Kansas Adjutant General
Roderick Bremby, Secretary, Kansas Department of Health and Environment
Teresa Schwab, Oral Health Kansas, Inc.
Shelly Gehshan, Senior Program Director, National Academy for State Health Policy

Others attending:

See attached list.

Bill Introductions

Senator V. Schmidt moved, with a second by Senator Kelly, to introduce a bill concerning controlled substances, enacting the methamphetamine precursor recording act. Motion carried on a voice vote.

The Chairman welcomed Tod Bunting, Kansas Adjutant General, who presented an overview of the state's disasters (Attachment 1). Copies of a State Emergency Operations Center, State of Kansas, Level 5 - Federal Involvement Situation Report were distributed (Attachment 2). General Bunting reviewed the disaster concentrating on the severe storms/flooding and the winter storms. He addressed incident overviews, federal thresholds, FEMA, public and individual assistance, and emergency support functions.

Chairman Umbarger welcomed Roderick Bremby, Secretary, Kansas Department of Health and Environment, who presented an overview of the Agency (Attachment 3) and (Attachment 4). Pat Kuester, Chief Fiscal Officer, reviewed the budget information. Secretary Bremby addressed the Agency's mission and vision. He also reviewed KDHE's notable 2007 accomplishments as follows:

- Disaster/Emergency Response
- Oral Health Plan
- Expanded Surveillance and Epidemiology
- Service Assurance
- Foreign Animal Disease
- Decrease in Tobacco Use

Secretary Bremby also reviewed the 2007 Disaster Response and Key Initiatives as detailed in his written testimony.

The Chairman welcomed Teresa Schwab, Executive Director, Oral Health Kansas, and she introduced Shelly Gehshan, Senior Program Director, National Academy for State Health Policy, who spoke in regard to Why Include Oral Health in Health Care Reform (Attachment 5). She also addressed Options for Adding Benefits (Attachment 6). A publication from the National Academy for State Health Policy, Kansas Health Reform: Options for Adding Dental Benefits, by Andrew Snyder and Shelly Gehshan, September 2007, were

CONTINUATION SHEET

MINUTES OF THE Senate Ways and Means Committee at 10:30 A.M. on January 29, 2008, in Room 123-S of the Capitol.

distributed to the Committee. Copies of this report are available from the National Academy for State Health Policy. Ms. Gehshan suggested several things that could be done regarding oral health that included flouridated water, putting money into sealant programs and looking at delivery system issues.

The meeting adjourned at 12:10 p.m. The next meeting was scheduled for January 30, 2008.

Date January 29, 2008

[illegible]

Kansas Disasters 2007

**Major General Tod M. Bunting
The Adjutant General
Director of
Emergency Management and Homeland Security**

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Winter Storm December 2007

EM-3282-KS

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Senate Ways and Means
1-29-08
Attachment 1

Winter Storm December 2007

EM-3286-KS

The map displays the state of Kansas with its county boundaries. The counties are labeled as follows:

- White Section (Left):** Cheyenne, Butler, Cowley, Barton, Shawnee, Thomas, Sherman, Wallace, Logan, Bates, Trego, Brown, Wagoner, Scott, Lane, Nowata, Harper, Geary, Pottawatomie, Franklin, Lincoln, and LeFlore.
- Black Section (Right):** Pottawatomie, Lincoln, LeFlore, Nowata, Lane, Scott, Wagoner, Brown, Trego, Bates, Logan, Wallace, Sherman, Thomas, Butler, Cheyenne, and the easternmost counties of Douglas, Johnson, Sedgewick, and Wyandotte.

Incident Overview

- **December 9th**
 - State Emergency Operations Center (SEOC)
 - Level 2 – Watch
 - Emergency Management and National Guard staff
- **December 10th**
 - State Emergency Operations Center (SEOC)
 - Level 3 – 24 hour operations
 - Governor's declaration – 105 counties
 - Kansas Response Plan activated

Incident Overview

- **December 11th**
 - Governor requests emergency declaration from President
- **December 12th**
 - State Emergency Operations Center (SEOC)
 - Level 5 – Federal involvement
 - President approves emergency declaration
 - direct federal assistance for 105 counties
 - generators, water, cots, MREs, technical assistance

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Incident Overview

- **Storm-related fatalities - 2**
 - Reno and Geary
- **State mission assignments – 170**
 - transportation (86)
 - generators (47)
 - personnel (11)
 - cots (8)
 - water (7)
 - armory – shelter (4)
 - Search & Rescue (2)
 - emergency debris removal (2)
 - heater meals (1)
 - security (1)
 - equipment (1)

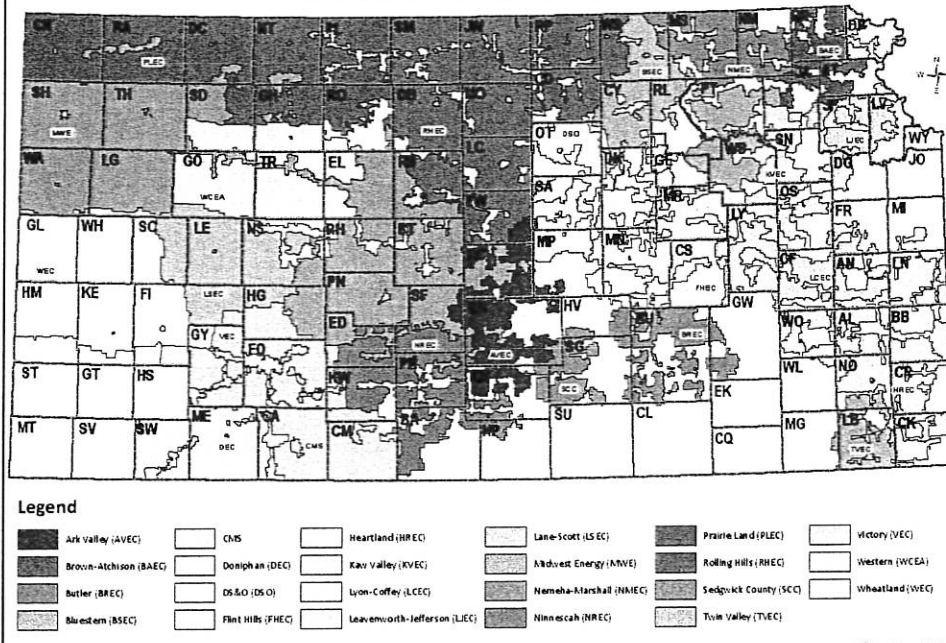
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Incident Overview

- Total shelters open at peak - 50
- Total meters at peak – 183,505
 - Westar Energy (125,000)
 - Rural Electric Coops (58,505)
- Total poles – 12,979
 - Westar Energy (2,090)
 - Rural Electric Coops (10,889)
- Total linemen
 - Westar Energy (1,995)
 - Rural Electric Coops – (1,500)

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Rural Electric Status
2007 Winter Weather and Ice



Federal Thresholds

Public Assistance

- County
 - \$3.11 per capita
 - State
 - \$1.24 per capita
 - Kansas population
 - 2,688,418
- State total: \$3,333,638

Individual Assistance

- Small Business Administration (SBA)
 - 25 homes and/or businesses with more than a 40% uninsured loss
- FEMA programs
 - 100 major/destroyed homes
 - \$3 million uninsured housing loss
 - economic impact, fatalities, demographics, etc
 - food, fuel and generators are not eligible

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Cost share of FEMA programs

Public Assistance

- 75% federal
- 25% non-federal
 - 15% local
 - 10% state

Individual Assistance

- 75% federal
- 25% state

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Public Assistance

Preliminary Damage Assessment (PDA) Data

EM-3282-KS

- **Category A**
 - Debris removal
 - \$17,637,535
- **Category B**
 - Emergency protective measures
 - \$4,075,130
- **Category C**
 - Roads
 - \$694,329

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Public Assistance

Preliminary Damage Assessment (PDA) Data

EM-3282-KS

- **Category D**
 - Water control facilities
 - no damage reported
- **Category E**
 - Public buildings
 - \$149,562
- **Category F**
 - Utilities
 - \$148,468,303

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Public Assistance
Preliminary Damage Assessment (PDA) Data
EM-3282-KS

- **Category G**
 - Recreational or other
 - \$6,466
- **Total Estimate - all categories**
 - \$171,031,324
 - federal share (75%)
 - local share (15%)
 - state share (10%)
 - \$1,710,313

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January 2007 vs December 2007

January 2007

- 42 counties declared
- **Electrical damage**
 - 9 rural electrics
 - 15,128 poles
 - 46,300 meters
 - 21 transmission towers
- **Total utility damage**
 - \$342,820,992

December 2007

- 60 counties declared*
- **Electrical damage**
 - 24 rural electrics
 - 10,889 poles
 - 58,505 meters
 - 0 transmission towers
- **Total utility damage***
 - \$150,000,000

*estimates-major declaration request pending

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Emergency Support Functions

- **ESF #1 – Transportation**
 - Kansas National Guard
 - resources and commodities
 - SEOC operations
- **ESF #3 – Public Works & engineering**
 - Kansas Department of Transportation
 - emergency snow removal
 - SEOC operations

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Emergency Support Functions

- **ESF #5 – Emergency management**
 - Division of Emergency Management
 - SEOC management and operations – 24 hour staffing
 - assessments (needs and damage)
 - mission assignments
 - coordinate response and recovery missions
 - prepare disaster declaration requests
 - situational awareness

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Emergency Support Functions

- **ESF #6 – Mass care**
 - American Red Cross
 - shelter, mass feeding, and comfort stations
 - SEOC operations
 - Kansas National Guard
 - comfort stations
 - SEOC operations
 - Department of Administration
 - special needs population planning

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Emergency Support Functions

- **ESF #7 – Resource management**
 - Division of Emergency Management
 - coordination of all disaster-related resources
 - SEOC operations
 - Kansas National Guard
 - cots, generators, water, technical assistance
 - SEOC operations
 - Kansas Contractors Assn. and Land Improvement Contractors Assn.
 - vendors, technical assistance

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Emergency Support Functions

- **ESF #8 – Health & medical**
 - Kansas Department of Health & Environment
 - hospital and critical care nursing facilities
 - SEOC operations
- **ESF #9 – Search & Rescue**
 - Kansas National Guard
 - Door-to-door searches
 - Cherokee and Marion Counties

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Emergency Support Functions

- **ESF #12 – Energy**
 - Division of Emergency Management
 - prioritize restoration of services
 - coordination with utility providers
 - SEOC operations
 - Westar Energy
 - prioritize restoration of services
 - operations center personnel exchanges
 - Rural Electric Cooperatives
 - information sharing

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Emergency Support Functions

- **ESF #13**
 - Kansas Highway Patrol
 - Augment local jurisdictions
 - SEOC operations

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Emergency Support Functions

- **ESF #15 – External communications**
 - The Adjutant General
 - Governor's office
 - Westar Energy
 - joint releases, information sharing, public protection measures

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**Flooding
June 2007**

DR-1711-KS

**Flooding
June 2007**

DR-1711-KS

[illegible]

Incident Overview

- **June 29th**
 - State Emergency Operations Center (SEOC)
 - Level 2 – Watch
 - Emergency Management and National Guard staff
- **June 30th**
 - State Emergency Operations Center (SEOC)
 - Level 3 – 24 hour operations
 - Governor's declaration – 17 Southeast counties
 - Kansas Response Plan activated

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Incident Overview

- **July 1st**
 - Governor requests expedited major disaster declaration from President
 - 17 Southeast Counties
- **July 2nd**
 - State Emergency Operations Center (SEOC)
 - Level 5 – Federal involvement
 - President approves life saving & protective measures and direct federal assistance
 - generators, water, ice, technical assistance

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Incident Overview

- **July 5th**
 - President approves Individual Assistance
 - Elk, Miami, Montgomery, Neosho, Wilson
- **July 13th**
 - President approves Individual Assistance
 - Allen, Cowley, Linn, Labette

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Incident Overview

- **July 18th**
 - President approves Individual Assistance
 - Anderson, Bourbon, Butler, Chautauqua, Cherokee, Coffey, Crawford, Franklin, Greenwood, Osage
 - President approves Public Assistance
 - Anderson, Bourbon, Butler, Chautauqua, Cherokee, Crawford, Coffey, Cowley, Elk Franklin, Greenwood, Harper, Labette, Linn, Osage, Miami, Montgomery, Neosho, Wilson, Woodson
- **July 25th**
 - Incident period closes
- **August 17th**
 - President approves Public Assistance
 - Edwards, Pawnee

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Incident Overview

- **Storm-related fatality - 1**
 - Montgomery County - Coffeyville
- **State mission assignments – 213**
 - emergency services (64)
 - local governmental assistance (54)
 - includes Kansas Incident Management Teams
 - transportation (32)
 - health & safety (22)
 - facilities and utility restoration – 15
 - resources – (11)
 - debris removal (6)
 - communications (5)
 - search & rescue (4)

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Federal Assistance

- **Total missions – 40**
 - Total \$5,089,075
 - EPA, US Army Corps of Engineers
 - 100 % federal share
- **Total direct federal assistance**
 - 9 missions
 - water and ice
 - Total \$1,461,202
 - federal share \$1,169,026
 - state share \$292,256

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Individual Assistance

- Total registrations – 4,082
- Housing assistance - \$14,946,030
 - 100% federal share
- FEMA provided mobile homes - 83
- Other Needs Assistance - \$3,873,567
 - 75% federal share
 - 25% state share
 - \$988,316
- Disaster Recovery Centers - 14
 - 7,504 visits
 - 100% federal for FEMA staff, facilities, equipment, phones, etc.
 - 100% state expense for staffing state employees
 - Revenue, SRS, KDEM, KDHE, etc.

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Individual Assistance

- Small Business Administration (SBA) loans
 - \$27,540,700
 - 373 approvals
 - 100% federal share
- Disaster Unemployment Assistance –
 - \$110,647
 - 795 weeks approved
 - 65 applications approved
 - 100% federal share
 - Administered by Kansas Department of Labor

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Public Assistance

- **Category A**
 - Debris Removal
 - \$735,568
 - Spiller responsible for oil contaminated disaster debris
- **Category B**
 - Emergency Protective Measures
 - \$2,635,155
- **Category C**
 - Roads
 - \$8,018,618

35

Public Assistance

- **Category D**
 - Water Control Facilities
 - \$934,782
- **Category E**
 - Public Buildings
 - \$3,859,870
- **Category F**
 - Utilities
 - \$8,402,646

36

Public Assistance

- **Category G**
 - Recreational or other
 - \$490,743
- **Total all categories**
 - \$25,077,385
 - 10% state share
 - \$2,507,738

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Emergency Support Functions

- **ESF #1 – Transportation**
 - Kansas National Guard
 - resources and commodities
 - SEOC operations
 - Kansas Highway Patrol
 - immunizations, water samples
 - SEOC operations
- **ESF #2 – Communications**
 - Kansas Department of Transportation
 - Communications on Wheels (COW)
 - SEOC operations

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Emergency Support Functions

- **ESF #3 – Public works & engineering**
 - Kansas Department of Transportation
 - assessment of state highways
 - highways closures/openings and emergency road repair
 - SEOC operations
 - Kansas National Guard
 - debris estimating technical assistance

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Emergency Support Functions

- **ESF #5 – Emergency management**
 - Division of Emergency Management
 - SEOC management and operations – 24 hour staffing
 - assessments (needs and damage)
 - mission assignments
 - coordinate response and recovery missions
 - prepare disaster declaration requests
 - situational awareness
 - field operations
 - Civil Air Patrol
 - aerial assessments
 - Kansas Highway Patrol
 - aerial assessments

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Emergency Support Functions

- **ESF #6 – Mass care**
 - American Red Cross
 - shelter, mass feeding
 - SEOC operations
 - Department of Administration
 - special needs population

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Emergency Support Functions

- **ESF #7 – Resource management**
 - Division of Emergency Management
 - coordination of all disaster-related resources
 - Kansas National Guard
 - SEOC operations

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Emergency Support Functions

- **ESF #8 – Health & medical**
 - Kansas Department of Health & Environment
 - Hospital and critical care nursing facilities
 - Immunizations
 - Public health recommendations
 - Water testing
 - Technical assistance to water treatment providers and county public health providers
 - SEOC representative
 - field operations
- **ESF #9 – Search & Rescue**
 - Kansas National Guard
 - door-to-door searches
 - Water Rescue Teams
 - swift water rescues

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Emergency Support Functions

- **ESF #10 – Hazardous Materials**
 - Kansas Fire Marshal
 - Regional Hazmat Team
 - Kansas Department of Health & Environment
 - technical assistance
 - personal protective equipment
- **ESF #11 – Natural Resources**
 - Division of Emergency Management
 - levee and water shed district inspection
 - Kansas Department of Agriculture
 - food safety inspections
 - Kansas Animal Health
 - Inspections of oil contaminated land and cattle feed
 - veterinary services

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Emergency Support Functions

- **ESF #13 – Public Safety**
 - Kansas Highway Patrol
 - Kansas National Guard
 - augmented local jurisdictions
 - SEOC operations
- **ESF #15 – External Affairs**
 - The Adjutant General's Department
 - Governor's Office

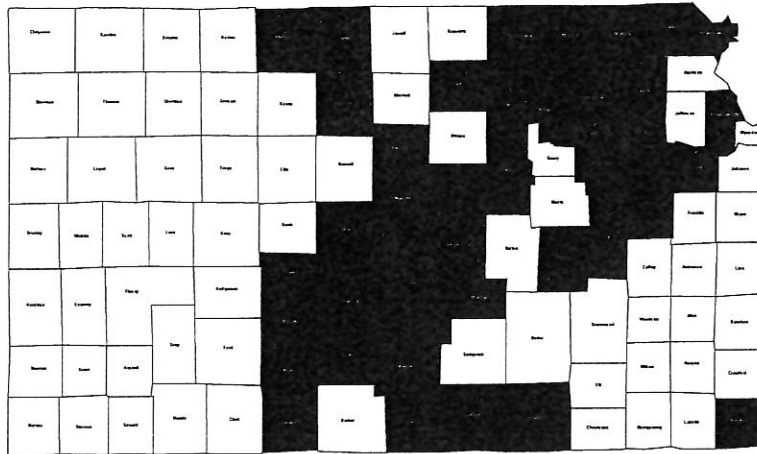
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**Severe storms and flooding
beginning May 2007**

DR-1699-KS

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Severe Storms and Flooding DR-1699-KS



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Incident Overview

- **May 4th**
 - State Emergency Operations Center (SEOC)
 - Level 4 – 24 hour operations
 - Emergency Management and National Guard staff
- **May 5th**
 - Governor's declaration
 - Kansas Response Plan activated
 - Governor requests the President for a major disaster declaration for Kiowa County

48

Incident Overview

- **May 6th**
 - President declares major disaster declaration for Kiowa county for Individual and Public Assistance
- **May 11th**
 - President approves Individual Assistance
 - Edwards, Pratt, Stafford
- **May 18th**
 - President approves Individual Assistance
 - Barton, Osborne, Ottawa, Phillips,
 - President approves Public Assistance
 - Edwards, Pratt
 - Incident period closed

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Incident Overview

- **May 24th**
 - President approves Public Assistance
 - Comanche, Dickinson, Ellsworth, Jackson, Lincoln, Osage, Ottawa, Pottawatomie, Wabaunsee
- **May 25th**
 - President approves Individual Assistance
 - Clay, Cloud, Comanche, Leavenworth, Lyon, Reno, Rice, Saline, Shawnee
- **June 1st**
 - President approves Individual Assistance
 - Riley
 - President approves Public Assistance
 - Chase, Cherokee, Doniphan, Douglas, Harper, Kingman, Nemaha, Riley, Washington

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Incident Overview

- June 11th
 - President approves Individual Assistance
 - Dickinson, Ellsworth
- June 15th
 - President approves Individual Assistance
 - Osage
- June 19th
 - President approves Public Assistance
 - Brown
 - President approves 100% federal funding for 72 hours for debris removal and emergency protective measures

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Incident Summary

- June 29th
 - Individual Assistance registration period is extended 30 days
- July 13th
 - Incident period is reopened and extended to June 1st
- July 18th
 - President approves Individual Assistance
 - McPherson, Smith, Pottawatomie
 - President approves Public Assistance
 - Cowley, Harvey, Marshall, McPherson, Morris, Pawnee, Smith

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Incident Overview

- 15 storm-related fatalities
 - Kiowa (12)
 - Stafford (1)
 - Pratt (1)
 - Ottawa (1)
- 63 critical storm-related injuries
- 2 shelters
 - Kiowa County
- Number of utility poles at peak 6,740
 - Midwest Energy (4,800)
 - Ninnescah – (1,940)

53

Incident Overview

- State mission assignments – 669
 - emergency services (236)
 - local government assistance (171)
 - includes Incident Management Teams
 - debris removal (83)
 - logistics/supplies (53)
 - health & safety (49)
 - facilities & utility restoration (30)
 - transportation (18)
 - aerial damage surveys (15)
 - communications (14)

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Federal Assistance

- Total missions – 60
 - Total \$13,010,500
- Total direct federal assistance
 - 9 missions
 - Federal Share \$5,915,000
 - State Share \$1,478,750
 - 100% federal cost share adjustment not included
- Urban Search & Rescue
 - Total \$329,284
 - State Share \$82,321

55

Individual Assistance

- Total registrations – 4,588
- Housing assistance \$8,101,520
 - 100% federal share
- FEMA provided mobile homes occupied - 194
- Other Needs Assistance - \$1,661,116
 - 75% federal share
 - 25% state share
 - \$415,279
- Disaster Recovery Centers - 9
 - 5,468 visits
 - 100% federal for FEMA staff, facilities, equipment, phones, etc.
 - 100% state expense for staffing
 - Revenue, SRS, KDEM, KDHE, etc.

