Office of Legal Services 1000 SW Jackson, Suite 560 Topeka, Kansas 66612-1371



Phone: 785-296-1330 Fax: 785-296-7119 PMarx@kdheks.gov www.kdheks.gov

Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

November 2, 2011

Cheryl Sullenger P.O. Box 781045 Wichita, Kansas 67278

RE: Open Records Request

Dear Ms. Sullenger:

This letter and the accompanying documents are in response to your request for documents under the Kansas Open Records Act.

Files of the Lorne Phillips, state registrar during the time period in question, and those of Greg Crawford, program manager, were examined. The files would have contained documents, meeting notes, minutes, fax transmissions reduced to writing. Hard copies of e-mails were also examined. There are no known records of phone calls, audio recordings and video recordings in existence. We are still in the process of reviewing archived e-mails, and will send any pertinent documents to you.

Below are specific responses to each request made of KDHE.

1. Written policy governing the routine destruction of Termination of Pregnancy Report Forms maintained by the KDHE.

The record retention directive may be found at the following web-page:

http://www.kshs.org/recmgmt/retention_schedule_entries/search/agency:/agencyname:/subagency:/keyword:/kar:/id:0686-264/submit:SEARCH/searchtype:state

A print-out of this policy accompanies this letter.

2. Copies of all documents, meeting notes, written minutes, phone calls, e-mails, fax transmissions, audio recordings, video recordings or any other kind of documentation and/or communication related to interactions between KDHE employees and/or representatives and representatives of Planned Parenthood of Kansas and Mid-Missouri from May 26, 2004, through December 31, 2005.

Documents found are enclosed.

3. Copies of all documents, meeting notes, written minutes, phone calls, e-mails, fax transmissions, audio recordings, video recordings or any other kind of documentation and/or communication related to interactions between KDHE employees and/or representatives and representatives and/or employees of the Governor of the State of Kansas from May 26, 2004, through December 31, 2005, related to

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Ms. Cheryl Sullenger

November 2, 2011 Page 2

Termination of Pregnancy Reports submitted by Planned Parenthood of Kansas and Mid-Missouri and Women's Health Care Services.

No such documents were found.

4. Copies of all documents or any other kind of communications or notes that approve and/or direct the destruction of 2003 Termination of Pregnancy Reports submitted to the KDHE by Planned Parenthood of Kansas and Mid-Missouri.

A review of files produced no such document or communication.

5. Copies of all documents or any other kind of communications or notes that approve and/or direct the retention of 2003 Termination of Pregnancy Reports submitted to the KDHE by Women's Health Care Services.

A review of files produced no such document or communication.

Should you have further questions regarding these documents, I will be please to attempt to address them.

Paul Gerard Marx

Associate Chief Counsel

Health Legal Group

KDHE, Office of Legal Services

Enc.

C: Timothy E. Keck, Esq., Deputy Chief Counsel, KDHE Miranda Steele, KDHE

Results of Query: Kansas Records Retention Schedules

Series ID: 0686-264 Search Type: State Records

Page 1 of 1 showing 1 records of 1 total, starting on record 1

Department of Health and Environment Agency Number: 264-005

Office of Health Care Information Center for Health & Environmental Statistics

SERIES ID

0686-264

Induced Termination of Pregnancy Report

DESCRIPTION relating to the number of induced termination of pregnancies performed as required by KSA 65-445. Report compiled by the provider facilities and submitted to the Secretary of Health and Environment

Retain hard copy 1 year after current report year, then destroy. Retain raw computer data until no longer useful, then delete.

RETENTION

COMMENTS

See Comments

RESTRICTIONS

See Comments

DISPOSITION

KSA 45-221(a)(3) & 65-436

K.A.R. NUMBER APPROVED

1997-07-10

53-2-112

New Search

© 2011 Kansas Historical Society





Greg Crawford/Kdhe

08/11/2005 08:11 AM

To "Kostas, Sheila" <Sheila.Kostas@ppkm.org>

CC

bcc

Subject Re: TOP Information Request - PPKM

You will be receiving another e-mail with an attached Excel file containing the information you requested. The password will be kostas811. If you have any questions, please give me a call.

