

M I N U T E S

SPECIAL COMMITTEE ON
PUBLIC HEALTH AND WELFARE

November 22-23, 1976

Members Present

Senator Wesley H. Sowers, Chairman
Representative Richard Walker, Vice-Chairman
Senator Elwaine Pomeroy
Representative Theo Cribbs
Representative Arthur Douville
Representative Sharon Hess
Representative Mike Johnson
Representative Marvin L. Littlejohn

Staff Present

Emalene Correll, Kansas Legislative Research Department
Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statutes' Office
Sherman Parks, Jr., Revisor of Statutes' Office

Others Present

Petey Cerf, Kansans for the Improvement of Nursing Homes, Lawrence, Kansas
John Jones, Kansas Public Nursing Home Administrators Association, Edwardsville, Kansas
Larry Fischer, Kansas Health Care Association, Coffeyville, Kansas
Stewart Entz, Kansas Association of Homes for the Aging, Topeka, Kansas
Gene Bruce, Merrell, Overland Park, Kansas
Ruth C. Dickinson, Division of Planning and Research, Topeka, Kansas
Jerry Slaughter, Kansas Medical Society, Topeka, Kansas
Harriet Nehring, Kansans for the Improvement of Nursing Homes, Lawrence, Kansas
Elizabeth Carlson, Board of Healing Arts, Topeka, Kansas
Judy Runnels, Kansas State Nurses Association, Topeka, Kansas
Terry Whelan, Kansas Association of Osteopathic Medicine, Topeka, Kansas
Jack Shandy, Mid-America Nursing Centers, Wichita, Kansas

The meeting was called to order at 10:00 a.m. by the Chairman, who referred to the following materials which were distributed to the Committee: Memo from Irving Franzen, Department of Health and Environment, regarding federal funds for health manpower data collection (Attachment A); letter from the Task Force on Joint Practice indicating progress to date on the Committee's charge to them (Attachment B); letter from M.H. Ewert, Administrator, The Bethel Home for Aged, relative to reimbursement for care in adult care homes (Attachment C).

Minutes. A motion was made and seconded to approve the minutes of the October meeting. The motion carried.

Posting of Inspection Reports and Contracts. Staff distributed the draft of a proposed bill combining two Committee recommendations relating to adult care home regulations (Attachment D).

In discussion of Section 1, it was noted that it was the intent of the Committee that a notice that inspection reports are available rather than the inspection report itself be posted. It was the consensus that language relating to where notices are to be posted should be more specific. In answer to a question from staff, the Committee clarified that the intent is to include all inspection reports -- the latest inspection report

to Ballman

and all related documents. Staff was asked to determine if the bill so states and, if not, to make any changes necessary to carry out the intent.

By consensus, the underlined portion of Section 1 of the bill draft is to be deleted and the following inserted in lieu thereof, "Every adult care home shall post in a conspicuous place a notice indicating that the most recent inspection report and related documents are available for inspection in the office of the administrator. Upon request, every adult care home shall provide to any person a copy of the most recent inspection report and related documents, provided the person requesting such report agrees to pay a reasonable charge to cover copying costs."

Problems which might arise from the contractual relationship created by Section 2 and the present contracts between SRS and adult care homes were discussed. (The SRS contracts would not meet the requirements specified in the draft.) The Committee consensus was that the relationship between the resident and the home would be enhanced and both parties would benefit if there were a clear understanding of the care which could be expected by the resident and the cost of such care. It was noted that this could be accomplished by requiring the adult care home to provide a written statement to the resident or to persons responsible for payment for care given to a resident.

After discussion, the consensus was to delete the first paragraph of Section 2 and insert in lieu thereof, "The presence of each resident in an adult care home shall be covered by a statement provided at the time of admission, or prior thereto, setting forth the general responsibilities and services and daily or monthly charges for such responsibilities and services. Each party shall be provided with a duplicate copy thereof, a copy shall be provided the person responsible for payment of services, and the adult care home shall keep on file their copy of such statement. No statement, or any provision thereof, shall be construed to relieve any adult care home of any requirement or obligation imposed upon it by this act or by requirements, standards, rules and regulations promulgated under its provisions." It was clarified that the intent of the Committee is that the statement is not to be construed as limiting what can be provided by the home.

It was suggested a sentence be included in the statement noting there may be an additional charge for any facilities or services not covered by the statement.

Senators Sowers and Pomeroy reported on a summary of the Minnesota law presented at a meeting in Chicago, noting the person presenting the summary believed the most significant change in the law was requiring at least one unannounced inspection each year.

In answer to a question, staff stated the present Kansas law does not specify that inspections are to be unannounced. It was pointed out that licensure inspections while unannounced can be anticipated since the adult care home is aware of the expiration date of the license.

After discussion, a motion was made and seconded to direct staff to amend the appropriate statute to provide that, in addition to the licensure inspection, there be at least one unannounced inspection of adult care homes each year -- such inspection to cover only those requirements relating to the general health and safety of the residents. The motion carried. The Committee requested that the minutes and Committee Report reflect that the members are aware this provision may necessitate additional staff and funding. In answer to a question, staff stated the Department of Health and Environment has the authority to enter into agreements with local health departments to do inspections.

By consensus, "Provided, however," in the last paragraph on page 2 is to be deleted.

Staff stated that a revised bill draft would be prepared for Committee consideration on the following day.

Referring to a previous request of the Committee for adult care home occupancy rates, staff passed around a directory in which the Department of Health and Environment had noted the October 1 occupancy rate for each home. This directory will be on file in the Kansas Legislative Research Department.

Scholarships for Medical Students. Staff distributed the draft of the proposed bill requested by the Committee -- (Attachment E).

It was noted that the present statutes make no provision for loans or debt assumption for students in osteopathic medicine as they do for students in allopathic medicine. Since the intent of the Committee is to provide financial assistance on an equal basis, staff was asked to amend the bill to include language authorizing loans and debt assumption for students in osteopathic medicine.

After noting that any out-of-state school attended by an allopathic student recipient must be approved by the Board of Healing Arts, it was decided that the same provisions be inserted in subsection 1(3) relating to osteopathic student recipients. By consensus, "approved by the board of healing arts" is to be inserted after "medicine" on page 2, subsection 1(3), line 14.

It was noted there needs to be a more specific date after which scholarship, grant or loan authorization may be interchanged. By consensus, subsection 1(4) is to be amended to include "at a time set by the board of regents".

By consensus, the word "accredited" on page 2, line 4, and on page 3, third line from the bottom, is to be changed to "approved" to reflect more accurately the actual authority of the Board of Healing Arts.

Staff was asked to have a revised draft of the bill with the above noted changes and any necessary clean-up, including the use of "post-graduate education" instead of "internship and resident", for the Committee's review on the following day.

Authority to Levy Fines Against Adult Care Homes. Staff reviewed the background and provisions of the bill draft distributed to the Committee as Attachment F.

The draft provides for three classes of violations based on an ascending order of severity. The Secretary of Health and Environment would have authority to issue a correction order which, under the procedure set forth in the bill, would specify the period of time in which corrections are to be made. Failure to comply could result in a fine. The issuance of a correction order would be discretionary. In answer to a question, staff stated the Secretary would have the authority to designate which violations would fall within each classification by adopting rules and regulations.

The intent of Section 4 is to eliminate the possibility of harassment. It was noted that if an adult care home pays the fine, it could be in non-compliance for six months. Staff pointed out that the Secretary could invoke other authorized remedies if he deemed it necessary.

In discussing Section 5, Committee members and staff noted some of the problems of "laundry lists" for each classification and the need for the Secretary to work closely with the Fire Marshal in determining class A, B and C violations. A question was raised about the constitutionality of the Secretary setting out the various categories of violation. Staff noted the bill does set forth some guidelines for the Secretary. By consensus, Section 5 is to be left as drafted since guidelines are provided.

The meeting recessed at 12:05 p.m. for lunch and was reconvened by the Chairman at 1:30 p.m.

Section 7 provides for discretionary appeal, the basis of such appeal to be whether or not the action of the administrative agency was reasonable or just. In answer to a question, staff stated that because of rulings of the Kansas courts, a severability clause is not needed.

By consensus, the following fines, based on the Florida statute, were adopted: Page 2, Class A violation, "not less than \$1,000 (one thousand) and not more than \$5,000 (five thousand)"; Class B violation, "not less than \$50.00 (fifty) and not more than \$250.00 (two-hundred fifty)"; Class C violation, "not less than \$20.00 (twenty) and not more than \$50.00 (fifty)".

Other amendments made by consensus were: page 3, line 18, insert "unless" before "a"; page 4, line 3, delete "for" and insert ", and if appealed, the secretary shall conduct" before "a"; and delete Section 9, page 4.

Noting it would make references to the statutes pertaining to adult care homes easier, a motion was made and seconded to make these sections a part of and supplemental to Chapter 39, Article 9, and to name all such statutes as the "Adult Care Home Act". The motion carried.

A motion was made and seconded to approve the draft bill as amended and to recommend it for introduction. The motion carried.

Health Manpower Data System. Staff distributed the draft of a proposed resolution requested by the Committee -- Attachment G.

For clarity, the following amendments were adopted by consensus: Title, line 1, change "directing" to "recommending"; page 1, line 5, delete all after "Kansas", delete all of line 6, in line 7 delete "cine" and insert in lieu thereof, "Particularly as these data relate to those educated in Kansas"; page 1, line 11, after ";", insert "and"; page 1, line 18, delete "easily and retrievably available" and insert in lieu thereof "readily available" or appropriate language; page 2, line 4, before "concurring" insert a blank for the insertion of the appropriate chamber of the Legislature; page 2, line 11, delete "enable", delete all of line 12 through "these" and insert in lieu thereof "provide for a better understanding of those that determine the location of "; page 2, line 12, delete "a"; page 2, line 13, change "physician's" to "physicians" and "personnel's" to "personnel", insert a period after "personnel" and delete the rest of the sentence. The Chancellor of the University of Kansas is to be added to the last paragraph of the resolution.

The Committee noted that carrying out this resolution may imply additional funding for the Department of Health and Environment.

A motion was made and seconded to approve the resolution as amended and to recommend it for introduction. The motion carried.

Increased Funding of Primary Care Residencies. Staff distributed the draft of a proposed resolution requested by the Committee -- Attachment H.

Concern was expressed that there was no testimony to substantiate the second "whereas", which seems to imply there is an adequate number of physicians in Kansas. Staff noted testimony was that the total number of physicians can be increased but this, in itself, will not assure an adequate distribution of such physicians geographically or by specialty.

Since this resolution deals only with primary care residencies, a motion was made and seconded to strike "and allied health personnel", page 1, line 8. The motion carried.

For clarification, the following changes were made by consensus: Title, line 2, change "in" to "to"; line 1, change "directing" to "recommending"; page 1, line 1, change "recognizing" to "recognizes"; page 1, line 7, delete "currently" and "so much" and insert in lieu of the latter "only"; page 1, line 8, insert "also" before "to"; page 1, line 10, change "updated" to "recent"; page 1, delete all of line 12 after the ".", all of line 13 and through the "." in line 14; page 2, line 5, delete "an eventual" and insert in lieu thereof, "a"; page 2, line 6, change "residencies" to "residency" and after "care" insert "(family practice, general pediatrics and general internal medicine)". The latter definition conforms with the present federal definition of primary care. Staff is to check to see if "Chairman" should be changed to "President" on page 2, line 11, and is to make the change if indicated.

The Executive Vice-Chancellor of the University of Kansas School of Medicine and the Vice-Chancellor of the University of Kansas School of Medicine, Wichita State University Branch are to be added to the last paragraph of the resolution.

A motion was made and seconded to approve the resolution as amended and to recommend it for introduction. The motion carried.

Staff, noting that only part of the primary care residencies in the state are funded by the state, asked if the Committee Report was to reflect this. Staff also asked whether the Committee was recommending control by the state over those residencies not funded by the state. Pointing out this is an area in which the Committee is probably not qualified to make a recommendation, the consensus of the members was the Committee Report should indicate the intent is that 50 percent of university-affiliated residencies be in primary care.

Recruitment and Placement Programs. Staff distributed the draft of a proposed resolution -- Attachment I.

Staff stated that the Kansas Legislative Research Department fiscal staff had informed them there is no appropriation to the University of Kansas School of Medicine for the programs contemplated by the resolution. Probably, they would not come under any presently authorized expenditure. The Committee Report is to note there is not funding for such programs and consideration should be given to funding by the 1976 Legislature.

Since a resolution does not set policy or mandate action, the consensus was to insert "should" before "be" on page 1, line 22, and to change "shall" to "should" on page 1, line 24. For clarification, the following changes were made by consensus: page 1, line 5, change the first "the" to "a"; page 1, line 9, delete "sophis", in line 10, delete "ticated network" and insert in lieu thereof "system"; page 1, last line, change "program" to "activity" and delete "so that it may be"; page 2, line 1, delete "authorize and empowered".

A motion was made and seconded to approve the resolution as amended and to recommend it for introduction. The motion carried.

Study Feasibility of Six-academic Year Program. Staff distributed the draft of a proposed resolution requested by the Committee -- Attachment J.

By consensus, the following changes were made: Title, line 1, change "directing" to "recommending"; page 1, line 4, change "degree" to "training" and insert "the" before "M.D."; page 1, line 18, delete "be directed to"; page 1, line 21, change "degree" to "training".

A motion was made and seconded to approve the resolution as amended and to recommend it for introduction. The motion carried.

By consensus, the Committee Report is to show the intent of the Committee is that the six-year program would be an alternative to the present academic programs rather than a replacement therefor.

Geographic Location as Criteria for Admission to Medical School. Staff distributed the draft of a proposed resolution as requested by the Committee -- Attachment K.

For clarification, the following amendments were made by consensus: Title, line 1, insert "that" before "the"; page 1, line 2, delete the first "to" and change "their" to "its"; page 1, line 4, delete "medically underserved" and insert in lieu thereof "rural"; page 1, line 1, delete "producing an increased" and insert in lieu thereof "increasing the"; page 1, line 9, delete "sons and daughters of"; page 1, line 12, insert "they" before "will", "be" before "especially", change "motivate" to "motivated" and "suit" to "suited"; page 1, line 13, delete "them"; page 2, line 12, change "standard" to "criterion"; and add the Chancellor of the University of Kansas, the Executive Vice-Chancellor of the University of Kansas School of Medicine, and the Vice-Chancellor of the University of Kansas School of Medicine, Wichita State University Branch, to the last paragraph of the resolution.

A motion was made and seconded to approve the resolution as amended and to recommend it for introduction. The motion carried.

Committee Reports. Staff distributed drafts of Committee Reports on Proposals No. 32, 34, 35, and 36 which are to be discussed on the second day of the meeting.