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Individual Assistance

- **Small Business Administration (SBA) loans**
 - \$41,738,600
 - 577 approvals
 - 100% federal share
- **Disaster Unemployment Assistance**
 - \$111,931
 - 609 weeks approved
 - 46 applications approved
 - 100% federal share
 - Administered by Kansas Department of Labor

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Public Assistance

- **Category A**
 - Debris removal
 - \$4,700,000
- **Category B**
 - Emergency protective measures
 - \$6,075,000
- **Category C**
 - Roads
 - \$15,400,000

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Public Assistance

- **Category D**
 - Water control facilities
 - \$214,000
- **Category E**
 - Public buildings
 - \$13,500,000
- **Category F**
 - Utilities
 - \$27,000,000

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Public Assistance

- **Category G**
 - Recreational or other
 - \$1,600,000
- **Total all categories**
 - \$68,389,000
 - 75% federal share
 - 10% state share
 - \$6,838,900

60

Emergency Support Functions

- **ESF #1 – Transportation**
 - Kansas National Guard
 - resources
 - SEOC operations
- **ESF #2 – Communications**
 - Kansas Department of Transportation
 - Communications on Wheels (COW)
 - SEOC operations
 - Kansas National Guard
 - emergency communication
 - Kansas Highway Patrol
 - emergency communication

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Emergency Support Functions

- **ESF #3 – Public works & engineering**
 - Kansas Department of Transportation
 - debris removal
 - field staff
 - SEOC operations
 - Kansas National Guard
 - debris removal
 - field staff
 - SEOC operations

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Emergency Support Functions

- **ESF #5 – Emergency Management**
 - Division of Emergency Management
 - SEOC management and operations – 24 hour staffing
 - assessments (needs and damage)
 - mission assignments
 - coordinate response and recovery missions
 - prepare disaster declaration requests
 - situational awareness
 - field staff
 - Civil Air Patrol
 - Aerial assessments
 - Kansas Highway Patrol
 - Land and aerial assessments

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Emergency Support Functions

- **ESF #6 – Mass Care***
 - American Red Cross
 - Shelter and mass feeding
 - SEOC operations
 - Salvation Army
 - mass feeding
 - donations – services and supplies
 - United Way of the Plains
 - donations – cash
 - Southern Baptists
 - mass feeding
 - Department of Administration
 - Special needs population

*only volunteer agencies directly associated with Kansas Response Plan or MOU identified in slide

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Emergency Support Functions

- **ESF #7 – Resource Management**
 - Division of Emergency Management
 - Coordination of all disaster-related resources
 - SEOC operations
 - field operations

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Emergency Support Functions

- **ESF #8 – Health & Medical**
 - Kansas Department of Health & Environment
 - hospital and critical care nursing facilities
 - immunizations
 - technical assistance to county public health
 - SEOC representative
 - public health recommendations
 - behavioral health
 - field operations
 - Kansas National Guard
 - EMEDs
- **ESF #9 – Search & Rescue**
 - Kansas National Guard
 - Civil Air Patrol
 - Kansas Highway Patrol

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Emergency Support Functions

- **ESF #10 – Hazardous Materials**
 - Kansas Fire Marshal
 - Regional Hazmat Teams
 - SEOC operations
 - field operations
 - Kansas Department of Health & Environment
 - debris sorting - landfill -
 - household hazardous waste
 - field staff
 - SEOC operations
 - field operations
 - Division of Emergency Management
 - coordination and technical assistance
 - field operations

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Emergency Support Functions

- **ESF #13 – Public Safety**
 - Kansas Highway Patrol
 - augmented local jurisdictions
 - SEOC operations
- **ESF #15 – External Affairs**
 - The Adjutant General's Department
 - Governor's Office
 - joint information system and joint information center
 - field operations

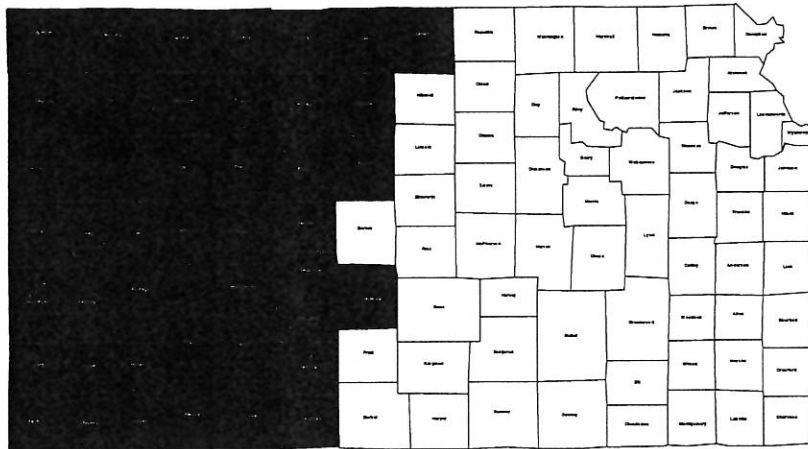
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**Winter storm
January 2007**

DR-1675-KS

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**Winter storm
January 2007
DR-1635-KS**



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Public Assistance

- **Category A**
 - Debris Removal
 - \$1,090,477
- **Category B**
 - Emergency Protective Measures
 - \$1,660,755
- **Category C**
 - Roads
 - \$9,323,254

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Public Assistance

- **Category D**
 - Water Control Facilities
 - \$0
- **Category E**
 - Public Buildings
 - \$393,438
- **Category F**
 - Utilities
 - \$342,820,992

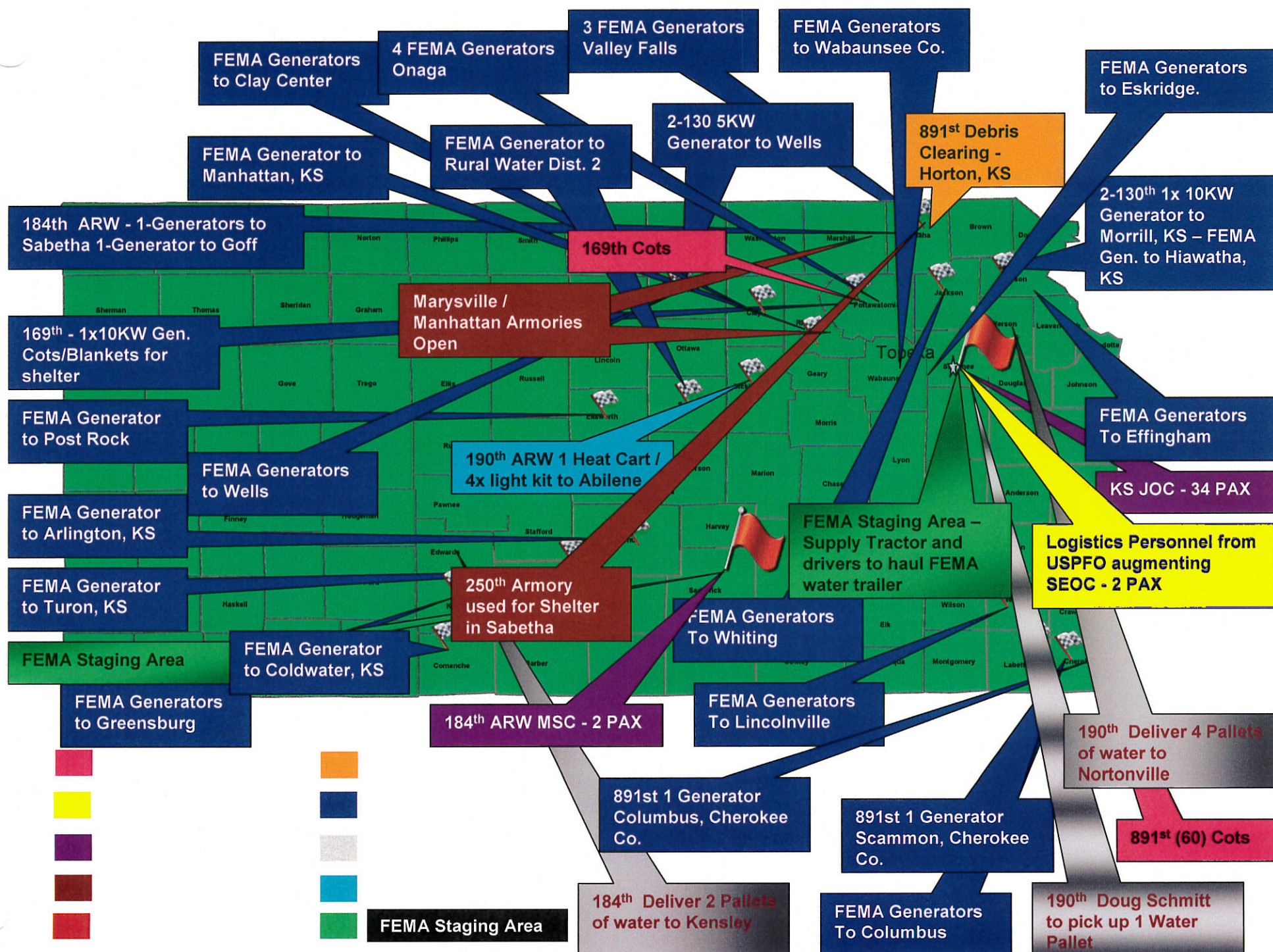
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Public Assistance

- **Category G**
 - Recreational or other
 - \$18,660
- **Total all categories**
 - \$355,307,580
 - 75% federal share
 - 10% state share
 - \$35,530,758

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**State Emergency Operations Center
State of Kansas
Level 5 – Federal Involvement**

Situation Report #16		
Situation Report Period: 1600 December 18, 2007 thru 1600 hrs December 19, 2007		
Date/Time (CDT)	December 19, 2007 1600 hrs	
Incident Type	Winter Storm	
Location of Incident	Statewide	
Time of Incident	Beginning December 10 th and continuing	
Significant Weather that May Impact Operations		
24 hr forecast	Extended forecast	Location
Patchy freezing fog	Wintry mix Friday-Saturday	Central/Southeast Statewide
Current Situation		
<p>General: Governor Sebelius declared a statewide disaster on Monday, December 10th. The State Emergency Operations Center (SEOC) remains activated at a Level 5 – Federal Involvement. The Kansas Response Plan was activated and appropriate Emergency Support Functions (ESFs) are staffed in the SEOC. Governor Sebelius requested an emergency declaration from President Bush on December 11, 2007 and was received on December 12th – EM #3282. FEMA deployed a generator “push” package with logistical staging in Topeka, KS at Forbes Field. US Army Corps of Engineers and FEMA representatives are providing support in the SEOC. The state requested for additional generators, water and cots thru FEMA. Conditions are improving as more electric meters come on line and warmer temperatures are melting accumulated ice. The SEOC remains operational with appropriate ESFs between 0800 and 1600 hours. Only three American Red Cross shelters remain open.</p>		
Official Casualties/Relief Effort		
Fatalities	2	Geary County – 90 yr female (exposure) Reno County – 71 yr male (autopsy pending)
Hospitalized	2	Cherokee County employee Cherokee County (4 female/1 male) Riley County (2 males) electrocution
Injured	11	Cherokee County – carbon monoxide poisoning Leavenworth County – 8 traffic accidents
Extent of Damage		
Major Damage	Public Infrastructure	
Power Outages	Statewide – Westar Energy – 1,772; Rural Electric Coops – 11,608	
Requests For Assistance /Emergency, Disaster and Presidential Declarations		
Status of Event Related Declarations		
Declaration	Date	Remarks
Anderson County	12/10/07	Power outages
Atchison County	12/11/07	Power outages-Shelter
Barton County	12/11/07	Power outages
Brown County	12/11/07	Power outages-Shelter
Butler County	12/10/07	Power outages
Cherokee County	12/10/07	Power outages-Shelter
Cheyenne County	12/12/07	
Clay County	12/10/07	Power outages-Shelter
Cloud County	12/11/07	Power outages
Coffey County	12/11/07	Power outages-Shelters
Comanche County	12/13/07	Power outages
Cowley County	12/10/07	
Crawford County	12/10/07	Power outages-Shelter
Decatur County	12/10/07	Power outages
Dickinson County	12/11/07	Power outages-Shelter
Doniphan County	12/11/07	Power outages-Shelter
Douglas County	12/10/07	Power outages
Edwards County	12/13/07	Power outages-Shelter
Ellis County	12/10/07	Power outages
Ellsworth County	12/11/07	Power outages-Shelter
Executive Order 07-26	12/11/07	State of Kansas – hours of service exemption
Geary County	12/10/07	Power outages -Shelter
Gove County	12/11/07	Power outages
Governor's Declaration	12/10/07	State of Kansas – 105 counties –Winter storm
Harper County	12/12/07	Power outages
Harvey County	12/10/07	Power outages
Jackson County	12/11/07	Power outages-Shelter
Jefferson County	12/11/07	Power outages

Senate Ways and means
1-29-08
Attachment 2

Jewell County	12/12/07	Power outages
Kiowa County	12/13/07	Power outages
Kingman County	12/12/07	Power outages
Labette County	12/09/07	Power outages-Shelter
Lane County	12/14/07	Power outages
Leavenworth County	12/11/07	Power outages-Shelter
Lincoln County	12/11/07	Power outages
Lyon County	12/10/07	Power outages
Marion County	12/10/07	Power outages
Marshall County	12/11/07	Power outages
McPherson County	12/10/07	Power outages
Morris County	12/18/07	
Nemaha County	12/11/07	Power outages
Norton County	12/10/07	Power outages
Osage County	12/10/07	Power outages
Ottawa County	12/10/07	Power outages-Shelter
Pawnee County	12/11/07	Power outages-Shelter
Phillips County	12/11/07	Power outages-Shelter
Pottawatomie County	12/11/07	Power outages
Pratt County	12/12/07	Power outages-Shelter
Rawlins County	12/12/07	
Reno County	12/11/07	Power outage-Shelter
Rice County	12/11/07	Power outages-Shelter
Riley County	12/10/07	Power outages-Shelter
Saline County	12/11/07	Power outages-Shelter
Shawnee County	12/11/07	Power outages-Shelter
Sherman County	12/12/07	
Smith County	12/11/07	Power outages
Stafford County	12/11/07	Power outages
Wabaunsee County	12/11/07	Power outages-Shelter
Washington County	12/12/07	Power outages-Shelter
Wyandotte County	12/10/07	Power outages
Counties notifying no local declaration needed: Allen, Bourbon, Grant, Rooks		

Current Assessment	
IMPACT ON INDIVIDUALS	13,491 total electric meters statewide
IMPACT ON BUSINESSES	
UTILITIES	
Potable Water supplies	Mission taskings
Electrical Power	Mission taskings for generator
Electrical Meters Out	
Gas Pipelines	None reported
Communications	None reported
Sewage Treatment	None reported
Other	
ROAD/TRANSPORTATION STATUS	
Road Closing	
OTHER CRITICAL FACILITIES	ESF #8 continues to monitor; several mission assignments for generator support 5 hospitals and 1 nursing home are on generator

Emergency Response Issues
Activated Emergency Support Functions
ESF #1: Transportation: transportation of resources
ESF #2: Communications: standby
ESF #3: Public Works: treatment of roads and closures
ESF #5: Emergency Management: SEOC operational; Kansas Response Plan activated
ESF #6: Mass Care & Sheltering: shelters operations
ESF #7: Resource Support: securing resources
ESF #8: Health & Medical: monitoring critical care facility needs
ESF #12: Energy: monitoring utility outages
ESF #13: Public Safety: responding to accidents

ESF #14: Recovery: coordinating with recovery agencies and FEMA

ESF #15: External affairs: press releases, news releases, etc.

Mission Assignments

12.10.001	Labette (Chetopa) - generator	National Guard – closed
12.10.002	Cherokee (Baxter Springs) - generator	National Guard – closed
12.10.003	SEOC - Logistics Personnel	National Guard – staffed-ongoing
12.10.004	SEOC - Stand up JOC	National Guard – staffed-ongoing
12.11.005	Nemaha (Seneca) - generators	National Guard – closed
12.11.006	Pottawatomie (Water District #4)- generator	CANCELLED
12.11.007	Brown – armory shelter	National Guard – operational
12.11.008	Labette- debris removal	National Guard – completed/closed
12.11.009	Doniphan- generator	CANCELLED-private vendor
12.11.010	Russell (Russell) - armory	National Guard – closed
12.11.011	Cherokee (Columbus) - generator	National Guard – operational
12.11.012	Jackson (Holton) - generator shelter	National Guard – operational
12.11.013	Cherokee (Columbus)- cots to shelter	National Guard – completed/closed
12.11.014	Jackson (Holton) - cots delivered	National Guard – completed/closed
12.11.015	Pottawatomie (Onaga) - generator	National Guard – operational
12.12.016	Cherokee – search and rescue	CANCELLED
12.12.017	Brown – generator shelter	National Guard – completed/closed
12.12.018	Jackson (Holton) – generator	CANCELLED
12.12.019	Cherokee - generator	Private Vendor
12.12.020	Riley – generator	Private Vendor
12.12.021	Dickinson – heat cart and lights	National Guard – completed/closed
12.12.022	Cherokee (Scammon) generator	National Guard – operational
12.12.023	Rice (Lyon) – generator for shelter	CANCELLED
12.12.024	NW HS to Geary County-augment EM	KDEM/HS Coordinator – completed/closed
12.12.025	Atchison (Muscotah)-FEMA generator-water supply	National Guard- completed/closed
12.12.026	Atchison – debris removal	Pending
12.12.027	Brown (Horton) – generator wastewater	CANCELLED
12.12.028	Brown (Hiawatha)- FEMA generator	National Guard- completed/closed
12.12.029	Brown- debris removal	CANCELLED
12.12.030	Pottawatomie (Westmoreland)- Transport 100 cots	National Guard-completed/closed
12.12.031	Jefferson (Oskaloosa)-FEMA generator for shelter	National Guard- complete
12.12.032	KDEM-Deploy personal for mission support	National Guard- operational
12.12.033	Nemaha (Sabetha)-generator	National Guard- completed/closed
12.12.034	Pottawatomie-generator	CANCELLED – found local resource
12.12.035	KDEM-Logistic staging area Forbes Field	National Guard-operational
12.12.036	Riley (Manhattan)-FEMA generator	National Guard- completed/closed
12.12.037	Comanche (Coldwater)-FEMA generator for rural water	National Guard- completed/closed
12.13.038	Reno (Arlington)- FEMA generator	National Guard – operational
12.13.039	Reno (Turon)- FEMA generator	National Guard- completed/closed
12.13.040	Saline (Salina)-FEMA generator-RWD#2	National Guard-operational
12.13.041	Ellsworth – FEMA generator RWD at Post Rock	National Guard- completed/closed
12.13.042	Jackson – debris removal life saving	National Guard – completed/closed
12.13.043	Wabaunsee-EOC support	Franklin County EM-closed
12.13.044	Cherokee (Baxter Springs)-search and rescue	National Guard – completed/closed
12.13.045	Cherokee (Columbus) - FEMA generator	National Guard – completed/closed
12.13.046	Jackson (Hoyt & Mayetta) – security	KHP – on-scene thru 12/16/07
12.13.047	Jackson (Pottawatomie Reservation) – shelter	CANCELLED
12.13.048	Clay (Wakefield) – FEMA generator	CANCELLED
12.13.049	Shawnee (Auburn) – FEMA generator – shelter	CANCELLED
12.13.050	Cloud (Miltonville) - FEMA generator – shelter	National Guard – operational
12.13.051	Clay (Clay Center)- Generator-shelter	CANCELLED
12.13.052	Clay (Clay Center)- Open armory as shelter	National Guard-operational
12.13.053	Marion (Lincolnvill)- FEMA generator	National Guard- completed/closed
12.13.054	Brown (Hiawatha)- FEMA generator	CANCELLED
12.13.055	Shawnee (Auburn)- Transport 50 cots	National Guard-completed/closed
12.13.056	Kiowa (Greensburg)- FEMA generator	National Guard- completed/closed
12.13.057	Jefferson (Valley Falls)- FEMA generator-nursing home	National Guard- completed/closed
12.13.058	Jefferson (Valley Falls)- FEMA generator	National Guard- completed/closed
12.13.059	Atchison (Effingham)- FEMA generator	National Guard- completed/closed
12.13.060	Riley (Manhattan)- FEMA generator	National Guard- completed/closed
12.12.061	Jackson (Holton)- Transport 100 cots	CANCELLED
12.14.062	Marshall (Marysville)-Open armory as shelter	CANCELLED
12.14.063	Riley (Manhattan)-Open armory as shelter	CANCELLED
12.14.064	Dickinson-FEMA generator RWD#1 at Talmage	National Guard- completed/closed
12.14.065	Dickinson (Talmage)-FEMA generator-water well pump	National Guard- completed/closed
12.14.066	Pottawatomie (Onaga)-FEMA generator hospital	National Guard- completed/closed
12.14.067	Jackson (Denison)-FEMA cots (40)	National Guard-completed/closed
12.14.068	Saline – FEMA generator	CANCELLED
12.14.069	Staff for LSA-federal side	National Guard-operational

12.14.070	Pottawatomie (Onega)-FEMA generator	National Guard- completed/closed
12.14.071	Pottawatomie (Belvue)-FEMA generator	CANCELLED
12.14.072	Pratt (Preston)-FEMA generator	National Guard- completed/closed
12.14.073	Trucks and staff to deliver/unload cots	CANCELLED
12.14.074	Staff for LSA-state side	KDEM-on scene
12.14.075	Doniphan – FEMA generator-shelter	National Guard- completed/closed
12.14.076	Wabaunsee (McFarland-FEMA generator-shelter	CANCELLED
12.14.077	Wabaunsee (McFarland)-FEMA generator-sewer lift station	National Guard- completed/closed
12.14.078	Doniphan (Highland)-cots to shelter	National Guard-closed
12.14.079	Reno (Hutchinson)-cots	National Guard-closed
12.14.080	Rice (Lyons)- FEMA generator	CANCELLED
12.14.081	Cherokee (Columbus)-FEMA generator-shelter	CANCELLED
12.14.082	Jefferson (Valley Falls)-FEMA generator-water plant	CANCELLED
12.14.083	Riley (Riley)-FEMA generator-lift station	National Guard- completed/closed
12.14.084	Wabaunsee (Alma)-FEMA generator-communications tower	CANCELLED
12.14.085	Doniphan (White Cloud)-FEMA generator	National Guard-completed
12.14.086	Pratt – water	National Guard – weather hold until 12/1
12.14.087	Ellsworth-Post Rock RWD-FEMA generator	CANCELLED
12.14.088	Reno-water	CANCELLED
12.14.089	Edwards-water	National Guard-completed/closed
12.14.090	Reno (Langdon)-FEMA generator-shelter	National Guard- completed/closed
12.14.091	Jefferson (Oskaloosa)-FEMA generator-waste water	National Guard- completed/closed
12.14.092	Riley-FEMA generator-water well	National Guard- completed/closed
12.14.093	SEOC-PIO support	KDEM-in progress
12.14.094	Transportation/debris equipment	National Guard –completed/closed
12.14.095	Jefferson-200 FEMA cots and 1 pallet FEMA water	National Guard-completed
12.14.096	Wabaunsee (Eskridge)-FEMA generator	National Guard-operational
12.14.097	Jackson (Whiting)- FEMA generator	National Guard-completed/closed
12.14.098	Jefferson (Oskaloosa)-FEMA generator	National Guard- completed/closed
12.14.099	Geary (Junction City)-FEMA generators	National Guard-closed
12.14.100	State- KNG equipment checks	National Guard-completed/closed
12.14.101	Lincoln/Russell/Ellsworth-FEMA water	National Guard-completed/closed
12.14.102	Pottawatomie (Onaga)-FEMA generator	National Guard-completed/closed
12.15.103	Russell (Russell)-Open armory as shelter	National Guard-completed/closed
12.15.104	Clay (Industry)-water	CANCELLED
12.15.105	SEOC-staging area at Wichita	National Guard-operational
12.15.106	Marion (Marion)-search and rescue	National Guard-complete/closed
12.15.107	Nemaha (Sabetha)-open armory	National Guard-operational
12.15.108	Marshall-heater meals	American Red Cross-completed/closed
12.15.109	SEOC-water from Ag Hall to Forbes LSA	CANCELLED
12.15.110	Brown (Horton) Debris clearing	CANCELLED
12.15.111	Jefferson-water-will pickup	National Guard-closed
12.16.112	Jefferson- water	National Guard- completed/closed
12.17.113	Labette (Chetopa) – transport water	National Guard- completed/closed
12.17.114	Jackson (Holton) – FEMA generator	CANCELLED

Individual Assistance

American Red Cross representative in SEOC. SEOC staff is monitoring with Salvation Army, United Way, and AmeriCorps. Emergency declaration does not provide for Individual Assistance at this time. Only three American Red Cross shelters remain open.

