Approved	3-17-83	
	Date 26	

MINUTES OF THE HOUSE COMMIT	TEE ONPUBLIC HEALTH AND WELFARE	
The meeting was called to order by	Marvin Littlejohn	at
,	Chairperson	
1:30 /m./p.m. onMarch 3,		l.
All members were present except:		

Committee staff present:

Emalene Correll, Research Department Bill Wolff, Research Department Bruce Hurd, Revisor's Office Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Representative David Heinemann, sponsor of HB 2294 Mr. Gerald Cooper, SKEMS of Garden City Mr. Lyle Eckhart, Kansas Department of Health and Environment

Visitor's register, see (Attachment No. 1.)

Chairman called meeting to order.

Chairman recognized Representative David Heinemann as sponsor of HB 2294, and asked that he make comments on this bill.

Rep. Heinemann stated that HB 2294 was introduced in an attempt to allow continuation of the valuable practice which is currently being done by Emergency Medical Technicians. (EMT's). There has been much discussion in previous years about who is authorized to give I-V's and draw blood. Rep. Heinemann gave a comprehensive explanation of the bill, and told why he feels it is a necessary piece of legislation. He appreciates the efforts of the committee to clean up the language in the bill, and will concur with what the committee has done on HB 2294.

Mr. Darrell Cooper of Garden City and Rep. Heinemann fielded questions from committee members.

Chair recognized visitors Janice Hardenburger, Director, Public Affairs of the U.S. Department of Health and Human Services, Mr. Richard Shirley, Chief Health Professions Branch, Public Health Service, and Mr. Rhett McMurray, Nurse Consultant, Public Health Service.

### HB 2294

Mr. Lyle Eckhart, KDH&E was introduced to committee. Mr. Eckhart gave a very comprehensive background and explanation of the balloon copy of HB 2294 for the committee. (Attachment No. 2.) Mr. Eckhart answered questions from committee, i.e., time requirements on the licensure of the EMT that has been inactive, then must be re-examined if he has been out of practice for a 2 year period, the need for blood sampling in an emergency situation in cases of poisioning, and diabetics, public need for this service in some areas and not in others, and etc. He commented on specific changes in language and technical points as shown in balloon copy, attachment No.2.

Further questions were asked of Mr. Eckhart by committee and staff.

HB 2474

Balloon copy of HB 2474 was drafted late yesterday and given to committee at their seats on the floor of the House this morning. (See Attachment No. 3.) Bill Wolff explained the balloon to committee as shown in attachment No.3.

### CONTINUATION SHEET

MINUTES OF THE HOUSE	COMMITTEE ON _	PUBLIC HEALTH AND WELFARE	
room <u>423-S</u> , Statehouse, at <u>1</u>	:30 /d,h/,/p.m. on	March 3,	

### HB 2474 continues:--

Rep. Kline made a motion the balloon be amended into HB 2474. Motion seconded by Rep. Wagnon. Discussion followed. Voice vote taken and motion carried.

Rep. Harder moved to report HB 2474 out of committee as amended, favorably for passage. Seconded by Rep. Cribbs, and motion carried.

### HB 2294

Chairman directed committee's attention back to HB 2294. Bill Wolff noted some technical language, as to definition on EMT's, and on line 158, pg. 5, the definition is broader language, and it was the suggestion of Research, these might be clarified. Discussion held, and instruction to revisor that the broader language be incorporated in the bill, and that the language in section (a) in regard to population be in the bill as motion to accept that amendment was made at an earlier meeting, but it does not appear in the balloon before committee today. So noted.

Motion by Rep. Walker to insert the broader language line 158, as suggested. Motion seconded by Rep. Wagnon, motion carried.

Line 106, change "physician" back to "person", to have the bill read uniformly in this respect throughtout, i.e., "Medical advisor means a person licensed to practice medicine and surgery." Motion to amend as such made by Rep. Hassler, seconded by Rep. Blumenthal, and motion carried.

Motion by Rep. Walker to adopt other amendments in balloon copy of HB 2294, and that the subsequent sections be renumbered as necessary, titles changed as necessary. Bruce Hurd instructed as such. This motion seconded by Rep. Branson, and motion carried.

Rep. Cribbs moved that HB 2294 be moved out of committee as amended, favorably for passage. Motion seconded by Rep. Wagnon. Opposing views were experessed by several committee members in discussion that followed. Voice vote taken, and motion carried. Rep. Buehler, and Rep. Green asked to be recorded as voting NO on passage of HB 2294.