The meeting was adjourned at 4:45 p.m.

November 23, 1976

The meeting was called to order at 9:00 a.m. by the Chairman.

Development of Rural Health Centers. Staff distributed the draft of a proposed resolution as requested by the Committee -- Attachment L.

It was noted the Committee had been told that KUMC had developed a proposal for a rural health center. Adding language to the resolution to call the attention of the Legislature to the need for funding was discussed. It was decided this probably could not be done in the resolution but it could be done in the Committee Report.

After discussion, the consensus was to ask staff to redraft the resolution to add a "whereas" commending the School of Medicine for what it has done toward developing a model rural health center, to delete the concept of a feasibility study suggest going forward with the development of such centers, and to incorporate the following changes: Title, amend to reflect the intent of the Committee; page 1, line 1, change "Increases" to "Increased", delete "in the supply" and insert in lieu thereof "numbers"; page 1, line 2, change "equitable" to "adequate", page 1, line 9, delete "new"; page 2, line 15, change "shall" to "should"; page 2, line 16, insert "and the Governor" after "Legislature"; page 2, line 19, insert "should" before "present" and insert "to the Legislature and the Governor" after "recommendations".

Committee Reports

Proposal No. 35 - Alcoholism and Intoxication Treatment Statutes. Staff distributed the draft of the Committee Report on Proposal No. 35. After discussion, the following changes were made by consensus: under the heading, Committee Recommendations, insert wording similar to the first paragraph under "Committee Recommendations" in the draft copy of the Report on Proposal No. 36; in line 2 after "two" insert "(Proposal Nos. 32 and 33)"; in line 5 after "statutes" insert "to the extent required by Proposal No. 35"; in line 9 after "law" insert "particularly that".

Proposal No. 36 - Welfare Overview. Staff distributed the draft of the proposed Committee Report on Proposal No. 36. At their request, staff was given permission to check the statements relating to homemaker services with Dr. Robert Harder.

By consensus, "meeting the requirements of the program" is to be inserted after "services" on page 2, line 10.

Proposal No. 34 - Safe Drinking Water. Staff distributed the draft of the proposed Committee Report on Proposal No. 34. Since the bill proposed by the Committee will allow the State to impose the requirements included therein, the report is to point out that the primary drinking water regulations are imposed by the federal act, are mandatory, and will be enforced regardless of whether the state assumes primary responsibility for administering the federal act. By consensus, the following changes are to be made: page 2, line 17, change "suites" to "suits"; page 3, under "Committee Study", line 7, change "minimal" to "modest"; line 10, change "increased" to "better"; in line 11, insert "State" before "safe"; in line 14, delete "maximum impact" and insert in lieu thereof "increasing the state input"; in line 15, delete "to meet"; in line 16, delete "Kansas needs".

Staff noted the section, "Recommended Legislation," will be revised, if necessary, and be more detailed after the Committee has completed its work on the proposed bill.

Proposal No. 32 - Adult Care Homes. Staff distributed the draft of the proposed Committee Report for Proposal No. 32.

By consensus, the following editing changes were made: page 1, last line, delete "a" and add an "s" to "meeting"; page 2, first line under Licensing, insert "adult care" before "homes"; page 4, line 2, after "reimburses" insert "or partially reimburses"; page 6, line 5, under Regulatory Action, insert "their" before "findings" and in line 6 insert "their" before "members" so there will be no implication the organization was bringing in findings of a third party; page 7, line 4, change "standardized" to "uniform"; page 9, lines 21 and 22, delete "the training" and insert in lieu thereof "offering the course of instruction"; page 10, line 14, delete "any"; page 10, line 15, after "will" insert "increased costs will ultimately"; page 11, line 11, after "remain" insert "outside of institutions and"; page 11, line 14, change "relative" to "relatively"; page 12, last paragraph, lines 1 and 2, delete "cannot be legislated" and insert in lieu thereof "is not entirely a matter of legislation"; page 13, line 5, change "could" to "should" and insert some qualifying language to indicate the statement applies to those instances in which the local health department participates in some way in the inspection program. The second paragraph under "Recommendation" is to be expanded to include the concept of two additional benefits arising from authorizing civil penalties, i.e., (1) the Secretary can take immediate action to correct a violation, and (2) it permits a reflection of the seriousness of the violation.

Staff noted the report will be revised to reflect action taken by the Committee at this meeting on the bills relating to Proposal No. 32.

Staff was instructed to note in the report that the additional inspection, designed to improve the level of care, may require additional staff and funding.

Proposed Legislation

Posting of Inspection Reports and Contracts. Staff distributed the revised draft of the proposed bill as amended by the Committee on the previous day -- Attachment Q. In answer to a question, staff stated copies of past inspection reports are available in the office of the Secretary of Health and Environment but they knew of no statute requiring him to provide copies to persons requesting them.

By consensus, the following changes were made for clarification: page 1, line 16, insert "at least" before "once"; page 2, line 13, change "party" to "resident"; page 2, line 14, delete "duplicate", delete "the person" and insert in lieu thereof "any individual"; page 2, line 16, delete "filed", insert "such" before "statement" and

delete the comma; page 2, line 17, delete "or any provision thereof,"; page 2, line 19, delete "this act" and insert in lieu thereof "law"; page 2, line 20, delete "under its provisions" and insert in lieu thereof "thereunder"; page 2, line 31, change "he" to "such resident".

A motion was made and seconded to approve the bill as amended and to recommend it for introduction. The motion carried.

Scholarships for Medical Students. Staff distributed the revised draft of the proposed bill as amended by the Committee on the previous day -- Attachment R.

Staff explained the changes made to comply with the action of the Committee. In answer to a question, staff stated the underlined lines at the top of page 2 were to correct an error which was not caught in the original draft. The language on page 2 can be deleted and language can be inserted in subsection (c) similar to language used in subsection (b). It was noted that since the present law limits scholarships, loans and debt assumptions to 12, the limit of 12 on page 2 may be superfluous. Staff is to check this and to make any amendments necessary to state it in the least confusing manner.

Since testimony indicated there is no problem getting Kansas students to attend a school of osteopathic medicine and to reflect more accurately the intent of the Committee, a motion was made and seconded to amend the bill on page 2, line 20, by inserting "who are residents of Kansas" before the period and deleting the following sentence. The motion carried.

A motion was made and seconded to approve the bill as amended and to recommend it for introduction. The motion carried.

Safe Drinking Water Act. Staff distributed the draft bill as requested by the Committee at its October meeting -- Attachment S.

Staff noted the original draft of this bill was based on suggestions received from the EPA. Since that time, another letter has been received from the EPA changing some of the earlier suggestions. This draft is based on the latest communication from the EPA and a review of other state's statutes. Staff explained the provisions of the bill.

Section 2 provides for an ongoing permit rather than for an annual renewal. There is no provision for revoking the permit but subsequent conditions can affect its status.

Page 3 provides for an appeal if the permit is not granted or if the conditions of the permit are appealed.

Page 4 relates to the sanitary quality of water, complaints and the investigative procedure. Staff noted the specific areas of investigation were deleted and more general language inserted.

Page 5 provides for an appeal from any investigative order. Section 3, subsection (a), provides that where a possible condition exists which might lead to contamination, the supplier may refuse to supply water; in subsection (b) the Secretary may order the supplier to stop delivery of water.

Concern was expressed over the wording "which might lead" on page 6, line 2, as this seems to be a very broad guideline. Staff suggested slightly more precise language but also noted there is provision for an appeal. This wording has been in the law for sixty years with apparently no serious problems. By consensus the wording is to be left as it is.

On page 7, line 15, it was decided to delete "make" and insert in lieu thereof "provide by rules and regulations". It was noted this paragraph is somewhat confusing since it refers both to inspections and to monitoring, recording and reporting by the holder of the permits. Staff believes the section applies to the person doing these things. Staff is to check this.

New Section 5 provides the authority and method for establishing rules and regulations.

Page 8, New Section 6, sets guidelines for developing plans for emergency situations as required by federal law. In answer to a question, staff stated they did not know whether or not the Department of Health and Environment already has a plan.

New Section 7 relates to the giving of notice as previously discussed by the Committee. It was noted the bracketed material on page 9, lines 2 through 13, could present technical problems especially for small communities. By consensus, the bracketed material is to be deleted. If necessary, this can be covered by rules and regulations.

Page 9, New Section 8, provides for the granting of variances under certain conditions using the language of the EPA regulations. Staff noted that in line 18, "new water services" should read "raw water sources".

New Section 11, page 11, sets out civil penalties for violations. Staff noted the federal law would seem to also allow criminal penalties as set out in the bracketed material in New Section 12, pages 12 and 13. In answer to a question, staff stated, in its opinion, the federal regulations require a continual penalty as set forth in New Sections 11 and 12. However, California did not do this. Staff is to check this point further.

A motion was made and seconded to delete New Section 12. The motion carried. A motion was made and seconded to insert "\$5,000 (five thousand)" in the blanks on page 11, lines 19 and 20. This is the maximum fine set by federal law. The motion carried.

Staff noted that requiring that notice be published in the official state paper, as drafted in New Sections 9(b) and 10(g), would mean the notice would be published in a Topeka paper. If the water supply were in some other part of the state, people affected might never know about the hearings. Federal regulations do not say notice has to be published in the official state paper. By consensus, wherever this requirement appears in the bill, it is to be changed to "newspaper of general circulation in the area involved".

Section 13 repeals the two statutes previously recommended for repeal by the Department of Health and Environment.

By consensus, the following editing changes are to be made: page 8, line 26, after "Is" insert "not"; page 10, line 16, change "to" to "may"; page 10, line 19, after "frivolous" insert "and".

Staff stated they still have to review the bill with the Department of Health and Environment as requested by the Committee.

A motion was made and seconded to approve the bill as amended and to recommend it for introduction. The motion carried. A motion was made and seconded to recommend that the bill be introduced in the House of Representatives. The motion failed.

Development of Rural Health Centers. Staff distributed a redraft of the proposed resolution on model rural health centers as requested by the Committee -- Attachment T. By consensus, the following changes are to be made: Title, lines 2 and 5, change "on" to "for"; page 1, line 9, change "started" to "initiated"; page 1, line 12, delete "new"; page 2, line 23, change "on" to "for"; page 2, line 27, change "urged" to "requested"; and add "Governor" to the last paragraph.

A motion was made and seconded to approve the resolution, as amended, and to recommend it for introduction. The motion carried.

By consensus, staff was given the authority to make changes as requested by the Committee and any other technical changes they deem necessary to carry out the intent of the Committee. Amended bills, resolutions and Committee Reports are to be submitted to the Chairman who was given the authority to act on them in behalf of the Committee.

Committee Report

Proposal No. 33. The Committee Report is to include information about the task force on physician extenders, the Committee charge to it, and its progress to date. The report is to note that the House of Delegates of the Kansas Medical Society and the Board of Directors of the Kansas Farm Bureau have approved planning for implementing a student loan program similar to the one in Illinois. This is in addition to previous instructions given to the staff. A draft of the Committee Report will be mailed to Committee members for their changes and comments.

Commendations

A motion was made and seconded to have entered in the minutes a commendation to the staff for the excellent work they have done on staffing and on assignments given

them by the Committee. The motion carried. The Chairman commended the members on their work and thanked them for their efforts. The Committee thanked the Chairman for his administration of the Committee and its work.

The Committee took note of the material distributed by Stewart Entz, Kansas Association of Homes for the Aging, which is attached to the minutes as Attachment U.

The meeting was adjourned at 1:30 p.m.

Prepared by Emalene Correll

Approved by Committee on:

DEPARTMENT OF HEALTH AND ENVIRONMENT
November 15, 1976

M E M O R A N D U M

To: Dwight F. Metzler, Secretary
Thru: ~~Joe Harkin~~
From: ~~Dr. Irv. Franzen~~

Subject: Federal Funds for Health Manpower Data Collection
Response to Question per Memo of November 8.

For 1977 and 1978 fiscal years respectively the budget request of this bureau included \$46,099 and \$46,996 for the development and implementation of the data components of the Cooperative Health Statistics System. The three components are health manpower, health facilities and hospital care and the source of the funds is the Bureau of Health Planning and Resources Development of HEW.

For both the 1977 and 78 fiscal years the above amounts were cut by \$18,180 but the restoration of the funds was included in our budget appeal.

It was assumed that the requested amounts would be divided approximately equally among the three CHSS data components. On that basis, if the budget cuts are restored, the amount available for health manpower data collecting and processing would be approximately \$15,500 for each of the two years. On the other hand if the funds are not restored the amount would be approximately \$9,500 per year.

October 27, 1976

The Honorable Wesley Sowers
State Senator
Capitol Building
Topeka, Kansas 66612

Dear Senator Sowers:

Recently, members of the Kansas Medical Society, the Kansas State Nurses' Association, and the Association of Physicians Assistants, met for the second time to discuss, per your interim committee's charge, the role of non-physician personnel in the rural or medically underserved setting. We endorse the philosophy of using non-physician personnel, i.e., Physician Assistants, Nurse Clinicians, Nurse Practitioners, as a practical way of extending health care coverage to the people of Kansas.

Thus far, the meetings have focused primarily on the philosophy, training, and professional expectations the non-physician groups embrace. We believe the discussions to date have been beneficial to all the groups represented, and a firm foundation for further exploration of this topic has been established.

Not surprisingly, as our discussions progressed, it became readily apparent that the issue was of such complexity and scope as to make it impossible to satisfactorily examine and subsequently make recommendations to your committee by November 1. For example, one major consideration we have encountered is the problem of third parties, especially the federal government under Titles XVIII and XIX, reimbursing non-physician personnel for services rendered. Under current regulation, we recognize the dichotomous situation which has developed with the government on one hand encouraging the use of non-physician personnel, and on the other hand not willing to reimburse non-physician personnel for their services. We are aware of legislation that has been introduced at the federal level to rectify this situation, and as a committee, we intend to examine the proposal and analyze its potential effect on the use of non-physician personnel in this state.

Additionally, it appears that current licensing statutes do not embrace a sufficiently broad interpretation so as to allow an expanded role for non-physician personnel.

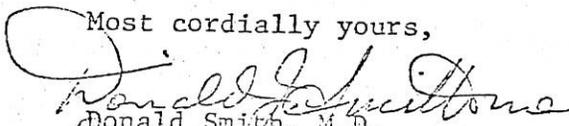
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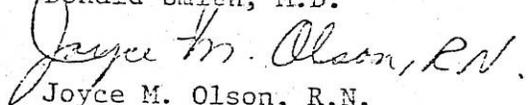
In short, we have found in our preliminary discussions that because the topic your committee assigned us is so broad and complex, we simply cannot develop rational answers and conclusions until we have had an opportunity to examine the subject with the attention to detail it deserves. Our group will continue to meet in an effort to bring you a timely recommendation sometime later this fall or by the commencement of the 1977 legislative session. We regret that we were not able to bring you our recommendations in time to assist your committee at its next meeting, but trust that you can appreciate our willingness to do a thorough evaluation of the subject prior to submitting a report of our findings.