Shelter Information

County	City	Number of sheltered	ARC
Atchison	Atchison	Closed	
Atchison	Lancaster	Closed	
Atchison	Effingham	Closed	
Brown	Everest	Closed	
Brown	Hiawatha	Closed	√
Brown	Horton (2)	20	√
Brown	Morrill	Closed	√
Brown	Robinson	Closed	
Cherokee	Baxter Spring	Closed	√
Cherokee	Columbus (2)	Closed	√
Cherokee	Galena	Closed	
Cherokee	Riverton	Closed	
Coffey	Lebo	Closed	
Coffey	Waverly (2)	Closed	
Clay	Clay Center	Closed	
Clay	Wakefield	Closed	
Crawford	Pittsburg	Closed	√
Dickinson	Abilene (2)	Closed	√
Dickinson	Herrington	Closed	√
Doniphan	Elwood	Closed	√
Doniphan	Highland	Closed	

Doniphan	Troy	Closed	
Edwards	Kinsley	Closed	√
Ellsworth	Holyrood	Closed	√
Ellsworth	Wilson	Closed	
Geary	Junction City	Closed	
Geary	Fort Riley (2)	Closed	
Jackson	Hoyt	Closed	
Jackson	Holton (2)	15	
Jackson	Pottawatomie Casino	Closed	
Jackson	Denison	Closed	
Jackson	Pottawatomie Bingo Hall	Closed	
Jackson	Soldier	Closed	
Jackson	Whiting	Closed	√
Johnson	Olathe	Closed	
Jefferson	Oskaloosa	Closed	
Kiowa	Haviland	Closed	
Jefferson	Valley Falls	Closed	
Labette	Chetopa	Closed	√
Leavenworth	Leavenworth	Closed	√
Lincoln	Lincoln	Closed	√
Marion	Lincolnvill	Closed	√
McPherson	McPherson (2)	Closed	√
McPherson	Lindsborg	Closed	
Morris	Council Grove	Closed	
Ottawa	Minneapolis	Closed	√
Pawnee	Larned	Closed	√
Pratt	Pratt (2)	Closed	√
Reno	Hutchinson	12	√
Reno	Turon	Closed	
Reno	Langdon	Closed	
Rice	Lyons (2)	Closed	√
Riley	Manhattan	Closed	√
Russell	Bunker Hill (2)	Closed	√
Russell	Russell	Closed	
Russell	Russell (Armory)	Closed	
Saline	Salina (2)	24	√
Shawnee	Topeka	Closed	√
Stafford	Stafford (2)	Closed	√
Wabaunsee	Alma	Closed	
Washington	Haddam	Closed	
Washington	Hanover	Closed	
Washington	Morrowville	Closed	

Public Assistance

The Public Assistance Utility Team is monitoring the situation with Rural Electric Cooperatives (COOPs) affected. The emergency declaration does not apply to the Public Assistance Program at this time. The SEOC debris management team is working with the US Army Corps of Engineers with respect to strategic planning.

Current as of:

# of RPAs Received		# PWs Obligated	
# of Eligible Apps		\$'s Obligated	\$

Additional Remarks

Prepared by: Angee Morgan

atm

Approved by: Angee Morgan

atm

Planning

KERT Chief



DEPARTMENT OF HEALTH
AND ENVIRONMENT

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

**Agency Overview
To
Senate Ways and Means Committee
Presented by
Roderick L. Bremby, Secretary
Kansas Department of Health and Environment**

January 29, 2008

Chairman Umbarger and members of the Committee, we are pleased to appear before you today to provide an overview of the Kansas Department of Health and Environment (KDHE). After my overview, Pat Kuester, our Chief Fiscal Officer, will present on the budget. Thereafter, Susan Kang, our Policy Director, will provide an overview of our legislative initiatives, followed by Richard Morrissey, the Interim Director of the Division of Health, and Dr. Ron Hammerschmidt, Director of the Division of Environment, who will talk more specifically about the Health Division and Environment Division, respectively.

The agency's mission is to protect the health and environment of Kansans by promoting responsible choices. This is a mission we take very seriously and one that challenges us every day. The agency is comprised of two operating divisions: Health and Environment. Supporting the operating divisions are the Office of the Secretary and the Division of Management and Budget.

Notable 2007 Public Health Accomplishments

Disaster/Emergency Response - During 2007, the agency was actively involved in the overall state response to the weather-related emergencies that impacted every Kansas county, including the western Kansas blizzard/ice storm in January, the Greensburg tornado in May, the southeastern Kansas flooding in June, and the eastern Kansas ice storm in December.

In addition, the agency continues its work in all-hazards preparedness in close collaboration with the state's local health departments, hospitals, the Adjutant General's Department, and the Kansas Highway Patrol. A recent FEMA evaluation of a Wolf Creek Nuclear Facility ingestion pathway exercise resulted in a finding of no deficiencies in state and local emergency response. This exercise only occurs once every six years.

Oral Health – The Office of Oral Health released the Kansas Oral Health Plan in 2007. The plan is the first statewide comprehensive document of its kind and lays the foundation for improving access to dental care statewide. This yearlong effort between the Office of Oral Health and Oral Health Kansas, a statewide coalition, emphasizes that good oral health is essential to protect overall health.

Disease Surveillance and Epidemiology - The Office of Surveillance and Epidemiology (OSE) is charged with investigating clusters of diseases and disease outbreaks, and tracking reportable infectious diseases. This section keeps track of the State's communicable diseases, conducts field investigations of disease outbreaks, and provides assistance to local health departments in disease investigations. Staff in the OSE also work with public health preparedness staff to develop response plans to pandemic influenza and other public health emergencies and develop exercises and presentations on public health preparedness.

The OSE was responsible for the investigation, follow up and recommendations for several multistate outbreaks, including *Salmonella tennessee* associated with peanut butter and Salmonella associated with chicken pot pies. OSE also took the lead or assisted with over 75 infectious disease outbreaks within the state, including two large outbreaks of Campylobacter involving raw (unpasteurized) milk or products from raw milk, cryptosporidiosis in the Kansas City and Wichita areas associated with pools and recreational water, and MRSA in schools in Manhattan and Salina. Forty of the outbreaks were foodborne, 20 or more were person to person or waterborne outbreaks.

A new web-based, user-friendly disease investigation system, to maximize efficiency at the state and local levels when communicable diseases are found has been in production since November. Electronic laboratory reporting, outbreak management especially for local health departments, and an added module for sexually transmitted diseases are planned enhancements to be in production by August 2008.

Service Assurance - Regulations went into effect on November 2, 2007 authorizing the designation of hospitals as trauma centers based on the resources and capabilities of those hospitals. Facilities can be designated as Level I, II, or III trauma centers with Level I centers providing the highest level of definitive and comprehensive care for patients with complex injuries.

The state-funded primary care clinic program continues to grow. In State Fiscal Year 2008, the Legislature added \$2 million dollars for grants to clinics that make up the state's health care safety net. For the last year data are available (2006), thirty-one state funded clinics reported caring for 127,647 individual medical patients. Of that total, 61% or 78,189 were uninsured. Using the most recent county-level Census estimates of the uninsured (302,304 Kansans), the **state-funded clinics are now serving over 25% of the state's uninsured.**

This represents a dramatic increase since 2002 when the clinics were estimated to serve **10%** of uninsured Kansas. The clinics and health centers now provide care from clinical locations in over 25 counties. Using the most recent county-level Census estimates, 242,000 uninsured Kansans live in counties with a state-supported primary care clinic. Only 60,304 uninsured Kansans live in counties that lack a safety-net clinic.

Foreign Animal Disease (FAD) - Kansas is ranked among the top animal agriculture states of the country. One of the concerns we face is the potential for responding to a foreign animal disease outbreak. Continuing the work with the animal agriculture industry and Animal Health Department, the Office of Surveillance and Epidemiology secured a small grant to provide four day-long workshops around the state on avian influenza. Each workshop held 65-70 participants from the poultry industry, private veterinary medicine, private human medicine, emergency and first responders, public health and animal health to work out the logistical response to a highly pathogenic avian influenza in Kansas poultry.

Decrease in Tobacco Use - Tobacco use is the leading cause of preventable death in Kansas and the nation. Statewide efforts have raised the Kansas' ranking in smoking prevalence from 27th in 1990 to 10th lowest in 2006. The 2006 estimated prevalence of adult smoking tobacco use is 20.0%, which is slightly higher than our all-time lowest prevalence of 17.8% in 2005. While this slight increase does not represent a statistically significant change in the number of Kansas adults who use cigarettes, it is consistent with the slowed decline in tobacco use nationwide.

Key Initiatives

Healthy Kansas Initiative

The Governor's Healthy Kansas initiative features a significant commitment to wellness by encouraging increased levels of physical activity, eating a healthy diet, and avoiding tobacco products. Efforts target children in schools, adults in the workplace, and seniors in communities. The agency has been actively engaged in this effort, developing a Healthy Kansas website, promoting the Healthy Kansas pledge, and raising the visibility of the initiative through Healthy School awards. The Healthy Kansas effort has also produced development of Healthy Community and Hometown Health Hero recognition programs, a Healthy Restaurant toolkit, and the convening of both the Governor's Child Health Advisory Committee and the Governor's Council on Fitness. To further the goals of the initiative, the KDHE Healthy Kansas team has spearheaded the following activities:

- Promoting the 'Healthy Kansas' pledge on line, through the web site, at appropriate venues, i.e. - trade shows, civic groups, school functions, etc., or using the mail-in pledge card. Over 5100 Kansans have taken the pledge, and have received a letter of recognition and a certificate of support from the Governor;

- Offering to Kansans a personal health manager software package called Check Up, which was developed by a Kansas software manufacturer, as a free download from the Healthy Kansas Web site (www.healthykansas.org)
- Promoting the Healthy Kansas brand at invited speeches, related conferences and talks by challenging participants to 'Take the Pledge.'
- The Governor's Healthy School program has recognized and awarded healthy school flags to 17 Kansas school districts, representing 106 individual school buildings for planning and implementing programs that incorporate physical activity, healthy food choices and tobacco free schools;
- The Governor's Hometown Health Hero award has recognized and honored four Kansans for distinguished service to their respective communities for living and promoting the Healthy Kansas credo.

Expanded Newborn Screening - By July 1, 2008, KDHE will expand newborn screening to increase the number of newborn screening tests from the current 4 to the nationally recommended standard, a core panel of 29. This expansion results from a collaborative process among stakeholders including the March of Dimes, American Academy of Pediatrics, Governor's Child Health Advisory Committee, hospitals, and physician groups. The program will provide screening tests and any follow-up tests or repeat tests that may be necessary to all Kansas newborns. The department will address treatment of any conditions that may be found.

Healthy Kansans 2010 - This is an initiative with broad reach and important goals. Healthy Kansans 2010 is the corollary to Healthy People 2010. This initiative provides a preventative health framework for Kansas's health providers, organizations, communities, and the state to encourage and provide opportunities for improving health outcomes in Kansas. Healthy Kansans 2010 utilizes a set of recommendations developed through an extensive planning process with input from more than 150 community representatives, health experts and academics from across Kansas. The plan was developed around three cross-cutting priority health issues: reducing and eliminating health disparities, social determinants of health and early disease prevention, and intervention for women, children and adolescents. This initiative will assist Kansas in implementing strategies to push forward the health reform recommendations of the Kansas Health Policy Authority in regards to prevention of disease and injury and personal responsibility. In addition, this initiative works hand in hand with the Governors Healthy Kansas initiative by encouraging systematic healthy change in schools, businesses, and the community at large. Creating environments that support and encourage healthy behaviors gives Kansans the opportunity to practice the healthy habits promoted through the Governor's Healthy Kansas initiative.

Environmental Health - Through grant funding from the United Methodist Health Ministry Fund we continue to develop an integrated Environmental Health program. We have retained an Environmental Health Director (EHD) whose goal is to formalize and make visible the link between our physical and environmental health.

In pursuit of this goal, the EHD is inventorying current environmental health programs within KDHE and identify common interests between the Health and Environment Divisions to maximize expertise, efforts, and resources within current KDHE operations. This new position is responsible for identifying, setting priorities and initiating new environmental health opportunities based on an assessment of need within the state. In addition, environmental health responses will be integrated into emergency preparedness planning efforts and publish an annual report on environmental health status.

Excellence in Service - Internally, KDHE continues to implement an integrated agency strategic plan. The strategic plan is known as Excellence In Service, or EIS. EIS uses the Balanced Scorecard approach to translate agency mission into actions and actions into outcomes. The KDHE strategy focuses on creating a vibrant, stable, and respected organization that can respond, anticipate and provide leadership on public health and environment issues for Kansans.

Agency Budget

Budget Overview - The Kansas Department of Health and Environment FY 2009 recommended operating budget is \$245.2 million, which is about 6.2% more than our FY 2007 actual operating budget and approximately 3.1% below our FY 2008 estimated expenditures. FY 2009 salaries are projected to be \$711,015 below the FY 2008 estimate, attributed mainly to the one-time FY 2008 \$860 salary bonus the Legislature awarded to all full-time employees. Reductions in Federal funds accounts for the majority of the remaining reduction in operating costs. The recommended budget allows the agency to continue our current operations, with a few enhancements, which we will discuss later.

KDHE's budget is split between the Health and Environment functions in the state budgeting system. The Health budget (\$165.1 million) consists of the Division of Health and Central Administration, while the Environment budget (\$80.1 million) accounts for the Division of Environment and the Kansas Health and Environment Laboratories.

Division of Health Budget

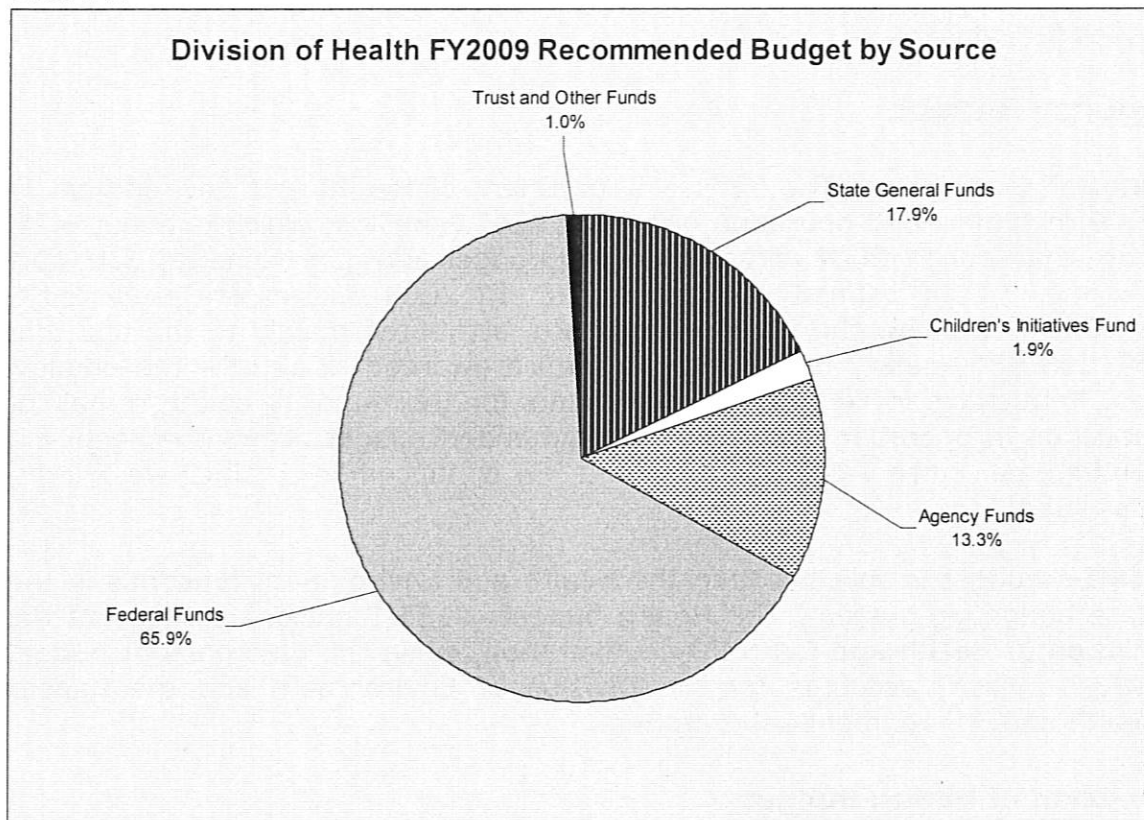
The Kansas Department of Health and Environment, Division of Health, FY 2009 recommended operating budget is \$165.1 million, which is about 4.5% more than our FY 2007 actual operating budget and 1.9% below our FY 2008 estimated expenditures. The requested budget allows the agency to continue our current operations. KDHE's Division of Health consists of the Division of Health and Central Administration with the Administration totaling 10.2% and the Division of Health 89.8%.

There are five primary funding source categories within the Health budget (see Chart 1).

The largest source of funding for the operating budget is federal funds, which total \$108.8 million, or 65.9%, with the largest of these funds being the Women, Infants and Children Health Program Fund (\$55.1 million, or 50.5%) and the Homeland Security Fund (\$12.9 million, or 11.9% (see Chart 2). State General Fund (SGF) resources provide \$29.5 million, or 17.9% of the funding (Health - \$24.9 million; Administration - \$4.6 million). Of the total SGF, 61.9% funds aid to locals and other assistance, 21.9% funds salaries and wages, and 16.3% funds other operating costs (see Chart 3).

As we look to the out years, the agency is anticipating impacts from the increasing federal deficit. Reductions in domestic spending to address the deficit could have a catastrophic impact on our budget and service capability due to our strong reliance on federal resources.