## HB 2510

A hand-out to committee on HB 2510 from the Kansas Hospital Association will be recorded as (Attachment No. 4.)

Discussion held on the disposition of this bill. Some members feeling it advisable to hold over until next year so that further study might be taken. It was the consensus of committee to hold HB 2510 in committee until next year.

### нв 2368

Chair explained this is an attempt to protect against insolvency of Nursing Homes. Discussion brought out there are changes and clean-up that need to be done on the bill, but several in committee desired the bill be sent to the floor of the House. Further discussion on necessary clean-up changes took place. (See Attachment No. 5.) for balloon.

Motion made to change line 20, insert "except for 1 and 2 bed homes", was made by Rep. Hassler, seconded by Rep. Long.

Rep. Kline made a substitute motion concurring with the motion on the floor by Rep. Hassler, with the exception of the \$100,000, and that this amount be struck from the amendment. Rep. Friedeman seconded this substitute motion. Further discussion held. Voice vote taken, and motion carried to strike line 32.

### CONTINUATION SHEET

MINUTES OF THE HOUSE	COMMITTEE ON _	PUBLIC HEALTH AND	WELFARE,
room <u>423-S</u> , Statehouse, at	1:30 /d.m/p.m. on	March 3,	, 19_83

HB 2368 continued:

Census of committee that in lines 34 and 35, strike words, "30 days", and insert "90 days". Line 41, strike word, "agent's" showing in the balloon copy of HB 2368, and insert word "agency". To further change the balloon in Sec. 6, (a), striking words "performance bond", and inserting "surety bond".

Rep. King made motion to have changes in line 45, strike "3 years", and insert "2 years". Motion seconded by Rep. Friedeman, and motion carried.

Rep. King moved to adopt the balloon amendment on HB 2368, and pass the bill favorably as amended. Motion seconded by Rep. Green, and motion carried.

Motion to approve minutes from February 24th committee meetings through March 2nd, was made by Rep. Green and seconded by Rep. Long, and motion carried.

Meeting adjourned at 2:50 p.m. There are no scheduled meetings for the week of March 7th. Next scheduled meeting will be March 14, 1983.

Date:	3	-3-	-83	

## GUEST REGISTER

HOUSE

The ASE TRINT

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
Lyke EcKhenT	KOHYE	Forbes
Joe Wollowell	1,	", Topeka
KETTH R LAUDIS	ON PUBLICATION FOR KANSAS	TOPEKA
DICK HUMMEL	ILS HEALTH CALE ASSN	TWECA
George Dugger	Ks Dept. on Asins	Л
Lynelleta	K State Yours Aso.	1,
Marilyn Brast	KINH	Lawrence
Nickie Stein	Ks St. Nurses' Assn.	Topeka.
DickMorrissey	NDAXR	TUPERA
Dick Shirley	DHHS	KANSAS City Mo
JANICE HARDENBURGER	DHAS	KANSAS City, Mo.
Rhett MC MURRAY	DHHS	Kansas City, Mo.
Gerald Cooper	SKEMS	Granden City
Jean W. Coleman		Newton
Orginia. Coleman		Naiton -
Deane Fuller	University hlavly Kanso	en faurence
	J	
		(attachment
		no.1.

## HOUSE BILL No. 2294

By Representative Heinemann

2-8

017	AN ACT concerning emergency medical services; authorizing
018	emergency medical technician-intermediate certificates; au-
019	thorizing certain acts to be performed by persons so certified;
020	requiring the appointment of a medical advisor for certain
021	ambulance services; amending K.S.A. 65-4317 and K.S.A. 1982
022	Supp. 65-4301, 65-4314 and 65-4321 and repealing the existing
723	sections.

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

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Section 1. K.S.A. 1982 Supp. 65-4301 is hereby amended to read as follows: 65-4301. As used in this act: (a) "Emergency medical service" means a service which provides for the effective and coordinated delivery of such emergency care as may be required by an emergency, including transportation of individuals by ground or air ambulances and the performance of authorized emergency care by a person licensed to practice medicine and surgery, a licensed professional nurse, a registered physician's assistant, a crash injury management technician, an emergency medical technician or a mobile intensive care technician.