We appreciate the opportunity to assist you and your committee, and know that you will call upon us if you have any questions or if we can assist you in any way prior to your next meeting.

With warmest respects, we are

Most cordially yours,


Donald Smith, M.D.


Joyce M. Olson, R.N.

Representing KMS/KSNA
Task Force on Joint Practice

The Bethel Home for Aged

Newton, Kansas 67114

316 AT3-4014

November 18, 1976

Senator Wesley H. Sowers, Chairman
Special Committee on Public Health and Welfare
Kansas State Legislature
State House
Topeka, Kansas 66612

Dear Senator Sowers:

It is good to see that through the Special Committee on Public Health and Welfare the state legislature is investigating the needs and studying the problems of the welfare of our older citizens in adult care homes. To serve them properly there must be cooperation, a partnership between the homes and the state. The homes provide the services; the state assures that standards which insure minimally acceptable care are met by the homes and must also assist in supplying the financing for providing these services.

The Bethel Home for Aged is in its fiftieth year of operation, longer than most homes of this kind in the state. Within the means available, through all these years the home has sought to give the very best care to residents. To do this it has always been necessary to depend on the support of contributed funds because to give what was deemed to be acceptable care entailed the expenditure of more money than was derived from what residents paid.

In recent years it has been increasingly difficult to have enough money to cover the cost of rendering care and providing safe, comfortable, and aesthetically pleasing physical accommodations at the home. The demands of new regulations and requirements imposed by government and evolving concepts of more and better services have increased the amount of money needed. Inflation has compounded the problem of financing. Inflation is financially cruel to residents of adult care homes. It drives up the charges that must be made to paying residents and hastens the day when the modest life savings of many residents become depleted. The purchasing power of savings is eroded and the fixed dollar income of an older person pays for less and less.

In assessing the financial difficulties encountered in operating the home for aged, the lack of adequate reimbursement for services provided to residents who depend on public assistance has been a matter of continuing and growing concern. It is proper for society generally to recognize and assume an obligation to assist the unfortunate, the feeble, and the ill. But why should this obligation be assumed only in part when it has been accepted as being proper?

This matter is brought to your attention with the results of a study of the trends in the cost of operating the home for aged, charges made to residents, the reimbursement for the care of public assistance clients by The Kansas Department of Social and Rehabilitation Services, and a number of other significant indicators including the Consumer Price Index. The information assembled and studied is attached.

Various observations can be made when studying these data. It is of considerable interest to note that quite a number of the factors increased by nearly the same percentages in the 5-year period 1971-1976. Reference is made to the home's annual charges to residents, the annual expenses of providing care, the home's basic monthly charge, the increase in the Consumer Price Index, and the per day reimbursement by SRS for ICF residents. These are all in the range of from 42 to 47.7 percent. The home's per diem cost increase computed according to the SRS method of cost determination was 44.7 percent in only the first four years of this period.

The factors that increased by lesser percentages than the 45 to 48 percent range are the home's charges for nursing care, the government required minimum wage, and the home's nurse aide starting wage. It appears that the lesser increases are the result of management decisions to contain cost increases. The government minimum wage requirements set the pace on aide wages. Increases in the nursing care charges were held back in an effort to hold down the charges to those residents who pay the larger amounts in charges.

The difference between the amount of the home's charges and the payment from SRS, shown on Line 3, is the factor that should receive the most note. Through the years the lack of full reimbursement of the costs of providing services to public assistance clients has constituted a burden, and has been a substantial factor in curtailing and compromising the quality of services to residents. Viewed as a percentage of total charges 3.8 percent, or 5 percent which it was in 1975 and which it will probably be again in 1976, seems to be a small amount. But in terms of dollars and what those dollars would buy in services it makes a substantial difference.

In connection with the involuntary discount on reimbursement for the care of public assistance clients, it should also be noted that the home's total charges, even before this discount, were less than the cost of providing services. The difference, of course, must be made up by contributions and other income. When these are not sufficient to make up the difference, the home's financial operation begins to head toward bankruptcy. If charges were set to recover the full cost of providing care, the inadequacy of reimbursement for care provided to public assistance clients would be even greater.

The issues concerning the care of Kansas citizens in adult care homes are really not as complex and difficult as one might at times be led to think. They have to do with proper care and proper reimbursement for that care. There need to be standards to indicate what constitutes proper care. There needs to be the proper physical setting to facilitate proper care. There need to be personnel with appropriate proficiencies to give the service. And the necessary financial resources to make it all possible must be available. These ingredients must all be brought into proper dynamic relationship if proper care is to be provided.

The present method of reimbursing homes by SRS for the care of the indigent, unfortunate older citizens who live and are cared for in these homes is not adequate to support proper care. Reimbursing homes on the basis of cost, but then limiting this to the 75th percentile, is really mockery. SRS for certification for participation in the Medicaid program and the legislature and the people of Kansas for the licensure of homes look to the Department of Health to insure proper care in the homes. The standards of federal requirements are

applied and rules and regulations indicating minimum standards for proper care are set forth and used to evaluate homes and the care rendered. The home which meets these standards and goes beyond them, and in doing so incurs greater costs than 75 percent of the homes, is not reimbursed for what it takes to do a superior job. Mediocrity, not excellence, is given the incentive of full reimbursement. The cost of superior care is awarded the non-incentive of a reimbursement ceiling.

From the federal level has come the thrust for full reimbursement of reasonable costs. (We are including a copy of a discussion of the federal regulations regarding reimbursement received from the American Association of Homes for the Aging.) The application of this thrust is being delayed, but there have been no similar delays in applying and enforcing the Life Safety Code or any of the other requirements the meeting of which causes homes to incur additional costs.

Now we are on the eve of adopting new rules and regulations for licensure. True, in many ways the new requirements will not cause additional expenses to those already experienced by homes in meeting the Medicaid and Medicare requirements. But there are ways in which this is not the case. The nurse aid training requirement is one example. Realistically viewed, this will increase the cost of operating the homes. And perhaps that cost is justified. Then it should follow that SRS reimbursement will cover such additional cost.

The present reimbursement method delineates four cost categories, and then applies limits for reimbursement for each. Common sense tells us that it is next to ridiculous to advance the notion that a resident can be fed, have his linens provided and his laundry done, and have housekeeping service in his room for \$4.08 per day. The cost of a motel room and the cost of meals in a restaurant should help give some perspective on this matter.

To suggest that health care can be provided for no more than \$4.99 per day is not realistic. In this category the cost of nursing service, physical therapy, occupational therapy, activities, social work services, medical record consultation, pharmacist's consultation, speech and hearing services, and nursing and activities program supplies are included. Adequate service, as envisioned in the federal requirements and the state rules and regulations for licensure, just simply cannot be supplied for this amount of money.

The adoption of the cost reimbursement method by SRS for the care of public assistance clients was a big step in the right direction. Now we must go all the way and make it full reimbursement of reasonable costs. And reasonable costs must include all the costs that are necessary to operate the homes and provide proper care to residents. The cost reporting mechanism needs to be refined until all parties concerned have full confidence in the data produced. Cost statements must be authenticated by field audits. These audits should assist homes in determining their costs, establishing that all costs are reasonable, and finally, heaven forbid, insure that there is no fraud.

Developing and putting into operation a reimbursement method by SRS for adult care homes is equally important to developing and enforcing standards, requirements, rules, and regulations. Doing the former should be pursued with no less zeal than the latter. And it could well be that doing the former properly and well could contribute just as much to the improvement of care in adult care homes and the fulfillment of life to residents as it is purported the latter does and will.

It seems that the legislature has an obligation to take leadership in this matter of handling the issues of the care of Kansas citizens in adult care homes. The work of the Special Committee on Public Health and Welfare is viewed as assuming this obligation. Those of us in homes responsible for the care of residents are deeply grateful for this committee and what it is doing, and have much hope for the good for homes and residents that will be produced by its efforts. We are grateful for the open door of communication with the committee by all who have a sincere interest in the well-being of the residents in adult care homes and the services they need and receive. Thanks for permitting us to lay our views and concerns before you.

The committee, and in turn the legislature, must make certain that the promulgation of standards and rules and regulations is done taking into consideration fully and realistically the cost implications of such standards and rules and regulations. The homes are getting caught in a crunch between the growing demands of certification and licensure which are the responsibility of the Department of Health and Environment and inadequate reimbursement which is handled by the Department of Social and Rehabilitation Services. In the long run, care in adult care homes is not improved and residents better served by H&E personnel saying that reimbursement is not their concern and SRS people saying that certification and licensure are someone else's responsibility.

Much thought must be given and sound judgment exercised in promulgating standards to insure that they are realistic in the sense that meeting them will really make a contribution to the safety, well-being, and the fulfillment of the lives of residents. Money could be spent and effort expended in fulfilling a whimsical standard that results in little for residents.

An equitable reimbursement method for the services rendered to public assistance clients needs to be developed and implemented. This must be done immediately, and not postponed and delayed year after year.

Finally, the legislature needs to see to it that the proper amount of money is appropriated to make possible the high level of services and care that we say we want the residents of our adult care homes to receive. If the resolve expressed in our cry for improving care in adult care homes is sincere, and for the sake of many of our older citizens we must assume that it is, then we must demonstrate this sincerity by providing the funds to turn our resolve into reality.

Most sincerely yours,



M. H. Ewert, Administrator

ADULT CARE HOME COSTS AND TITLE XIX REIMBURSEMENT
WITH SPECIFIC REFERENCE TO THE
BETHEL HOME FOR AGED, NEWTON, KANSAS

	1970	1971	1972	1973	1974	1975	1976	1977	% In 1971 1976
(1) BHA annual charges to residents	264,521	269,021	284,149	287,236	323,865	371,049	381,916 ¹		42.
(2) BHA annual expense of resident care	265,174	288,175	309,444	317,321	347,465	408,624	417,973 ¹		45.0
(3) BHA annual discount to Title XIX residents	16,541	9,273	10,845	11,037	16,193	26,235			
(4) BHA monthly basic service charge ²	220	220	240	250	275	310	325		47.7
(5) BHA monthly nursing care charge, one level below maximum	160	160	160	170	180	215	215		34.4
(6) BHA per day reimbursement, Title XIX	10.83	10.62	12.00	12.00	12.50 ³	13.14 ⁴	14.36 ⁵		35.2
(7) Gov't mandated minimum wage ⁶	2-1 1.45	2-1 1.60	2-1 1.60	2-1 1.60	5-1 1.90	1-1 2.00	1-1 2.20	1-1 2.30	37.5
(8) BHA nurse aide starting wage	1.55	1.75	1.84	1.93	1-1 2.04 9-1 2.20	1-1 2.38	2.38		36.0
(9) Annual Consumer Price Index increase	5.9	4.3	3.3	6.2	11.1	9.1	6.2 ⁷		44.2
(10) Kansas per day pay, ICF residents ⁸		6.72	6.58	7.04	7.10	8.68	9.77		45.4
(11) Kansas total pay, ICF residents ⁸		18,325,245	20,593,187	21,787,375	22,790,280	29,134,435	35,318,101		92.7
(12) Number of Kansas ICF recipients ⁸		89,596	102,808	101,700	105,508	110,382	118,816		32.6
(13) Per diem cost, SRS cost statement		11.69		12.90	14.03	16.91			

NOTES TO STATISTICAL INFORMATION ON
ADULT CARE HOME COSTS AND TITLE XIX REIMBURSEMENT

- ¹Annualized on the basis of January--August experience.
- ²Single room with shared half-bath.
- ³Previous year's rate until 9-1.
- ⁴Previous rate of \$12.50 continued until 7-1 when it became \$12.73, and was adjusted to \$13.14 on 12-1.
- ⁵Previous rate was adjusted to \$14.36 on 7-1.
- ⁶The dates on which the wage shown became mandatory are included.
- ⁷Annualized on the basis of January--June statistics.
- ⁸Amounts shown are for the fiscal year, beginning July 1 of the previous year. The fiscal year of the Bethel Home for Aged is the calendar year.



OF HOMES FOR THE AGING

The national association of Nonprofit Homes

SUMMARY OF FINAL REGULATIONS ON REASONABLE COST-RELATED REIMBURSEMENT UNDER MEDICAID

State plan requirement

Beginning July 1, 1976, the state plan must provide for payment of skilled nursing and intermediate care services on a reasonable cost-related basis.

Cost finding and cost reporting

The state plan must include requirements for cost finding and cost reporting by providers. The cost reporting year need not be the same for all providers; but it must begin no later than January 1, 1977. Each provider must compile an itemized list of its allowable costs at the end of each cost reporting year.

The Secretary of HEW must approve any cost finding methods used. Cost finding methods for SNFs may be the same as for ICFs. Medicare cost finding methods are automatically approved; other methods must gain specific approval.

States must also provide for a uniform cost report form to be used by SNFs and ICFs (the form may be the same). Facilities must submit these forms no later than three months after the cost reporting year has ended. In addition, they must maintain copies of the report forms and pertinent financial and statistical records for at least three years following submission of the form.

Audits

States must provide for audits to verify the accuracy and reasonableness of the cost reports. On-site audits of the financial and statistical records of each participating provider will be made over a three-year period, starting at the end of the first cost reporting year. During this three-year period, no less than one-third of all participating facilities shall be audited each year. The on-site audit requirement will become less comprehensive at the end of the initial three-year period. At that point, only 15 percent of all participating facilities must undergo on-site audits. Five percent of these must be done on a random sample basis, with the remainder being selected on the basis of exceptional profiles.

Allowable costs

Allowable costs must include any items and services required by Federal or State standards for SNFs and ICFs. (The proposed regulations of April 13 would have required coverage for Federally-imposed standards only.)

Allowable costs shall also include all routine service items. Routine services include the regular room, dietary and nursing services, minor medical and surgical supplies, and the use of equipment and facilities. The final regulations do not require that social services be covered, except to the extent such services are required by State regulation. (Federal law prohibits HEW from requiring social services in SNFs.)

Allowable costs may not include bad debts on non-Medicaid patients, charity and courtesy allowances. Restrictions are placed on the costs of items and services provided by organizations related to the SNF or ICF to guard against possible abuses in non-arms length transactions.

Methods and standards for state reimbursement systems

To give states time to develop cost finding and cost reporting techniques, and also to allow one year for the costs to be established under the new cost reporting systems, states will not actually have to set cost-related payment rates until January 1, 1978. (This provision is a matter of considerable controversy and has the effect of delaying actual implementation of cost-related reimbursement for another year and a half.)

