

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 February 26, 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:

Harold Swedlund, American Heart Association ([Attachment 1](#))
Linda DeCoursey, American Heart Association ([Attachment 2](#))
Jason Lutz, American Heart Association ([Attachment 3](#))
Richard Morrissey, Kansas Department of Health and Environment ([Attachment 4, 9](#))
Moji Fanimokun, League of Kansas Municipalities ([Attachment 5](#))
Richard Sigle Jr., Paramedic ([Attachment 6](#))
Robert Waller, Board of Emergency Medical Services ([Attachment 7](#))
Phil Nusser ([Attachment 8](#))
Dr. Jennifer Lowry, Children's Mercy Hospitals & Clinics ([Attachment 10](#))

Others attending:

See attached list.

Vice Chairman Crum called the meeting to order. Chairman Landwehr was in the committee meeting.

The committee held a hearing, discussion and action on **SB 102 - Emergency medical services; use of automated external defibrillator**. Norm Furse provided the overview of the bill and answered the committees questions. There is not an age limitation for the current law.

Harold Swedlund, American Heart Association, state this bill is necessary to increase the survival rate of victims of witnessed sudden cardiac arrest or ventricular fibrillation. ([Attachment 1](#)) The automated external defibrillators (AED's) were designed for use by a lay rescuers to reduce time to defibrillation for victims of sudden cardiac arrest.

Linda DeCoursey, American Heart Association, provided proponent testimony for the AED use and a demonstration of AED ([Attachment 2](#)). Representative Schwab applied the AED to a their demo dummy. The AED talked him through the procedure. They are operated by batteries that are checked frequently. The EMS may have regulations for age but this law does not. Ms. DeCoursey does not see this as an issue.

Jason Lutz provided testimony on AED's ([Attachment 3](#)). He is a teenager who is living testimony of how they save lives.

Richard Morrissey, Kansas Department of Health and Environment, provided testimony as a proponent of this bill ([Attachment 4](#)). This is a case of policy needs to catch up with technology. This bill makes the devices available in more public places which will save more lives.

Moji Fanimokun, League of Kansas Municipalities, provided proponent testimony for **SB102** ([Attachment 5](#)). This bill removes the barrier limiting AED's to be used only by trained qualified individuals. It allows the opportunity for our member cities to better protect their staff and constituents. The user-friendly instructions accompanying each automated external defibrillator would allow almost anyone successful usage of the machine.

Written testimony was provided by Richard Sigle Jr., paramedic ([Attachment 6](#));
Robert Waller, Kansas Board of Emergency Medical Services ([Attachment 7](#));

Phil Nusser ([Attachment 8](#))

CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on February 26, 2009, in Room 784 of the Docking State Office Building.

There were no opponents to **SB 102**.

The committee then worked **SB 102**. Line 37, 38 a period is needed after "device" and eliminate the rest of the sentence. Representative Landwehr provided this as an amendment.

Chairman Landwehr closed on her amendment with a second by Representative Mast. The motion carried.

Representative Schwab moved to pass favorably SB102 as amended. Representative Morrison seconded the motion. The motion carried.

The hearing was closed for **SB 102**.

Hearing, discussion, and action on **SB 82 - Repealing K.S.A. 2008 Supp. 65-1,214.**

Norm Furse provided an overview of this bill. The bill will repeal the expiration or sunset dates.

Richard Morrissey, Kansas Department of Health and Environment (KDHE), provided proponent testimony for this bill (Attachment 9) The negative health effects of lead poisoning are well-documented. The passage of the Kansas Childhood Lead Poisoning Prevention Act in 1999 authorized the KDHE to begin lead poisoning prevention activities at a program level within the division of health. There are 70%-90% (depending on geographical area) of the homes in Kansas which were constructed prior to 1978 when lead-based paint was used. Over 250,000 blood lead tests on children have been performed and monitored in our state. The testing has identified over 16,000 Kansas children with dangerously high blood lead levels. The program has aided over 1,900 lead poisoned children in our state. This program has assisted over 800 workers who have obtained training and are now skilled in lead abatement techniques and certified by our program. The KDHE lead poisoning prevention program has contributed positively to improving public health and has created economic opportunity for business and workers in Kansas.

Dr. Jennifer Lowry, Children's Mercy Hospitals and Clinics, a specialist in Pediatric Pharmacology and Medical Toxicology, provided proponent testimony for **SB 82** (Attachment 10). Lead is a neurotoxin that is more commonly found in paint and soil. Lead was placed in paint in the early 1900's as a preservative and, thus, allowed the paint to last for years. The paint is sweet and attractive to children.

Dr. Lowry explained a neurotoxin; lead is a neurotoxin and has no purpose in the human body. It can have long-standing effects that may become permanent. Kansas provides a gold standard to the children and their families in regard to lead poisoning. Medicaid mandates that all children at ages 1 and 2 receive a blood draw for a lead level. This currently is not done within the state of Kansas to the degree that it should, this is due to a lack of training and education regarding the need of this blood draw and testing. In the high risk areas of the state universal testing is not done, including those children on Medicaid. KDHE staff has made a great effort in the prevention of lead poisoning. The prevention, education, and management of lead poisoning and the home environment lies in the continuation of the KDHE Childhood Lead Poisoning and Prevention Program. Lead poisoning will not be eradicated by the year 2010.

There were no opponents to this bill. The hearing on **SB 82** was closed.

Representative Morrison moved to report favorably and placed on the consent calendar. Representative Slattery seconded the motion. The motion was carried.

A motion was made by Representative Morrison to approve the minutes for February 5 and 9. It was seconded by Representative Furtado. The motion was carried.

The next meeting is scheduled for March 3, 2009.

The meeting was adjourned at 02:30 p.m.