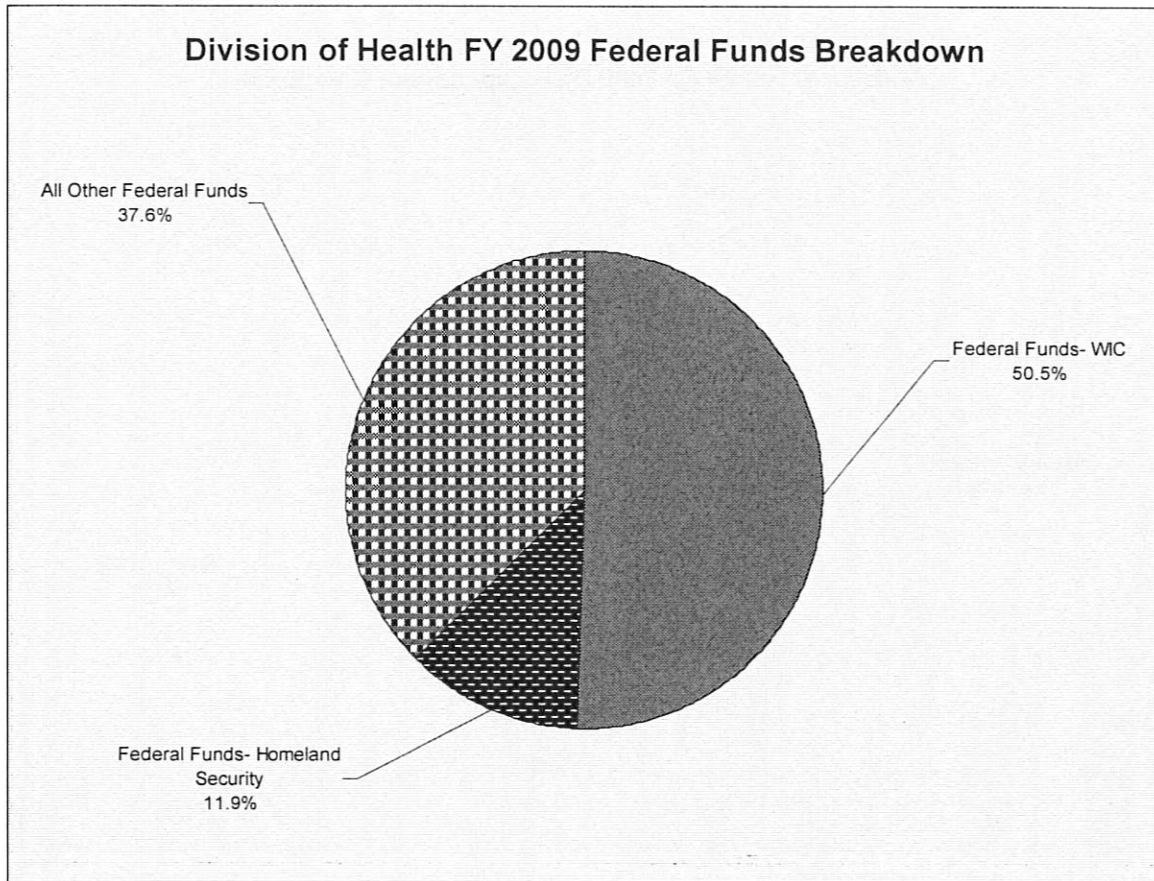
Chart 1



Health FY2009 Recommended Budget by Source

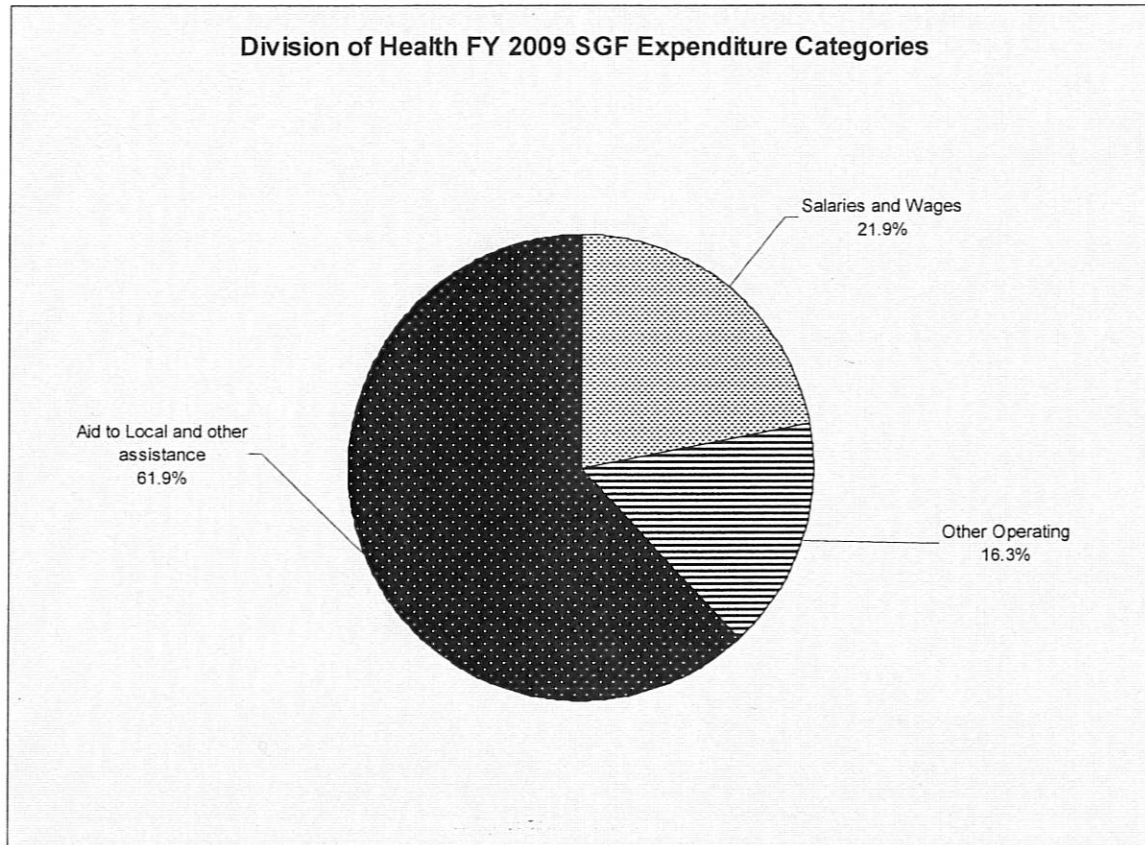
	Percent	Amount
State General Funds	17.9%	29,496,965
Children's Initiatives Fund	1.9%	3,109,675
Agency Funds	13.3%	21,976,260
Federal Funds	65.9%	108,862,423
Trust and Other Funds	1.0%	1,674,304
Total	100.0%	165,119,627

Chart 2



Health FY2009 Federal Funds Breakdown		
Federal Funds- WIC	50.5%	55,020,953
Federal Funds- Homeland Security	11.9%	12,934,782
All Other Federal Funds	37.6%	40,906,688
Total Federal	100.0%	108,862,423

Chart 3



Health FY2009 Recommended SGF by Expenditure Category

Salaries and Wages	21.9%	6,447,569
Other Operating	16.3%	4,797,902
Aid to Local and other assistance	61.9%	18,251,494
Total	100.0%	29,496,965

Enhancements included in the FY 2009 Division of Health Budget - The FY2009 Division of Health budget, as recommended, includes a number of enhancements totaling \$1,531,772 which are listed in the following chart. In addition, \$125,000 was shifted from the State General Fund to the Children's Initiative Fund for the SIDS Network Grant and the Newborn Hearing Aid Loaner Program.

Enhancements	State General Funds	All other funds	Total
Addition of COLA	189,904	702,553	892,457
Newborn Screening		321,654	321,654
Y-Fire Program		99,492	99,492
Vehicle Replacement	91,000	125,000	216,000
Funding Shifts			
Hearing Aid Loan Program	-50,000	52,169	2,169
SIDS Network Grant	-75,000	75,000	0
Total	155,904	1,375,868	1,531,772

The recommended budget includes an additional \$321,654 from the Children's Initiative Fund for the expanded newborn screening program. (An additional enhancement for the expanded newborn screening program of \$544,510 was included in the recommendations for the Division of Environment for a total enhancement of \$866,164 for the agency.)

The recommended budget includes a fee fund transfer of \$99,492 from the Office of the Fire Marshall to KDHE for the Y-Fire Program. The Y-Fire Program was transferred from the Office of the Fire Marshall to KDHE effective July 1, 2007. The program provides fire safety and fire-setter intervention services to children and their caregivers.

Finally, funding was recommended for pay increases (2.5%), (\$189,904 SGF and \$702,553 other funds) and approval for the purchase of replacement vehicles (\$91,000 SGF and \$125,000 other funds).

Reductions - No reductions in SGF for the SFY2009 budget are recommended.

Summary of FY 2008 Division of Health Changes - Recommended changes to the approved SFY 2008 budget include \$98,637 from the Office of the Fire Marshall to KDHE for the Y-Fire Program.

Division of Environment Budget

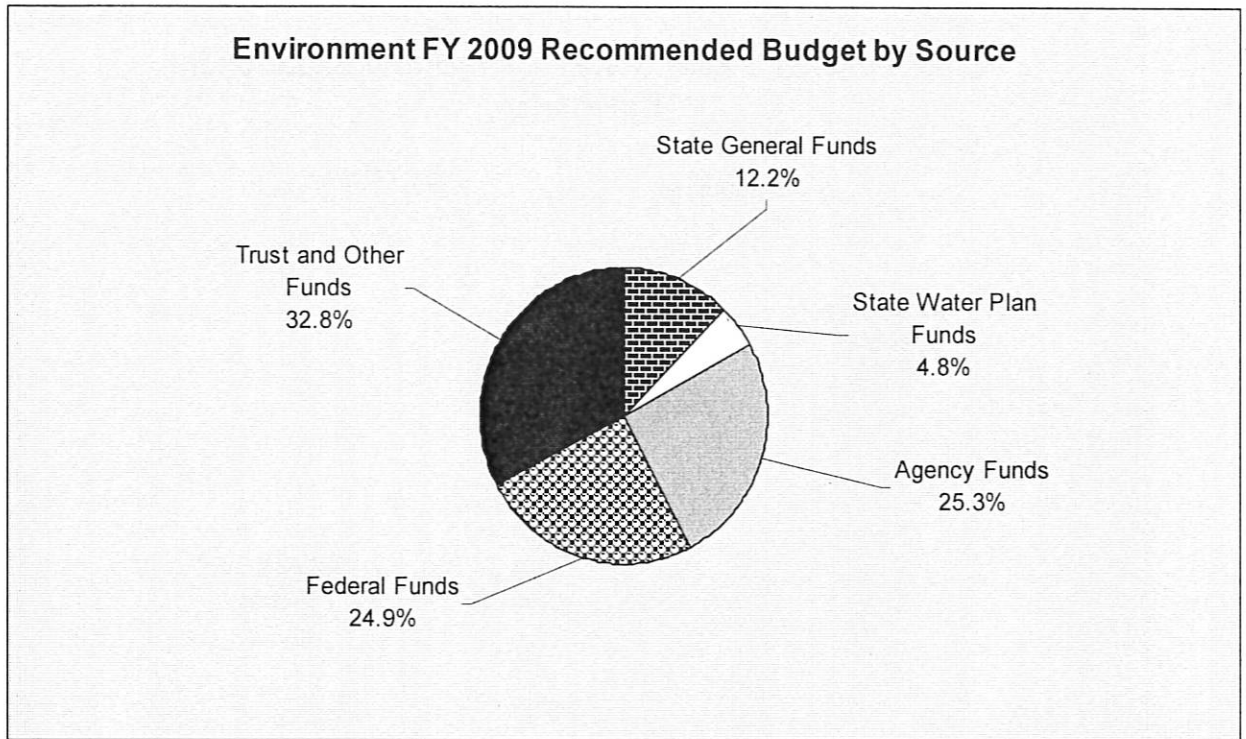
The Kansas Department of Health and Environment, Division of Environment, FY 2009 recommended operating budget is \$80,138,081, which is about 4.5% more than our FY 2007 actual operating budget and 1.0% below our FY 2008 estimated expenditures.

The requested budget allows the agency to continue our current operations, and to expand newborn screenings from four to 29 conditions. KDHE's Division of Environment consists of the Division of Environment and the Kansas Health and Environmental Laboratories (KHEL) with the Labs budget totaling 9.9% and the Division of Environment 90.1%.

There are five primary funding source categories within the Environment budget (see Chart 1). The largest source of funding for the operating budget is trust and other funds, which total \$26.3 million, or 32.8%, with the largest of these funds being the Underground Petroleum Storage Tank Release Trust Fund (\$18.1 million, or 69.0%) and the Aboveground Petroleum Storage Tank Release Trust Fund (\$2.2 million, or 8.4%). Federal funds provide for \$19.9 million of the Environment budget (24.9%). State General Fund (SGF) resources provide \$9.6 million, or 12.2% of the funding (Environment - \$5.6 million; Labs - \$4.04 million). Of the total SGF, 83.7% funds salaries and wages, and 16.3% other operating costs. (see Chart 2).

In the out years, the agency is anticipating impacts from the increasing federal deficit. Reductions in discretionary spending in the Environmental Protection Agency budget could result in reduced federal funding and, possibly, an increase in unfunded mandates to provide programming in the future.

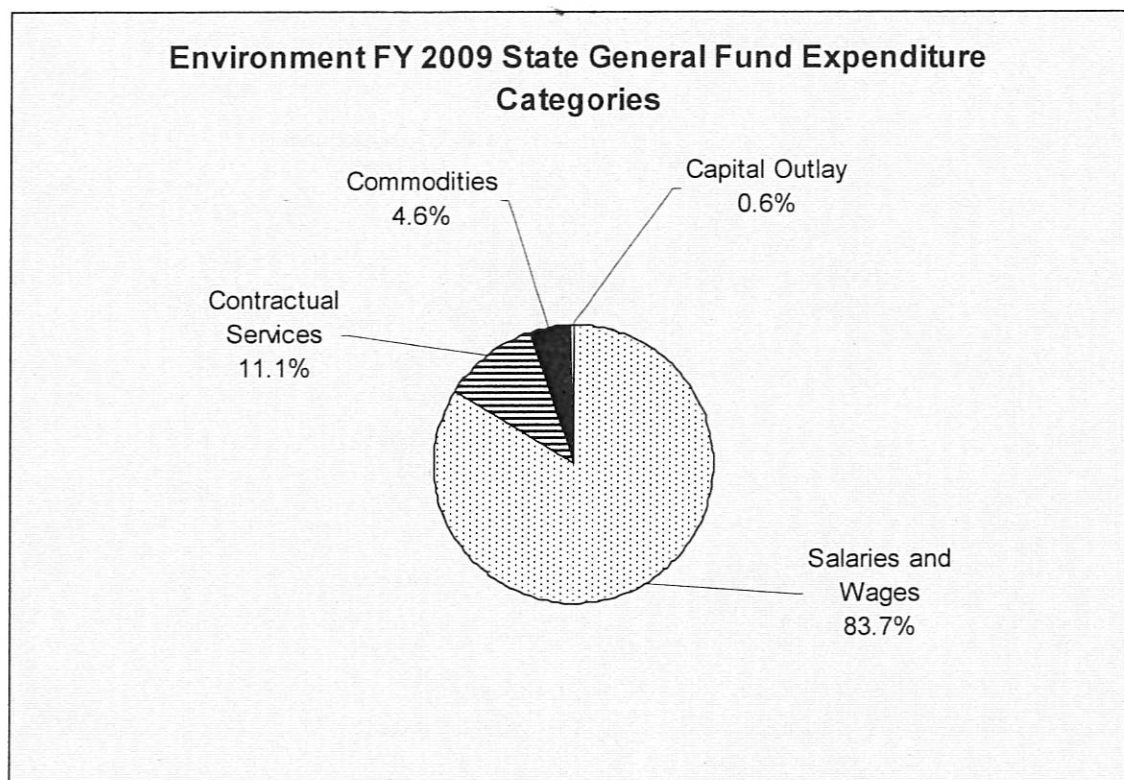
Chart 1



Division of Environment FY2009 Recommended Budget by Source

	Percent	Amount
State General Funds	12.2%	9,674,232
State Water Plan Funds	4.8%	3,883,609
Agency Funds	25.3%	20,295,429
Federal Funds	24.9%	19,977,759
Trust and Other Funds	32.8%	26,307,052
Total	100.0%	80,138,081

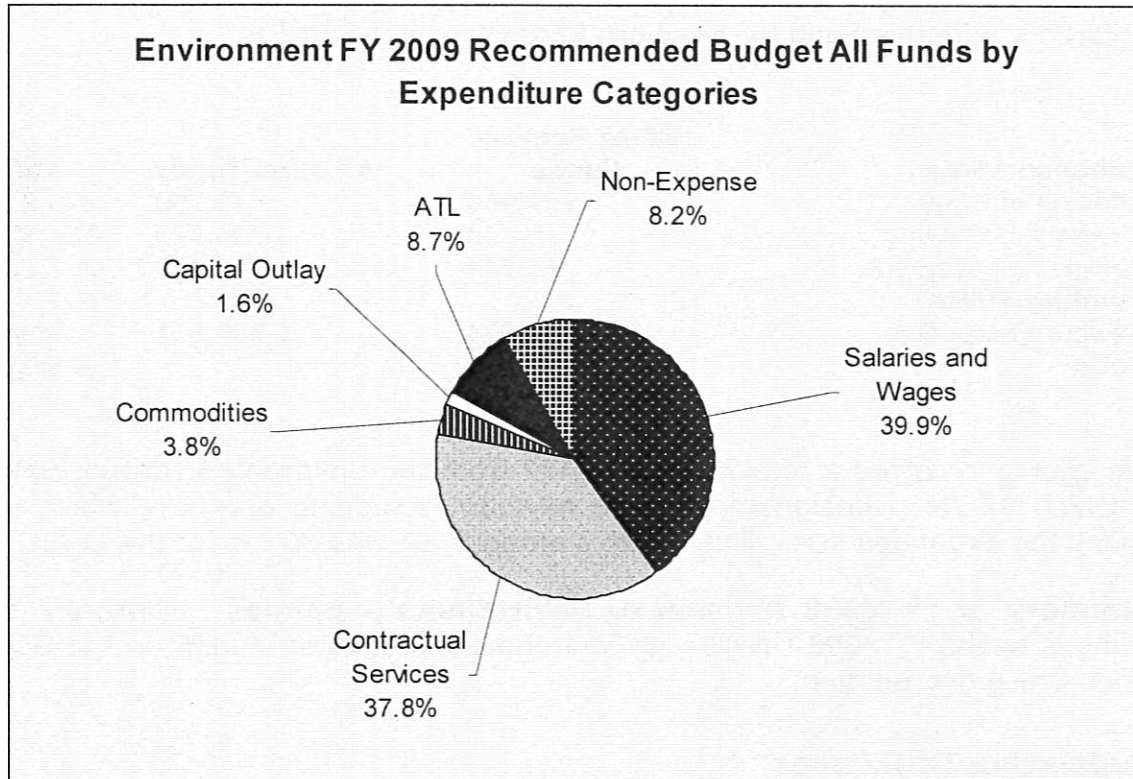
Chart 2



Division of Environment FY2009 Recommended SGF Expenditures Categories

Salaries and Wages	83.7%	8,100,124
Contractual Services	11.1%	1,072,024
Commodities	4.6%	447,342
Capital Outlay	0.6%	54,752
Total	100.0%	9,674,242

Chart 3



Division of Environment FY 2009 All Funds by Expenditure Categories		
Salaries and Wages	39.9%	31,984,935
Contractual Services	37.8%	30,401,862
Commodities	3.8%	3,014,603
Capital Outlay	1.6%	1,241,154
ATL	8.7%	6,965,165
Non-Expense	8.2%	6,530,362
Total	100.0%	80,138,081

Enhancements included in the FY 2009 Division of Environment Budget

- The FY 2009 Division of Environment budget, as recommended, includes a number of enhancements totaling \$1,628,920, which are listed in the following chart. In addition, \$1,350,724 was moved from State General Fund to the Children's Initiative Fund for Newborn Screening at the DHEL.

Enhancements	State General Funds	All other funds	Total
Addition of COLA	229,460	643,750	873,210
Newborn Screening	0	534,623	534,623
Vehicle Replacement	15,744	195,456	211,200
Funding Shifts			
Newborn Screening	-1,350,724	1,360,611	9,887
Total			1,628,920

The agency received a total of \$5,009,577 from the Children's Initiative Fund, of which \$2.2M is designated for the newborn screening program, which includes the expanded screening. Of this amount, \$1,899,902 is for the DHEL.

Summary of FY 2008 Division of Environment Changes - There are no changes to the FY 2008 Division of Environment requested budget in the Governor's recommendation.

Legislative Initiatives

Name Change on Marriage License - Repeal Section 1 of SB 88 and amend K.S.A. 23-109 to allow the spouse to change only the surname upon marriage.

Last year, SB 88 was passed to allow any person applying for a marriage license to change any portion of their name to any desired name. This bill may be in conflict with existing statute governing the change of name of a person, K.S.A. 60-1402 and K.S.A. 65-2422a. It also raises concerns about protection against identity fraud, since multiple name changes would be possible. Lastly, using the marriage license to change the first, middle or surname, other than to the spouse's surname, is not acceptable for presenting a name change to Passport Services, Social Security Administration and other federal offices and agencies.

Increase in Food Service License Fee - Amend K.S.A. 36-503 to increase food service establishment licensing and application fee cap to \$500 and \$750 respectively, in statute and adopt regulations to implement a tiered fee structure based at a sufficient level to defray the expense of the food safety inspection program. The new tiered fee structure would allow for lower license fees for the smaller establishments and higher license fees for larger establishments. Senior meal sites and schools will not have a fee increase.

This proposal will generate increased revenue to fund the program as well as increase the amount that contracted local health departments receive.

Lodging License Fee - Amend KSA 36-502 and 36-512 to 1) create a dedicated Lodging Inspection Fee Fund; 2) allow the Secretary to set lodging fees in regulation at a level that will defray the cost of the program and 3) increase the statutory cap placed on licensing and application fees for lodging establishments. Currently, lodging fees are set by statute and have not been changed since 1978. This would allow the agency to make adjustments to the fees by regulation as administrative and regulatory demands warrant.

Currently, there are 780 licensed lodging establishments in Kansas. In the past eight years, inspections of these facilities have declined by about 75%. This decline in oversight correlates with the decline in resources and focus toward food safety, which was necessitated by the 2002 LPA audit. The decrease in inspections has resulted in increased complaints and potential for illness, which may ultimately negatively affect tourism in the state.

Division of Health

The mission of the Division of Health is to promote and protect health and prevent disease and injury among the people of Kansas. This is accomplished through three basic functions:

Assessment - The Division systematically collects, analyzes and publishes information on many aspects of the health status of Kansas residents. Assessment includes examining trends in health, disease and injury.

Policy Development - The Division uses information from its assessments and other sources to develop policies needed to promote and protect health. Public health policies incorporate current scientific knowledge about health and disease. Examples of such policies are new or improved service programs, regulatory changes, and recommendations to the Kansas Legislature and the Governor.

