

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 p.m. on March 12, 2009, in Room 784 of the Docking State Office Building.

All members were present.

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Reed Holwegner, Kansas Legislative Research Department
Janet Grace, Committee Assistant

Conferees appearing before the Committee:

Robert Stiles, Kansas Department of Health and Environment (Attachment 1)
Debra Billingsley, Kansas Board of Pharmacy (Attachment 2)
Robert Waller, Board of Emergency Medical Services (Attachment 3)
Ron Hein, Kansas Pharmacy Coalition (Attachment 4)
Representative Tom Burroughs, (Attachment 5)
Bob Harvey, American Association of Retired People (Attachment 6)
Diane Daldrup, March of Dimes (Attachment 7)
Rachel Smit, Kansas Health Institute (Attachment 8, 9)
Dr. Marcie Nielsen, Kansas Health Policy Authority (Attachment 10)
Bob Vancrum, Kansas Government Affairs Consultant for Greater Kansas City Chamber (Attachment 11)

Others attending:

See attached list.

Chairman Landwehr called the meeting to order. A hearing was opened on **SB 16 - Pharmacy act; violations; exemptions for donation and distribution of drugs under certain circumstances.** Norm Furse, Revisor, provided an overview of this bill.

Robert Stiles, Kansas Department of Health and Environment, provided written testimony in support of this bill. (Attachment 1)

The Chairman closed the hearing for **SB 16.**

Representative Mast moved to report the bill favorably. The motion was seconded by Representative Gordon. The motion carried.

Hearing on SB 33 - Board of pharmacy; fingerprinting and criminal history record checks; authority of pharmacists and regulating pharmacy technicians; term and membership of the board.

Revisor Norm Furse provided an overview of the bill and the insertions.

Debra Billingsley, of the Kansas Board of Pharmacy, reported that the Board is created by statute and is comprised of six members, each of whom is appointed by the Governor. (Attachment 2) Of the six, five are licensed pharmacists and one is a member of the general public. The Board would like to add another pharmacist, preferably a hospital pharmacist. This bill would permit the Board of Pharmacy to require any new or reinstated license, registration, and permit applicant to submit to a criminal history check.

This bill also deletes the requirement that a pharmacy post daily, on a job board, the names of the pharmacy technicians that are on duty each day. The Board has replaced this language with the requirement that the pharmacy display an actual pharmacy technician registration card, provided by the Board of Pharmacy to the technician. By requiring the posting of the technician registration card the board believes that there will be better compliance with the registration process.

The Board of Pharmacy members are appointed by the Governor for a term of three years. The individual may be reappointed to an additional three-year term. The Board has requested that the term length in years be

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extended to four years. The purpose of this change would be to permit the Kansas Board members to become active participants in our national board issues.

The Board wants the fingerprinting left in the bill, with the cost of the fingerprinting being passed on to the recipient. Fingerprinting and background checks help identify potential problems with applicants. Theft and other issues have been an issue with pharmacy technicians that are hired without having the background check.

Robert Waller, Board of Emergency Medical Services, requested wording for the fees for fingerprinting of EMS applicants be the same as the Board of Pharmacy. (Attachment 3)

Ron Hein, representing the Kansas Pharmacy Coalition, provided written only testimony in favor of this bill. (Attachment 4)

The Chair closed the hearing on **SB 33**.

Continued hearing on **SB 25- State-wide prohibition on smoking in indoor public areas**.

Representative Burroughs testified he supports a ban that has the potential to reduce respiratory illness, allergies, heart disease and, most importantly, various forms of cancer. (Attachment 5) It costs next to nothing to implement and provides a pathway to a healthier lifestyle, lower insurance premiums and can reduce overall healthcare costs. **SB 25** is a state-wide prohibition on smoking in indoor public areas. It does not eliminate/ban smoking in Kansas. KU Hospital has announced they are pursuing the National Cancer Institute designation. Kansas should join them in their fight against a disease that has taken many before their time. A partnership with KU Hospital in their endeavors to achieve this designation would involve supporting statewide indoor smoking restrictions. The message to others across the country will echo that Kansas and its leaders, citizens and healthcare communities are serious about reducing and hopefully eliminating cancer.

