

Approved: March 21, 2005

Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:32 P.M. on March 16, 2005, in Room 526-S of the Capitol.

Committee members absent:

Representative Brenda Landwehr- excused

Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department

Mary Galligan, Kansas Legislative Research Department

Renae Jefferies, Revisor of Statutes' Office

Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Dr. Howard Rodenberg, Director of Division of Health, Kansas Department of Health and Environment

Lougene Marsh, Director, Lyon County Health Department

Judy Moler, General Counsel, Kansas Association of Counties

John Gianfranco Pezzino, Kansas Health Institute

Others attending:

See attached list.

The Chair announced that the committee will consider [HB 2503](#).

A motion was made and seconded to recommend the bill as favorable for passage

Members commented on the bill. One member said the bill was not good public policy and was misguided by addressing only one kind of clinic rather than regulating all clinics statewide. Another member said the bill raised the standards for protecting women's health.

The motion passed. Representatives Flaharty, Hill, and Kirk were recorded as voting against the motion.

Staff provided a briefing on [HB 2396](#). The bill would require college students living in campus housing to either receive a meningitis vaccination or sign an affidavit noting that they had received information informing them of the risks of refusing the vaccination. Twenty-seven states have similar laws.

The Chair opened the hearing on [HB 2396](#).

Dr. Howard Rodenberg, Director of Division of Health, Kansas Department of Health and Environment, (KDHE) spoke as a proponent. ([Attachment 1](#)) He said the bill addresses an important health issue, requiring a college student to either receive a vaccination or sign an affidavit indicating he/she knows the risk by refusing the vaccination. He recounted the danger of the most virulent form of meningitis and the

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vulnerability of college students to contract the disease.

Answering questions, Dr. Rodenberg said the mortality rate for the vaccine is virtually zero and that the cost of the vaccine was about \$20 per person. He replied that the vaccine was not recommended for the general population, but only for those living in close proximity to each other, such as those in college dorms. Dr. Richard Morrissey, Deputy Director, Division of Health, KDHE, replied to another question that the agency has not discussed the implementation of the bill with the state universities and colleges. Susan Kang, Policy Director, KDHE, said that the Chairman's suggestion of merging **HB 2396** and **SB 216** might be problematic.

The Chair closed the hearing on **HB 2396**.

Staff provided a briefing on **SB 216**. The bill would expand and clarify the powers and duties of local health officials and the Secretary of KDHE when issuing and enforcing isolation and quarantine orders. The bill also takes steps to protect the rights of individuals affected by the orders, including job protection. The same bill, amended by the House Appropriations Committee in 2004 (**HB 2890**), passed the House 113-11, but was not acted on in the Senate. The present bill is the amended version of last year's bill.

The Chair opened the hearing on **SB 216**.

Dr. Howard Rodenberg, Director of Division of Health, KDHE, testified that the bill was intended to clarify and assist local health officers. ([Attachment 2](#)) He defined isolation as the separation and restriction of persons who have an infectious disease, and quarantine as separation and restriction of persons who are not presently ill, but have been exposed and may become infected with a contagious disease. He said that isolation or quarantine may be voluntary or mandatory through legal authority. He observed that neither isolation nor quarantine need be considered a rigid structure, but can be done in such a way to respect individual freedom. However, he noted that outbreaks such as SARS in Toronto or the possible release of a biological agent by terrorists requires that the state be prepared for contingencies; he stated that this bill provides for such exigencies.

Lougene Marsh, Director, Lyon County Health Department, testified as a proponent for the bill. ([Attachment 3](#)) She said local public health departments across the state have been working on emergency preparedness planning for the past three and a half years. The bill updates and clarifies the authority to utilize isolation and quarantine as the platform upon which emergency measures may be based in the event of an infectious disease outbreak. She stated that the Kansas Association of Local Health Departments had significant input in developing the bill.

Judy Moler, General Counsel, Kansas Association of Counties, speaking in support of the bill, said that the Kansas Association of Counties worked with KDHE to update the isolation and quarantine statutes and that the bill protects the safety and rights of Kansas citizens. ([Attachment 4](#))

Gianfranco Pezzino, Director of Public Health Studies, Kansas Health Institute, testified that he was giving

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informational background on the bill and its implications. ([Attachment 5](#)) He commented on the etymology of the word *quarantine*, saying that it comes from the Italian word meaning 40, indicating that historically those subject to an infectious disease were required to wait 40 days before being allowed in public again. He commented that although quarantine has a noble history, the present threats of biological agents and new infectious diseases require updated principles in order for quarantine to be effective in the modern world. He said the bill accomplishes two purposes: giving public authorities direction regarding quarantine, and providing due process for citizens.

Chad Austin, Kansas Hospital Association, provided written testimony in support of the bill. ([Attachment 6](#))

A member expressed gratitude to Ms. Marsh for her work to improve accessibility and to lower costs of health care for citizens of Kansas.

Ms. Moler replied to a question that the process envisioned by the bill should be completed by May 31.

The Chair closed the hearing on **SB 216** and opened discussion on the bill.

A motion was made, seconded and passed to recommend **SB 216** as favorable for passage.

The Chair suggested considering [HR 6021](#).

A motion was made and seconded to recommend **HR 6021** as favorable for passage.

Staff Mary Galligan, answering a member's question, said the resolution urged the secretary of KDHE to recognize the value of screening for cervical cancer, to review data regarding cervical cancer, and to consider options for increasing screening accuracy.

The motion passed unanimously.

Staff provided a briefing for [SB 10](#).

As background for the bill, staff noted that an interim committee, the Joint Committee on Legislative Educational Planning, had recommended this legislation. The bill, if enacted, will give preference to the state for federal grants related to asthma. The bill modifies current statutes concerning self-medication by elementary and secondary students, adding a definition for *self-administration* and further defining *medication* and *school*. The bill requires each school district to adopt a policy regarding self-administration of medication by students; it requires that a student demonstrate skill in self-administering, that a health-care person provide a written treatment plan, and that those who supervise students be informed of the authorization. The bill also extends the sunset provision. The bill passed the Senate 40-0. Answering a question, Ms. Calderwood said that the bill does not directly address a child who misuses medication.

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The meeting was adjourned at 2:34 p.m. The next meeting is scheduled for Thursday, March 17, 2005.