Assurance - The Division provides services that are needed to achieve state health goals. In some programs, services are provided by state employees. In other programs, public health services are provided by employees of local health departments or other community-based organizations, with financial and/or technical support from the Division. Services may also be provided indirectly through activities encouraging individuals and organizations to become involved in serving the health needs of the people of Kansas.

Division of Health Organizational Structure

The Division of Health is organized into four distinct offices, four bureaus, and two centers. A description of the focus and activities of each section follows this global overview.

Healthy Kansans 2010: Progress to Goals

We continue to work to include the Healthy Kansans 2010 recommendations into our planning and prevention efforts and encourage the inclusion of these recommendations into the work of our many Kansas partners. This is accomplished through state meetings, conferences and presentations. The recommendations developed through the Healthy Kansans 2010 initiative, described earlier, were constructed around the 10 Leading Health Indicators as identified by the CDC Healthy People 2010 Objectives for the Nation. These indicators are used as markers of progress to the desired state of health for Kansas. While not all KDHE DOH programs link directly to Healthy Kansas 2010 goals, there are areas in which progress can be measured.

Kansans Performance on 10 Leading Health Indicators

Objective	Kansas Rate (Previous Rate)	Kansas Rate (Most Current Rate)	HP2010 Goal
Physical Activity			
Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion.	-	70% (2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	85% (grades 9-12)
Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.	33% (2003 KS BRFSS)	38% (2005 KS BRFSS)	50%
Overweight and Obesity			
Reduce the proportion of children and adolescents who are overweight or obese.	-	11% (ages 12-18, 2002 KS Youth Tobacco Survey)	5% (ages 12-19)
Reduce the proportion of adults who are obese.	23% (2004 KS BRFSS)	24% (2005 KS BRFSS)	15%
Tobacco Use			
Reduce cigarette smoking by adolescents.	-	21% (2005 KS Youth Risk Behavior Surveillance Survey, grades 9-12)	16% (grades 9-12)
Reduce cigarette smoking by adults.	20% (2004 KS BRFSS)	20% (2006 KS BRFSS)	12%
Substance Abuse			
Increase the proportion of adolescents <i>not</i> using alcohol or any illicit drugs during the past 30 days.	-	69% (6 th , 8 th , 10 th , and 12 th graders <i>not</i> using <u>alcohol</u> at least once in	89%

		the past 30 days) 91% (6 th , 8 th , 10 th , and 12 th graders <i>not</i> using <u>marijuana</u> at least once in the past 30 days) (2005 Kansas Communities That Care Survey Youth Survey)	
Reduce the proportion of adults en- gaging in binge drinking of alcoholic beverages during the past month.	13% (2004 KS BRFSS)	12% (2005 KS BRFSS)	6%
Responsible Sexual Behavior			
Increase the proportion of adoles- cents who abstain from sexual inter- course.	-	55% (Abstinence only - 2005 KS Youth Risk Behavior Surveil- lance System, grades 9-12)	95% (includes absti- nence or con- dom use if sexually active)
Mental Health			
Increase the proportion of adults with recognized depression who receive treatment.	No Kansas data available that is directly compara- ble to HP2010 target.	No Kansas data avail- able that is directly comparable to HP2010 target.	50%
Injury and Violence			
Reduce deaths caused by motor ve- hicle crashes.	17.1 deaths per 100,000 population (2003 Vital Statistics, KDHE)	17.5 deaths per 100,000 population (2004 Vital Statistics, KDHE)	9.2 deaths per 100,000 population
Reduce homicides.	4.3 homicides per 100,000 population (2003 Vital Statistics, KDHE)	4.1 homicides per 100,000 population (2006 KS Vital Statistics)	3.0 homi- cides per 100,000 population
Environmental Quality			
Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.	0% (EPA Aerometric Information Retrieval System)	0% (EPA Aerometric Information Retrieval System)	0%
Immunization			
Increase the proportion of young children who are fully immunized (4:3:1:3:3 series)	77.5% (4:3:1:3:3 series - 2004 National Immunization Survey)	78.8% (4:3:1:3:3 series - 2006 Na- tional Immunization Survey)	90% (4:3:1:3:3 series)

Increase the proportion of non-institutionalized adults aged 65 years and older who are vaccinated annually against influenza.	68% (2004 KS BRFSS)	66% (2005 KS BRFSS)	90%
Increase the proportion of adults aged 65 years and older ever vaccinated against pneumococcal disease.	63% (2004 KS BRFSS)	67% (2005 KS BRFSS)	90%
Access to Health Care			
Increase the proportion of persons with health insurance.	85% (2004 KS BRFSS)	87% (2005 KS BRFSS)	100%
Increase the proportion of persons who have a specific source of ongoing primary care.	84% (2004 KS BRFSS)	84% (2005 KS BRFSS)	96%
Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy.	88% (2003 Vital Statistics, KDHE)	87% (2004 Vital Statistics, KDHE)	90%

The HK 2010 process supports the Healthy Kansas Initiative to improve the state's health by focusing on proper nutrition, physical inactivity, and tobacco use in children in schools, adults in the workplace, and aging seniors.

Office of Health Promotion (OHP) - The mission of the Office of Health Promotion is through partnerships with the people of Kansas to promote healthy behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death for all. Program activities are supported by federal and private grant funds.

Healthy Kansans 2010 - Healthy Kansans 2010 provides a preventive health framework for Kansas's health providers, organizations, communities, and the state to encourage and provide opportunities for improving health outcomes in Kansas.

Coordinated School Health Program (CHSP) - The CHSP is a collaborative project between KDHE and Kansas State Department of Education (KSDE) to integrate chronic disease prevention strategies into the school setting. Specific risk factors addressed include physical inactivity, nutrition, tobacco use and obesity.

Cancer - The Cancer Program facilitates development of the Kansas Cancer Plan. The plan outlines strategies to improve prevention, screening and early detection; assure quality treatment and pain management; and assess survivorship and end of life care. It also provides breast and cervical cancer screening and diagnostic services to uninsured women who meet certain income and age (40-64) guidelines. Between July 1, 2006 and June 30, 2007, the program enrolled 6,000 women, the maximum number of eligible women that the current, limited funding will support.

Diabetes - A Diabetes Quality of Care Initiative provides funding and training to health care providers for implementation of a Chronic Care Model. The Project provides funding to 90 organizations/satellite providers (representing 50% of Kansas counties) throughout the state and serves approximately 8,500 patients with diabetes. The program also facilitates a statewide planning effort to identify and act upon opportunities to improve diabetes outcomes.

Cardiovascular Disease - Heart Disease and Stroke Prevention efforts involve statewide planning for identifying priorities for intervention. Provider and public educational efforts focus on stroke recognition and treatment and heart disease prevention and management.

Worksite Wellness - In conjunction with community partners, KDHE plans to pilot the CDC Heart Healthy and Stroke-Free Worksite Toolkit.

Arthritis - The arthritis program provides funding to the Arthritis Foundation to expand the People with Arthritis Can Exercise (PACE) program and other services statewide.

Tobacco Use Prevention - The Kansas Tobacco Quitline is a 24/7 service to Kansans to access help to quit using tobacco and/or to assist patients with quitting. A smoking cessation during pregnancy initiative has also been successful in engaging providers across the state to refer pregnant women to the Quit Line. Approximately 405 pregnant callers have contacted the Kansas Tobacco Quitline between June 1, 2005 and December 31, 2007. The Tobacco Use Prevention Program provides technical assistance and funding to communities across Kansas who are working to implement comprehensive tobacco use prevention programs. The program provides over 1 million dollars in grant funds to local communities to implement evidence based strategies to reduce the use of and exposure to tobacco.

Injury Prevention - This program facilitates a statewide planning process related to the prevention and control of injuries and to strengthen injury surveillance programs. The program facilitates the activities of the Safe Kids Kansas Coalition, fire and burn prevention program and youth firesetter intervention services. Since the program began, 21,476 child safety seats, booster seats, and special needs child seats have been distributed to low-income families, over 100,000 helmets have been distributed and 18,000 smoke detectors installed. The program conducts Suicide Prevention activities and provides funding and technical assistance to communities to support Rape Prevention Education.

Kansas Disability and Health Program - This program is designed to develop, sustain and support activities to improve the health and quality of life for people with disabilities. This includes building the capacity of communities to address violence against individuals with disabilities through the creation of multi-disciplinary teams.

Health Risk Behavior Surveillance - The program conducts a continuous, confidential, population-based survey of Kansas adults (the Behavioral Risk factor Survey System, BRFSS) to estimate the prevalence of health risk behaviors, utilization of preventive health practices, and knowledge of health risks in the population. Youth surveys are also conducted to estimate the prevalence of tobacco use among middle and high school students and the prevalence of risk for overweight among Kansas children grades 6-12.

Nutrition and Physical Activity - The Kansas LEAN Campaign facilitates a planning process in conjunction with key partners across the state to develop consistent nutrition and physical activity messages for professionals and the public. The Kansas Kids Fitness and Safety Day coordinates a statewide event to promote physical activity among Kansas third grade students. Some 17,014 schoolchildren participated in 2006 event. In past 3 to 4 years, on average 17,000 kids have participated in this event each year. Incentives and program enhancements connect this event to activities throughout the year.

Chronic Disease Risk Reduction Grants - Local grants and technical assistance are provided to communities to address tobacco use, physical inactivity and nutrition, the three leading risk factors for the prevention of chronic disease. Twenty counties were provided with \$240,800 in funds through 17 Chronic Disease Risk Reduction grants in SFY 2007.

Office of Local & Rural Health (OLRH):

This office helps Kansas communities foster access to health care through sustainable, consumer-oriented systems of care. **The mission of OLRH is to assist communities to provide a full range of public health, preventive health, primary care and acute health care services for all Kansans.** A comprehensive approach using policy development, assessment and resource coordination is used to fulfill this mission. Collaboration with local health departments, community based primary care clinics, other state agencies, non-profit voluntary organizations and professional associations is essential to the work of the office.

Community Based Primary Care (CBPC) - Established by the Legislature in 1990, this program supports local primary care clinics for low-income, uninsured and underserved Kansans. Last year, the Legislature increased state aid to over \$5 million and included new funding for "dental hubs." Thirty-one clinics now serve patients in over 25 counties with sites in more than 35 locations across the state. These safety-net clinics reported providing services to over 127,000 patients in 2006, caring for over one-fourth of the state's uninsured population. KDHE also designated \$150,000 for state loan repayment assistance to professionals willing to practice for one year in a non-profit or safety-net sites located in federal Health Professional Shortage Areas (HPSA)

Federally-Funded Community Health Centers (CHCs)- The OLRH is the state agency contact point for the federal agencies that provide grants to support local community health centers (CHC) in 11 Kansas communities. Applications for additional CHCs (also known as Federally Qualified Health Centers, or FQHCs) have been submitted by clinics in Hutchinson and Newton.

Prescription Drug Assistance Program- In 2005, the Legislature appropriated \$750,000 in the KDHE budget to improve access to prescription medication in clinics and health centers through patient assistance programs and implementation of 340B federal drug purchasing programs. Renewed at the same level in 2006, twenty-two clinics currently receive grant funding through this program.

Charitable Health Care Provider Program - Many individual health care providers participate as a "charitable health care provider" as defined by K.S.A. 40-3401 and 65-4921 by entering into a participation agreement with the Secretary of KDHE. Current agreements include 31 primary care "safety-net" clinics; 1,715 physicians, physician assistants, and nurse practitioners; 331 dentists and dental hygienists; and 653 nursing professionals.

Kansas Rural Health Information Service (KRHIS) -a free subscription service of OLRH since 2002, KRHIS issues notices by email or fax to almost 13,000 registered users. Each receive notifications and information about grant opportunities, regulatory changes, rural health research, and programs of interest to rural providers.

National Health Service Corps (NHSC) - The NHSC assists communities through site development and through scholarship and loan repayment programs that help underserved communities in HPSAs recruit and retain primary care clinicians. During 2006, 29 primary medical care, 4 dental care and 23 mental health professionals practiced in underserved Kansas communities through the NHSC program.

State 30 Program/J-1 Visa Waivers - Graduates of international medical schools are allowed to remain in the United States to practice medicine after completion of residency training if they commit to practice in a federally designated shortage area. Over the past decade, 109 international medical graduates have been recruited to medically underserved areas of the state.

Rural Health Clinics (RHC) - In the late 1990s, KDHE began using a provision in the RHC law which allowed state governors to designate areas as underserved for RHC purposes. This greatly expanded the number of counties eligible for the program and there are now 183 federally certified Rural Health Clinics operating in Kansas.

Critical Access Hospitals (CAH)- A CAH is a hospital certified by Medicare as operating less than 25 licensed beds and belonging to a rural health network. As a CAH, hospitals qualify for enhanced Medicare reimbursement that helps them maintain financial viability and provide services in their community. Kansas has the largest number of CAHs in the nation, with 83 facilities in 20 rural health networks.

State Trauma Program- This program, with input from the Advisory Committee on Trauma, continues to work in developing a statewide trauma system that can best serve those who are critically injured. In 2007, trauma center regulations were promulgated authorizing the secretary to designate hospitals as trauma centers based on their resources and capabilities. Kansas currently has five trauma centers verified by the American College of Surgeons; two of these centers are also state-designated. With additional funding received from the legislature in 2007, the trauma program is awarding grants to hospitals in each of the state's six trauma regions to assist them in developing the infrastructure for Level III trauma center designation. The program also manages a statewide data collection system and provides support to regional trauma councils that provide trauma education to nurses, physicians and EMS providers and support community-based injury prevention activities. A 2007 assessment of the trauma program by a National Traffic Safety Administration review team (carried out as part of a larger EMS assessment) characterized the trauma program as one "where progress is occurring and momentum is in a positive direction."

Local Public Health Departments- The OLRH provides support to build organizational competence and assure professional performance by providing technical assistance, education and new employee orientation for 100 local public health departments. Liaison activities involve direct and electronic contact with local public health administrators, elected officials, community and public health nurses and other local agency staff members using a combination of on-site assistance, district meetings, resource and instruction manuals, a newsletter, workshops, and conferences. The agency also maintains a Public Health Directory.

Farmworker Health Program- This program assures access to primary health care services for low-income and medically underserved migrant and seasonal farmworkers through health service vouchers and case management support.

Refugee Health Program- This program coordinates health screening for Refugees and Asylees who are resettled in the state. Health information from the U.S. Public Health Service Quarantine stations are sent to local health departments who conduct screenings in order to: 1) ensure follow-up evaluation, treatment and referral of conditions identified during the medical examination; 2) identify persons with communicable diseases of potential public health importance; and 3) identify personal health conditions that adversely impact on effective resettlement and personal well-being (e.g., job placement, language, training, or attending school, etc.).

Office of Oral Health (OOH):

The Office of Oral Health provides data on the oral health of Kansas, administers programs to reduce oral health disparities, develops oral health policy in conjunction with community partners, and educates the public about how good oral health is crucial in achieving overall optimal physical health.

The office staff has grown to include Director Dr. Katherine Weno, D.D.S., J.D., and five registered dental hygienists located across the state in Wichita, Iola, Goodland and Topeka. Current Projects include:

Smiles Across Kansas - In 2007 the Office of Oral Health sent dental hygienists across the state to collect data on the oral health status of Kansas third graders. The results indicated that the oral health status of children in Kansas varies substantially based on whether the child's family reports having dental insurance and access to dental care services. When insurance coverage is high, most oral health indicators measured are positive; when insurance coverage is reported to be low or absent, children share a pattern of poor access, worse health, and the absence of some preventive treatments that would slow the progression of oral disease (i.e., dental sealants). Hispanic and African American children in particular were much less likely to benefit from dental sealants. Future programming should be directed to reducing these disparities.

State Oral Health Plan - In November of 2007 the Office of Oral Health and the state oral health coalition Oral Health Kansas released Kansas' first Oral Health Plan. The plan is a comprehensive public health work document that provides a roadmap to systematically address the burden of oral diseases and to enhance oral health of all Kansas citizens. Developed in conjunction with experts and advocates across the state, the plan focuses on four subject areas: Dental Workforce, Financing Oral Health for Underserved Populations, Community and Public Health, and Children's Oral Health. All future programming for the next five years will be developed in conjunction with document.

Fluoride Varnish - OOH received two private foundation grants totaling \$150,000 to support the promotion of Fluoride varnish in medical settings. In order to improve the oral health of children under five, three dental hygienists are traveling the state providing education to physicians' offices on importance of oral health preventive services and the application of fluoride varnish at well baby checks.

Children with Special Health Care Needs - OOH received a federal four year grant totaling \$640,000 to improve access to dental care for children with special health care needs. In collaboration with Oral Health Kansas, the Bureau of Family Health and Grace Med Clinic in Wichita, the project will educate parents and care givers about oral health prevention and provide an access point for children who need specialty treatment.

Oral Health Screenings for Public Schools - Kansas currently requires all children in public schools to have a yearly oral health screening. Compliance with the school screening statute is inconsistent across the state. Schools are not provided with information on what type of screening should be done or required to return screening data to a state entity. The Office of Oral Health has received a private foundation grant of \$270,000 to develop a statewide school screening program and data collection system.

A school oral health coordinator has been hired, and in 2008 five pilot sites will be chosen to test the program and screen 30,000 children. The long term goal is to have all Kansas children screened yearly for oral disease, providing the state with screening data that can be used to direct oral health programming.

Advanced Education in General Dentistry (AEGD) Program - In order to attract more new dentists to Kansas, the legislature has been providing start up funding for an AEGD program at Wichita State University. An AEGD is a post graduate dental residency that gives new dentists advanced training under the supervision of experienced dental faculty. In addition to state funds, nearly one million dollars in private matching funds have been raised. The Kansas AEGD will include a site at Grace Med Clinic, where residents will provide dental services to underserved patients. The program has successfully recruited Dr. Dexter Woods as program director who is currently developing the program and completing the documents necessary for national accreditation. The target date for the first class of residents is fall of 2009.

Office of Surveillance and Epidemiology (OSE):

The Office of Surveillance and Epidemiology is charged with investigating clusters of diseases and disease outbreaks, and tracking reportable infectious diseases. This section keeps track of the State's communicable diseases, conducts field investigations of disease outbreaks, and provides assistance to local health departments in disease investigations. Staff in the OSE also work with public health preparedness staff to develop response plans to pandemic influenza and other public health emergencies and develop exercises and presentations on public health preparedness.

The OSE was responsible for the investigation, follow up and recommendations for several multistate outbreaks, including *Salmonella tennessee* associated with peanut butter and Salmonella associated with chicken pot pies. OSE also took the lead or assisted with over 75 infectious disease outbreaks within the state, including two large outbreaks of Campylobacter involving raw (unpasteurized) milk or products from raw milk, cryptosporidiosis in the Kansas City and Wichita areas associated with pools and recreational water, and MRSA in schools in Manhattan and Salina. Forty of the outbreaks were foodborne, 20+ were person to person or waterborne outbreaks.

A new web-based, user-friendly disease investigation system, to maximize efficiency at the state and local levels when communicable diseases are found has been in production since November. Electronic laboratory reporting, outbreak management especially for local health departments, and an added module for sexually transmitted diseases are planned enhancements to be in production by August 2008. The OSE was involved in a rapid vector surveillance in response to the flooding in southeast KS and the concern about West Nile Virus following summer flooding. Environmental health indicators, based on national standards that are being developed, will be used to track several health conditions in the state.

Bureau of Child Care and Health Facilities (BCCHF):

The child care program of the bureau involves licensure and regulation of many types of child care facilities in Kansas including day care homes, group day care, school age programs, pre-schools and child care centers, and family foster homes. The health facilities program of the bureau involves licensure and certification of all types of health facilities in Kansas, including hospitals and home health agencies. The programs exist to assure quality care through two primary means -- establishing licensing standards and inspecting facilities to assure both state and federal standards are being met. The health occupation credentialing program credentials and licenses health professionals, including dietitians, adult care home administrators and speech language pathologists.

Child Care Registration and Licensure- The department regulates more than 11,000 childcare facilities and family care homes. In order to be responsive to the citizens of Kansas and design a child-care system for the 21st century, the program is undergoing a systems review of policies, procedures and regulations. This review incorporates a Best Team process, which successfully addressed issues for Family Foster homes resulting in statute changes, systems improvements and soon to be adopted more meaningful regulation. A new Best Team has been chartered to address child-care and the licensing system. To begin the process the department conducted 10 Listening Tours across the state to hear what providers, consumers and interested citizens see as the prevailing and emerging issues for child-care. By moving forward this way we can build a system that provides a solid foundation for safety, supports quality, early learning and child-care that is affordable, available and accessible.

Hospital and Medical Program – This program regulates 916 health care facilities, and conducts over 400 inspections each year. This section successfully restructured after the transfer of adult care home responsibility to KDOA in FY 04. Since that date over 92 new providers have become licensed or certified, with 37 applications pending. Restricted funding by the Centers for Medicare and Medicaid (CMS) has resulted in directives by CMS effectively prohibiting conducting initial Medicare surveys. This has resulted in the need for new Medicare providers to seek accreditation by outside accrediting bodies, such as the Joint Commission on Accreditation of Healthcare Organizations.

The department is making necessary arrangements to transfer the survey and certification of the 47 hospital based nursing facilities to the Department on Aging. This will enhance efficiency and bring all nursing facilities under the oversight of KDOA.

Health Occupation Credentialing – This program licenses or certifies the following occupations: Adult Care Home Administrators (629), Dietitians (773), Speech-Language Pathologist (1,557), Audiologist (196), Certified Nurse Aides (46,484), Certified Medication Aides (7,647), Home Health Aides (6,502) Operators (1,797). In addition, this program processed 86,348 inquiries to the Nurse Aide Registry and 25,030 criminal record checks.

The credentialing program continues to upgrade systems to provide more and quicker access to credentialing records, including on-line license verification and license renewal for adult care home administrators, speech-language pathologists, audiologists and dietitians. In the coming months software development will allow online criminal record checks, and for licensees to update information online.