Bob Harvey, testifying on behalf of AARP, stated that AARP's top priority is health care. (Attachment 6) One of the greatest U.S. public health achievements of the 20th century is the recognition of tobacco use as a health hazard. Smoking is the number one preventable cause of death and disease in Kansas and the U.S. Approximately \$582 per household in state and federal taxes goes toward smoking-related government expenditures. Environmental tobacco smoke (ETS), a human carcinogen, is known as a "geriatric disease" because that is when the disease and death caused by tobacco most often occurs. ETS is a toxic substance responsible for 53,000 deaths annually among U.S. nonsmokers. As early as 1986, the Surgeon General reported that the effects of smoking on nonsmokers are as severe as the direct effects on smokers.

Diane Daldrup, March of Dimes, stated the mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth and infant mortality. (Attachment 7) **SB 25** requests an amendment to current law concerning cigarette and tobacco infractions relating to smoking restrictions in public places and places of employment. Passive or secondhand smoke while pregnant can be very unhealthy for pregnant women. Women who smoke during pregnancy increase the risk of giving birth to a low birth weight or premature baby. According to the U.S. Surgeon General's 2006 Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, exposure to secondhand smoke by nonsmoking pregnant women may lead to premature birth. Premature birth affects 1 in every 8 babies born in Kansas, making it one of the most serious health problems facing our state today. CDC has stated it will cost \$1 million to raise a premature child from birth to age 21. The cost of a premature baby is ten times more than a normal baby. Exposure to secondhand smoke during pregnancy and after birth increases the risk of sudden infant death syndrome (SIDS), a key contributor to infant mortality. Secondhand smoke represents a dangerous health hazard to an unborn baby, infants and children because secondhand smoke can also damage developing organs, such as the lungs and brain. One of the most effective ways to reduce the use of tobacco products, prevent pregnant women and teens from using tobacco products, and reduce exposure to secondhand smoke is through passage of state laws and local ordinances that increase the number of smoke-free work sites and public places. The March of Dimes does not support the exceptions to the bill.

Rachel Smit, Kansas Health Institute, provided neutral testimony on **SB 25**. (Attachments 8, 9) Ms. Smit provided the committee with a summary of a study on the economic impact of the state's first comprehensive

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smoke-free ordinance on Lawrence's restaurants and bars. Their analysis indicates that:

- Lawrence's smoke-free ordinance had no impact on overall sales in the restaurant and bar industry;
- Their findings are consistent with those published in scientific, peer-reviewed journals about the experiences of other communities;
- Scientific studies in peer-reviewed publications overwhelmingly find that smoke-free policies have no economic impact on the restaurant and bar industry; and
- In terms of the impact on bars and alcohol-serving businesses, none of the scientific studies reviewed found that smoke-free policies have a negative impact in the long-term.

Barbara Langner represented Dr. Nielsen, Kansas Health Policy Authority, as a proponent of **SB 25**. Her testimony concentrated on the costs. (Attachment 10) KHPA is dedicated to improving our health system, promoting healthy behaviors, managing chronic disease and working to insure more Kansans. Enactment of a Clean Indoor Air Law will help to further these goals. Secondhand smoke costs lives and all workers deserve safe workplaces, Kansas spend approximately \$927 million each year in smoking, attributable Medicaid expense. Kansas also loses an estimated \$863 million each year in lost productivity. The attachment provided the committee answers to frequently asked questions, cost issues, and national findings on secondhand smoke. KHPA prefers a smoke-free environment.

Bob Vancrum, Kansas Government Affairs Consultant for The Greater Kansas City Chamber of Commerce, reports that the increasing cost of health insurance is the number one concern of area businesses. The Chamber will support any reasonable measure that promises to bring health care insurance costs down. The insurance industry has reported that smoking is a prime contributor to rising healthcare costs and increased health risks for our area workforce and families. Smoking drives up both health care costs and health insurance costs. The rapidly escalating costs of health care and health insurance will eventually lead to an unhealthy business climate in Kansas.

The next meeting is scheduled for March 17, 2009.

The meeting was adjourned at 3:10 pm.