Rates cannot be set lower than a level which the state reasonably finds to be adequate to reimburse in full such actual allowable costs of a facility that is economically and efficiently operated. Rates can be determined either retrospectively or prospectively; if they are determined prospectively, they must be redetermined at least annually.

Payment rates may also be established on a class basis. The criteria by which the class and the class rate of payment are determined "shall be reasonable." Lower rates can be established for facilities within a class which have service deficiencies.

Public review and comment

States must provide an opportunity for interested members of the public to review and comment on proposed rates before they are established. If penalties for operational deficiencies are to be applied, states must explain the circumstances under which this could occur.

States must adhere to the principles set forth in their approved reimbursement plans in making payments to SNFs and ICFs.

Upper limits

The final regulations omitted a provision appearing in the April 13 proposed regulations which would have required states to set ceilings on overall costs, real property costs, and variable operating costs. They retain the overall ceilings established under Medicare reimbursement principles, however, in the case of retrospectively-set rates (or prospectively-set rates accompanied by retrospective adjustments). Overall Medicare ceilings, without caps or internal cost items, would apply. There would be no ceilings required in the case of prospectively-set rates without retrospective adjustments, because HEW believes the inherent cost containment potential of prospective rates negates the need for additional ceilings.

The ceiling requirement will be considered met if the state's payment does not exceed amounts which would have been determined under Medicare in at least 90 percent of the facilities in a random sample of all facilities participating in title XIX, or if the average payments to all facilities within a class do not exceed amounts which would have been determined under Medicare.

All payments will be subject to the general payment limits established by Section 233 of Public Law 92-603.

In no case may the payment rate exceed the facility's customary charges to the public, except that this limitation does not apply to public facilities rendering services free of charge or at a nominal charge.

The effective date of the regulations is July 1, 1976.

* * *

BILL NO.

By Special Committee on Public Health and Welfare

AN ACT concerning adult care homes; dealing with availability and posting of inspection reports of such adult care homes and the requirement that a contract for services be executed for each resident of an adult care home; amending K.S.A. 39-935 and 39-936 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 39-935 is hereby amended to read as follows: 39-935. Inspections shall be made and reported in writing by the authorized agents and representatives of the licensing agency and state fire marshal, and of the local health departments as often and in the manner and form prescribed under the rules and regulations promulgated under the provisions of this act. Access shall be given to the premises of any adult care home at any time upon presenting adequate identification to carry out the requirements of this section and the provisions and purposes of this act, and failure to provide such access shall constitute grounds for denial or revocation of license. A copy of any inspection reports required by this section shall be furnished to the applicant. Every adult care home shall put in a sufficient number of prominent positions a concise summary of the last inspection report and related documents pertaining to such adult care home. This summary shall be accessible to all residents and to the general public and shall have references to the page numbers of the full reports, noting any deficiencies found and the actions taken by the adult care home to rectify such deficiencies and indicating where the full reports may be inspected in such adult care home. Upon request, every adult care home shall provide to any person who has completed a written application with an intent to be admitted to such adult care home, or any resident of such adult

care home or any relative, spouse or guardian of such person, a copy of the last inspection report, provided the person requesting such report agrees to pay a reasonable charge to cover copying costs.

Sec. 2. K.S.A. 39-936 is hereby amended to read as follows:
39-936. The presence of each resident in an adult care home shall be covered by a contract, executed at the time of admission, or prior thereto, between the adult care home and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the adult care home shall keep on file their copy of such contract. The adult care home shall not destroy or otherwise dispose of any such contracts until _____ years after its expiration or such longer period as may be provided in the rules and regulations by the secretary of health and environment. Each contract shall contain express provisions specifically setting forth the services and accommodations to be provided by the adult care home, the rates or charges and other matters which the parties deem appropriate. No contract, or any provision thereof, shall be construed to relieve any adult care home of any requirement or obligation imposed upon it by this act or by requirements, standards, rules and regulations promulgated under its provisions.

A qualified person or persons shall be in attendance at all times upon residents receiving accommodation, board, care, training or treatment in adult care homes. The licensing agency may establish necessary standards, rules and regulations prescribing the number, qualifications, training, standards of conduct, and integrity for such qualified person or persons attendant upon the residents. All medical care and treatment shall be given under the direction of a physician authorized to practice under the laws of this state and shall be provided promptly as needed: Provided, however, That no resident who relies in good faith upon spiritual means or prayer for healing shall, if he objects thereto, be required to undergo medical care or treatment.

Sec. 3. K.S.A. 39-935 and 39-936 are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

_____ BILL NO. _____

By Special Committee on Public Health and Welfare

Re: Proposal No. 33

AN ACT concerning the state board of regents; relating to students of the healing arts; authorizing such board to grant scholarships to students at the university of Kansas school of medicine and in colleges of osteopathic medicine; amending K.S.A. 1976 Supp. 74-3223 to 74-3228, inclusive, and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1976 Supp. 74-3223 is hereby amended to read as follows: 74-3223. (a) Within the limits of appropriations therefor, the state board of regents ~~is hereby authorized to~~ may:

(1) Award scholarships, within the limitations provided in this act, during any one calendar year to persons admitted to or enrolled in the university of Kansas school of medicine. Such scholarships shall provide for the payment of educational expenses incurred by the recipient, including tuition, fees, books, laboratory expenses, instruments and living expenses in an amount not to exceed six thousand dollars (\$6,000) per year for each calendar year for which the scholarship is awarded, and such scholarships may be renewed annually by the state board of regents. Such educational expenses shall be those expenses normally incurred by students enrolled in the university of Kansas school of medicine. In no case shall such a scholarship be awarded and renewed for a period of time in excess of four (4) years.

(2) Within the limitations provided in this act, assume and repay, in any one calendar year, the balance of any debt, including principal and interest in an amount not to exceed six thou-

sand dollars (\$6,000), incurred in the process of obtaining the degree of doctor of medicine or incurred in connection with carrying out a medical internship or residency program, by not more than twelve (12) graduates of any school of medicine accredited by the state board of healing arts or to make loans to any person enrolled in a medical internship or residency program approved by the university of Kansas school of medicine in an amount not to exceed six thousand dollars (\$6,000) in any one calendar year. No loan shall be granted and renewed for a period of time in excess of four (4) years.

(3) Except as provided in paragraph (4), subsection (a), award not more than four (4) scholarships during any one calendar year to persons admitted to or enrolled in colleges of osteopathic medicine. Not less than one-half (1/2) of such scholarships awarded during any one calendar year shall be awarded to residents of the state of Kansas. Such scholarships shall provide for the payment of educational expenses incurred by the recipient, including tuition, fees, books, laboratory expenses, instruments and living expenses in an amount not to exceed six thousand dollars (\$6,000) per year for each calendar year for which the scholarship is awarded, and such scholarships may be renewed annually by the state board of regents. Such educational expenses shall be those expenses normally incurred by students enrolled in a college of osteopathic medicine. In no case shall such a scholarship be awarded and renewed for a period of time in excess of four (4) years or in excess of twenty-four thousand dollars (\$24,000).

(4) Notwithstanding the limitations on the number of scholarships established in paragraph (3), award those scholarships authorized under the provisions of this act but not awarded to any student otherwise eligible under this act to receive a scholarship until the total number of persons for whom such scholarships are awarded, debts are assumed and loans are granted during such year equals the maximum number under subsection (b).

(b) The total amount of scholarships awarded, debts assumed

and loans granted during any one calendar year under the provisions of paragraphs (1) ~~and~~, (2) and (3) of subsection (a) shall not exceed ~~seventy-two~~ ninety-six thousand dollars ~~(~~\$72,000~~)~~ (\$96,000), and the total number of persons for whom such scholarships are awarded, debts are assumed and loans are granted during such year shall not exceed ~~twelve-(12)~~ sixteen (16). Of the total number of persons for whom such scholarships are awarded, debts are assumed and loans are granted during any one calendar year, the majority of such persons shall be residents of the state of Kansas.

Sec. 2. K.S.A. 1976 Supp. 74-3224 is hereby amended to read as follows: 74-3224. (a) In order to be eligible to receive any scholarship awarded under paragraph (1) of subsection (a) of K.S.A. ~~+975~~ 1976 Supp. 74-3223, a person shall: (1) Be accepted for admission to or be enrolled in a course of instruction at the university of Kansas school of medicine leading to a degree of doctor of medicine; and (2) sign an agreement that, unless sooner separated from such school of medicine, such person will complete the required courses of instruction and, will enter into an approved primary care residency program and following the successful completion of such program, will engage in practice of primary care medicine in any of the areas of the state of Kansas designated by the state board of regents pursuant to subsection (c) of K.S.A. ~~+975~~ 1976 Supp. 74-3226, and that such person will engage in such practice for the period of time designated in K.S.A. ~~+975~~ 1976 Supp. 74-3227 or be subject to repayment of moneys paid to such person pursuant to this act, as provided in K.S.A. ~~+975~~ 1976 Supp. 74-3227.

(b) In order to be eligible to receive any scholarship awarded under paragraph (3) of subsection (a) of K.S.A. ~~+975~~ 1976 Supp. 74-3223, a person shall: (1) Be accepted for admission to or be enrolled in a course of instruction in a college of osteopathic medicine accredited by the state board of healing arts leading to a degree of doctor of osteopathy; and (2) sign an agreement that, unless sooner separated from such college of

osteopathic medicine, such person will complete the required courses of instruction and, upon completion of such person's internship or residency, as applicable, engage in the practice of osteopathic medicine and surgery in any areas of the state of Kansas designated by the state board of regents pursuant to subsection (c) of K.S.A. ~~1975~~ 1976 Supp. 74-3226, and that such person will engage in such practice for the period of time designated in K.S.A. ~~1975~~ 1976 Supp. 74-3227 or be subject to repayment of moneys paid to such person pursuant to this act, as provided in K.S.A. ~~1975~~ 1976 Supp. 74-3227.

Sec. 3. K.S.A. 1976 Supp. 74-3225 is hereby amended to read as follows: 74-3225. In order to be eligible for the loan or debt payment program established under this act, the person applying for the benefits of such program shall sign an agreement that, upon completion of an internship or residency, as applicable, such person will engage in the practice of primary care medicine in any of the areas of the state of Kansas designated by the board of regents pursuant to subsection (c) of K.S.A. ~~1975~~ 1976 Supp. 74-3226, and that such person will engage in such practice for the period of time designated in K.S.A. ~~1975~~ 1976 Supp. 74-3227 or be subject to repayment of moneys paid in satisfaction of debts owed by such person or as repayment for moneys borrowed by such person, as provided in K.S.A. ~~1975~~ 1976 Supp. 74-3227.

Sec. 4. K.S.A. 1976 Supp. 74-3226 is hereby amended to read as follows: 74-3226. The state board of regents shall: (a) Adopt rules and regulations establishing criteria for the selection of recipients of scholarships under this act; for the selection of recipients of loans and debt payments; for the determination of debts eligible for payment; (b) accept application for and make the final selection of all persons eligible to receive funds or have funds paid on their behalf under this act; and (c) after consulting with the Kansas medical society, the state board of healing arts and the Kansas statewide health planning coordinating council, designate those areas of the state in which

there is an insufficient number of persons engaged in the practice of primary care medicine and those areas of the state in which there is an insufficient number of persons in the practice of osteopathic medicine and surgery.

Sec. 5. K.S.A. 1976 Supp. 74-3227 is hereby amended to read as follows: 74-3227. (a) Any recipient of a scholarship, loan or debt payment awarded under this act shall be obligated, pursuant to the agreement required to be entered into under this act, to engage in the practice of primary care medicine or in the practice of osteopathic medicine and surgery in an area of this state designated by the board of regents pursuant to subsection (c) of K.S.A. ~~1975~~ 1976 Supp. 74-3226 for a period of time to be computed as follows: (1) For the recipient of a scholarship under this act, such time period shall be equal in number to the number of months for which such recipient was paid a stipend pursuant to such scholarship or for a period of months equal in number to the number obtained by dividing the total amount which was paid to the recipient of such scholarship by five hundred (500), whichever is greater, but in no case shall such period of obligation be more than two (2) years; and (2) for the recipient of a loan or a debt payment under this act, such time period shall be equal in number to the number obtained by dividing the total amount of the loan or of the debt paid by five hundred (500) or for a period of months equal to the total number of months covered by the payments of such funds, but in no case shall such period of obligation be more than two (2) years.

(b) After engaging in such practice of primary care medicine or of osteopathic medicine and surgery for the required period of time, a recipient of any scholarship, loan or debt payment awarded under this act shall have discharged fully any obligation to the state board of regents pursuant to the agreement required to be entered into under this act. A recipient of any scholarship, loan or debt payment awarded under this act who fails to engage in such practice of primary care medicine or of osteopathic medicine and surgery for the required period of time,

immediately shall incur the obligation to repay to the state board of regents an amount equal to twice the total amount of money paid on behalf of such person.

Sec. 6. K.S.A. 1976 Supp. 74-3228 is hereby amended to read as follows: 74-3228. From and after July 1, ~~1976~~ 1980, no person shall be awarded a scholarship, granted a loan or have a loan assumed and repaid under the provisions of this act. Persons who, prior to said date, had been a recipient of a scholarship awarded under this act may have such scholarship renewed in accordance with the provisions of K.S.A. ~~1975~~ 1976 Supp. 74-3223 to 74-3227, inclusive.

Sec. 7. K.S.A. 1976 Supp. 74-3223, 74-3224, 74-3225, 74-3226, 74-3227, and 74-3228 are hereby repealed.

Sec. 8. This act shall take effect and be in force from and after its publication in the official state paper.

By Special Committee on Public Health and Welfare

Re Proposal No. 32

AN ACT relating to the secretary of health and environment; authorizing the secretary to issue correction orders and assess civil penalties in certain instances against persons licensed to operate adult care homes; providing for appeals.

Be it enacted by the Legislature of the State of Kansas:

Section 1. Whenever a duly authorized representative of the secretary of health and environment finds upon inspection of an adult care home that the adult care home is in violation of a provision of K.S.A. 39-923 to 39-944, inclusive, and acts amendatory thereof or supplemental thereto, or of a rule and regulation adopted pursuant to those sections, a correction order may be issued by the secretary of health and environment to the person licensed to operate the adult care home. The correction order shall be served upon the licensee either personally or by certified mail, return receipt requested. The correction order shall be in writing and shall describe with particularity the nature of the violation, including a reference to the statutory provision or rule and regulation alleged to have been violated, and shall specify the time allowed for correction.