Bureau of Consumer Health (BCH):

The Bureau of Consumer Health is comprised of three unique environmental health programs: Food Safety and Consumer Protection Program; Lodging Safety and Sanitation Program; and Healthy Homes and Lead Hazard Prevention Program (formerly the Childhood Lead Poisoning Prevention Program).

The Food Safety and Consumer Protection Program regulates and inspects food service establishments. This inspection activity provides a core public health function by ensuring safe food and preventing foodborne illness through consistent regulatory oversight of the applicable statutes, rules, and regulations food service establishments (restaurants, schools, senior meal sites and special food events) and educational outreach and consultation to industry statewide. 10,500 food service establishments are licensed and regulated by KDHE. In addition to the 18 state inspectors, KDHE contracts with 6 local health or environmental agencies to provide inspection services in about 40% of the food service establishments. The contracting counties are Johnson, Lyon, Riley, Reno, Geary, and Sedgwick. The local agencies have a total of 19 inspectors; KDHE assists in inspector training, provides continuing education, and conducts program/contract performance audits. A total of 17,983 inspections were conducted in food service establishments statewide. This program is fully funded by licensure fees.

The Lodging Safety and Sanitation Program is a revitalization of a long-standing lodging inspection service. The program licenses and regulates 780 lodging establishments including hotels, motels, boarding houses (bed & breakfasts) rooming houses, and lodges statewide. The 2007 legislature appropriated SGF to fund the inspection program. The program has 3 inspectors and 1 supervisor/manager. During 2007, a collaborative effort with industry resulted in updating the 30-year-old lodging regulations. The new regulations address public health and guest safety and were adopted as temporary regulations October 8, 2007; the permanent regulations will be effective February 5, 2008. The lodging inspections not only ensure safe and sanitary conditions, but also provide education for industry.

The Healthy Homes and Lead Hazard Prevention Program coordinates statewide lead poisoning prevention activities, including blood lead testing for children, case management of children with elevated blood lead levels, environmental investigations and assessments, licensure and certification of individuals and industry, accreditation of training providers, and educational outreach for both the industry and the public.

After years of addressing lead hazards in Kansas, KDHE recognizes other housing hazards exist. The Healthy Homes and Lead Hazard Prevention Program understands that many chronic health conditions are due to how houses are built and maintained and is evolving to include other environmental health hazards including mold, vectors, lead, radon and asbestos. This program also enforces Kansas's rules and regulations regarding lead activities in residential and child occupied facilities to ensure the safe elimination of lead hazards. In 2007, the Healthy Homes and Lead Prevention Program served approximately 27,800 children between 0-6 years old and 9,000 adults in blood lead screening and prevention activities. This activity is funded through a grant with the CDC. The Lead Hazard Control project, funded by U.S. Department of Housing and Urban Development (HUD) is designed to ensure identification and remediation of lead hazards in housing within Wyandotte County. This program is fully funded by grants and does not receive state general funds.

Bureau of Disease Control and Prevention (BDCP):

The Bureau of Disease Control and Prevention (BDCP)) was organizationally realigned in 2006 to identify and respond to short and long term health problems in the state. Programs are conducted in response to the state's leading health problems in the areas of communicable diseases and address components from all three core functions of public health. This bureau supports Health programs by assessing public health problems and consulting on the appropriate medical and administrative measures to prevent and control single cases and outbreaks of disease. This is accomplished by applying the epidemiologic process, which involves studying worldwide geographic and population trends in the incidence and prevalence of disease. The BDCP provides immunization vaccines for children; counseling and testing for HIV; medications to people with AIDS, STD's and Tuberculosis; partners' notification for infectious diseases; establishing partnerships with medical and community organizations to identify, counsel and treat people at risk for infectious/contagious diseases and immunize Kansas citizens against vaccine preventable diseases.

The activities of the bureau encompass programs in Immunization, HIV/AIDS/Sexually Transmitted Diseases (STD), and Tuberculosis Services.

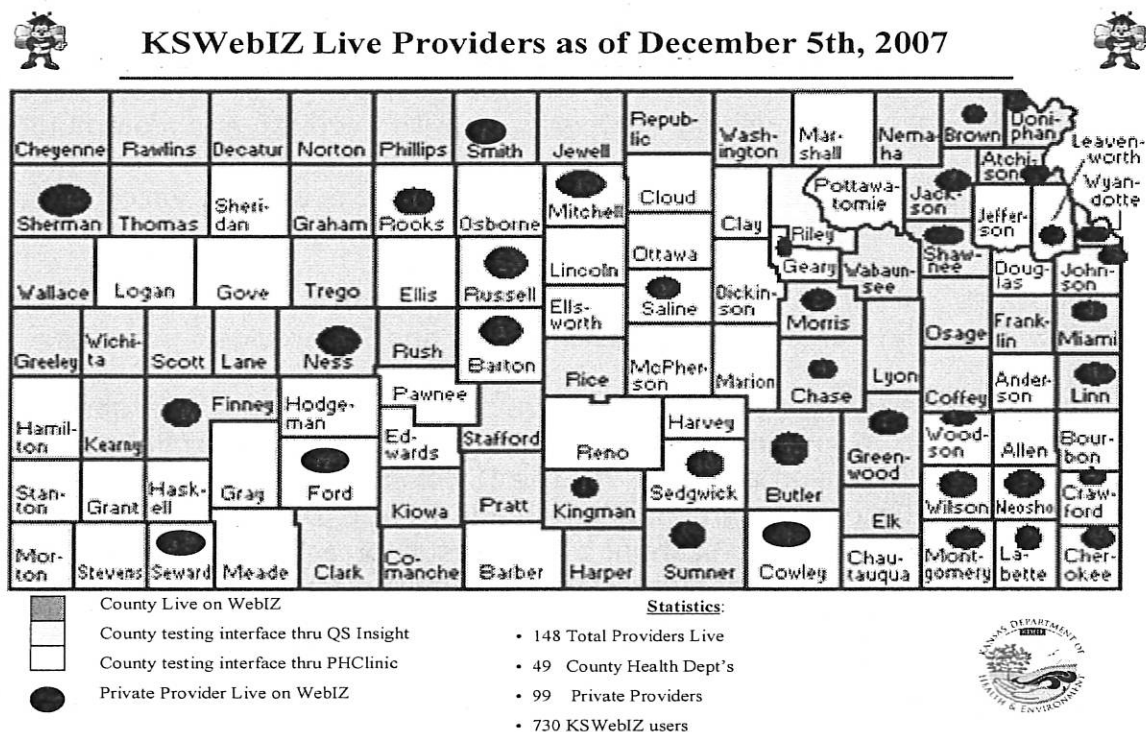
The Immunization Program seeks to maximize the protection of Kansas children and adults from vaccine preventable diseases. Improving childhood immunization rates has been a priority for the Division of Health. KDHE is continuing to follow-up on recommendations made by the 2004 Governor's Blue Ribbon Task Force on Immunization. As a result of actions taken, Kansas immunization rates for the primary childhood immunization series improved from 43rd in the United States to 12th. Last year, the coverage declined again. One specific note illustrating overall progress is the implementation of the statewide immunization registry in Kansas. Using state and federal funds, the program distributes vaccines to local health departments and private providers for administration to poor and under insured children.

The program provides technical assistance and training for public and private vaccine providers, and conducts periodic surveys of immunization coverage.

KDHE began work towards implementation of a web-based immunization registry in 2001. A needs assessment was performed, a system was procured through direct assistance funding from CDC, and Envision Technologies, Inc was contracted to customize a software system to meet the needs of Kansas. The Kansas immunization registry, KWebIZ, was developed with extensive input from key stakeholders across the state, with the first provider accessing the system for immunization services on August 2, 2005. Since then, an additional 148 providers (49 public health departments and 99 private providers) have obtained access to KWebIZ.

Currently, phase two of the KWebIZ project involves establishing data exchange with the providers' practice management system or electronic medical record and with other electronic data systems. The two systems used in public health departments were given top priority. In May 2007, KWebIZ successfully received immunization data from the Medicaid billing system. Immunizations billed thru Medicaid for the past 10 years are included in KWebIZ. To date, this one-way interface has resulted in ~117,489 new patients and ~1,150,078 new vaccination records. The KWebIZ now contains over one million vaccination records.

Below is the state map representing KWebIZ providers as of December, 2007, and the interface go-live process.



The Kansas Health Foundation, in partnership with the Kansas Health Institute and the Kansas Department of Health and Environment, has developed a comprehensive intervention project which starts where the Governor's Task Force ended. The Immunize Kansas Kids project involved all the relevant partners in immunization in Kansas. A final report will be released shortly that identifies areas and interventions to increase immunization rates across the State.

HIV/AIDS/STD - The Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), (HIV/AIDS) and Sexually Transmitted Diseases (STD) Prevention and Control programs provide direct prevention services to persons afflicted with HIV and other sexually transmitted diseases through those separately funded programs. These sections also administers HIV/STD reporting which allows accurate monitoring of the patterns and trends of infection in Kansas and promotes timely delivery of vital health information to the sex and needle sharing contacts of persons with HIV and STD's. The section administers federal grant programs which assure that persons with HIV and AIDS receive critical medical, social, and pharmaceutical services, and support grants for HIV, and STD prevention activities to local health departments and other community based organizations. Through distribution of STD medications, these programs assure that optimal treatment is administered to persons with syphilis, gonorrhea, and Chlamydia infection.

The Kansas HIV Counseling and Testing Program have dramatically improved its performance in the last year. The increase in positivity rate is primarily due to the integration of alternative testing technologies such as rapid testing in association with better targeting of resources toward "at risk" populations to improve performance. The program has actually more than tripled its positivity rate since the implementation of HIV named reporting in 1999 from a .24% positivity rate in 2000, to a .86% in the first three quarters of 2007. The program more than doubled its rate in the first three quarters of 2007 over 2006. This is a notable achievement.

Tuberculosis - The Tuberculosis program seeks to assure that proper screening and treatment for tuberculosis occur in Kansas. Program staff serves as an expert resource for local health departments and other providers who deliver care to persons with tuberculosis and their contacts. Program staff conducts training courses across the state to maintain a high degree of competence in tuberculosis care. The program provides medications which assure proper treatment of patients with infectious tuberculosis.

Through the use of the program's understanding and techniques of TB Contact Investigation and implementation of the new CDC guidelines; Kansas was recognized as a national model and the training program we developed for this has been requested and used in several states. We have been asked to and have joined the International Consortia for TB Research with a focus on genotype analysis to improve rapid testing methods and drug susceptibility testing as well studying why some people who are exposed to TB repeatedly, never develop the disease while others will develop the disease with similar

exposures. The consortium is being chaired by an Anthropologist at KU and involves academic and scientific partners in several states and Mexico.

We have successfully followed CDC directives and created an Adult Viral Hepatitis Prevention Program for the first time in Kansas in November, 2007. These new activities will help lead us into addressing the needs of an emerging infectious disease that is estimated to already be infecting many in our population, but because of cost of testing and treatment is often undiagnosed. The program is focused at targeting outreach prevention efforts to those at greatest risk in hopes of preventing further spread of the disease.

Bureau of Family Health (BFH)

The mission of this bureau is to provide leadership to enhance the health of Kansas women and children in partnership with families and communities.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) - In FY 07, WIC assures statewide services for pregnant, breastfeeding, and postpartum women and children up to age 5 >185% poverty through its \$7M in contracts with 41 local agencies that provide nutrition education/counseling and about \$50M in checks for supplemental food from grocers and other vendors. In FY 07, the unduplicated count of WIC participants was over 121,000, up about a thousand from FY 06.

Aid-to-Local Efforts - In SFY 07, the Children and Families Section provided \$7.7M in contracts to local health departments and other local agencies for the purpose of providing public health services at the local level: Maternal and Child Health, Family Planning, Teen Pregnancy, Disparities/Black Infant Mortality, and Abstinence Education. Over 49,000 women and 50,000 children received well-child checkups and screenings through these programs.

Newborn Screening, Infant-Toddler, and Children with Special Health Needs The state Newborn Screening Program assures that every infant born in Kansas (about 40,000/yr) obtains screening for phenylketonuria (PKU), galactosemia, hypothyroidism, sickle cell and hearing. Follow-up on abnormal results is assured with providers and families. In collaboration with public and private entities, KDHE is expanding the program to encompass nearly 30 conditions thus meeting the national standard. In SFY 07, Children's Developmental Services Section contracted almost \$7.8M to 36 local agencies and another \$550,000 to organizations for professional services to provide Part C of IDEA, Infants and Toddlers with Disabilities (aka tiny-K). Through this program early intervention services were provided to over 6,000 children up to age 3. BFH continues to work with doctors and nurses to help them identify and refer very young children for developmental screening services. In SFY 07 through 12 contracts with hospitals and clinics plus in-house nursing case management, Special Health Services assured a state system of medical specialty services for children with complex medical needs. Over 11,000 children were served by the program.

Pregnancy Maintenance Initiative - The purpose of the Senator Stan Clark PMI program is to award grants to non-for-profit organizations for services to enable pregnant women to carry their pregnancies to term. BFH developed regulations and contract procedures for this initiative. Five organizations were funded for services in 2007.

Center for Health Disparity (CHD):

The Center for Health Disparity was established as a multidisciplinary function to address health disparities in racial and, ethnic populations throughout the state. The Center's mission is "to promote and improve the health status of racial, ethnic and tribal populations in Kansas by advocating for and coordinating access to primary and preventive services that are effective, efficient and culturally and linguistically appropriate."

Along with a 23 member Advisory Committee to provide input in the strategic planning process, the Center has completed its first phase of infrastructure development with an award from the National Offices of Minority Health State Partnership Infrastructure Planning Program. The CHD has been charged with a leadership role in the mobilization of available health resources, programs and initiatives that equitably serve racial, ethnic and tribal populations in Kansas.

Program self-evaluation was an ongoing process in 2007 as part of the program's internal assessment through the strategic planning process to address strengths and weaknesses. To assist with the infrastructure building of the program within KDHE, a consultant was hired for quality improvement activities including Organizational Capacity Building Initiative; Data Collection/Internal SWOT Analysis; Key Interviews; Observational & Interview Assessment; and Training Workshops. The program's external assessment of health disparities through the strategic planning process impacting racial and ethnic populations in Kansas was utilized to identify and assess changes and trends in health care at the national, state, and local level that CHD would have a significant impact for positive change in our public health system while establishing a strategic framework. The external assessment included looking at political, economic, technological, social environments, lifestyle, demographic, competitive, and philanthropic trends of racial and ethnic populations in our state. This information was used to determine which changes were needed, identify opportunities for CHD to be successful, and which trends that may keep CHD from being successful - barriers and limitations. Finally, CHD identified implications for selected changes and trends -- ways the program might respond to the opportunities, barriers, and limitations through our strategic planning process.

Network/Connections - The CHD has established and maintained community health partnerships with the American Heart Association, American Diabetes Association, Kansas Black Nurses Association, American Cancer Society, Kansas Minority Health Advocacy Network, American Stroke Association, Ameri-

can Stroke Association, Institute for Minority Health, Kansas Black Caucus, Kansas Tribal Offices, Hunter Health Clinic, Center for Health and Wellness, Kansas City CDC, University of Kansas School of Medicine, Region VII Office of Minority Health, faith-based partnerships, educational institutions, health-care providers, volunteers, state and local governmental entities, Native American communities, and professionals and community members of all ages. This established network of partnerships has created an informal source of support, information and linkages of resources for CHD. In addition, CHD has continued to maintain and establish new community health partnerships and has actively participated in two annual health disparity conferences. The conference in 2006 was sponsored by KDHE and Glaxo-Smith Kline and focused on cultural competency in healthcare. In 2007, CHD joined the Bi-State Minority Health Conference with public health partners in the state of Missouri.

CHD has formulated the following suggestions for overcoming barriers that will be incorporated into the strategic plan:

1. Increase funding to support long-term programs from national, state, and local sources by defining statewide needs through addressing data gaps to properly describe the level of impact of health disparities.
2. Ensure public health advocacy for health equity for racial/ethnic and special needs populations in the State of Kansas by raising awareness and educating state leadership.
3. Continue to advocate for changes in health policy, practices and programs by raising awareness within state, local, and community partnerships as well as federal and state government entities.
4. Improve public health planning and policy by actively participating in health initiatives with state, local, tribal, and community-based entities to address health disparities and to facilitate change.

CHD will work with the Kansas Health Disparities Advisory Committee to incorporate these identified barriers and suggestions as strategic planning areas to be addressed in the strategic plan. Long-term goals and objectives will be developed with measurable outcomes for the program work plan for FY08.

Center for Health and Environmental Statistics (CHES)

CHES provides public health information by collecting and processing data regarding various health and environmental issues in the state. Vital records including births, deaths, marriages and divorces and abortions in Kansas are recorded by this office and made available to individuals according to Kansas law. Health care information data, such as worker's compensation insurance and health insurance data, is studied to determine trends. The goal of the Center for Health and Environmental Statistics is to provide vital records, data and information to the agency, the public, policymakers, program managers, and researchers.

Office of Vital Statistics - The core of the Vital Statistics system is a web based application for internal and external processing, providing access to hospitals, funeral homes, and courts across the state. Phase III of the re-engineering of the Vital Statistics Integrated Information System (VSIIS) is under way for the Electronic Death Registration System (EDRS). The EDRS will permit electronic filing of death certificates with electronic signatures, expedite notification of fact of death to the Social Security Administration (SSA) and other external partners, and provide more timely customer service to funeral homes and families requesting certified copies of death certificates. Over 10 million vital records are maintained in the Vital Statistics database. In FY 2007, over 94,000 new vital records were added and over 406,000 certified vital record copies were issued.

Office of Health Assessment - During FY 2007, the Office of Health Assessment (OHA) functions as a public health data collection and dissemination entity for Kansas State government. OHA is responsible for vital statistics analyses, publication and dissemination, trauma registry development, and health insurance, Workers Compensation, health professional and hospital discharge data collection, analysis and dissemination. Provides support to the Division of Health and the public health community with research and analysis of the various sources of health data within Kansas. Current efforts involve continued publication of Kansas health reports, as well as expanding health information available to the public through the Kansas Information for Communities (KIC) internet query tool, developing interfaced health and environment GIS capabilities, and preparing district-specific data for legislators on local health status.

Center for Public Health Preparedness (CPHP):

The Center for Public Health Preparedness continues to provide leadership on preventing, detecting, reporting, investigating, controlling, and recovering from human illness related to chemical, biological, and radiological agents, as well as naturally occurring human health threats. The Center serves as the agency's lead in the health and medical response to all public health emergency situations, whether caused by natural events or acts of terrorism. During 2007, the Center was actively involved in the overall state response to the weather-related emergencies that impacted every Kansas county, including the western Kansas blizzard/ice storm in January, the Greensburg tornado in May, the southeastern Kansas flooding in June, and the eastern Kansas ice storm in December. In addition, the Center continues its work in all-hazards preparedness in close collaboration with the state's local health departments, hospitals, the Adjutant General's Department, and the Kansas Highway Patrol.

Two supplemental pandemic influenza planning grants totaling \$2.6 million were received from the Centers for Disease Control and Prevention and Department of Health and Human Services during 2007. Priorities included work in improving disease surveillance and laboratory capacity; development of

preliminary plans for antiviral and vaccine distribution during a pandemic; planning, training, and exercising at all levels; development of community containment strategies; public education focusing on seasonal influenza; and continued outreach with the state's four Native American Tribes.

During 2007, the Center established the state's cache of antiviral medications, which, when combined with the federal allocation for Kansas, are sufficient to treat 25 percent of the state's population. Additionally, a state-based cache of antibiotics was established during 2007, which will be available to hospital, local health department, and EMS staff as well as their family members as needed during the first 48-72 hours of a public health emergency, after which time the Strategic National Stockpile will arrive in Kansas.

The Division of Environment

The mission of the Division of Environment is protecting public health and environment for Kansas. To implement this mission, the Division of Environment has adopted the following goals:

Assurance - Implement environmental programs in Kansas to achieve regulatory compliance and maintain assurance that environmental programs are protective of public health and the environment.

Policy Development - Be responsive to the needs and inquiries of the citizens of Kansas and the regulated community with respect to environmental programs.

Assessment - Provide citizens of the state with accurate assessments of the environmental conditions of the state.

In order to fulfill this mission and meet these goals the Division of Environment has developed and implemented regulatory, compliance assistance, monitoring and educational programs within each of the bureaus and the division as a whole.

The performance measures for the Division of Environment are described at length in the state fiscal year 2009 KDHE budget request document. The results of the division's activities are also listed in that document. In addition, the division also operates under the terms of the various program delegation agreements with the US EPA, Nuclear Regulatory Commission, and Office of Surface Mining, Department of Interior.

Division of Environment Organizational Structure:

The Division of Environment is organized into five distinct bureaus: Bureau of Air and Radiation, Bureau of Water, Bureau of Waste Management, Bureau of Environmental Remediation, and Bureau of Environmental Field Services.

For simplicity in budgeting, the Office of the Director, Division of Environment is budgeted with the Bureau of Environmental Field Services. In March 2007, the Health and Environmental Laboratories were reorganized into the Division of Environment. The division staff is composed of scientific and technical staff with a heavy emphasis on physical and biological sciences, and engineering. The staff of the Division is authorized at 464 FTEs.

Bureau of Air and Radiation (BAR):

BAR is the state's air quality and radiation safety regulatory program. Activities include monitoring air quality, tracking air pollutant emissions, conducting air modeling and development of a plan for Kansas to conserve air quality. Activities also include the permitting of sources of air pollutants prior to construction and issuing operating permits to all large air pollution sources to control pollution. Finally, air quality activities include inspection and testing of permitted sources and public outreach to increase public knowledge of their role in reducing air emissions. The research and development of accurate information and knowledge of emerging programs in other states regarding climate change has become an increasingly active area of endeavor.

