

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE.

The meeting was called to order by Chairperson Jim Morrison at 1:35 p.m. on March 19, 2003, in Room 243-N of the Capitol.

All members were present except Representatives Landwehr, Bethell, and DeCastro, all of whom were excused.

Committee staff present:

Bill Wolff, Kansas Legislative Research Department
Rena Jefferies, Kansas Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Sally Finney, Executive Director, Kansas Public Health Association
Les Roberts, Bureau of Consumer Health, Kansas Department of Health and Environment
Barry Brooks, Program Director, Bureau of Consumer Health, KDHE
Terry Lambert, Chief Executive Officer, Newman Memorial Hospital, Emporia
Tom Bell, Executive Vice President, Kansas Hospital Association

Others attending: See Attached Guest List

The Chairman announced that in reconsidering the committee schedule, sub-committees would not meet Friday and probably not on Monday.

The minutes for the 3-17 meeting were approved.

Representative Phelps chaired the hearing on **SB 204**. He welcomed Sally Finney, Executive Director, Kansas Public Health Association, who spoke in support of the bill, saying that KPHA had supported the original act and continues to see the need for educational initiatives to protect children from lead-based paints. (Attachment 1) Answering questions, she said that lead-based paints are no longer used for residential use, but are used in some commercial paints. She stated that federal standards apply to homes built after 1978, so prevention activities focus on older homes, noting that by testing children, inspectors often discover sources of lead contamination in homes.

Les Roberts, Bureau of Consumer Health, Kansas Department of Health and Environment (KDHE), testified in support of the bill, noting that 72% of Kansas homes were built before 1978. (Attachment 2) She said by focusing on children who test positive for lead in their system, inspectors usually discover two sources for lead poisoning in homes: old deteriorated paint, or remodeling which disturbs old paint. She observed that 40% of children with elevated lead levels had been exposed to remodeling in the previous 6 months. Such elevated levels impair neurological functions and limit a child's ability to learn. Ms. Roberts said that KDHE receives no State General Fund dollars; except for a few fee-based services, all funding comes from the federal government. Answering questions, she said a remodeler can call a certified inspector, who can identify the presence of lead in a home.

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Barry Brooks, Program Director, Bureau of Consumer Health, KDHE, explained that the Bureau can provide a list of certified inspectors, or a person may obtain the information from the agency's website. He said the Bureau works with health departments because most county health departments encounter many of the risk factors for lead poisoning. Representative Reitz noted that lead poisoning can occur not only from ingestion, but from inhalation. Mr. Brooks said a person cannot ingest lead from eating meat; however, contaminated soil can affect vegetables grown in the soil.

The Chair closed the hearing on **SB 106**.

The hearing on **SB 151** was chaired by Representative Neighbor, who welcomed Terry Lambert, Chief Executive Officer, Newman Memorial Hospital in Emporia. Mr. Lambert testified in support of the bill, saying that private hospitals presently are allowed to become involved in joint ventures, but county and district hospitals are not. (Attachment 3) He stated that the bill will provide a level playing field, enabling public hospitals to have a choice to join in a joint venture if they wish to do so. He noted that the term "majority control" in the bill had been inadvertently added, a term that could hamper investments and relationships. He recommended deleting the term.

Tom Bell, Executive Vice President, Kansas Hospital Association, spoke in support of the bill, saying that there are about 60 county and district hospitals in the state, most of whom are small rural hospitals which would benefit by passing this bill. Answering questions, Mr. Bell said district hospitals are usually small municipal hospitals. Asked how small hospitals can survive on Medicare payments, he said a new federal initiative, Critical Access, increases reimbursement for small hospitals.

The Chair noted written testimony provided for members, and then closed the hearing on **SB 151**.

A motion was made, seconded, and passed to open discussion on **SB 106**.

A motion was made and seconded to recommend **SB 106** favorable for passage.

By motion and second, an amendment was offered to change the spelling from *complement* to *compliment* (Page 1, line 31). The motion passed.

After further discussion regarding the cost to the agency to carry on the work of Healthy Kansans 2000, a motion was made and seconded to table the bill. The motion passed 9-8.

A motion was made, seconded and passed to recommend **SB 204** favorable for passage and to place it on the Consent Calendar.

In considering **SB 151**, a motion was made and seconded to amend the bill by striking the words "majority control" on page 1, line 39, and page 4, line 23; two other changes were necessary to make the wording and meaning consistent with striking "majority control." (page 2, lines 22-23; page 5, lines 6-7). The

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motion passed. (See Attachment 4)

A motion was made, seconded and passed to recommend **SB 151** as amended favorable for passage.

The meeting was adjourned at 2:43 p.m. The next meeting is scheduled for Thursday, March 20, 2003.