

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 7, 2007 in Room 526-S of the Capitol.

All members were present except:

Clark Shultz- excused
Tom Holland- excused

Committee staff present:

Norman Furse, Revisor's Office
Melissa Calderwood, Legislative Research
Mary Galligan, Legislative Research
Patti Magathan, Committee Assistant

Conferees appearing before the committee:

Mary Ann Caster- Cancer survivor
Dr. Henry W. Buck, OB-GYN
Dr. Alexandra Stewart, George Washington University Medical Center
Professor Jerry Slaughter, Kansas Medical Society
Chancellor Robert Hemenway, University of Kansas

Others Attending:

See Attached List.

Chair Landwehr announced that we would begin hearings on HB2227 - Requiring female students enrolling in grade six to be inoculated against the human papilloma virus.

Proponent, **Representative Delia Garcia** stated that she had not been influenced by the entities that are being accused of influencing legislators to bring forth this policy. She brought this forth in the name of good policy in Kansas, emphasizing that she is a staunch supporter of health issues. We have the capability to prevent numerous occurrences of the second most common type of cancer in women. By the age of 50, over 80% of all women will have been infected with this virus. Following are organizations recommending the vaccine: Center for Disease Control, American Cancer society, American College of Obstetricians and Gynecologists, Society of Gynecological Oncologists. Representative Garcia has requested a revised fiscal note to adjust for uninsured and under-insured populations covered by another plan. She also pointed out that the cost to treat cervical cancer will be reduced with passage of this bill. (Attachment 1 & 2)

Proponent **Mary Ann Castor**, an eight-year cervical cancer survivor, described her symptoms, diagnosis, and treatment. Ms. Castor stated that cervical cancer doesn't end with surgery and she continues to be plagued with physical problems related to treatment. We have an opportunity to protect our daughters from the virus that causes cervical cancer before exposure. Our daughters deserve that chance.

Proponent **Dr. Henry W. Buck** provided the committee with a slide show of statistical information and pictures of diseased tissue. (Attachment 3) Dr. Buck stated that the most effective way to prevent disease is to avoid contact with someone who is infected. HPV vaccination is an evidence based recommendation based on reality. In addition to cervical cancer, the human papilloma virus also causes a high incidence of genital warts which would also be prevented by the vaccination. Congenital defects were found in five cases where a pregnant woman received the HPV vaccination within 30 days of delivery. This issue is being followed closely, and at this time it is not believed to be significant. The length of immunity is at least five years. This issue is being followed closely and it is unknown at this time if a booster might be required.

Alexandra Stewart, Assistant Research Professor from the Department of Health Policy, School of public Health and Health Services, The George Washington University Medical Center, testified from a neutral position. Her primary research area is U.S. vaccine policy, focusing on access issues for all populations. She discussed how school entry requirements impact our nation's health and how vaccines are financed through public and private payment systems. Vaccination laws have proven to be the most effective mechanism to vaccinate our children. Based on experience with other vaccinations, we can safely assume that a school mandate requiring HPV immunization will achieve more widespread protection against cervical cancer than

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if Kansas relied on other policy reforms and parental education and persuasion. The existing structure for financing vaccines is designed to accommodate newly recommended vaccines. ([Attachment 4](#))

Anita Jamison, proponent, told her story of symptoms, diagnosis, and treatment. She is a five-year survivor of cervical cancer. She stated that there is no reason not to vaccinate our children and asked the committee to please pass this bill.

Chair Landwehr announced that hearings on **HB2227** would be continued tomorrow, and opened hearings on **HCR 6006 - Resolution urging the governor and university of Kansas medical center to not enter any affiliation without legislative review.**

Proponent **Jerry Slaughter** of the Kansas Medical Society stated that the Kansas Medical Society is a strong advocate and supporter of the University of Kansas School of Medicine and the school is most important to the ability of our state to train adequate numbers of physicians to meet the health care needs of the people of Kansas. He said that the proposed affiliation with St. Luke's Hospital, a Kansas city, Missouri-based medical care facility raises issues that should be given careful consideration. Any action by K.U.M.C. that could potentially weaken the university hospital must be critically evaluated. It has also been reported that neither the leadership of the hospital nor the medical staff leadership has had meaningful participation in the affiliation discussions that KU has conducted with St. Luke's officials. ([Attachment 5](#))

Opponent Chancellor **Robert Hemenway**, University of Kansas, informed the committee that it was recently announced that the medical center has entered into separate letters of intent with Saint Luke's Hospital and the University of Kansas Hospital to pursue broader affiliations with each institution. He said that an academic medical center consists of two basic elements: a medical school and its primary hospital. The medical school is where the research and teaching take place. Further research and teaching by the medical faculty and the delivery of cures take place at the hospital. As important as the relationship is between a medical school and its primary hospital, the best academic medical centers must expose their students to many types of patients, procedures and styles of care in order to produce the very best physicians. This requires that a medical school affiliate with more than one hospital. A single hospital cannot sustain the requirements of a large and growing medical school. We currently have multiple affiliates, including the two largest hospitals in Kansas, both in Wichita. In Kansas City, we have decided to affiliate with additional hospitals to train more doctors and better educate them. K.U. has applied for National Cancer Institute's Designated Cancer Center, which will not be attainable without additional affiliations. In addition, the affiliation will ultimately make it possible for us to train an additional 100 doctors a year at an annual cost in excess of \$10 million, which will be paid to the KU Medical Center entirely by these new hospital partners. In addition, other benefits of the affiliations include a broad-based group of corporations and private donors which has pledged \$150 million new dollars to support the expanded research and education vision of our medical center in partnership with other life sciences institutions. The positive economic impact of such growth would be impressive as well.

Dr. Hemenway stated that they will not support partnerships or affiliations detrimental to the future of the K.U. Hospital or its patients, nor that transfer Kansas taxpayer dollars to directly benefit Missouri-located institutions. We will only support affiliations which advance the vision of creating and sustaining new levels of excellence. We will keep the Kansas board of Regents and the Kansas Legislature fully briefed on these affiliation discussions as we move forward. Adoption of a resolution such as this would require significant new administrative processes in order to comply with its intent. The restrictions imposed by it could easily prevent many promising and productive agreements from going forward. An academic medical center has in place hundreds of affiliations. Lives are saved every day because affiliations have been arranged. ([Attachment 6](#))

Chair Landwehr announced that due to time constraints we would continue the hearings on **HCR 6006** tomorrow at 1:30. Meeting was adjourned at 3:30P.M.