Greg Crawford, Chief, Vital Statistics Data Analysis KDHE Center for Health & Environmental Statistics 785-296-1531 (F) 785-368-7118 http://www.kdhe.state.ks.us/ches/http://kic.kdhe.state.ks.us/kic/

The information transmitted by this e-mail is intended only for the addressee and may contain confidential and/or privileged material. Any interception, review, retransmission, dissemination, or other use of, or taking of any action upon this information by persons or entities other than the intended recipient is prohibited by law and may subject them to criminal or civil liability. If you received this communication in error, please contact us immediately at 785-291-3445, and delete the communication from any computer or network system.

"Kostas, Sheila" <Sheila.Kostas@ppkm.org>



"Kostas, Sheila" <Sheila.Kostas@ppkm.org> 08/10/2005 04:32 PM

To <gcrawfor@kdhe.state.ks.us>

CC

Subject TOP Information Request - PPKM

Greg.

The second of th

I need the following information for AB services provided by PPKM (at the Comprehensive Health and Lawrence clinics) for each of the years 2000, 2001, 2002, 2003 & 2004. I believe the Lawrence clinic should only have data for 2004. Please contact me at 913.312.5100 x246 if you have questions.

of abortions by procedure with a breakdown for age, race & ethnicity

Thanks, Sheila

Sheila Kostas
Public Affairs Coordinator
Planned Parenthood of Kansas and Mid-Missouri
4401 W. 109th St., Ste. 200
Overland Park, KS 66211
Phone - 913.312.5100 x246
Email - sheila.kostas@ppkm.org

The mission of Planned Parenthood of Kansas and Mid-Missouri is:

To ensure that every individual has the knowledge, opportunity and freedom to make informed, private decisions about reproductive and sexual health.

A Source of Request

Wan profit assn.

B Type of Data Requested

C Geographic Level

D Years Requested

E Data/Info Source

D State Request Summary (Greg Crawford)

F Time spent

G How Received

H Outcome of Request

I How Request Shipped

J How Info Provided

Greg Crawford, Chier, Vital Statistics Data Analysis KDHE Center for Health & Environmental Statistics 785-296-1531 (F) 785-368-7118 http://www.kdhe.state.ks.us/ches/http://kic.kdhe.state.ks.us/kic/

The information transmitted by this e-mail is intended only for the addressee and may contain confidential and/or privileged material. Any interception, review, retransmission, dissemination, or other use of, or taking of any action upon this information by persons or entities other than the intended recipient is prohibited by law and may subject them to criminal or civil liability. If you received this communication in error, please contact us immediately at 785-291-3445, and delete the communication from any computer or network system.

"Kostas, Sheila" <Sheila.Kostas@ppkm.org>



"Kostas, Sheila" <Sheila.Kostas@ppkm.org> 08/10/2005 04:32 PM

To <gcrawfor@kdhe.state.ks.us>

C

Subject TOP Information Request - PPKM

Greg,

I need the following information for AB services provided by PPKM (at the Comprehensive Health and Lawrence clinics) for each of the years 2000, 2001, 2002, 2003 & 2004. I believe the Lawrence clinic should only have data for 2004. Please contact me at 913.312.5100 x246 if you have questions.

1335 C

Allender (f.) 1. mars 1907 (f.) 1. st Silving (f.)

of abortions by procedure with a breakdown for age, race & ethnicity

Thanks, Sheila

Sheila Kostas
Public Affairs Coordinator
Planned Parenthood of Kansas and Mid-Missouri
4401 W. 109th St., Ste. 200
Overland Park, KS 66211
Phone - 913.312.5100 x246
Email - sheila.kostas@ppkm.org

The mission of Planned Parenthood of Kansas and Mid-Missouri is:

To ensure that every individual has the knowledge, opportunity and freedom to make informed, private decisions about reproductive and sexual health.