Sec. 2. A correction order issued pursuant to section 1 shall be classified according to the nature of the violation and shall indicate one of the following classifications on its face:

(a) Class "A" violations are violations which the secretary of health and environment determines present an imminent danger to the residents or guests of the adult care home facility or a substantial probability that death or serious physical harm will result unless the violation is corrected. A physical condition or one or more practices, means, methods or operations in use in

an adult care home may constitute this classification of violation. The condition, practice, means, method or operation constituting a class "A" violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the secretary of health and environment, is required for correction. A class "A" violation is subject to a civil penalty in an amount not less than _____ (____) and not more than _____ (____) for each violation. If a time is specified for the correction of a class "A" correction order, and the violation is corrected within the time specified, no civil penalty shall be imposed.

(b) Class "B" violations are violations which the secretary of health and environment determines have a direct and immediate relationship to the health, safety or security of adult care home residents, other than class "A" violations. A class "B" violation is subject to a civil penalty in an amount not less than _____ (____) and not more than _____ (____) for each violation. A correction order for a class "B" violation shall specify the time within which the violation is required to be corrected. If a class "B" violation is corrected within the time specified, no civil penalty shall be imposed.

(c) Class "C" violations are violations which the secretary of health and environment determines have an indirect or potential relationship to the health, safety or security of the adult care home residents, other than class "A" or "B" violations. A class "C" violation shall be subject to a civil penalty in an amount not less than _____ (____) and not more than _____ (____) for each violation. A correction order for a class "C" violation shall specify the time within which the violation is required to be corrected. If a class "C" violation is corrected within the time specified, no civil penalty shall be imposed.

Sec. 3. (a) Except in the case of a class "A" violation which is to be abated or eliminated immediately, the adult care home shall be reinspected at the end of the period allowed to

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correct the violation under the correction order. In the case of a class "A" violation which is to be abated or eliminated immediately, reinspection shall occur within ten (10) days after the correction order is served upon the licensee. If upon reinspection the duly authorized representative of the secretary of health and environment determines that the facility has not corrected a violation identified in the correction order, a notice of noncompliance with the correction order shall be served upon the licensee either personally or by certified mail, return receipt requested. The notice of noncompliance shall specify the violations not corrected and the civil penalty assessed in accordance with section 2. In assessing the civil penalty for each violation, the secretary of health and environment shall consider the nature of the violation and the previous record of violations of the licensee against whom the civil penalty is assessed.

(b) All civil penalties assessed shall be due and payable within thirty-five (35) days after written notice of such assessment is served on the licensee being assessed, a longer period of time is granted by the secretary or unless the licensee appeals the assessment as provided by this act.

Sec. 4. The secretary of health and environment shall not issue a correction order to a licensee for violations occurring within six (6) months of the issuance of a prior correction order to the same licensee if the prior correction order was issued for the same violation at the same adult care home.

Sec. 5. The secretary of health and environment may adopt rules and regulations necessary to carry out the provisions of this act.

Sec. 6. The authority granted to the secretary of health and environment under this act is in addition to other statutory authority the secretary has to regulate the licensing and operation of adult care homes and is not to be construed to limit any of the powers and duties of the secretary under article 9 of chapter 39 of the Kansas Statutes Annotated.

Sec. 7. Any licensee assessed a civil penalty under section

3 may appeal, within thirty (30) days after receiving notification of the assessment, to the secretary of health and environment for a hearing. Such appeal shall operate to stay the payment of the civil penalty. The hearing may be conducted by the secretary of health and environment or by a hearing officer appointed by the secretary. The hearing officer shall have the power and authority to conduct the hearing in the name of the secretary of health and environment. Not less than ten (10) days written notice of the time and place of the hearing shall be given to the licensee bringing the appeal, and such notice shall be served personally upon such person or by certified mail, return receipt requested. Within fifteen (15) days after the hearing, the secretary of health and environment shall affirm, modify or reverse the assessment of the civil penalty and shall give written notice of such decision to the licensee bringing the appeal. Such notice shall be served upon the licensee either personally or by certified mail, return receipt requested. The decision of the secretary of health and environment shall be final unless appealed to the district court within thirty (30) days after the decision.

Sec. 8. (a) An appeal may be taken from a decision of the secretary of health and environment to assess a civil penalty under this act by the licensee being assessed to the district court as provided by K.S.A. 60-2101.

(b) A party to any such review proceedings in the district court may appeal from the final decision rendered by the district court in such proceedings to the court of appeals as provided by K.S.A. 60-2101.

Sec. 9. The cost of an appeal under this act shall be assessed as provided in K.S.A. 60-2002, except that the prevailing party shall be allowed reasonable attorneys' fees which shall be taxed as part of the cost of such action.

Sec. 10. All civil penalties collected pursuant to the provisions of this act shall be deposited in the state general fund.

Sec. 11. This act shall take effect and be in force from and after its publication in the statute book.

CONCURRENT RESOLUTION NO.

By Special Committee on Public Health and Welfare

Re: Proposal No. 33

A CONCURRENT RESOLUTION ^{recommending} ~~directing~~ the Department of Health and Environment to establish a health manpower data system for the purpose of evaluating underserved areas and for the development of programs to meet the needs of these areas.

WHEREAS, The Kansas Legislature recognizes that in order to develop programs which will reduce the problem of physicians and allied health personnel distribution, data needs to be collected on the ingress and egress of physicians and allied health personnel in and out of the state of Kansas and just what is happening to the graduates of the University of Kansas School of Medicine; and

WHEREAS, Presently there is a great deal of information in many Kansas state agencies, however in order to evaluate or use this information it requires considerable time and effort to find this information;

WHEREAS, The most efficient method this data can be accumulated and maintained is to establish under the jurisdiction of the Kansas Department of Health and Environment a health manpower data system; and

WHEREAS, This data base could be put in the Department of Health and Environment's computer under a format which would make this information easily and retrievably available; and

WHEREAS, One method that could be used in the development of a health manpower data system is to consider developing two separate data bases, one on physicians and allied health personnel now practicing in our state, the other on persons now in residency training. By using this approach, the former will be helpful in analyzing the distribution of health manpower in the state, while the latter will give the state of Kansas a basis for

understanding better what influences residents in their selection of locations for their practices: Now, therefore,

Be it resolved by the _____ of the State of Kansas, the concurring therein: That the Kansas Department of Health and Environment be directed to collect from other state agencies and maintain such information for the purpose of implementing and developing a complete health manpower data system. In the development of this health manpower data system, the amount of personal data collected should be limited to that information which will define the effective distribution of health manpower in the state, project future needs more accurately, and enable the state of Kansas to understand these factors that determine a physician's and allied health personnel's selection of a place to practice medicine.

Be it further resolved: That the secretary of state be instructed to deliver an enrolled copy of this resolution to the Secretary of the Department of Health and Environment, the Kansas Insurance Commissioner, Executive Vice-Chancellor of the University of Kansas School of Medicine, the Vice-Chancellor of the University of Kansas School of Medicine, Wichita State University Branch, and all licensing agencies of health care providers.

_____ CONCURRENT RESOLUTION NO. _____

By Special Committee on Public Health and Welfare

Re: Proposal No. 33

A CONCURRENT RESOLUTION ^{recommending} ~~directing~~ the Kansas Board of Regents to give primary consideration in increasing the funding of residencies in medical school in the area of primary care, with an eventual goal of at least 50% of residencies in primary care.

WHEREAS, The Kansas Legislature recognizing there is a need to concentrate on increasing the aggregate supply of health manpower in the state of Kansas in the long term through increasing enrollments in health professional schools and maintaining the fiscal viability of such schools; and

WHEREAS, The Kansas Legislature recognizes that health manpower problems currently relate not so much to total numbers but to the distribution of physicians and allied health personnel and particularly the shortage of primary care physicians; and

WHEREAS, According to updated professional organization data, the state of Kansas has a ratio of 53 primary care physicians per 100,000 persons. Primary care physicians defined are Doctors of Medicine in family practice, general pediatrics, general internal medicine and general ob-gyn. This ratio is below the national average and also is below the recommended primary care ratios. Even though the magnitude of the problem varies with the comparison ratio and the geographic area selected, Kansas does have a physician shortage or, more precisely, a primary care physician shortage; and

WHEREAS, In order for the state of Kansas to have a medical environment which reflects the needs of the Kansas society, more residency positions need to be designated for those graduates committed to primary care medical practice: Now, therefore,

Be it resolved by the _____ of the State

of Kansas, the _____ concurring therein: That, in recognition by the legislature of the state of Kansas of the urgent need for primary care physicians, the Kansas legislature favors development of additional residency programs for those graduates committed to primary care medical practice, with an eventual goal of at least 50% of residencies positions designated for primary care must be achieved by 1979.

Be it further resolved: That the secretary of state is hereby directed to transmit a copy of this resolution to the chairperson of the State Board of Regents, the Chancellor of the University of Kansas and the Chairman of the Kansas Hospital Association.

_____ CONCURRENT RESOLUTION NO. _____

By Special Committee on Public Health and Welfare

Re: Proposal No. 33

A CONCURRENT RESOLUTION recommending that the University of Kansas School of Medicine expand their recruitment and placement programs to include information and consultation to Kansas communities in the recruitment of physicians.

WHEREAS, The state of Kansas annually spends many millions of dollars for the medical education of students enrolled at the University of Kansas School of Medicine; and

WHEREAS, It is the intent of the legislature of the state of Kansas that the primary purpose of the University of Kansas School of Medicine is to educate physicians who will practice in Kansas communities; and

WHEREAS, One way of keeping graduates of the University of Kansas School of Medicine in our state is to establish a sophisticated network of recruitment and job placement in our Kansas communities; and

WHEREAS, The most efficient method this system can develop is to establish under the jurisdiction of the University of Kansas School of Medicine a new program of professional recruitment and job placement, which will work and cooperate with all state agencies and also act as an advisory, promotional and coordinating agency in the recruitment of qualified physicians to engage in the practice of medicine in Kansas communities: Now, therefore,

Be it resolved by the _____ of the State of Kansas, the _____ concurring therein: That a new program of professional recruitment and job placement be established under the jurisdiction of the University of Kansas School of Medicine; and that the University of Kansas School of Medicine shall expand its present recruitment and placement program so that it may be

authorized and empowered to: (a) Advise, confer, cooperate with and assist local officials, groups and agencies in matters relating to the recruitment of physicians for Kansas communities; (b) receive financial assistance from local officials and agencies for use solely in recruitment of physicians and allied health personnel; (c) enter into agreements with qualified persons as deemed necessary to accomplish its duties; (d) publish information and data to encourage physicians to locate in Kansas, including advantages and opportunities available, and otherwise to encourage and promote physicians to engage in the practice of medicine in the state of Kansas and in particular those areas where such services are vitally needed; and (f) advise, confer, and cooperate with any state agency which will have information in the recruitment and placement of physicians in Kansas.

Be it further resolved: That the secretary of state be directed to transmit an enrolled copy of this resolution to the Chancellor of the University of Kansas, the Executive Vice-Chancellor of the University of Kansas School of Medicine, the Vice-Chancellor, of the University of Kansas School of Medicine, Wichita State University Branch and the Secretary of the Kansas Department of Economic Development.

_____ CONCURRENT RESOLUTION NO. _____

By Special Committee on Public Health and Welfare

Re: Proposal No. 33

A CONCURRENT RESOLUTION ^{recommending} ~~directing~~ the University of Kansas School of Medicine to investigate the feasibility of a program which will permit qualified students to complete requirements for both their undergraduate degree and M.D. degree within six academic years.

WHEREAS, Some medical schools in the United States have implemented curricular changes which would result in graduating a physician after six academic years of instruction instead of the customary eight years; and

WHEREAS, Among the many stated advantages of a six-academic year curriculum is that it will increase the overall supply of physicians, increase by two years the number of years that each graduate would expect to practice, and increase the utilization of educational facilities; and

WHEREAS, These experimental accelerated programs have shown that students with high scholastic ability and motivation can be selected and can succeed academically in accelerated programs: Now, therefore,

Be it resolved by the _____ of the State of Kansas, the _____ concurring therein: As a method of reducing the shortage of physicians in the state of Kansas, the Kansas Legislature recommends that the University of Kansas School of Medicine be directed to determine the feasibility of implementing into their curriculum an accelerated program which will allow medical students to complete their requirements for both their undergraduate degree and M.D. degree within six academic years.

Be it further resolved: That the secretary of state be instructed to deliver an enrolled copy of this resolution to the Chancellor of the University of Kansas, the Executive

Vice-Chancellor of the University of Kansas School of Medicine
and the Vice-Chancellor, of University of Kansas School of Medi-
cine, Wichita State University Branch.

_____ CONCURRENT RESOLUTION NO. _____

By Special Committee on Public Health and Welfare

Re: Proposal No. 33

A CONCURRENT resolution recommending the University of Kansas School of Medicine to add to their criteria for admission to medical school the Kansas geographic location of the applicant to foster admissions from medically underserved areas.

WHEREAS, The need for producing an increased number of physicians in rural areas of the state of Kansas has been well documented. If patterns of the past continue, the large majority of new physicians will choose to practice in those communities which are near major population centers. Even though in the past few years the number of physicians has increased, this increase will have little effect on the shortage of physicians practicing in rural areas; and

WHEREAS, Studies show that sons and daughters of persons residing in the rural areas are more likely to return to those areas and engage in the practice of medicine since by virtue of their background and experience will especially motivate and suit them for rural practice; and

WHEREAS, In recognition of the need for medical practitioners in rural areas throughout the state of Kansas, particular attention should be given to the communities in which each applicant for medical school lives as an additional criteria in determining which applicants are to be admitted to the School of Medicine: Now, therefore,

Be it resolved by the _____ of the State of Kansas, the _____ concurring therein: As a practical inducement to qualified youth interested in a medical career, the Kansas Legislature supports the use of the geographic location of the applicant as an additional criteria for the selection of those students who will be admitted to the University of Kansas

School of Medicine. Since the University of Kansas, School of Medicine's admissions committee is annually faced with an abundant number of qualified candidates for admission, choices should be made which reflect the needs of society.

Be it further resolved: That the secretary of state is hereby directed to transmit a copy of this resolution to the Chancellor, the Dean of Admissions of the University of Kansas School of Medicine, Chairman of the Board of Regents, and the Chairman of the State Board of Education.

Be if further resolved: That the Dean of Admissions of University of Kansas School of Medicine communicate this additional standard for admissions to all colleges and universities located in the state of Kansas.

____ CONCURRENT RESOLUTION NO. ____

By Special Committee on Public Health and Welfare

Re: Proposal No. 33

A CONCURRENT RESOLUTION recommending that the University of Kansas School of Medicine be directed to investigate the feasibility of the development of rural health care centers in Kansas.