Radiation activities include the licensing and inspection of x-ray machines, radioactive materials and mammography facilities to insure compliance with standards and guidelines to maintain radiation exposures to humans to within acceptable health limits. Activities also include outreach to increase awareness of radiation safety to maintain exposure to radiation as low as reasonably achievable (ALARA). Radiation control activities also include radiological environmental monitoring of any radioactive materials released to the environment from Wolf Creek Nuclear Generating Station, and participation in exercises to prepare for emergencies or incidents involving radioactive materials.

Ambient air monitoring data collected during calendar year 2007 generally show that Kansas air quality is good. Most areas of the state are in attainment for the National Ambient Air Quality Standards (NAAQS) for the criteria pollutants, which are air pollutants known to harm human health. The criteria pollutants monitored in Kansas include particulate matter, sulfur dioxide, carbon monoxide, nitrogen dioxide and ozone. In most parts of Kansas, measured levels of these pollutants fall well below the NAAQS.

An evaluation of data through calendar year 2006 from monitors with at least five years of data shows relatively stable pollutant levels. These data sets actually reveal slight downward trends of certain pollutants at some monitoring locations.

On July 11, 2007, EPA proposed a new standard for ozone, a component of smog. After a series of public hearings and extensive public comments, the proposed new 8-hour standard, which will effectively lower the National Ambient Air Quality Standard, should be finalized during 2008.

The currently existing standard was exceeded in the Kansas City area several times in 2007, creating a violation of the ozone standard in Kansas City. The Bureau of Air and Radiation submitted an Ozone Maintenance Plan to EPA in late 2006, held a public hearing on the Plan in May, 2007, and received EPA approval of the Plan on August 9, 2007. The 2007 violations of the NAAQS in Kansas City triggered Phase I contingency measures outlined in the plan, including reducing the emissions from idling trucks and NOx emissions from large coal-fired power plants in the Kansas City metropolitan area.

The ozone levels in Wichita have also been historically of concern. In addition to Wichita and Kansas City, a lower EPA standard could cause violations in outstate locations, and BAR staff are monitoring this federal rulemaking very carefully to assess the impact on Kansas. The Bureau of Air and Radiation has been working with both local agencies and emission sources greater than 1000 tons actual annual emissions of NOx in the Kansas City area to reduce air pollution emissions that contribute to ozone formation. Regulations that require installation of Reasonably Available Control Technology (RACT) to control NOx emissions at these large sources will be adopted during this summer's ozone season. Regulations requiring that vehicles, particularly large diesel trucks reduce, even eliminate air contaminant emissions while idling are under development using EPA's model Idle Control Regulation.

"Routine" rulemaking is part and parcel of the Bureau of Air and Radiation's daily work. Both EPA and the NRC adopt dozens of new regulations every year, all of which must be reviewed and in most cases, adopted by KDHE, in order to maintain the programs' integrity and to prevent federal regulators from enforcing federal regulations on facilities in Kansas. For the most part, when Kansas adopts federal regulations (by reference) and receives EPA approval of a plan to implement those regulations, the State of Kansas regulatory agencies have primary jurisdiction over affected facilities. Kansas businesses would prefer to have their regulators be State of Kansas employees, as opposed to federal government employees.

The Nuclear Regulatory Commission (NRC) has entered into an agreement with Kansas to relinquish its authority to regulate most radioactive materials under subsection 274b of the Atomic Energy Act. This agreement requires Kansas to adopt compatible regulations whenever NRC adopts or amends their regulations. Under its own internal practices, the NRC periodically reviews the performance of Kansas to assure compatibility with NRC's regulatory standards.

During 2007, one physician at the University of Kansas Hospital Authority was exposed to radiation in excess of the annual exposure limits in the radiation regulations. No observable health effects are anticipated from this exposure. In FY2007 the agency was able to complete staffing and training of the radiation program which has resulted in greater than a 100% increase in inspection activities over FY2006.

Effective education and outreach programs continue to complement the inspection and regulatory functions to help the regulated community achieve compliance with legal requirements.

Bureau of Waste Management (BWM):

BWM conducts regulatory, compliance assistance, and public education programs for both solid and hazardous waste. The bureau oversees all permitting activity related to over 500 waste management facilities including municipal solid waste landfills, construction and demolition landfills, transfer stations, composting facilities, household hazardous waste facilities, waste processing facilities (oil, tires, sludge, etc.), and hazardous waste treatment, storage, and disposal facilities. The bureau has now approved about 450 pre-selected burial sites for animal carcasses generated as a result of a FAD.

Waste electronics continue to grow as a waste stream. While recycling is also growing, most of the state is not served by recyclers. To promote e-waste recycling, KDHE will award solid waste grants in early FY 2008 to establish pilot e-waste collection centers to facilitate recovery of these materials. These grants will be the top priority for the annual waste reduction grant program funded by the \$1.00 per ton landfill tonnage fee. Information gained through the operation of these pilot programs will be used to determine if a statewide collection program should be implemented and supported using state resources.

The Bureau of Waste Management oversees the permitting of waste combustion activity at cement kilns (or other facilities). At the present time, two kilns are burning hazardous waste both to recover energy and to destroy the hazardous constituents present in the burned wastes. These two facilities include Ash Grove in Chanute and LaFarge in Fredonia. Ash Grove also burns wastes tires along with Monarch in Humbolt to recover the high energy content in rubber tires. Some ethanol plants are also studying the potential to burn waste tires as their primary energy source. These uses of waste as fuels are an excellent energy conservation measure while helping to dispose of hard to manage wastes.

The solid waste program provides technical assistance and annual workshop training to all facility owners and operators. Hazardous waste program regulates the generation, handling, treatment and disposal of characteristic and listed hazardous waste in a "cradle to grave" approach administering both state and federal statutes and regulations.

The decade-old waste tire program has made tremendous strides in reducing the number of waste tire piles across the state and overseeing an ongoing system to manage newly generated tires. To keep the waste tire program up to date with statutory changes, BWM revised and implemented new waste tire regulations that were adopted and effective October 26, 2007.

BWM is implementing a two-phase waste tire recycling grant program in FY 2007 and 2008 to promote the conversion of waste tires into playground cover. The first phase included grants to two Kansas companies to make the capital improvements to manufacture playground cover from waste tires. Last summer the second phase of the grant program was initiated with nearly \$408,307 awarded to 39 cities, counties, and school districts to help them purchase playground cover products made from recycled waste tires. BWM hopes to announce the second round of grants this spring. T

The solid waste program also includes illegal dump cleanup performed in co-operation with local governments. Over the past year, BWM has worked with local government officials to clean up 40 illegal dumpsites. Notable efforts have included 7 sites in Douglas County and 20 sites associated with abandoned properties at a recreational lake in Wilson County. In addition, BWM has entered into an agreement with Union Pacific Railroad to clean up old railroad tie piles, two of which have now been completed including a 50,000-tie pile in Lucas, Kansas. The bureau works together with the Bureau of Environmental Remediation to address former city dumps, which threaten the public health and environment. The bureau also administers grant programs to encourage the development or enhancement of service related to recycling, composting, and household hazardous waste collection.

Bureau of Water (BOW):

BOW is the lead environmental regulatory program regulating discharges to water and the quality of the state's public drinking water supplies. The bureau implements the delegated National Pollution Discharge Elimination System (NPDES) program for the regulation of municipal, industrial, and animal waste. The bureau has primacy to implement the Safe Drinking Water Act for the protection of the public. To assist the regulatory programs, the BOW also conducts state and federal programs to limit pollution caused by non-point sources. The bureau conducts regulatory and assistance programs for the assurance of the safety of the state's public water supplies. This bureau administers state revolving loan funds to assist municipalities and public utilities in improving or replacing sewer or municipal wastewater systems and public water supplies. The two revolving loan funds make approximately \$35 million in low interest loans annually to assist local governments in funding water and wastewater projects.

Drinking Water - New federal regulations with stricter standards for drinking water quality are a challenge, especially for Kansas with many small systems. Ninety percent (90%) of Kansas's water supplies serve 3,300 people or fewer; fifty-five percent (55%) of Kansas's water supplies serve 330 people or fewer. There is no economy of scale for these small systems so they are challenged to upgrade to federal requirements, and consolidation is not always an option. The latest federal reg package impacting Kansas water suppliers address disinfection-by-products, arsenic, and radionuclides.

The next series of fed regs affecting Kansas will deal with viruses in groundwater, cryptosporidium in surface water supplies.

Municipal Wastewater – Endocrine disrupters are an emerging issue for municipal wastewater and drinking water systems. Endocrine disrupters are chemicals, both natural and synthetic, which interact with the endocrine system, the glands and hormones regulating biological processes. The endocrine system includes the thyroid, pituitary, and the reproductive system. Problems observed have included feminized fish populations, decreases in human sperm quantity, decreased reproduction in wildlife.

Endocrine disrupting compounds number in the thousands but include the following and their metabolites that are found in the water environment: steroids, pharmaceuticals, birth control pills, and pesticides. Chemical names of concern include: estradiol, estriol, estrone, hydrocodone, triclosan, androstenedione, progesterone, caffeine, ibuprofen, and atrazine. These compounds enter the raw drinking water supply through wastewater discharges and then can enter into water supply intakes. Some of the compounds, such as pesticides and growth hormones, are commonly used in agriculture. The disposal and removal of these compounds is being researched. This research is expensive due to analytical costs and a lack of dose and response impacts.

While wastewater plants remove much of this material, the concentration levels of potential concerns are very small with concentrations generally expressed in ng/l or nanograms per liter. (An ng/l is one in 10 million.) The potential risk to human health and aquatic life needs more investigation. Research is underway including whether to remove compounds at wastewater plant or waterworks or both. The issue is more of a potential human health issue with heavily recycled streams such as Kansas River, but it also has potential ecologic impacts.

Livestock Waste Management – EPA has updated the federal regulations addressing livestock waste controls. Kansas is way ahead of most states in this area since the Kansas program predated the Clean Water Act. The biggest impact of the federal regulations is extending the permitting and control of livestock waste to more clearly address the land application of wastes to land. Most Kansas livestock wastes are applied to agricultural land where the nutrients in the waste can be recycled. Permit holders will be required to develop nutrient management plans. Response by producers has been fairly positive, as this is a topic they understand and many are already managing. There will be issues with parcels of land that are exceeding allowable nutrient loadings.

Water Quality Standards - Kansas has adopted a unique approach to reducing nutrients, particularly point sources. The plan is to move forward with voluntary reductions and addressing and setting nutrient criteria locally. As wastewater water treatment plants are rebuilt or newly constructed, the plants are being built to implement nutrient reduction.

Underground Hydrocarbon Storage - Following the natural gas leak at Hutchinson, Kansas passed legislation and new regulations to make the storage systems safer. The storage companies have responded well to the new requirements and have invested considerable funds in upgrading the storage facilities. It appears most of the facilities will meet the new regulations a year earlier than anticipated. Improvements include computerized control and monitoring systems (as opposed to manually read gauges), leak detection systems, brine lagoon liners, flame detectors, shut down or emergency valves, and emergency response plans with local governments.

Geologic Issues - KDHE staff continues to monitor a sinkhole near the old Carey Salt plant in Hutchinson. The sinkhole is associated with a brine well from the 1920s era and was 80' in diameter and nearly 200' deep. The sink is next to the main railroad line. The first concern is for public safety, secondly the groundwater pollution. The Hutchinson area is dotted with old brine wells and some additional work is underway to study other potential sinkhole sites.

WRAPS - Watershed Restoration and Assessment Strategies, or WRAPS, describes an initiative to encourage watershed activities. Activities would include assessing the watershed for opportunities and problems, identifying local needs, and then figuring a way to meet those needs. Needs might include better water quality, flood protection, recreation, water supply, or improved conservation practices. WRAPS is intended to bring the local watershed needs and desires together with state and federal goals in an effort to mutually move forward with improvements. For this year WRAPS is funded with \$1.2 Million from the Section 319 (Clean Water Act) and \$800,000 from the Water Plan. Requests for the year totaled \$12 Million covering 70 proposed projects.

Bureau of Environmental Remediation (BER):

This bureau is charged with the responsibility for cleanup of environmental damages across the state. These cleanups are conducted in a variety of programs ranging from federal Superfund to the state voluntary programs. These cleanups are predominantly conducted using state trust funds, federal funds or charges to the responsible parties. In recent years, the bureau has seen the maturation of programs such as the state underground and above ground storage tank regulatory and cleanup program, the voluntary and cooperative cleanup programs, dry cleaning registration and cleanup programs, illegal methamphetamine lab program and state water plan funded orphan site remedial program. In addition, a new program for restoration of property under the Brownfields approach has been implemented using federal funds.

Underground Storage Tanks - Agency staff have been working with the industry, including the Petroleum Marketers and Convenience Store Association of Kansas to determine what changes will be needed to the Kansas Storage Tank

Act to meet the new requirements of the federal Energy Bill of 2005. Kansas is ahead of many states because the original Kansas legislation contained many of the provisions of the Energy Bill. Legislative changes will be proposed to increase the insurance required for tank installers, establish training requirements for tank operators and to provide additional funding to accomplish these and the other tasks such as increased inspection, enforcement and reporting requirements.

Subsidence - The Division of Environment has devoted considerable effort during the past year to issues related to a number of subsidence events in Wyandotte, Cherokee and Reno Counties. While subsidence is not a new issue to Kansas, 2006 was a particularly active period. Subsidence issues in Cherokee county have brought to light the need for consideration of an insurance program to allow both the banking industry and property owners to protect their assets from damage resulting from subsidence.

Surface Mining - In the final hours of the 109th session of the U.S. Congress, HR 6111, also known as the "Tax Relief and Health Care Act of 2006," was passed. This bill contains "The Surface Mining Control and Reclamation Act Amendments of 2006," which extends the collection of the Abandoned Mine Land fee on domestic coal production for at least 15 more years. The reauthorization will provide Kansas with AML funding at \$1.5 million per year through 2009. In 2010, the AML funding level will begin to gradually increase to a level of \$3 million per year by 2012.

Orphan Sites - The recent declining economy has left many businesses unable to address their environmental obligations at sites where soil and groundwater contamination have occurred. Many of these sites pose a substantial risk to the water supplies and public health of the residents of Kansas. Obtaining adequate funding to respond to these threats to human health and the environment at orphan sites, those for which a potentially responsible party cannot be identified, is increasingly important. For several years funding levels for orphan site remediation and for Superfund cost share have been declining.

Methamphetamine (Meth) Labs - In 2005, the Kansas legislature passed the Matt Samuels Chemical Control Act, which made pseudoephedrine a Schedule 5 Substance, and required the powder and tablet forms of the drug to be sold by a pharmacy. This change has reduced the number of meth labs that KDHE has had to remediate. In 2006, KDHE cleaned up 98 labs, which represents a significant reduction. KDHE is now responding to an average of 8 labs per month. The number of response actions declined from 204 in CY 2004 and 181 in CY 2005 to only 122 responses in CY 2006, which includes 98 lab cleanup actions and 24 meth storage facility cleanup actions. KDHE is now responding to an average of 10 meth labs per month.

Cherokee County Cleanup - The agency lacks sufficient funds to respond to Cherokee County mining sites and impacts to surface waters and match for federal superfund cleanups.

Funding from Congress has been requested to begin a comprehensive cleanup of the lead and zinc mine waste in Cherokee Co. The agency has been informed that no money will be provided this year and any future allocations will involve a minimum of a 10% match from the state.

Vapor Intrusion Work Group - The Bureau of Environmental Remediation is currently participating in a national work group to develop investigation strategies for vapor intrusion sites where soil and groundwater are contaminated by volatile organic compounds. Vapor intrusion is the migration of volatile chemicals in the subsurface into overlying buildings. Volatile chemicals in groundwater emit vapors that can migrate through subsurface soils and into the indoor air of overlying buildings. This vapor intrusion pathway is a significant health pathway (inhalation pathway) for existing contaminated sites. Vapor intrusion also poses a risk at contaminated sites scheduled for redevelopment. EPA and many states are working to determine what contaminant levels are protective of building occupants. Additionally, efforts are ongoing within KDHE to develop guidance on investigating vapor intrusion at existing contaminated sites.

Bureau of Environmental Field Services (BEFS):

This bureau provides service to the public and other Division of Environment bureaus through regulatory and compliance efforts, complaint and emergency response, ambient monitoring and pollution prevention efforts. This bureau often serves as the public's first point of contact for investigation and assistance. There are six district offices: Chanute, Wichita, Dodge City (with a satellite office in Ulysses), Hays, Salina and Lawrence. Some staff is located in the Topeka offices. The activities of the bureau staff cross all program lines of the regulatory programs of air, water, waste management and the tank programs of environmental remediation. In addition, this program provides support for the BOW's implementation of the Clean Water Act through performance of UAAs and sampling for the TMDL program. The activities of the bureau are implemented under working agreements between BEFS and the other four bureaus. It should be noted the district office clerical staff provide service to both Division of Health and Division of Environment staff in the offices.

Stream Classification and Use Designation Activity - Statutes require KDHE to perform two major tasks related to stream classifications: (1) evaluate the classification status of stream segments against the criteria for classification of stream segments provided in K.S.A. 82a-2003 and (2) evaluate the designated uses of classified streams against the criteria for use designation of classified stream segments provided in K.S.A. 82a-2004.

On January 31, 2008, the department will publish draft regulations on the annual update to the Kansas Surface Water Register. Two hundred twenty five stream segments and 73 lakes have been evaluated by a designated use attainability analysis (UAA) to determine the appropriate use designations.

Two stream segments are proposed for deletion from the Kansas Surface Water Register (removed from classification), four stream segments changed from expected aquatic life to special aquatic life, four stream segments changed from special aquatic life to expected aquatic life, and 217 stream segments remained as expected aquatic life. 223 streams are proposed for food procurement, domestic water supply, industrial water supply, livestock watering, irrigation, and groundwater recharge. One lake is proposed for primary contact recreation and food procurement, one lake is proposed for expected aquatic life support, and 72 lakes are proposed for irrigation, livestock watering, domestic water supply, industrial water supply and groundwater recharge.

Kansas Health and Environmental Laboratories (KHEL):

The Health and Environmental Laboratories provides clinical and environmental testing in support of KDHE programs. The clinical laboratories also serve as a reference laboratory for local public health laboratory facilities and are a member of the national laboratory response network. The services provided include newborn screening for genetic disorders, infectious disease detection, chemical and radiological environmental testing, childhood blood lead prevention analysis, and emergency preparedness for detection of biological, chemical and radiological agents. The KHEL also provides certification for clinical and environmental laboratories providing services to Kansas and support for law enforcement agencies through the breath alcohol program.

With the passage of SB 11 in 2007, which authorized the expansion of the newborn screening program, KHEL is ordering, installing, calibrating, and validating the requisite equipment and software and renovating the laboratory facility to accommodate the additional equipment. KHEL anticipates that it will be able to test and report all the mandated disorders by July 1, 2008.

KHEL is currently in the process of upgrading breath alcohol test instruments in law enforcement agencies across the state. The installation of new instruments necessarily requires training and certification of law enforcement officers on the new instruments. KHEL staff is scheduling training throughout the spring of 2008. KHEL is proposing to adopt new breath alcohol regulations that establish a new two-year operator certificate, continuing education requirements, and military leave exceptions for certified operators. These regulations are scheduled for public hearing on February 5, 2008.

Agency Overview to Senate Ways and Means Committee



Roderick L. Bremby
Secretary
Kansas Department of Health and Environment

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Order of Agency Presentation

- | | |
|---------------------------|---------------------------------------|
| ■ Agency Overview | - Rod Bremby, Secretary |
| ■ Budget Information | - Pat Kuester, Chief Fiscal Officer |
| ■ Legislative Initiatives | - Susan Kang, Policy Director |
| ■ Health Division | - Richard Morrissey, Interim Director |
| ■ Environment Division | - Ron Hammerschmidt, Director |

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Our Mission

To protect the health and environment
of Kansans by promoting responsible choices.

Our Mission - to protect the health and environment of Kansans by promoting responsible choices.



Our Vision

Healthier people
living in safe and sustainable environments.

Our Mission - to protect the health and environment of Kansans by promoting responsible choices.



Notable 2007 Accomplishments

- Disaster /Emergency Response
- Oral Health Plan
- Expanded Surveillance and Epidemiology
- Service Assurance
- Foreign Animal Disease
- Decrease in Tobacco Use

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2007 Disaster Response

- Supervised debris removal
- Inspected buildings for asbestos
- Provided support to get public water supplies and wastewater facilities online
- Provided vaccines for residents and responders
- Replaced vital records and WIC payments
- Ensured food safety
- Licensed temporary hospital and childcare facilities

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Senate Ways and Means
1-29-08
Attachment 4

January 2007 – Winter Storm



January 2007 – Winter Storm

Food Safety Program

22 establishment inspections
Staff logged 55 hours working this disaster
\$7500 of food product voluntarily destroyed
Cause was power outage
Large amount due to snow and not being able to
get to the facilities

May 4, 2007 – Greensburg Tornado



Greensburg



Greensburg



June 30, 2007 – Southeast Kansas

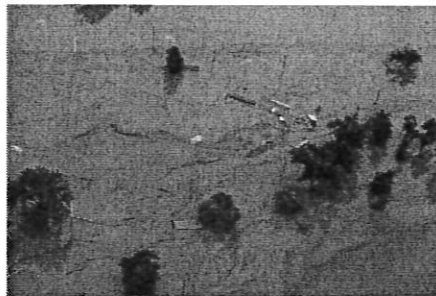
Flooding begins in SE Kansas
Montgomery County is hit hard

June 30, 2007 - Southeast Kansas



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June 30, 2007 - Southeast Kansas



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June 30, 2007 - Southeast Kansas



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Notable 2007 Accomplishments

- Disaster /Emergency Response
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- Expanded Surveillance and Epidemiology
- Service Assurance
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- Decrease in Tobacco Use

Key Initiatives

Healthy Kansas Initiative
Expanded Newborn Screening
Healthy Kansans 2010
Environmental Health
Excellence in Service



Roadmap for health promotion and wellness
incorporating community coalition building
and private sector partnerships.