. . 1. .

Office of Health Care Information Data Request Form Kind of Request **GROUP DELETE?** Staff ID: Section Find Track # Vital Statistics Section KS Validation Possible? 8257 nd Sequence # Tracking Number: Request Received Date 7/15/2005 14617 Due Date Sequence Number: Other Inactive or Date Request Completed 7/15/2005 Purpose of Request Abortion Withdrawn Request Am't. Waived \$0.00 Amount Due Invoice Number **Total Charges Billing Information Contact Information AGENCY** AGENCY Planned Parenthood [No Periods] TITLE [No Periods] TITLE FIRST NAME **FIRST NAME** LAST NAME LAST NAME STREET1 STREET1 STREET2 STREET2 CITY CITY STATE STATE ZIP 4 ZIP 5 ZIP 4 ZIP 5 **PHONE** PH EXT PH EXT PHONE FAX **FAX EMAIL EMAIL** E. Data/Information Sources A. Source of Request Business Prepared, published tables List Other for #18: 3 B. Type of Data Requested 3 1 Abortion If National, List: 2 If Other, List: List Other for #23: 0.5 i.e., 15 minutes = .25 hours F. Time spent in hour 8. Health Work Force 1 hour 15 minutes = 1.25 G. How Request was Received: Phone If Other, List: If "Other," Describe: H. What was outcome of request? Request Filled C. Geographic Level Requested: I. How was request "shipped?" If "Other," Describe: 1 State Phone 4 2 If "Other," Describe: J. How was information provided? If "Other", specify Orally

RenewDate:

K. Schedule regular updates?

2004

YYYY

to

D. Years Requested

Range of Years

Office of Health Care Information Data Request Form Staff ID: Section Kind of Request **GROUP DELETE?** Find Track # DO Health Data Section KHA GB Validation Possible? Tracking Number: 7490 nd Sequence # 3/10/2005 Request Received Date Yes No 13803 Sequence Number: 3/21/2005 Due Date Other Inactive or **Date Request Completed** Purpose of Request Research Legislative Testi 7/8/2005 Withdrawn Request Am't. Waived \$0.00 Amount Due SORTO **Total Charges** Invoice Number **Contact Information Billing Information** AGENCY Planned Parenthood **AGENCY** TITLE Ms TITLE [No Periods] [No Periods] FIRST NAME |Sara **FIRST NAME** LAST NAME |London LAST NAME STREET1 STREET1 STREET2 STREET2 CITY CITY STATE KS STATE ZIP 4 ZIP 5 ZIP 4 ZIP 5 PH EXT PHONE PH EXT PHONE FAX FAX **EMAIL EMAIL** A. Source of Request Business E. Data/Information Sources List Other for #18: 3 B. Type of Data Requested Health Work Force If National, List: If Other, List: List Other for #23: 4 i.e., 15 minutes = .25 hours 8. Health Work Force F. Time spent in hour 1 hour 15 minutes = 1.25 G. How Request was Received: If Other, List: If "Other," Describe: H. What was outcome of request? C. Geographic Level Requested: If "Other," Describe: I. How was request "shipped?" 3 4 2 J. How was information provided? If "Other," Describe: If "Other", specify D. Years Requested RenewDate: K. Schedule regular updates? YYYY

