

SESSION OF 2010

**CONFERENCE COMMITTEE REPORT BRIEF
SENATE BILL NO. 62**

As Agreed to March 30, 2010

Brief*

SB 62 would enact new law regarding Human Immunodeficiency Virus (HIV) screenings for pregnant women and newborn children, would create new law and amend existing law relating to the responsibilities for the prevention and control of tuberculosis in postsecondary institutions, and would amend the law regarding the licensure of audiologists.

*HIV Screenings for Pregnant Women,
Newborn Children*

The bill would enact new law concerning HIV screenings for pregnant women and newborn children. Specifically, the bill would require a physician or other health care professional authorized by law to provide medical treatment for pregnant women to administer, or have administered, a routine opt-out screening for HIV infection during the first trimester of the pregnancy. If a pregnant woman is determined to be at high risk for acquiring HIV infection, a repeat screening would be administered during the third trimester or at the time of labor and delivery. A pregnant woman would have the right to refuse an HIV screening at any time. The bill further provides that before any screening is performed, the pregnant woman must be informed in writing of the screening requirements created by the bill and the purposes and benefits of this screening. If the pregnant woman consents to the screening, she is to sign a form provided by the Kansas Department of Health and Environment (KDHE) to either authorize or opt out of the

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screening. The bill further would specify that the form must contain the following language:

I test all of my pregnant patients for HIV as part of the panel of routine tests to alert me to any conditions that can have a very serious effect on your pregnancy and your baby. You will be tested for HIV unless you tell me not to.

If the mother's HIV status is unknown because of refusal to submit to the screening during the pregnancy, or for any other reason, the newborn child would be screened with an HIV test as soon as possible within medical standards. The mother's or guardian's consent would not be required to screen the newborn child. Parents of a newborn child who object to the HIV test because it conflicts with their religious tenets and practices would be exempt from the mandatory screening. Documentation of the mother's HIV status would be recorded in both the mother's and the newborn's medical records. The bill also would require that the mother of the child be informed in writing of the screening requirements created by the bill and of the purposes and benefits of the screening. The mother would then be required to sign a form acknowledging the receipt of this information.

The bill would authorize KDHE to adopt rules and regulations establishing guidelines for routine HIV infection screenings for pregnant women and for each newborn child where the HIV status of the mother is unknown at the time of birth. The rules and regulations would be based on the best practices and recommendations established by the Centers for Disease Control and Prevention and the Public Health Service Task Force. The Department would be required to adopt the rules and regulations within six months of the effective date of the bill. **(New Section 1)**

Tuberculosis, Prevention and Control

The bill would create new law and amend existing law concerning responsibilities for the prevention and control of

tuberculosis in postsecondary educational institutions. The bill would direct the Secretary of Health and Environment to adopt rules and regulations establishing guidelines for a tuberculosis prevention and control plan for any postsecondary educational institution in the state. The plan is to be designed to reduce the risk of tuberculosis transmission and is to be based on the recommendations of the American Thoracic Society, the Centers for Disease Control and Prevention, and the Infectious Diseases Society of America. The rules and regulations promulgated by the Secretary of Health and Environment are to be in compliance with the Best Practice Standards as recommended by the Division of Tuberculosis Elimination of the Centers for Disease Control and Prevention.

Each postsecondary educational institution, with the assistance of the Department of Health and Environment, would be required to develop and implement a tuberculosis prevention and control plan. The postsecondary educational institution also would be required to designate a person to be responsible for oversight and implementation of the plan; to maintain the records created or collected in the oversight and implementation of the plan for at least five years; and to allow the Department of Health and Environment to review and inspect the records upon request.

The bill also would amend existing tuberculosis evaluation requirements for students attending postsecondary educational institutions. Tuberculosis evaluation requirements would apply to any students entering classrooms of any postsecondary educational institution who are considered as high risk for tuberculosis as defined by the Department of Health and Environment. Postsecondary educational institutions would be defined as any public or private university, municipal university, community college or technical college. The evaluation requirements would not apply to individuals who are participating in continuing education programs or other seminars or functions at a postsecondary educational institution.

Each postsecondary educational institution, with the assistance of the Department of Health and Environment, would

be required to develop and implement tuberculosis evaluation requirements. And, as with the tuberculosis prevention and control plan, the institution would be required to designate a person to be responsible for oversight and implementation of the evaluation requirements; to maintain the records created as a result of implementation of the requirements for at least five years; and to allow the Department of Health and Environment to review and inspect the records upon request. Additionally, the designated person would be responsible for immediately reporting the positive findings of tuberculosis infection or disease to the Department of Health and Environment.

Each student meeting the requirements of the bill would be required to comply with the tuberculosis evaluation requirements implemented by the postsecondary educational institution. Students who are not in compliance with the requirements would not be eligible to attend classes or enroll in a subsequent semester or to obtain an official transcript or diploma until they were in compliance. All cost associated with the evaluation requirements of the prevention and control plan would be the responsibility of the student. **(New Section 2, Section 3)**

Audiologists, Licensure Requirements

The bill would amend current law concerning the licensure of audiologists. Specifically, the bill would require individuals seeking licensure as an audiologist on, or after, January 1, 2012, to hold at least a doctorate degree, or its equivalent, in audiology. Individuals holding a master's degree in audiology, or its equivalent, prior to January 1, 2012, would be deemed to have met the new educational requirement. The bill also would exempt individuals holding an audiology clinical doctoral degree from the requirement to complete a postgraduate professional experience.

The bill also would amend current law concerning how individuals licensed as audiologists may represent themselves to the general public. Licensed audiologists holding a doctorate degree would be required to use the appropriate acronyms to

identify their field of specialty to avoid confusion when using the term “Doctor.” (**Sections 4-5**)

Effective Date, Provisions of the Bill

The provisions that apply to the HIV screening requirements and audiologist licensure will become effective upon publication in the statute book. The provisions of the bill relating to the prevention and control of tuberculosis in postsecondary educational institutions will become effective upon publication in the *Kansas Register*.

Conference Committee Action

The Conference Committee agreed to the House amendments to the bill and agreed to further amend the bill to include the provisions of **HB 147** (HIV screenings, pregnant women and newborn children), as amended by House Committee on Health and Human Services and further amended by the Conference Committee, and **SB 449** (audiologists, licensure), as amended by Senate Committee on Public Health and Welfare. The Conference Committee amendment to the HIV screening requirements to specify the language provided in the form that authorizes or opt-out of the screening by the pregnant woman.

Background

SB 62 was introduced by the Committee at the request of a representative of the Administrative Rules and Regulations Committee. Proponents of the bill included the Director of TB Prevention and Control, Kansas Department of Health and Environment.

There were no opponents of the bill at the Committee hearing.

The Senate Committee on Public Health and Welfare amended the bill to make it effective upon publication in the *Kansas Register*.

The House Committee on Health and Human Services amended the bill to make all costs associated with the evaluation requirement of the prevention and control plan to be the responsibility of the student. Under the Senate version of the bill, the costs were the joint responsibility of the educational institution and the student or the parents or guardians of the student.

The fiscal note prepared by the Division of the Budget on the original bills states that there would be no fiscal effect.

The fiscal information for Senate Bills 147 and 449 are available in the associated supplemental notes.

KDHE; HIV screening; tuberculosis prevention and control; audiologists