- (b) "Ambulance" means any privately or publicly owned motor vehicle, airplane or helicopter designed, constructed, prepared and equipped for use in transporting and providing emergency care for individuals who are ill, injured or otherwise disabled, including any specially constructed and equipped motor vehicle, airplane or helicopter which is capable of providing life support services for extended periods of time.
- (c) "Crash injury management technician" means personnel who have been trained in preliminary emergency medical care in a 72-hour training program approved by the university of Kansas school of medicine.
  - (d) "Emergency medical technicians" means personnel who

Lyle Eckhart
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attachment 70.2.

emergency medical technician - intermediate

have been trained in preliminary emergency medical care in an 81-hour training program approved by the university of Kansas school of medicine.

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- (e). "Emergency medical technicians-intermediate" means personnel who, after not less than one year's certification as an emergency medical technician, have completed a training program approved by the university of Kansas school of medicine which consists of a minimum of 40 clock hours and includes training in intravenous therapy and patient assessment.
- (e) (f) "Mobile intensive care technicians" means personnel who have been specially trained in emergency cardiac and non-cardiac care in a training program certified by the university of Kansas school of medicine.
  - (f) (g) "Person" means an individual, a partnership, an association. a joint-stock company or a corporation.
  - receipte "Governmental entity" means the state, or any department, agency or authority of the state, any city, county, district or other political subdivision or public corporation and any instrumentality thereof.
- (h) (i) "Board" means board of county commissioners of any county.
  - (i) (j) "Governing body" means the governing body of any city of this state.
  - (i) (k) "Local component medical society" means a county medical society or a multicounty medical society.
  - Sec. 2. K.S.A. 1982 Supp. 65-4314 is hereby amended to read as follows: 65-4314. As used in this act, the following words and phrases shall have the meanings respectively ascribed to them herein:
  - (a) "Council" means the emergency medical services council established by K.S.A. 65-4316 and amendments thereto.
    - (b) "Municipality" means any city or county in this state.
  - (c) "Ambulance" means any aircraft or motor vehicle, whether privately or publicly owned, which is specially designed, constructed, equipped and intended to be used for the purpose of transporting sick, injured, disabled or otherwise incapacitated human beings who may or may not be in need of

currently certified as an emergency medical technician,

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- (d) "Ambulance service" means any organization operated for the purpose of transporting sick, injured, disabled or otherwise incapacitated persons to or from a place where medical care is furnished, whether or not such persons may be in need of emergency care in transit.
- (e) "Rescue vehicle" means a motor vehicle designed, properly equipped and used exclusively for the rescue of persons entrapped in wrecked vehicles or entrapped in other hazardous circumstances.
- (f) "Attendant" means a crash injury management technician, an emergency medical technician, an emergency medical technician, an emergency medical technician, as said these terms are defined in K.S.A. 1982 Supp. 65-4301 and amendments thereto, whose primary function is ministering to the needs of persons requiring emergency medical services.
- (g) "Operator" means a person or municipality who operates an ambulance service in the state of Kansas.
- (h) "Person" means any individual, firm, partnership, corporation or other association of persons.
- (i) "Secretary" means the secretary of the department of health and environment; or the secretary's designee.
- (j) "Medical advisor" means a person licensed to practice medicine and surgery.
- Sec. 3. K.S.A. 65-4317 is hereby amended to read as follows: 0108 65-4317. (a) From and after July 1; 1976; It shall be unlawful for any person or municipality to operate an ambulance 0110 service which has its principal office or place of business within 0111 the corporate limits of a city having a population of twenty 0112 thousand (20,000) 20,000 or more, or which was located in such 9113 city on the effective date of this act, unless such person or 0114 municipality holds a valid permit to operate such ambulance 0115 service as provided in this act. 0116 0117
  - (b) From and after July 1, 1080, It shall be unlawful for any person or municipality to operate an ambulance service within this state without obtaining a permit pursuant to this act.
    - (c) On and after November 1, 1983, each ambulance service

physician

emergency medical service

which provides emergency care as defined by the rules and regulations of the secretary shall have a medical advisor appointed by the operator of the services

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Sec. 4. K.S.A. 1982 Supp. 65-4321 is hereby amended to read as follows: 65-4321. (a) Application for an attendant's certificate shall be made to the secretary upon forms provided by the secretary. The secretary is hereby authorized to may grant an attendant's certificate in the appropriate classification of attendant's certificates to an applicant who: (1) Has made application within one year after successfully completing the appropriate course of instruction for the classification of attendant's certificate applied for as specified in subsection (b); (2) has passed an examination prescribed by the secretary; and (3) has paid a registration fee of \$7.50.