Range of Years

Office of Health Care Information Data Request Form

Staff ID: Section Find Track # DO Health Data Section	Kind of Request GROUP DELETE?
Tracking Number: 7325 nd Sequence # Sequence Number: 13614 Other Purpose of Request Other legislative hearing	Request Received Date 2/16/2005 Validation Possible? — Due Date 2/18/2005 Yes No
Total Charges \$318.00 Am't. Waived \$318.00 Amc	punt Due. / 文章 Invoice Number
Contact Information AGENCY Planned Parenthood of Kansas & Mid-MD TITLE Ms [No Periods] FIRST NAME Sara LAST NAME London STREET1 4401 W 109th Street STREET2 CITY Overland Park STATE KS ZIP 5 66211 ZIP 4 PHONE 913-312-5100 PH EXT 227 FAX EMAIL	Billing Information AGENCY Planned Parenthood of Kansas & Mid-MD TITLE Ms [No Periods] FIRST NAME Sara LAST NAME London STREET1 4401 W 109th Street STREET2 CITY Overland Park STATE KS ZIP 5 66211 ZIP 4 PHONE 913-312-5100 PH EXT 227 FAX EMAIL
A. Source of Request Business List Other for #18: B. Type of Data Requested 1 Hospital Discharge 3 2 4 List Other for #23:	E. Data/Information Sources 1 Special Run 2 4 If National, List: If Other, List:
8. Health Work Force	F. Time spent in hour 6 i.e., 15 minutes = .25 hours 1 hour 15 minutes = 1.25 G. How Request was Received: Electronic Mail If Other, List:
C. Geographic Level Requested: 1 State 3 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H. What was outcome of request? Request Filled I. How was request "shipped?" E-Mail J. How was information provided? File K. Schedule regular updates? RenewDate: Not Scheduled



COPY

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

December 28, 2004

Dear Provider:

Thank you for your efforts to promptly and accurately report induced terminations. While these reports are due at the end of calendar year 2004, our cut-off date for receiving and processing the 2004 forms is January 31, 2005. If you have any 2004 reports that have not been submitted, please submit them by January 31, 2005 to the address below:

Office of Health Care Information Kansas Department of Health and Environment Curtis State Office Building 1000 SW Jackson, Suite 130 Topeka, KS 66612-1354

As you know, the Center for Health and Environmental Statistics will implement a new vital statistics registration system on January 1, 2005. It will enable us to electronically collect ITOP data from you through a secure Internet connection. Concurrent with the implementation of the new data collection system we will implement the new ITOP reporting form. The way race, ethnicity, and ancestry are collected will change. More detailed choices are possible. Individuals will also be allowed to report they are more than one race. Education reporting will be different, merging the two box responses into a single category, which will be easier for persons to recognize. Statistical information about the ITOP has not been modified.

In an effort to aid you in the electronic submission of ITOP data, a worksheet copy of the new VS-213 form and other materials (see cover sheet) have been included. When you are running low on worksheet ITOP forms, please call our office at 785-296-8627 for more. None of these changes will affect reporting required under the Women's Right-to Know Act. VS-214 forms, "Induced Termination of Pregnancy, Physician's Report on Number of Certifications Received" still need to be mailed monthly to the above address by the physician performing the abortion.

Thank you for your cooperation. Should you have any questions about what you have reported to us, or the new system, contact Greg Crawford at 785-296-1531.

Sincerely,

Lorne A. Phillips, PhD

State Registrar and Director

Enc.

cc: Greg Crawford

c:\myfiles\word\abcutoffprov204.doc



RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

April 5, 2005

Dear Provider:

State law requires that physicians, hospitals, and ambulatory surgical centers report abortions to the Kansas Department of Health and Environment (KDHE). The Women's-Right-to-Know Act requires physicians, who perform abortions, to report to KDHE the number of certifications received. This report is a preliminary analysis of these data, collected by the KDHE Center for Health and Environmental Statistics.

In-state collection of 2004 abortion reports is complete. Other states have submitted information on 70 abortions performed on Kansas residents. Since other states may not collect information on all of the questions asked by Kansas, those answers are totaled as "not stated" with a footnote explanation. Because other states' data may continue to arrive, the Kansas Annual Summary of Vital Statistics, 2004, will contain the final abortion data analysis.

Also enclosed is a summary of this report.

Please feel free to contact me with any questions you have.

Sincerely,

Greg Crawford Chief

Vital Statistics Data Analysis Section

Enclosure