WHEREAS, Increases in the supply of physicians and allied health personnel have not resulted in more equitable distribution of health care manpower in the state of Kansas; in fact the maldistribution has worsened in the past decade; and

WHEREAS, In searching for ways to solve this problem of physician and allied health personnel distribution, one approach should be the development of model rural health care centers; and

WHEREAS, In addition to making the practice of medicine in Kansas rural areas more attractive to new physicians and allied health personnel, the development of model rural health care centers would provide much needed clinics for those ambulatory patients who would normally not have access to adequate medical services in their time of need; and

WHEREAS, Reputable studies have shown that there is a high probability that a physician will establish a medical practice in the geographic area where he or she serves a medical residency; and

WHEREAS, Development of model rural health care centers, which will also serve as training centers for Primary Care residents, will decisively affect the decisions of medical students because of the exposure of such young physicians to the benefits of medical practice in communities and areas which are not now sufficiently served; and

WHEREAS, When physicians and allied health personnel are encouraged to establish medical practices in smaller communities

and rural areas of our state, it becomes essential that opportunities be provided for professional stimulation and growth; and

WHEREAS, Increased emphasis is being given to programs of continuing education for practicing physicians and allied health personnel so that they may avoid the harmful effects of isolation from the advances in medical science and in the techniques of practice; and

WHEREAS, If model rural health care centers are developed, in addition to serving as clinics for ambulatory patients and training centers for Primary Care residents, they would also serve as central locations for continuing education programs for area physicians and allied health personnel: Now, therefore,

Be it resolved by the _____ of the State of Kansas, the _____ concurring therein: That the University of Kansas School of Medicine shall submit a written report to the Legislature containing specific recommendations as to the construction and staffing of such centers.

Be it further resolved: That the University of Kansas School of Medicine present a comprehensive set of recommendations for the location and utilization of model rural health care centers in the smaller communities and rural areas of our state.

Be it further resolved: That the secretary of state be directed to prepare an enrolled copy of this concurrent resolution for mailing to the Chancellor of the University of Kansas, the Executive Vice-Chancellor, Kansas University School of Medicine, the Vice-Chancellor, of University of Kansas School of Medicine, Wichita State University Branch, Chairman of the Board of Regents, and the President of the Board of Healing Arts.

_____ BILL NO. _____

By Special Committee on Public Health and Welfare

Re Proposal No. 32

AN ACT concerning adult care homes; providing for inspections thereof; requiring that certain inspection reports be available for public inspection; and requiring a statement of services be offered for each resident of such adult care home; amending K.S.A. 39-935 and 39-936 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 39-935 is hereby amended to read as follows: 39-935. Inspections shall be made and reported in writing by the authorized agents and representatives of the licensing agency and state fire marshal, and of the local health departments as often and in the manner and form prescribed under the rules and regulations promulgated under the provisions of this act. Access shall be given to the premises of any adult care home at any time upon presenting adequate identification to carry out the requirements of this section and the provisions and purposes of this act, and failure to provide such access shall constitute grounds for denial or revocation of license. A copy of any inspection reports required by this section shall be furnished to the applicant.

In addition to inspections conducted for licensure purposes, the authorized agents and representatives of the licensing agency shall inspect each adult care home once during each year for the purpose of determining whether the adult care home is complying with applicable statutes and rules and regulations relating to the health and safety of the residents of the adult care home. These additional inspections shall be unannounced.

Every adult care home shall post in a conspicuous place a

notice indicating that the most recent inspection report and related documents may be examined in the office of the administrator of the adult care home. Upon request, every adult care home shall provide to any person a copy of the most recent inspection report and related documents, provided the person requesting such report agrees to pay a reasonable charge to cover copying costs.

Sec. 2. K.S.A. 39-936 is hereby amended to read as follows:
39-936. The presence of each resident in an adult care home shall be covered by a statement provided at the time of admission, or prior thereto, setting forth the general responsibilities and services and daily or monthly charges for such responsibilities and services. Each party shall be provided with a duplicate copy thereof, with a copy going to the person responsible for payment of such services and the adult care home shall keep a filed copy thereof in the resident's file. No statement, or any provision thereof, shall be construed to relieve any adult care home of any requirement or obligation imposed upon it by this act or by requirements, standards, rules and regulations promulgated under its provisions.

A qualified person or persons shall be in attendance at all times upon residents receiving accommodation, board, care, training or treatment in adult care homes. The licensing agency may establish necessary standards, rules and regulations prescribing the number, qualifications, training, standards of conduct, and integrity for such qualified person or persons attendant upon the residents. All medical care and treatment shall be given under the direction of a physician authorized to practice under the laws of this state and shall be provided promptly as needed. ~~Provided,--however,--That.~~ No resident who relies in good faith upon spiritual means or prayer for healing shall, if he objects thereto, be required to undergo medical care or treatment.

Sec. 3. K.S.A. 39-935 and 39-936 are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

_____ BILL NO. _____

By Special Committee on Public Health and Welfare

Re: Proposal No. 33

AN ACT concerning the state board of regents; authorizing such board to grant scholarships to students at the university of Kansas school of medicine and in colleges of osteopathic medicine and to grant loans to assume and repay certain debts incurred by certain medical school graduates or graduates of schools of osteopathy; amending K.S.A. 1976 Supp. 74-3223 to 74-3228, inclusive, and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1976 Supp. 74-3223 is hereby amended to read as follows: 74-3223. (a) Within the limits of appropriations therefor, the state board of regents ~~is hereby authorized~~ to may:

(1) Award scholarships, within the limitations provided in this act, during any one calendar year to persons admitted to or enrolled in the university of Kansas school of medicine. Such scholarships shall provide for the payment of educational expenses incurred by the recipient, including tuition, fees, books, laboratory expenses, instruments and living expenses in an amount not to exceed six thousand dollars (\$6,000) per year for each calendar year for which the scholarship is awarded, and such scholarships may be renewed annually by the state board of regents. Such educational expenses shall be those expenses normally incurred by students enrolled in the university of Kansas school of medicine. In no case shall such a scholarship be awarded and renewed for a period of time in excess of four (4) years.

(2) Within the limitations provided in this act, assume and

repay, in any one calendar year, the balance of any debt, including principal and interest in an amount not to exceed six thousand dollars (\$6,000), incurred in the process of obtaining the degree of doctor of medicine or incurred in connection with carrying out a ~~medical internship or residency~~ postgraduate medical education program, by not more than twelve (12) graduates of any school of medicine ~~accredited by the state board of healing arts~~ or to make loans to any person enrolled in a ~~medical internship or residency~~ postgraduate medical education program approved by the university of Kansas school of medicine in an amount not to exceed six thousand dollars (\$6,000) in any one calendar year. Not more than twelve (12) graduates of a school of medicine approved by the state board of healing arts shall be eligible to have their debts assumed and repaid in any one year under this section. No loan shall be granted and renewed for a period of time in excess of four (4) years.

(3) Award ~~not more than four (4)~~ scholarships, within the limitations provided in this act, during any one calendar year to persons admitted to or enrolled in colleges of osteopathic medicine. Not less than one-half (1/2) of such scholarships awarded during any one calendar year shall be awarded to residents of the state of Kansas. Such scholarships shall provide for the payment of educational expenses incurred by the recipient, including tuition, fees, books, laboratory expenses, instruments and living expenses in an amount not to exceed six thousand dollars (\$6,000) per year for each calendar year for which the scholarship is awarded, and such scholarships may be renewed annually by the state board of regents. Such educational expenses shall be those expenses normally incurred by students enrolled in a college of osteopathic medicine approved by the state board of healing arts. In no case shall such a scholarship be awarded and renewed for a period of time in excess of four (4) years or in excess of twenty-four thousand dollars (\$24,000).

(4) Within the limitations provided in this act, assume and repay, in any one calendar year, the balance of any debt, includ-

ing the principal and interest in an amount not to exceed six thousand dollars (\$6,000), incurred in the process of obtaining the degree of doctor of osteopathy or incurred in connection with carrying out a postgraduate educational program in osteopathy approved by the board of healing arts or to make loans to any person enrolled in a postgraduate education program in osteopathy approved by the board of healing arts in an amount not to exceed six thousand dollars (\$6,000) in any one calendar year. No loan shall be granted and renewed for a period of time in excess of four (4) years.

(5) Notwithstanding the limitations on the number of debts assumed under paragraph (2) of subsection (a) and debts assumed, loans granted and scholarships awarded under subsection (b), award those scholarships, assume those debts or grant those loans authorized under the provisions of this act but not awarded, assumed or granted at the time established by the board of regents for awarding the scholarships, assuming the debts or granting the loans to any student otherwise eligible under this act to receive a scholarship, have a debt assumed or be granted a loan, until the total number of persons for whom such scholarships are awarded, debts are assumed and loans are granted during such year equals the maximum number under subsection (c).

(b) Except as provided in paragraph (5), the total number of scholarships awarded, debts assumed or loans granted under paragraph (3) and (4) of subsection (a) shall not exceed four (4) in any one calendar year.

(b) (c) The total amount of scholarships awarded, debts assumed and loans granted during any one calendar year under the provisions of paragraphs (1) and, (2), (3) and (4) of subsection (a) shall not exceed ~~seventy-two~~ ninety-six thousand dollars ~~(\$72,000)~~ (\$96,000), and the total number of persons for whom such scholarships are awarded, debts are assumed and loans are granted during such year shall not exceed ~~twelve--(12)~~ sixteen (16). Of the total number of persons for whom such scholarships are awarded, debts are assumed and loans are granted during any

one calendar year, the majority of such persons shall be residents of the state of Kansas.

Sec. 2. K.S.A. 1976 Supp. 74-3224 is hereby amended to read as follows: 74-3224. (a) In order to be eligible to receive any scholarship awarded under paragraph (1) of subsection (a) of K.S.A. ~~1975~~ 1976 Supp. 74-3223, a person shall: (1) Be accepted for admission to or be enrolled in a course of instruction at the university of Kansas school of medicine leading to a degree of doctor of medicine; and (2) sign an agreement that, unless sooner separated from such school of medicine, such person will complete the required courses of instruction and, will enter into an approved primary care residency program and following the successful completion of such program, will engage in practice of primary care medicine in any of the areas of the state of Kansas designated by the state board of regents pursuant to subsection (c) of K.S.A. ~~1975~~ 1976 Supp. 74-3226, and that such person will engage in such practice for the period of time designated in K.S.A. ~~1975~~ 1976 Supp. 74-3227 or be subject to repayment of moneys paid to such person pursuant to this act, as provided in K.S.A. ~~1975~~ 1976 Supp. 74-3227.

(b) In order to be eligible to receive any scholarship awarded under paragraph (3) of subsection (a) of K.S.A. ~~1975~~ 1976 Supp. 74-3223, a person shall: (1) Be accepted for admission to or be enrolled in a course of instruction in a college of osteopathic medicine ~~accredited~~ approved by the state board of healing arts leading to a degree of doctor of osteopathy; and (2) sign an agreement that, unless sooner separated from such college of osteopathic medicine, such person will complete the required courses of instruction and, upon completion of such person's internship or residency, as applicable, engage in the practice of osteopathic medicine and surgery in any areas of the state of Kansas designated by the state board of regents pursuant to subsection (c) of K.S.A. ~~1975~~ 1976 Supp. 74-3226, and that such person will engage in such practice for the period of time designated in K.S.A. ~~1975~~ 1976 Supp. 74-3227 or be subject to repay-

ment of moneys paid to such person pursuant to this act, as provided in K.S.A. ~~1975~~ 1976 Supp. 74-3227.

Sec. 3. K.S.A. 1976 Supp. 74-3225 is hereby amended to read as follows: 74-3225. In order to be eligible for the loan or debt payment program established under this act, the person applying for the benefits of such program shall sign an agreement that, upon completion of an internship or residency, as applicable, such person will engage in the practice of primary care medicine in any of the areas of the state of Kansas designated by the board of regents pursuant to subsection (c) of K.S.A. ~~1975~~ 1976 Supp. 74-3226, and that such person will engage in such practice for the period of time designated in K.S.A. ~~1975~~ 1976 Supp. 74-3227 or be subject to repayment of moneys paid in satisfaction of debts owed by such person or as repayment for moneys borrowed by such person, as provided in K.S.A. ~~1975~~ 1976 Supp. 74-3227.

Sec. 4. K.S.A. 1976 Supp. 74-3226 is hereby amended to read as follows: 74-3226. The state board of regents shall: (a) Adopt rules and regulations establishing criteria for the selection of recipients of scholarships under this act; for the selection of recipients of loans and debt payments; for the determination of debts eligible for payment; (b) accept application for and make the final selection of all persons eligible to receive funds or have funds paid on their behalf under this act; and (c) after consulting with the Kansas medical society, the state board of healing arts and the Kansas statewide health planning coordinating council, designate those areas of the state in which there is an insufficient number of persons engaged in the practice of primary care medicine and those areas of the state in which there is an insufficient number of persons in the practice of osteopathic medicine and surgery.

Sec. 5. K.S.A. 1976 Supp. 74-3227 is hereby amended to read as follows: 74-3227. (a) Any recipient of a scholarship, loan or debt payment awarded under this act shall be obligated, pursuant to the agreement required to be entered into under this

act, to engage in the practice of primary care medicine or in the practice of osteopathic medicine and surgery in an area of this state designated by the board of regents pursuant to subsection (c) of K.S.A. ~~1975~~ 1976 Supp. 74-3226 for a period of time to be computed as follows: (1) For the recipient of a scholarship under this act, such time period shall be equal in number to the number of months for which such recipient was paid a stipend pursuant to such scholarship or for a period of months equal in number to the number obtained by dividing the total amount which was paid to the recipient of such scholarship by five hundred (500), whichever is greater, but in no case shall such period of obligation be more than two (2) years; and (2) for the recipient of a loan or a debt payment under this act, such time period shall be equal in number to the number obtained by dividing the total amount of the loan or of the debt paid by five hundred (500) or for a period of months equal to the total number of months covered by the payments of such funds, but in no case shall such period of obligation be more than two (2) years.

(b) After engaging in such practice of primary care medicine or of osteopathic medicine and surgery for the required period of time, a recipient of any scholarship, loan or debt payment awarded under this act shall have discharged fully any obligation to the state board of regents pursuant to the agreement required to be entered into under this act. A recipient of any scholarship, loan or debt payment awarded under this act who fails to engage in such practice of primary care medicine or of osteopathic medicine and surgery for the required period of time, immediately shall incur the obligation to repay to the state board of regents an amount equal to twice the total amount of money paid on behalf of such person.

Sec. 6. K.S.A. 1976 Supp. 74-3228 is hereby amended to read as follows: 74-3228. From and after July 1, ~~1976~~ 1980, no person shall be awarded a scholarship, granted a loan or have a loan assumed and repaid under the provisions of this act. Persons who, prior to said date, had been a recipient of a scholarship

awarded under this act may have such scholarship renewed in accordance with the provisions of K.S.A. ~~1975~~ 1976 Supp. 74-3223 to 74-3227, inclusive.

