

Approved: February 4, 2004
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:30 p.m. on February 2, 2004, in Room 526-S of the Capitol.

All members were present except:

Representative Doug Patterson- excused
Representative Mario Goico- excused
Representative Roger Reitz- excused
Representative Scott Schwab- excused
Representative Joe McLeland - excused

Committee staff present:

Dr. William Wolff, Legislative Research Department
Renae Jefferies, Office of Revisor of Statutes
Gary Deeter, Secretary

Conferees appearing before the committee:

Dick Morrissey, Interim Health Director, Kansas Department of Health and Environment
Terri Roberts, Executive Director, Kansas State Nursing Association

Others attending:

See Attached List.

The Committee minutes for 1-29-04 were approved as printed.

The Chairman raised the question of whether the Health and Human Services Committee violates the open meetings act with Instant Messaging. He said he will check with the Kansas Attorney General and provide an answer for the Committee.

Dick Morrissey, Interim Health Director, Kansas Department of Health and Environment (KDHE), gave an overview of the state of health in Kansas. (Attachments 1 and 2) He listed several chronic diseases, saying that cardiovascular disease (heart disease and stroke) is the leading cause of death in Kansas, accounting for 27% of all deaths. Speaking of tobacco use, responsible for 3800 deaths annually, he said it is the one preventable cause of death in Kansas. Commenting on obesity, he said one in five adult Kansans is obese, and three in five is overweight, increasing medical costs for a variety of concomitant diseases. He said the medical response to these three factors is: Don't smoke, move more, and eat less. He also commented on various violent injuries: from motor vehicles, falls, fires, and suicide.

Speaking about infectious diseases, Mr. Morrissey said that Kansas has had at least one case of each of the latest infectious diseases, such as West Nile, SARS, and viral hepatitis. He noted that immunization rates for Kansas' children are some of the lowest in the country, prompting a KDHE task force to determine why so many Kansas children are not being immunized. He noted that AIDS and HIV rates are lower than the national average.

CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at 1:30 p.m. on February 2, 2004 in Room 526-S of the Capitol.

Mr. Morrissey stated that maternal and child health is a critical area because it is a reflection of the current health status of the Kansas population; it is also a predictor of the health of the next generation. He said the live birth rate of 87% compares favorably with the baseline of Healthy People 2010 data, noting that the Kansas death rate for babies has decreased 58% over the past 30 years in Kansas. He said breast-feeding is an important contributor to infant health, and that Kansas mothers were above the national initiation rate for breast-feeding (74%), but that they were below the national rate at six months (29%).

Regarding access to health care, Mr. Morrissey said that over 2/3 of Kansas children are covered by private insurance, 15% by public insurance, and 8% have no health insurance. For women of reproductive age, the figures are 83%, 4%, and 13% respectively.

Representative Sharp suggested to the Committee that perhaps there are immunization statutes that need updating in the light of the low immunization rates.

Answering questions, Mr. Morrissey said that marriage certificates issued made up 7.3% of the population in 2002, and divorces/annulments were 3.6%. Dr. Pezzino, State Epidemiologist, KDHE, said the more rapid conversion rate from HIV to AIDS compared with the national population could be a variance in reporting standards, or KDHE's message may not be effective. Mr. Morrissey stated that KDHE had discussed an immunization registry for years, but federal funding last year will allow it to become a reality.

For purposes of hearing **SB 106**, Representatives Kirk and Long chaired the meeting. Representative Long opened the hearing on **SB 106**. Mr. Morrissey spoke in support of the bill, saying that the contents of the bill fit the goals and mission of KDHE, noting that although no funds were allocated to Healthy Kansans 2010 in the Governor's budget, he believes there may be private funding from foundations that will get the program started and achieve the basic objectives of the bill. He said the bill serves as a roadmap for collaborative health planning across the state. (Attachment 3)

Terri Roberts, Executive Director, Kansas State Nurses Association, spoke in support of **SB 106**. (Attachment 4) She said the bill supports KDHE in providing leadership and direction on health-prevention activities, work that the nurse's association has partnered for the past 14 years.

Representative Long closed the hearing on **SB 106**.

Representative Bethell, who chaired a hearing on January 29, made some observations about chairing an electronic committee. He said it ran smoothly for several reasons: a hard copy of the agenda was provided for the chair; use of Instant Messaging (IM) assisted in handling committee questions; and the testimony projected on the wall was a good reference point. He noted two glitches: IM keeps the chair from seeing committee members who raise their hands to comment; and the possibility of an IM message inadvertently being projected on the wall is slightly disconcerting. He summarized by saying that in general the process worked very well.

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Staff Bill Wolff briefed the Committee on **HB 2562**, a bill creating a care-giver's authorization affidavit for children and minors. He said the bill creates a new category of care-giver, who by signing the affidavit is given certain legal rights for decision-making of a minor child. He said the care-giver's decision can be superseded only through a contravening decision by a parent or guardian. He noted that the term "qualified relative" gives the same rights to authorize medical and dental care for a minor as are given to guardians, noting that the affidavit is valid for one year. Dr. Wolff said that any person acting in good faith on the decision of a care-giver's authorization affidavit would be protected from professional disciplinary action. He noted that the bill states that no one is relieved of liability for violations of other provisions of law, but said that what these other provisions might be is unclear. He stated that the affidavit must contain a warning statement that if any statements are incorrect, the person signing it will be committing a crime. He observed that the concept of a care-giver's affidavit is apparently popular in other states and that several forms are available on web sites.

Answering questions, Dr. Wolff said the wording of the bill indicates that the content and design of the affidavit form should be uniform. Members discussed various kinds of residence situations where minors are living with relatives or friends, but came to no conclusions about how the bill might address such issues. Dr. Wolff said that the person who receives the form has no obligation to make any further inquiry or investigation as to the validity of the affidavit.

Representative Storm observed that, in larger school districts, the bill would create problems by individuals who abuse the system. She said the House Education Committee is dealing with a similar bill.

The meeting was adjourned at 2:47 p.m. The next meeting is scheduled for Tuesday, February 3, 2004, at 1:30 p.m.