(b) An attendant applying for a crash injury management technician's certificate shall have at least 72 clock hours of training in preliminary emergency medical care in a course of instruction approved by the university of Kansas school of medicine. An attendant applying for an emergency medical technician's certificate shall have at least 81 clock hours of training in preliminary emergency medical care in a course of instruction approved by the university of Kansas school of medicine, or the equivalent thereof of preliminary emergency medical care, or a program of instruction in emergency medical care offered by the armed forces of the United States which has been approved by the secretary. An attendant applying for a mobile intensive care technician's certificate shall have completed a training program, in a course of instruction approved by the university of Kansas school of medicine, consisting of a minimum of 200 clock hours of training including, but not limited to, didactic and clinical experience in a cardiac care unit and in an emergency vehicle unit. An attendant applying for an emergency medical technician-intermediate certificate shall have been certified as an emergency medical technician for not less than one year and, after certification as an emergency medical technician for at least one year, shall have completed a training program, approved by the university of Kansas school of medicine, consisting of a minimum To review, approve and monitor the medical activities of the service.

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of to clock hours and including training in intravenous therapy and patient assessment

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(c) An attendant's certificate shall be valid through December 31 of the year following the date of its initial issuance and may be renews lettereatter for a period of one year for each renewal for a fee of 52 apare presentation of satisfactory proof that the attendant his successfully completed supplemental instruction in emergency medical care as provided in this subsection (c). Attendants shall complete not less than eight hours of supplemental instruction as prescribed and approved by the governor's council on emergency medical services for each full calendar year that has elapsed since the certification or the last renewal thereof. If a certificate is not renewed within 30 days after its expiration such certificate shall be void.

if The secretary may issue a temporary certificate to any wire has not qualified for an attendant's certificate under suite of tential when:

(1) The operator for whom such person serves as an attendant cannot comply with the provisions of subsection (b) of K.S.A. 65-4326 and amendments thereto without the issuance of a temporary certificate to such person, and there is no other person or municipality providing an ambulance service within the territory which is or will be served primarily by such operator; and

(2) such attendant is enrolled or will be enrolled in the eighty-one-hour course of instruction required of regularly certified attendants.

A temporary certificate shall be effective for one year from the date of its issuance and shall not be renewed.

- (e) The secretary shall remit to the state treasurer at least monthly all fees received pursuant to the provisions of this act. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury to the credit of the state general fund.
- (f) If an applicant for an attendant's certificate has within two years preceding the date of the application held an attendant's certificate in the same classification as the certificate applied for, the secretary may grant a certificate to such applicant without

veni-puncture for blood sampling and administration of intravenous fluids and advanced patient assessment.

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01.5 such applicant completing a course of instruction specified in subsection (b) if the applicant has passed an examination prescribed by the secretary and has paid a registration fee of \$7.50.

New Sec. 5. Notwithstanding any other provision of law to the contrary, an emergency and it of technician-intermediate:

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(a) When approved by the local component medical society and where voice contact by radic or telephone is monitored by a physician licensed to practice medicine and surgery or a registered professional nurse, where authorized by a physician licensed to practice medicine and surgery, and direct communication is maintained, may upon order of such physician or such nurse perform veni-puncture for the purpose of blood sampling collection and initiation and make the ence of intravenous infusion of saline colutions, dextrose and state; solutions or ringers lactate IV solutions; or

the When under the direct of evision of an emergency mobile intensive care technician ... is functioning under the provisions of paragraph (c) of \$18.8. 65-4396 and amendments thereto, may perform the functions authorized under (a) above.

0214 Sec. 6. K.S.A. 65-4317 and K.S.A. 1982 Supp. 65-4301, 65-4314 and 65-4321 are hereby repealed. 0215

0216 Sec. 7. This act shall take effect and be in force from and after its publication in the statute book. 0217

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**65-4306.** Mobile intensive care technicians; authorized activities. Notwithstanding any other provision of law, mobile intensive care technicians may perform any of the following:

(a) Render resone, tirst-aid and resusci-

tation services.

(b) During training at a hospital and while caring for patients in a hospital administer parenteral medications under the direct supervision of a physician licensed to practice medicine and surgery or a registered professional muse.

(c) Perform cardiopulmonary resuscita--tion and defibrillation in a pulseless, non--

breathing patient.