Sec. 7. K.S.A. 1976 Supp. 74-3223, 74-3224, 74-3225, 74-3226, 74-3227, and 74-3228 are hereby repealed.

Sec. 8. This act shall take effect and be in force from and after its publication in the official state paper.

2 _____ BILL NO. _____

3 By Special Committee on Public Health and Welfare

4 Re Proposal No. 34

5 AN ACT concerning the safe drinking water act

6 Be it enacted by the Legislature of the State of Kansas:

7 New Section 1. As used in K.S.A. 1976 Supp. 65-163 and
8 65-163a, both sections as amended, and in sections 5 to 14,
9 inclusive, of this act, unless the context clearly requires
10 otherwise, the following words and phrases shall have the mean-
11 ings respectively ascribed to them in this section:

12 (a) "Person" means an individual, corporation, company,
13 association, partnership, state, municipality or federal agency.

14 (b) "Public water supply system" means a system for the
15 provision to the public of piped water for human consumption, if
16 such system has at least fifteen (15) service connections or
17 regularly serves an average of at least twenty-five (25) indi-
18 viduals daily at least sixty (60) days out of the year. Such
19 term includes any collection, treatment, storage and distribution
20 facilities under control of the operator of the system and used
21 primarily in connection with the system, and any collection of
22 pre-treatment storage facilities not under such control which are
23 used primarily in connection with such system.

24 (c) "Secretary" means the secretary of health and environ-
25 ment.

26 (d) "Supplier of water" means any person who owns or oper-
27 ates a public water supply system.

28 Sec. 2. K.S.A. 1976 Supp. 65-163 is hereby amended to read

1 as follows: 65-163. (a) ~~That No person,--company,--corporation,~~
2 ~~institution--or municipality shall supply water for domestic pur-~~
3 ~~poses to the public~~ person shall operate a public water supply
4 system within the state ~~from or by means of any waterworks that~~
5 ~~shall have been constructed or extended, either in whole or in~~
6 part from or by means of a water supply system constructed or
7 extended, in whole or in part, subsequent to the passage effec-
8 tive date of this act, without a written public water supply
9 system permit from the secretary ~~of health and environment for~~
10 ~~the supplying of such water, except.~~ This provision public water
11 supply system permit requirement shall not apply to the extension
12 of water pipes for distribution of water. ~~The~~ An application for
13 such a public water supply system permit shall be accompanied by:
14 (1) A certified copy of the maps, plans and specifications for
15 the construction of such--waterworks the public water supply
16 system or the extension, and of thereof; (2) a description of the
17 source from which it is proposed to derive the water supply and
18 of is to be derived; (3) the proposed manner of storage, purifi-
19 cation or treatment proposed for the supply previous prior to its
20 delivery to consumers, together with; and (4) such other data and
21 information as may be required by the secretary of health and
22 environment; and. ~~No other or additional~~ source of water supply
23 in substitution for or in addition to the source described in the
24 application or in any subsequent application for which a public
25 water supply system permit is issued shall ~~subsequently~~ be used
26 ~~for any such waterworks~~ by a public water supply system, nor
27 shall any change be made in the manner of storage, purification
28 or treatment of the water supply be made, without an additional
29 public water supply system permit to be obtained in a similar
30 manner similar to that prescribed by this section from the secre-
31 tary of health and environment.

32 (b) Whenever application shall be made to the secretary of
33 ~~health and environment~~ for a public water supply system permit
34 under the provisions of this section, it shall be the duty of the
35 secretary ~~of health and environment~~ to examine the application

1 without delay, and, as soon as possible thereafter, to ~~issue~~ the
2 ~~said permit if in his judgment the proposed supply appears to be~~
3 ~~not prejudicial to the public health, or to make an order stating~~
4 ~~the conditions under which the said permit will be granted. If~~
5 ~~the said person, company, corporation, institution or municipal-~~
6 ~~ity shall consider the terms of such order to be illegal or~~
7 ~~unjust or unreasonable, it may, within thirty days after the~~
8 ~~making of such order, appeal therefrom to the district court of~~
9 ~~the county in which the proposed waterworks, or extension~~
10 ~~thereof, is to be located; and the said court shall hear the said~~
11 ~~appeal without delay, and shall render a decision approving,~~
12 ~~setting aside or modifying the said order, or fixing the terms~~
13 ~~upon which said permit shall be granted, and stating the reasons~~
14 ~~therefor to grant or deny the public water supply system permit~~
15 ~~subject to any conditions which may be imposed by the secretary~~
16 ~~to protect the public health and welfare. If the applicant con-~~
17 ~~siders the denial of a permit or the conditions of the permit as~~
18 ~~issued to be illegal, unjust or unreasonable, the applicant may~~
19 ~~appeal within thirty (30) days after the issuance or denial of~~
20 ~~the permit to the district court of the county in which the pro-~~
21 ~~posed public water supply system is or will be located or, if the~~
22 ~~public water supply system is or will be located in more than one~~
23 ~~county, to the district court of any such county. The court~~
24 ~~shall hear the case without delay and shall approve, set aside or~~
25 ~~modify the action of the secretary or fix the terms upon which~~
26 ~~the permit shall be granted.~~

27 (c) ~~The supplying of water for domestic purposes to the~~
28 ~~public within the state from or by means of any waterworks that~~
29 ~~shall have been constructed or extended, either in whole or in~~
30 ~~part, subsequent to the passage of this act, without a permit to~~
31 ~~do so obtained from the secretary of health and environment as~~
32 ~~hereinbefore provided, shall be deemed a misdemeanor, and shall~~
33 ~~be punishable by a fine of not less than twenty five dollars~~
34 ~~(\$25) nor more than fifty dollars (\$50) for each offense. The~~
35 ~~supplying of water in each day contrary to the provisions of this~~

1 ~~act shall be considered to constitute a separate offense.~~ When-
2 ever a complaint shall be is made to the secretary of health and
3 environment by the ~~mayer~~ of any city of the state, or by a county
4 health officer, or by a ~~local~~ county or joint board of health,
5 ~~teaching~~ concerning the sanitary quality of any water supplied to
6 the public for ~~domestic or drinking purposes~~ within the county
7 within in which the said city or health officer or ~~local~~ county
8 or joint board of health is located, ~~it shall be the duty of~~ the
9 secretary of health and environment ~~to~~ shall investigate the
10 character ~~of the~~ public water supply concerning which the com-
11 ~~plaint is made~~ system about which the complaint is made. Also,
12 Whenever the secretary of health and environment shall have has
13 reason to believe that the sanitary quality of any water supplied
14 ~~to the public within the state for domestic or drinking purposes~~
15 ~~is such as to be prejudicial to the public health~~ a public water
16 supply system within the state is being operated in violation of
17 an applicable state law or an applicable rule and regulation of
18 the secretary, ~~he~~ the secretary may upon his own motion investi-
19 gate the character ~~of such~~ public water supply system.

20 (d) Whenever an investigation of any public water supply
21 ~~shall be~~ system is undertaken, ~~under either of the foregoing~~
22 ~~provisions~~ by the secretary, it shall be the duty of the person,
23 company, ~~corporation, institution or municipality having in~~
24 ~~charge the water supply~~ supplier of water under investigation to
25 furnish, ~~on demand,~~ to the secretary of health and environment
26 such information relative ~~to the source or sources from which the~~
27 ~~said supply of water is derived and to the manner of storage,~~
28 ~~purification or treatment of the water before its delivery to~~
29 ~~consumers as may be necessary or desirable for the determination~~
30 ~~of its sanitary quality~~ to determine the sanitary quality of the
31 water supplied to the public and to determine compliance with
32 applicable state laws and rules and regulations. The secretary
33 of health and environment is hereby given authority to make may
34 issue an order requiring such changes in the source or sources of
35 the said public water supply system, or in the manner of storage,

1 purification or treatment of the said supply utilized by the
2 public water supply system before delivery to consumers, or in
3 both, as may in his the secretary's judgment be necessary to
4 safeguard the public health sanitary quality of the water and
5 bring about compliance with applicable state law and rules and
6 regulations. It shall be the duty of The person, company, cor-
7 poration, institution or municipality having in charge the water
8 supply investigated, or the works for the development or distri-
9 bution of the supply, to fully supplier of water shall comply
10 with the said order of the secretary of health and environment.

11 (e) If any such person, company, corporation, institution
12 or municipality shall consider a supplier of water considers the
13 requirements of the said order to be illegal or, unjust or unrea-
14 sonable, it the supplier of water may, within thirty days after
15 the making of the said order, appeal therefrom within thirty (30)
16 days after the issuance of the order to the district court of the
17 county in which the said waterworks are public water supply
18 system is located, and or, if the public water supply system is
19 located in more than one county, to the district court of any
20 such county. The said court shall hear the case without delay,
21 and shall render a decision approving, setting aside or, modi-
22 fying the said order or fixing modify the terms upon which said
23 the permit shall be was granted, and stating the reasons
24 therefor.

25 Sec. 3. K.S.A. 1976 Supp. 65-163a is hereby amended to read
26 as follows: 65-163a. (a) Any person, company, corporation,
27 institution or municipality supplier of water may refuse to
28 deliver water through pipes and mains to any premises whereon any
29 where a condition exists which might lead to the contamination of
30 the public water supply and may continue to refuse such the
31 delivery of water to any such the premises until such the condi-
32 tion is remedied. Provided, however,

33 (b) The secretary of health and environment may order any
34 such person, company, corporation, institution or municipality a
35 supplier of water: (1) To cease the delivery of any water through

1 pipes and mains to any premises whereon any where a condition
2 exists which might lead to the contamination of the public water
3 supply ~~and any such person, company, corporation, institution or~~
4 ~~municipality so ordered by the secretary of health and~~
5 ~~environment;~~ or (2) to cease an activity which would result in a
6 violation of the state primary drinking water standards; or (3)
7 to cease an activity which results in a continuing violation of
8 the state primary drinking water standards; or (4) to comply with
9 any combination of these orders. The supplier of water shall
10 ~~immediately cease delivery of water until the danger of contami-~~
11 ~~nation is eliminated~~ comply with an order issued by the secretary
12 under this section.

13 (c) ~~If any person, company, corporation, institution or~~
14 ~~municipality shall consider~~ a supplier of water considers the
15 terms of such order ~~by the secretary of health and environment~~ to
16 be illegal or, unjust or unreasonable, ~~it~~ the operator may,
17 ~~within thirty days after the making of such order,~~ appeal
18 ~~therefrom~~ within thirty (30) days after the issuance of the order
19 to the district court of the county in which the premises
20 involved public water supply system is located; ~~and or,~~ if the
21 public water supply system is located in more than one county, to
22 the district court of any such county. The said court shall hear
23 the said appeal without delay, and shall ~~render a decision~~
24 ~~approving, setting aside or modifying~~ approve, set aside or
25 modify the said order, ~~and stating the reasons therefor.~~

26 (d) ~~The supplying of any water contrary to the order of the~~
27 ~~secretary of health and environment or contrary to the decision~~
28 ~~of the said district court, if appealed as aforesaid, shall be a~~
29 ~~misdemeanor, and any person, company, corporation, institution,~~
30 ~~or municipality convicted thereof shall be punished by a fine of~~
31 ~~not less than twenty five dollars (\$25) nor more than fifty~~
32 ~~dollars (\$50) for each offense. The supplying of water in each~~
33 ~~day contrary to the provisions of this act shall be considered to~~
34 ~~constitute a separate offense.~~

35 Sec. 4. K.S.A. 1976 Supp. 65-170b is hereby amended to read

1 as follows: 65-170b. In performing investigations or adminis-
2 trative functions relating to water pollution or public water
3 supply as provided by K.S.A. 65-161 to 65-171j, inclusive, or any
4 amendments thereto, the secretary of health and environment or
5 ~~his~~ the secretary's duly authorized representatives ~~shall have~~
6 ~~reasonable access to all properties and facilities~~ representa-
7 tives upon presenting appropriate credentials, may enter any
8 property or facility which is subject to the provisions of K.S.A.
9 65-161 to 65-171j, inclusive, or any amendments thereto, for the
10 purpose of observing, monitoring, collecting samples and, exam-
11 ining records and facilities to determine compliance or noncom-
12 pliance with state ~~requirements~~ laws and rules and regulations
13 relating to water pollution or public water supply.

14 The secretary of health and environment or ~~his~~ the
15 secretary's duly authorized representative shall make such
16 requirements as they deem necessary relating to the inspection,
17 ~~and monitoring,~~ recording and reporting by any holder of a sewage
18 discharge permit issued ~~pursuant to~~ under K.S.A. 1976 Supp.
19 65-165, or any amendments thereto or any holder of a public water
20 supply system permit issued under K.S.A. 1976 Supp. 65-163.

21 New Sec. 5. The secretary of health and environment shall
22 adopt rules and regulations establishing primary drinking water
23 standards applicable to all public water supply systems in the
24 state. The primary drinking water standards shall: (a) Identify
25 contaminants which may have an adverse effect on the health of
26 persons; (b) specify for each contaminant either (1) a maximum
27 contaminant level that is acceptable in water for human consump-
28 tion, if it is economically and technologically feasible to
29 ascertain the level of such contaminant in water in public water
30 supply systems; or (2) every treatment technique or method which
31 leads to a reduction of the level of the contaminant sufficient
32 to protect the public health, if it is not economically or
33 technologically feasible to ascertain the level of the contam-
34 inant in water in the public water supply system; and (c) estab-
35 lish requirements for adequate monitoring, maintenance of records

1 and submission of reports, sampling and analysis of water, siting
2 criteria and review and inspections to insure compliance with the
3 contaminant levels or methods of treatment and to insure proper
4 operation and maintenance of the public water supply system.

5 Primary drinking water standards established under this
6 section shall be at least as stringent as the national primary
7 drinking water regulations adopted under public law 93-523.

8 New Sec. 6. The secretary of health and environment shall
9 develop plans, with the advice and assistance of the division of
10 emergency preparedness of the office of the adjutant general, for
11 emergency conditions and situations that may endanger the public
12 health or welfare by contamination of drinking water. The plans
13 shall identify potential sources of contaminants, situations or
14 conditions that could place the contaminants in the public drink-
15 ing water, techniques and methods to be used by public water
16 supply systems to reduce or eliminate the dangers to public
17 health caused by the emergency situations or conditions, methods
18 and times for analysis or testing during emergency situations or
19 conditions, alternate sources of water available to public water
20 supply systems and methods of supplying drinking water to con-
21 sumers if a public water supply system cannot supply the water.