Healthy Kansas Initiative:

Prevention focus -

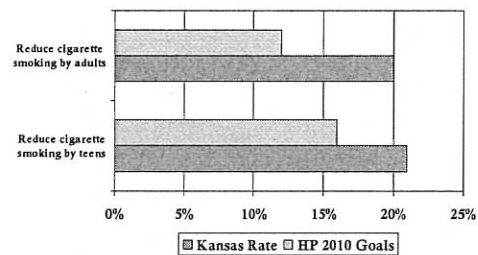
- Tobacco use
- Physical inactivity (obesity)
- Poor nutrition (obesity)

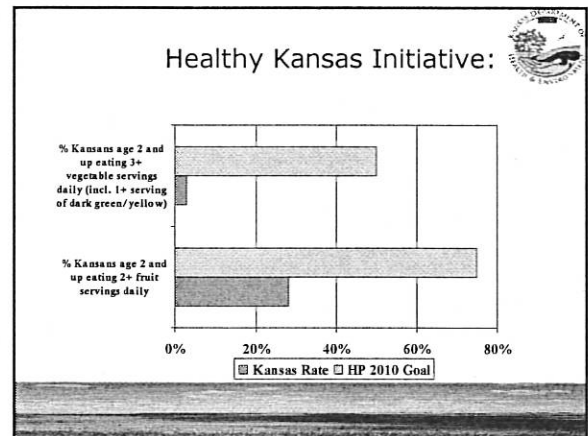
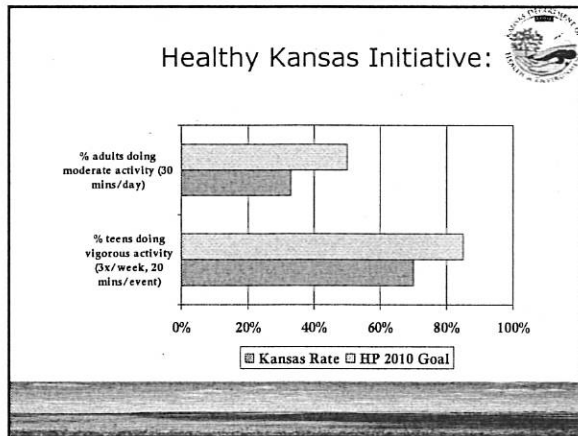
Healthy Kansas Initiative:

Target populations -

- Children in schools
- Adults in the workplace
- Kansas seniors - healthy aging

Healthy Kansas Initiative:





Healthy Kansas Initiative:

Target populations -

- Children in schools
- Adults in the workplace
- Kansas seniors - healthy aging

Healthy Kansas Initiative:

Target populations -

- Children in schools
- Adults in the workplace
- Kansas seniors - healthy aging

Healthy Kansas


4 Hometown Health Heroes

106 Healthy Schools Designated

5,100 pledges

Key Initiatives

- Healthy Kansas Initiative
- Expanded Newborn Screening
- Healthy Kansas 2010
- Environmental Health
- Excellence in Service




Proposed Regulations for 2006-2007-2008

As of October 26, 2006 the priorities for regulations were set in this manner: ONGOING

- #1 Family Foster Homes Regulations
STATUS: Public hearing was held January 8, 2008
Awaiting hearing officer's report - there will be some changes made to the regulations as a result of the public hearing comments
The changed pages will need restamping by DOA and AG and then the Secretary can adopt the regulations
- #2 Cosmetology, tanning facilities
EFFECTIVE: October 5, 2007
- #3 Psychiatric Residential Treatment Care Facilities
STATUS: As of 12-27-07 the regulations have been changed per DOA recommendations and sent back for review by DOA
1-24-08 - DOA is working on them now
- #4 Air Quality; mercury rule
EFFECTIVE: June 15, 2007

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Proposed Regulations for 2006-2007-2008

As of October 26, 2006 the priorities for regulations were set in this manner: ONGOING

- #5 Trauma Center Designation Regulations
EFFECTIVE: November 2, 2007
- #6 Radiation Regulations
EFFECTIVE: July 27, 2007
- #7 Laboratory Regulations
EFFECTIVE: June 1, 2007
- #8 Food Code Regulations
EFFECTIVE: November 30, 2007
- #9 Waste Tires; restrictive covenants, construction and demolition landfills and financial assurance
EFFECTIVE: October 26, 2007

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Proposed Regulations for 2006-2007-2008

As of October 26, 2006 the priorities for regulations were set in this manner: ONGOING

- #10 Solid Waste Management; definitions, construction and demolition landfills
STATUS: As of 5-5-06 awaiting staff to revise the regulations per DOA changes
- #11 Birth Center Regulations
STATUS: 9-14-07 Sent regulations back to DOA with changes requested - still in DOA
- #12 Isolation and Quarantine Regulations
EFFECTIVE: July 20, 2007

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2007-2008 - Health

Breath Alcohol Regulations
STATUS: Joint Committee reviewed 1-14-08
Public Hearing set for February 5, 2008

Immunizations; day care home Regulations
STATUS: 1-24-08 regulations have been stamped by DOA
1-24-08 sent regulations to AG for review and stamping


Lodging Establishments Regulations
EFFECTIVE: Temporary EFFECTIVE: October 8, 2007
Permanent EFFECTIVE: February 5, 2008

Dietitian/Speech Language regulations
STATUS: Public hearing set for March 13, 2008

Adult Care Home Administrator Regulations
STATUS: Received draft regulations 1-15-08 - reviewing regulations

Childhood Lead/PRE Regulations
STATUS: 1/08 Draft regulations are being routed through concurrence signoff process and will be ready for submission to DOA soon

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Tuberculosis Evaluation for Foreign-Born University and College Students
STATUS: 6-2-07 meeting with Board of Regents and staff to discuss regulations
10-26-07 hand delivered draft regulations back to staff for review

Charitable Health Care Provider Regulations
STATUS: 8-21-07 staff is routing regulations through the concurrence signoff Process
1-08 the regulations are in legal for review - awaiting discussion with staff about the regulations

Resource/Referral Regulations
STATUS: 6-15-07 staff is working on the draft regulations
Child Placing Agency Regulations
STATUS: 1/08 Best Team working on draft regulations

Screening of Newborn Infants
STATUS: 1-24-08 Meeting with staff about draft regulations

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Environment

Surface Water Register Regulation
EFFECTIVE: May 25, 2007

Confined Animal Facilities Regulations
EFFECTIVE: January 4, 2008

Class III WIC wells Regulations
STATUS: 1-3-08 Legal returned draft regulations to staff to make changes

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**Agency Overview
to Senate Ways and Means Committee**



**Roderick L. Bremby
Secretary
Kansas Department of Health and Environment**

Why Include Oral Health in Health Care Reform?

Shelly Gehshan, Senior Program Director
National Academy for State Health Policy
January, 2008

1


The Mouth: An Essential Body Part

An organ of

- Digestion
- Respiration
- Communication

Home to unique structures

- Teeth
- Gums
- Tongue
- TMJ
- Salivary glands



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Good Oral Health is Fundamental

- Oral health is integrally linked to the entire body's health and functioning
- Children can't thrive if they can't eat, sleep, play, or concentrate in school.
- Adults need good oral health so they can get and keep a job.

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Senate Ways and Means
1-29-08
Attachment 5

Access to Dental Care

- lack of dental care is the single largest unmet need among children
- more than twice as many people lack dental insurance as health insurance.



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Oral Health Disparities

- Disproportionately affect our most vulnerable citizens:
 - low-income
 - rural
 - elderly
 - disabled
 - minority
 - immigrants
 - uninsured



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Poor Oral Health: Short-term effects...

- **Pain and discomfort**, which interferes with daily living, such as sleeping, learning in school, and functioning on the job.
- Children lose an estimated **50 million hours from school** and adults lose **160 million hours from work** annually from dental illness and visits.



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Caries, Left Untreated, Will Progress

- Major trauma, and even death, have resulted from the lack of access to dental services...



Deamonte Driver, 12
Died February 25, 2007

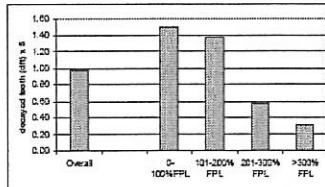
Deamonte Driver, a 12-year-old Maryland boy, died from complications of a dental infection in early 2007, sparking a national outcry for oral health care reform.

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Income Disparities

Poor and low-income children have more than twice the number of cavities as their peers.



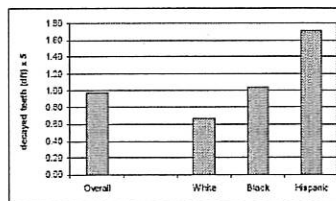
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Source: www.cdhp.org

Racial Disparities

Children of color have more early childhood caries regardless of income.



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Source: www.cdhp.org

Children in Kansas

	Kansas	National
Children with dental decay in 1999-2004	55% of 3 rd graders (generally ages 8 or 9)	24.5% of children ages 6 to 11
Children with untreated dental decay in 1999-2004	25.1% of 3 rd graders	11.1% of children ages 9 to 11
Children with dental sealants	34.2% of 3 rd graders	30% of all youths; 40.1% of children ages 9 to 11

- By some measures, children in Kansas have worse oral health than their U.S. peers.
- Approximately 47,000 children in Kansas lack insurance of any type.

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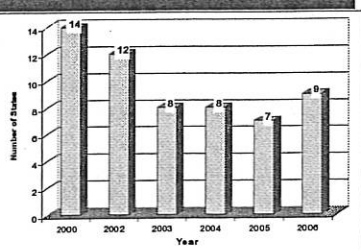
Adults in Kansas

- Roughly 282,000 adults in Kansas lack insurance of any type.
- Approximately 110,000 adults are insured by Medicaid, which provides only emergency dental services to most adults.

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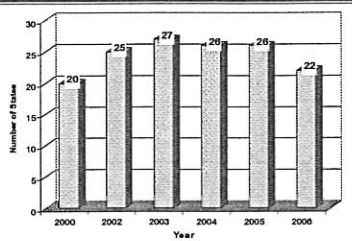
States with Full Medicaid Dental Benefits for Adults



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States with Emergency or No Benefits for Adults in Medicaid



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Oral Health in Health Care Reforms So Far

- Oral health needs and access to dental care have not been a priority in health care reform—but have not been ignored.
- Concerns about cost, and the separation between medical and dental care, may be at fault. Yet...
- **Dental care costs are small: only 20% of overall health costs; and only 5% of Medicaid.**

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Maine

- Dirigo Health Reform Act was enacted in 2003.
- State's subsidized insurance plan – DirigoChoice – was implemented in January 2005.
- Focus on: chronic disease, the Maine Quality Forum (promoting quality and education), voluntary limits on growth of premiums, and electronic claims.
- Sliding scale for premiums and out-of-pocket expenses based on family income.
- Dental benefits only in MaineCare: comprehensive for under age 21, but only emergency/dentures for adults.
- Oral health improvement plan developed by the state was released in late August 2007.

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Massachusetts

- Reform established new independent public authority called "the Connector" which designs coverage and works with businesses, insurance companies, providers and consumers.
- Dental benefits are provided in MassHealth (Medicaid) and Commonwealth Care for all adults with income <100% FPL, and parents up to 133% FPL.
- Children up to 300% FPL continue to receive comprehensive oral health benefits.
- Funds added to safety net clinics to provide dental services for those without dental coverage.

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Vermont

- In May 2006, Catamount Health was created and provides comprehensive, state-subsidized coverage through private insurers for families with incomes up to 300% FPL.
- Unclear what dental benefits will be offered in this program.
- Oral health will be addressed in reforms of chronic care management and care coordination programs.
- Reimbursement rates for dental care were raised in Vermont's Medicaid program.
- "Dental Dozen" – 12 targeted initiatives planned to improve oral health for all Vermonters.

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Why Provide Dental Care for Adults?

- Poor oral health is associated with chronic and acute systemic diseases, such as:
 - cardiovascular disease
 - respiratory disease
 - diabetes
 - stroke
 - preterm births



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Why Provide Dental Coverage?

- Research indicates that people with dental coverage are significantly more likely to seek and use regular dental care than the uninsured.
- Studies show private dental insurance is associated with improved clinical oral health status among the insured.
- Children with dental coverage, either public or private, show more regular use of preventive care than children without dental insurance.



Coverage and use of preventive care improves the health of the individual, and results in cost savings that are passed along to the consumers and the health system.

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Effects on other diseases

Insurance companies are improving oral health care as a deliberate strategy to reduce overall medical care costs.



Aetna's Dental/Medical Integration program provides enhanced dental benefits to members with targeted health conditions that are impacted by oral disease: pregnancy, diabetes, heart disease and stroke.

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Improving Oral Health Can Lower Costs for Patients with Chronic Illness

History of	Reduced Medical Costs
Diabetes	9%
Coronary Artery Disease	16%
Cerebrovascular Disease	11%

From Aetna-Columbia University study of 144,000 insured.

1 Aetna study found that improving oral health care for patients with diabetes, cardiovascular disease and cerebrovascular disease reduced overall medical care costs.

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Effects on Pre-term Births

- Evidence is not yet conclusive, but eliminating periodontal infections in pregnant women *could* avoid about 45,500 preterm low birthweight newborns a year.
- That could save neonatal intensive care costs of \$22,000 per baby, or almost \$1 billion.

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Dental Care in Reform Could Mean...

- Providing benefits to priority populations
- Setting up structure so people can purchase benefits
- Paying attention to safety net and prevention so uninsured can get care and costs lower down the line.

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Improving Oral Health in Kansas

Access to dental care is the nations' largest unmet need. Health care reform presents an ideal opportunity to improve the whole system of prevention, treatment, and service delivery.

Kansas can
be a leader in
this effort.



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Options for Adding Dental Benefits

Andy Snyder, Policy Specialist,
National Academy for State Health Policy
January, 2008

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Kansas Health Reform

- **Kansas Senate Bill 11:** preferred method for achieving goals is premium assistance, private insurance similar to state employee health plan
- NASHP's options are based on dental options available to Kansas state employees, and dental reform experience of other states

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Three Approaches States Can Take

- Use Medicaid as vehicle for providing dental benefits.
- Offer a private dental insurance product
- Combine Medicaid and private insurance in a "connector."

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Senate Ways and Means
1-29-08
Attachment 6

Option 1: Expand dental benefits under Medicaid

- Implement an adult dental benefit under the Medicaid program
 - State can use Deficit Reduction Act authority to tailor benefits, and use a "benchmark plan" for different groups of enrollees.
- For non-Medicaid eligibles, use general funds and enrollee contributions to buy in to the program
- Reform program administration and financing along the lines of states like Michigan, Tennessee, and Alabama.

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State reforms show costs & gains

State	Expenditure	Effect
Alabama	Dental expenditures more than tripled in the first 2 years of Smile Alabama! from \$11.9 million in 1999 to \$38.8 million in 2002.	The percentage of children with visits rose from 26 to 31%.
Indiana	Fee increases to commercial rates raised total dental Medicaid expenditures for children from \$7.6 million in 1997 to \$37.7 million in 2000.	The percentage of children with visits rose from 18 to 32%; the number of dentists submitting Medicaid claims increased by 42%.
Michigan	Transition from Medicaid to Healthy Kids Dental increased payments per member per month approximately 2.5 times.	The percentage of children with visits rose by one-third, 183 more dentists saw HKD kids, and the average distance travelled to appointments shrank to a level identical to the privately-insured.
Tennessee	Moved reimbursement from 40% of retail fees to rates comparable to retail fees; administrative contract with Doral recently re-bid for \$13.5 million over 3 years.	Percentage of children with visits rose from 24 to 47%; number of participating dentists double from 365 to >700 in first two years of program.
Virginia	Rate increase of 30% over 2 years (2005-2008), plus cost of administrative services contract.	Percentage of children with visits rose from 24 to 32%; number of participating dentists increased by 57% from 2005 to 2008.

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Option 1: Expand dental benefits under Medicaid

Advantages

- Allows state to capture federal funding for services provided to Medicaid enrollees.
- Low-income enrollees are protected from high burden of cost-sharing

Disadvantages

- In most states, Medicaid's poor reputation in dental communities would require intense efforts to revamp administrative processes, improve reimbursement and communication with providers.
- Maintaining reimbursement rates requires significant new investment of state funds.

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Option 2: Private dental insurance product

- Contract for a private dental insurance product that is similar to state or federal employee coverage.
- The state could opt to pay for part or all of enrollees' premiums, which on average, are less than \$30 per member per month.

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Dental insurance differs from medical

- Much smaller premiums
- Higher cost-sharing
 - Deductibles
 - Coinsurance (20-50%)
- Annual benefits
 - \$1000-\$1500 average maximum payout
- Different assumptions about risk
 - Dental disease is widespread
 - Dental coverage assumes enrollees will use services
 - Plans are designed to limit the insurer's risk, and transfer significant liability back to the enrollee.

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Kansas state employee dental plan

Features of the Kansas state employee dental plan

Service Type	Delta Pays (PPO/Premier)	Enrollee Pays (PPO/Premier)	Limitations
Diagnostic/Preventive	100%	0%	
Amalgam and Composite Fillings	80%/60%	20%/40%	No deductible.
Oral Surgery, Root Canals, Periodontics	80%/60%	20%/40%	
Crowns, Dentures, T&J	50%	50%	\$45 deductible per person per year
Orthodontics	50%	50%	\$1,000 lifetime maximum benefit (separate from the yearly maximum benefit)

Source: State of Kansas, *Benefit Description of Dental Care Coverage* (revised 5/23/06). Available at <http://www.khpa.kg.gov/OpenEnrollment07/CO07/BenDescriptions/2007DataFinal.pdf>.

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for STATE HEALTH POLICY

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Dental Insurance Costs in Kansas

Monthly premium for federal employees' dental plans in Kansas

Plan	Self	Self + 1	Self + Family
Least expensive (Met Life Standard)	\$15.80	\$31.59	\$47.41
Average of all 7 plans offered in Kansas	\$24.41	\$48.82	\$73.23
Most expensive (Aetna, outside of Kansas City)	\$30.77	\$61.58	\$92.34

Source: Federal Employees' Dental and Vision Insurance Program (FEDVIP) benefits tables, available at <http://www.com.eovinsure.org/fedvipTables.asp>

- Federal plan: employees pay full premium
- State plan: state pays a portion of premium
- Possible to design a sliding scale for premium assistance

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Option 2: Private dental insurance product

Advantages

- For providers, participation in state program would be similar to private sector, avoid any bad associations with "Medicaid".
- Allows the state to limit its financial exposure.

Disadvantages

- High cost sharing and annual benefit caps may be unaffordable for enrollees
- May cause dentists to move from seeing Medicaid patients to seeing this population

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Option 3: Combine Medicaid and private insurance in a "Connector"

- Modeled on Massachusetts reform, which combines Medicaid and private-sector approaches.
- State would organize group dental coverage
 - Does not rely on the individual market, since individual dental products are poorly regulated
- Would use a freestanding contract with a dental administrator to provide varying levels of coverage based on income

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Types of coverage under a "Connector"

- Medicaid-enrolled children: no premium, no cost-sharing, coverage for all medically-necessary services
- Medicaid-enrolled adults: no premium, limited cost-sharing, but also limited benefits
 - Envisions an expansion of eligibility for adults to 100% FPL
 - Covering groups like childless adults would require a waiver

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Types of coverage under a "Connector"

- Adults and families between 100 and 300% FPL: premium based on sliding scale, private insurance cost-sharing and benefits
- Higher incomes: full premium, open to buy-in for people with medical insurance, but not dental

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Option 3: Combine Medicaid and private insurance in a "Connector"

- | <u>Advantages</u> | <u>Disadvantages</u> |
|---|--|
| <ul style="list-style-type: none"> • Narrows the differences between Medicaid and commercial insurance. • Maintains consistent dental coverage as enrollees move from Medicaid to subsidized coverage through the "Connector." • Permits buy-in by those with employment-based medical (but no dental) coverage. | <ul style="list-style-type: none"> • Problems with the individual market for dental insurance |

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Other Measures Kansas can take...

- Expand preventive measures, such as sealants and water fluoridation.
- Expand the safety net and workforce.



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Early Intervention & Prevention

Safe and effective oral disease prevention measures exist that result in significant improvements in oral health at the individual and community levels.



Dental Sealants



Fluoride Varnish



Water Fluoridation

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Sealants


- Sealants – plastic coatings that prevent cavities when applied to molars.
- Cost-effective way for Kansas to improve oral health and reduce future restorative costs.
- The United Methodist Health Ministry Fund sponsored a sealant program that ended in 2002.

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Water Fluoridation in Kansas

- In 2002, 62% of Kansas citizens had optimally fluoridated water.
- 130,000 more people in seven more water districts now have community water fluoridation.
- Speeding up the process of adjusting the fluoride levels would be the most cost-effective investment in oral health that state policy makers could make.



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Strengthen the Safety Net

- Only 550 of 1,350 Kansas dentists participate in Medicaid.
- 14 of 36 clinics provide dental care (up from 4 in 2003), but cannot meet demand for free- or low-care cost.
- The Kansas Association of Medically Underserved (KAMU) is planning expansions. Supporting clinics is an effective way to provide care for underserved patients.

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Expand the Workforce

- 11 counties in Kansas have no practicing dentist.
- 23 counties have only one dentist.
- Shortages are acute and are worsening in rural counties.

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Workforce Options

- Train more dentists
- Attract more dentists (licensing, loan repayment, residency programs, e.g. Advanced Education in General Dentistry).
- Develop new providers
- Expand the scope of practice and loosen supervision requirements for dental auxiliaries

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Kansas Progress on Workforce

- Extended Care Permit hygienists (ECP) can perform all the duties in the community settings that they can in a private dental office.
- 55 hygienists have ECPs; 25 are in community settings.
- Allowing hygienists to practice to the full extent of their training would be cost-effective.

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There is much more that can be done to increase dental insurance and to improve the functioning of the current dental delivery system, but we need to start looking beyond the current system in order to meet all the oral health needs of our population.

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