(d) Where voice contact or a telemetered electrocardiogram is monitored by a physician licensed to practice medicine and surgery or a registered professional nurse where authorized by a physician licensed to practice medicine and surgery, and direct communication is maintained, may upon order of such physician or such nurse do any of the following:

(1) Administer intravenous saline—glucose solutions:

(2) Perform gastric suction by intubation.

(3) Perform endotracheal intubation.
 (4) Administer parenteral injections of any of the following classes of drugs:

(A) Antiarrhythmic agents.

(B) Vagolytic agents.
(C) Chronotropic agents.
(D) Analgesic agents.
(E) Alkalinizing agents.

(E) Alkalinizing agents.(F) Vasopressor agents.

(5) Administer such other medications and/or procedures as may be deemed necessary by such an ordering physician.

(e) Perform, during an emergency, those activities specified in subsection (d) before contacting the physician licensed to practice medicine and surgery or authorized registered professional nurse when specifically authorized to perform such activities by written protocols approved by the local component medical society.

History: L. 1974, ch. 244, § 6; L. 1976, ch. 282, § 1; L. 1981, ch. 254, § 2; April 25.

(1) perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions or ringers lactate IV solutions.

65-4307. Instructions given to mobile intensive care technician during energency; care rendered pursuant to instructions; liability. (a) No physician licensed to practice medicine and surgery or registered professional nurse, who gives emergency instructions to a mobile intensive care technician/during an emergency, shall be liable for any civil damages as a result of issuing the instructions, except such damages as may result from gross negligence in giving such instructions.

(b) No mobile intensive care technician who renders emergency care during an emergency pursuant to instructions given by a person licensed to practice medicine and surgery or a registered professional turse shall be liable for civil damages as a result of implementing such instructions, except such damages as may result from gross negligence or by willful or wanton acts or omissions on the part of such mobile emergency medical technician/rendering such emergency care.

History: 1., 1974, ch. 244, § 7; July 1.

Cross References to Related Sections:

Emergency care at scene of accident, halality, see 65-2891.

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or an emergency medical technician - intermediate

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or emergency medical technician intermediate Session of 1983

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## **HOUSE BILL No. 2474**

By Committee on Public Health and Welfare

2-18

AN ACT relating to adult care homes; providing for basic training for unlicensed employees; amending K.S.A. 39-936 and repealing the existing section.

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

Section 1. K.S.A. 39-936 is hereby amended to read as follows: 39-936. (a) 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 resident shall be provided with a copy thereof, with a copy going to any individual responsible for payment of such services and the adult care home shall keep a copy thereof in the resident's file. No such statement shall be construed to relieve any adult care home of any requirement or obligation imposed upon it by laws or by requirements, standards, rules and regulations promulgated thereunder.

(b) A qualified person or persons shall be in attendance at all 0033 times upon residents receiving accommodation, board, care, 20034 training or treatment in adult care homes. The licensing agency 2035 may establish necessary standards and rules and regulations 0036 prescribing the number, qualifications, training, standards of conduct and integrity for such qualified person or persons attendant upon the residents.

(c) Unlicensed employees of an adult care home who provide direct, individual care to residents under the supervision of out qualified personnel and who do not administer medications to 10042 residents shall not be required by the licensing agency to complete a course of education or training or to successfully complete 2044 an examination as a condition of employment or continued em-

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045 ployment by an adult care home during their first <del>ninety (90)</del> 90 days of employment. Within that ninety day period a training program of 40 hours approved by the licensing agency shall be. provided for unlicensed individuals who provide direct, individual care to residents. Training on direct, individual care of residents shall be completed no later than 14 working days from the date of employment of such unlicensed employees. Only upon--completion of that training program will the unlicensed employees be able to provide direct, individual care to residents and such 0054 \_employees shall not administer medication to such residents. The licensing agency may require unlicensed employees of an adult care home who provide direct, individual care to residents and who do not administer medications to residents after ninety (90) 90 days of employment to successfully complete an approved course of instruction and an examination relating to resident care and treatment as a condition to continued employment by an adult care home. A course of instruction may be prepared and administered by any adult care home or by any other qualified \ person. A course of instruction prepared and administered by an adult care home may be conducted on the premises of the adult care home which prepared and which will administer the course of instruction. The licensing agency shall not require unlicensed employees of an adult care home who provide direct, individual care to residents and who do not administer medications to residents to enroll in any particular approved course of instruction as a condition to the taking of an examination, but the licensing agency shall prepare guidelines for the preparation and administration of courses of instruction and shall approve or disapprove courses of instruction. Unlicensed employees of adult care homes who provide direct, individual care to residents and who do not administer medications to residents may enroll in any approved course of instruction and upon completion of the approved course of instruction shall be eligible to take an examination. The examination shall be prescribed by the licensing agency, shall be reasonably related to the duties performed by unlicensed employees of adult care homes who provide direct, individual care to residents and who do not administer medica-