22 New Sec. 7. A supplier of water shall give notice to the
23 persons served by the public water supply system and to the
24 secretary of health and environment whenever the public water
25 supply system:

26 (a) Is in compliance with an applicable maximum contaminant
27 level or treatment technique requirement of, or a testing proce-
28 dure prescribed by, a primary drinking water standard adopted
29 under section 8; or

30 (b) fails to perform monitoring, testing, analyzing or
31 samples as required; or

32 (c) is subject to a variance or exception; or

33 (d) is not in compliance with the requirements prescribed
34 by a variance or exemption.

35 The secretary of health and environment shall by rule and

1 regulation prescribe the form and manner for giving such notice.

2 [Such notice shall be given not less than once every three
3 (3) months, such notice shall be given by publication in a news-
4 paper of general circulation serving the area served by each such
5 water system, such notice shall be furnished to the communi-
6 cations media as soon as practicable after the discovery of the
7 violation with respect to which the notice is required. If the
8 water bills of a public water system are issued more often than
9 once every three (3) months, such notice shall be included in at
10 least one water bill of the system every three (3) months, and if
11 a public water system issues its water bills less often than once
12 every three (3) months, such notice shall be included in each of
13 the water bills issued by the system.]

14 New Sec. 8. (a) The secretary of health and environment may
15 grant a variance from an applicable primary drinking water stan-
16 dard to a public water supply system where the variance will not
17 result in an unreasonable risk to the public health and where,
18 because of the characteristics of the new water services reason-
19 ably available to the public water supply system, the public
20 water supply system cannot meet the maximum contaminant levels of
21 the primary drinking water standards despite application of the
22 best technology, treatment techniques or other means which the
23 secretary finds are generally available, taking costs into con-
24 sideration.

25 (b) Prior to granting a variance, the secretary shall pro-
26 vide notice in the official state paper of the proposed variance
27 and that interested persons may request a public hearing on the
28 proposed variance. If a public hearing is requested the secre-
29 tary shall set a time and place for the hearing. Frivolous or
30 insubstantial requests for a hearing may be denied by the secre-
31 tary.

32 (c) A variance may be conditioned on monitoring, testing,
33 analyzing or other requirements to insure the protection of the
34 public health. A variance granted may include a schedule of
35 compliance under which the public water supply system is required

1 to meet each contaminant level for which a variance is granted
2 within a reasonable time as specified by the secretary.

3 New Sec. 9. (a) The secretary of health and environment may
4 grant an exemption from any requirement relating to a maximum
5 contaminant level or from any treatment technique requirement, or
6 from both, of an applicable primary drinking water standard to a
7 public water supply system upon a finding that: (1) The exemption
8 will not result in an unreasonable risk to the public health; (2)
9 the public water supply system is unable to comply with the
10 contaminant level or treatment technique requirement due to
11 compelling factors, which may include economic factors; and (3)
12 the public water supply system was in operation on the effective
13 date of the contaminant level or treatment technique requirement.

14 (b) Prior to granting an exemption, the secretary shall
15 provide notice in the official state paper of the proposed exemp-
16 tion and that interested persons to request a public hearing on
17 the proposed exemption.

18 (c) If a public hearing is requested the secretary shall
19 set a time and place for the hearing. Frivolous insubstantial
20 requests for a hearing may be denied by the secretary. An exemp-
21 tion may be conditioned on monitoring, testing, analyzing or
22 other requirements to insure the protection of the public health.
23 An exemption granted may include a schedule of compliance under
24 which the public water supply system is required to meet each
25 contaminant level or treatment technique requirement for which an
26 exemption is granted within a reasonable time as specified by the
27 secretary.

28 New Sec. 10. The following acts are prohibited:

29 (a) The operation of a public water supply system without
30 first obtaining a valid public water supply system permit under
31 K.S.A. 1976 Supp. 65-163, as amended;

32 (b) The operation of a public water supply system in viola-
33 tion of the conditions of the public water supply system under
34 K.S.A. 1976 Supp. 65-163, as amended;

35 (c) The failure of a supplier of water under investigation

1 to furnish information to the secretary under K.S.A. 1976 Supp.
2 65-163, as amended;

3 (d) The failure of a supplier of water to comply with any
4 final order of the secretary issued under the provisions of
5 K.S.A. 1976 Supp. 65-163 or 65-163a, both sections as amended;

6 (e) The failure of a supplier of water to comply with a
7 primary drinking water standard established under section 5 and
8 rules and regulations adopted pursuant thereto unless a variance
9 or exception has been granted;

10 (f) The failure of a supplier of water to comply with the
11 rules and regulations of the secretary for monitoring, mainte-
12 nance of records and submission of reports, sampling and analysis
13 of water and inspections adopted under section 5; and

14 (g) The failure of a supplier of water to give notice as
15 required under section 7 and rules and regulations adopted pur-
16 suant thereto.

17 New Sec. 11. (a) Any person who violates any provision of
18 section 10 shall incur, in addition to any other penalty provided
19 by law, a civil penalty in an amount not more than _____
20 (____) for each violation and, in the case of a continuing
21 violation, every day such violation continues shall be deemed a
22 separate violation. The secretary upon a finding that a person
23 has violated any provision of section 10, may impose upon the
24 person so violating a civil penalty of not to exceed the limita-
25 tions provided in this section. In determining the amount of the
26 civil penalty, the secretary shall take into consideration all
27 relevant circumstances, including but not limited to, the extent
28 of harm caused by the violation, the nature and persistence of
29 the violation, the length of time over which the violation occurs
30 and any corrective actions taken.

31 (b) All civil penalties assessed shall be due and payable
32 within thirty-five (35) days after written notice of the imposi-
33 tion of a civil penalty is served on the person upon whom the
34 civil penalty is being imposed, unless a longer period of time is
35 granted by the secretary or unless the person appeals the assess-

1 ment as provided in this section.

2 (c) No civil penalty shall be imposed under this section
3 except upon the written order of the secretary to the person upon
4 whom the civil penalty is to be imposed stating the nature of the
5 violation, the penalty imposed and the right of the person upon
6 whom the penalty is imposed to appeal to the secretary for a
7 hearing on the matter. A person upon whom a civil penalty has
8 been imposed may appeal, within thirty (30) days after receiving
9 notification of the imposition of the civil penalty, to the
10 secretary, and if appealed a hearing shall be conducted. The
11 appeal shall operate to stay the payment of the civil penalty.
12 The hearing may be conducted by the secretary or by a hearing
13 officer appointed by the secretary. The hearing officer shall
14 have the power and authority to conduct the hearing in the name
15 of the secretary. Not less than ten (10) days written notice of
16 the time and place of the hearing shall be given to the person
17 bringing the appeal, and such notice shall be served personally
18 upon such person or by certified mail, return receipt requested.
19 Within fifteen (15) days after the hearing, the secretary shall
20 affirm, modify or reverse the imposition of the civil penalty and
21 shall give written notice of such decision to the person bringing
22 the appeal. Such notice shall be served upon the person either
23 personally or by certified mail, return receipt requested. The
24 decision of the secretary shall be final unless appealed to the
25 district court within thirty (30) days after the decision.

26 (d) An appeal may be taken from a decision of the secretary
27 to impose a civil penalty under this section by the person upon
28 whom the civil penalty is imposed to the district court as pro-
29 vided by K.S.A. 60-2101.

30 (e) A party to the review proceedings in the district court
31 may appeal from the final decision rendered by the district court
32 in such proceedings to the court of appeals as provided by K.S.A.
33 60-2101.

34 New Sec. 12. [Any person who violates a provision of
35 section 10 is guilty of a class _____ misdemeanor. Each day of

1 operation in violation of section 10 shall constitute a separate
2 offense.]

3 Sec. 13. K.S.A. 1976 Supp. 65-163, 65-163a and 65-170b are
4 hereby repealed.

5 Sec. 14. This act shall take effect and be in force from
6 and after its publication in the official state paper.

____ CONCURRENT RESOLUTION NO. ____

By Special Committee on Public Health and Welfare

Re: Proposal No. 33

A CONCURRENT RESOLUTION commending the University of Kansas School of Medicine on taking steps toward the development of model rural health care centers and recommending urging that the University of Kansas School of Medicine be directed to investigate the feasibility of submit recommendations on the development of model rural health care centers in Kansas.

WHEREAS, Increased ~~in the supply~~ numbers of physicians and allied health personnel have not resulted in more equitable adequate distribution of health care manpower in the state of Kansas; in fact the maldistribution has worsened in the past decade; and

WHEREAS, In searching for ways to solve this problem of physician and allied health personnel distribution, one approach should be the continuation of the development of model rural health care centers, as started by the University of Kansas School of Medicine; and

WHEREAS, In addition to making the practice of medicine in Kansas rural areas more attractive to new physicians and allied health personnel, the development of model rural health care centers would provide much needed clinics for those ambulatory patients who would normally not have access to adequate medical services in their time of need; and

WHEREAS, Reputable studies have shown that there is a high probability that a physician will establish a medical practice in the geographic area where he or she serves a medical residency; and

WHEREAS, Development of model rural health care centers, which will also serve as training centers for Primary Care residents, will decisively affect the decisions of medical students

because of the exposure of such young physicians to the benefits of medical practice in communities and areas which are not now sufficiently served; and

WHEREAS, When physicians and allied health personnel are encouraged to establish medical practices in smaller communities and rural areas of our state, it becomes essential that opportunities be provided for professional stimulation and growth; and

WHEREAS, Increased emphasis is being given to programs of continuing education for practicing physicians and allied health personnel so that they may avoid the harmful effects of isolation from the advances in medical science and in the techniques of practice; and

WHEREAS, If model rural health care centers are developed, in addition to serving as clinics for ambulatory patients and training centers for Primary Care residents, they would also serve as central locations for continuing education programs for area physicians and allied health personnel: Now, therefore,

Be it resolved by the _____ of the State of Kansas, the _____ concurring therein: That the University of Kansas School of Medicine ~~shall submit a written report to the Legislature containing specific recommendations as to the construction and staffing of such centers~~ is hereby commended and congratulated on taking steps toward the development of model rural health care centers as a partial solution for effective distribution of physicians and allied health personnel.

Be it further resolved: That the University of Kansas School of Medicine is hereby urged to submit present--a--comprehensive--set--of recommendations to the Kansas legislature and the Governor of the state of Kansas to encourage the development of a program for the location locating and utilization utilizing of model rural health care centers in the smaller communities and rural areas of our state based upon the experience of the University of Kansas School of Medicine in its development of this program.

Be it further resolved: That the secretary of state be

directed to prepare an enrolled copy of this concurrent resolution for mailing to the Chancellor of the University of Kansas, the Executive Vice-Chancellor, Kansas University School of Medicine, the Vice-Chancellor, of University of Kansas School of Medicine, Wichita State University Branch, Chairman of the Board of Regents, and the President of the Board of Healing Arts.

LAW OFFICES

COLMERY, McCLURE, FUNK, LETOURNEAU & WILKINSON

FIRST NATIONAL BANK BUILDING

TOPEKA, KANSAS 66603

November 23, 1976

HARRY W. COLMERY
ROBERT A. McCLURE
RICHARD R. FUNK
GERALD I. LETOURNEAU
JOHN E. WILKINSON
STEWART L. ENTZ
LEON B. GRAVES
FLOYD F. SHIELDS

TELEPHONE
AREA CODE 913
232-0564

Senator Wesley H. Sowers, Chairman
Interim Committee on Health
State Capitol Building
Topeka, Kansas

Re: Proposal 32

Dear Senator Sowers:

At this late date, probably the last day of your Committee's deliberations, events of the past week dictate that we bring a matter to the Committee's attention.

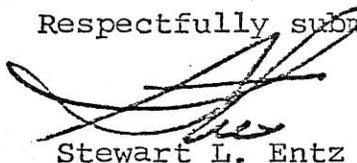
As we have alluded to several times during the hearings of this Committee health care costs a certain sum of money and that it follows that prescriptions for more care, mandated by new rules and regulations, cost more money. However, in the past week, contrary to this logic, the amount of money to underwrite these new rules and regulations has not been increased- it has been reduced, reduced from the 75th percentile to the 50th percentile. Thus, we as providers believe that a real dilemma has been created which the shortness of time my favor avoidance.

As providers we are intermediaries between the "government" that prescribes the level of care and the elderly residents that receive it. Thus, any prescribed care and its commensurate cost is really between the "government" and the elderly citizens. Our dilemma is really the dilemma of the "government" and the elderly in the last analysis. Providers cannot take the monies available for care and magically transform it into a larger sum to cover the higher costs of care prescribed. We are painfully aware of this reality. The elderly which we serve are not. It will six months or a year before they feel the full impact of the events of which we now lift up for the Committee's consideration.

It is in the spirit of cooperation and open communication that we feel compelled to raise this issue with the Committee at this

late date. In all sincerity we would solicit your Committee to introduce, without comment or recommendation, the attached Bill.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Stewart L. Entz", written in a cursive style with a large, sweeping flourish at the end.

Stewart L. Entz

An act relating to payment of reasonable charges to providers of health care in adult care facilities within the State of Kansas. Amending K.S.A. 39-708(x).

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A 39-708(x) is amended to read as follows:

The secretary shall take such action as may be necessary to assure that persons, firms and corporations selling property or providing services and licensed practitioners, within the scope of their practice as defined by state law who provide professional, social, psychological and health care services under the provisions of the Federal Social Security Act shall be paid reasonable charges. Payment for other medical assistance under the provisions of the Federal Social Security Act shall be reasonable charges; provided, however, that if such payments are otherwise limited by Federal law, such payments shall be as near the reasonable charges as may be permitted by Federal law.

Reasonable charges for adult care facilities within the State of Kansas will provide for reimbursement on a prospective rate method, utilizing the following criteria as a guideline for a minimum rate:

1. Allowable cost at the 90th percentile in the following cost centers: Administration, Room and Board, Health Care
2. Allowable cost of the physical plant shall be the facility cost, subject to a minimum occupancy factor of 75 percent on all reporting periods following the facility's first 12 month period.
3. Historical inflation to annual cost reported to equalize all months to the last month of the reporting period.
4. Prospective inflation to provide for estimated inflation for the next 12-month period of operation.
5. A capital investment and risk factor of \$1.00 per resident per day shall be allowed in determining the daily per diem rate of reimbursement.

6. All cost or expenses incurred by the facility due to implementation of Federal, State, or local statutes or rules and regulations will result in a rate adjustment following a determination of the cost by the State Department of S.R.S. in connection with data from the provider facilities. All facilities incurring additional cost due to compliance deficiencies as the result of current period inspections will have their rate re-determined within the existing limitations subject to a ceiling of 105 percent of the maximum limitations following proof of compliance and projected cost. The rate to be effective the first of the month following compliance.