(2) The licensing agency shall require unlicensed employees of an adult care home employed on and after the effective date of this section who provide direct, individual care to residents and who do not administer medications to residents and who have not completed a course of education and training relating to resident care and treatment approved by the licensing agency or are not participating in such a course on the effective date of this section to complete successfully 40 hours of training in basic resident care skills. Any unlicensed person who has not completed 40 hours of training relating to resident care and treatment approved by the licensing agency shall not provide direct, individual care to residents. The 40 hours of training shall be supervised by a registered professional nurse and the content and administration thereof shall comply with rules and regulations adopted by the licensing agency. The 40 hours of training may be prepared and administered by an adult care home or by any other qualified person and may be conducted on the premises of the adult care home. The 40 hours of training required in this section shall be a part of any course of education and training required by the licensing agency under subsection (3).

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#### KANSAS HOSPITAL ASSOCIATION

TESTIMONY

HOUSE BILL 2510

February 28, 1983

The Kansas Hospital Association understands the intent of certifying high level emergency medical services but questions the need for another level of certification. In the instance of an emergency of this nature, the responding EMS team will still need to take the patient to the nearest emergency room for stabilization. It is the physician's responsibility to assess the needs of the patient, and if transfer is necessary, prepare the patient for an extended travel experience.

Hospitals are already certified by the state, Medicare and/or JCAM for various services and overall licensure. We fail to see the need for another certification process. We also find it difficult to understand how so specific a set of criteria can be applied to both urban and rural facilities.

The Kansas Hospital Association would recommend that no action be taken on this bill without further study of the impact of such a process on the general safety of emergency patients.

(attachment no.4.)

# **HOUSE BILL No. 2368**

## By Representative Littlejohn

2-9

AN ACT relating to adult care homes; concerning licensure thereof and providing protection against insolvency.

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

Section 1. (a) Each licensed adult care home or each new application for such license in addition to the provisions of K.S.A. 1982 Supp. 39-927 shall deposit with the licensing agency or a trustee acceptable to such agency, cash, securities, a performance bond or any combination thereof, in the amount set forth in subsection (b) of this section.

(b) The amount for such deposit described in subsection (a)

shall be the greater of:

(1) Five percent of its estimated operating expenditures for the first year or current year of operation;

(2) twice its estimated average monthly operating expenditures for its first year or current year of operation; or

(3) \$100,000. 0032

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Sec. 2. Unless not applicable, a licensed adult care home that is in operation on the effective date of this act shall within 30 days of such effective date comply with the deposit requirements of section 1.

Sec. 3. The deposit requirements shall be applicable through

the first 3 years of operation by the same licensee.

Sec. 4. The licensing agency may require the deposit requirement set out in section 1 of any lieense, when in the department's opinion a licensee's operations indicate insufficient net worth or inefficient operation and management.

Sec. 5. The licensing agency may waive any of the deposit requirements set forth in section 1, for a licensee which have been in operation 3 years or more and are assured the licensee has 18 months

Upon completion of that period of the licensee's satisfactory operation and management, as determined by the licensing agency, the deposit set forth in section 1 shall be returned by the licensing agency to the licensee or any person or entity designated by the licensee, or if a performance bond has been provided, that bond shall be cancelled.

licensing agent's

18 months

sufficient net worth and an adequate history of operations to
make assure its financial stability for the next year.

Sec. 4: This act shall take effect and be in force from and after
mits publication in the Kansas register.

- Sec. 6. The licensing agency may require the posting of a performance bond as set out in section 1, when, in the licensing net worth or inefficient operations indicate insufficient (b). The bond that the licensing agency is operation and management.
- (b) The bond shall be in favor of the state of Kansas for the benefit of all persons, their legal representatives, attorneys or assigns, and shall be conditioned on the faithful management of all the licensee's duties in the operation and breach of any obligation may commence suit on the bond in any person has sustained, but any suit commenced shall either be a defendant or other persons who may be affected by such suit on the bond.
- (c) County or city owned and operated adult care homes shall be exempt from the requirements set out in section 1, but not employees of the county or city shall be subject to those requirements set out in section 1.