

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Jan Meyers at
Chairperson

10 a.m./~~p.m.~~ on March 28, 1983 in room 526-S of the Capitol.

All members were present except:

Senator Morris, excused

Committee staff present:

Norman Furse, Revisor of Statutes office
Bill Wolff, Legislative Research Department

Conferees appearing before the committee:

Rep. David Heinemen
Lyle Eckhart, Director Bureau of Emergency Medical Services, DH&E
Ted McFarlane, Chairman, Kansas Association of EMS Administrators
Al Dimmitt, Region III, EMS Council
Richard Von Ende, University of Kansas Medical Center
Jerry Slaughter, Kansas Medical Society
Dr. Lois Scibetta, Kansas State Board of Nursing
Rep. Harold Guldner
Rebecca Kupper, Kansas Hospital Association
Dick Hummel, Kansas Health Care Association
Dr. Robert Harder, SRS

Others present: see attached list

HB 2294 - Emergency medical services, certification of emergency medical technician-intermediate personnel

Senator Meyers called the meeting to order and asked Rep. David Heineman to comment on HB 2294. Rep. Heineman stated that he introduced the bill, which provides a new classification of intermediate care and allows emergency medical technicians to administer IV's. He said there was nothing in the statutes which would allow EMT's to use IV's when they were in direct communication with doctors.

Lyle Eckhart, Director, Bureau of Emergency Medical Services, DH&E, distributed testimony stating that this bill would authorize the certification of EMT's who could start IV's in keeping with the current practices of the state. Thirty-eight other states have this level of certification. DH&E recommends that the medical advisors be required for emergency medical services and that the bill be amended to that effect. (Attachment #1).

Ted McFarlane, Chairman, Kansas Association of EMS Administrators, testified in support of HB 2294, and distributed testimony stating that this bill provides an intermediate training level between EMT and the EMICT, and unanimously supports HB 2294. (Attachment #2). He stated that EMT's have 81 hours of training and the new category of EMT-intermediate will require an additional 40 hours.

Al Dimmitt, Region III, EMS Council, stated that they endorse this bill, but are concerned about the House amendment and the effective date of publication.

Richard Von Ende, University of Kansas Medical Center, recommended that in Line 191, the word "may" be changed back to "shall", and in Line 62, the word "advanced" be stricken

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10 a.m. ~~4PM~~ on March 28, 19 83

Jerry Slaughter, Kansas Medical Society, testified that KMS supports HB 2294, except for the House amendment, and recommended that in Line 191, the word "may" be changed to "shall".

Dr. Lois Scibetta, Kansas State Board of Nursing, testified in opposition to certain aspects of HB 2294, and submitted testimony stating that the Board favors the concept of Emergency Medical Technicians, but they object to Lines 85-86, on Pages 2 and 3, and request that Section (b) be deleted from the bill. (Attachment #3).

Mr. Eckhart stated that the language was at the insistence of the hospitals.

HB 2337 - Counties, operation of home for the aged

Rep. Harold Guldner stated that this bill would allow the Board of County Commissioners of a county that does not lease a county home to appoint a board of trustees to operate the home, or designate the board of the county hospital to operate the home.

Rebecca Kupper, Kansas Hospital Association, testified in support of HB 2337, and said this bill relates to acts for county homes for the aged and has nothing to do with county law.

Dick Hummel, KHCA, testified in support of HB 2337, and stated that there are 12 county adult care homes that are retaining management of their homes.

HB 2503 - Mental Health Technicians, disciplinary actions, reports

Norman Furse, Revisor of Statutes office, reviewed HB 2503, noting the major purpose of each section.

Dr. Lois Scibetta, KSBN, testified in support of HB 2503, and submitted testimony stating that KSBN believes this bill is beneficial and will serve to protect the public, and the mental health technicians support the bill. (Attachment #4).

Senator Meyers concluded the hearing on HB 2294, 2337, and 2503, and asked the committee to turn its attention to HB 2026 and 2027.

Senator Bogina moved that the committee reconsider HB 2027. Senator Roitz seconded the motion.

Senator Francisco made a substitute motion that HB 2027 be reported adversely. Senator Hayden seconded the motion.

At the committee's request, Dr. Harder commented on the cost of alternative services for the elderly. He stated that for the past fiscal year the budget was 94.5 million dollars, and for the current fiscal year they are now spending 85 million dollars. He declared that they could expect another 200 persons in nursing homes who would be diverted, amounting to 1.8 - 2 million dollars in terms of nursing homes reimbursement. Dr. Harder said that they would be making use of independent professional review teams to do the review of the individuals in these homes.

Senator Johnston expressed opposition to Senator Francisco's motion and stated that this was the unanimous recommendation of an 11-member committee, and he could see no reason for opposition to this bill.

There was a question concerning areas where there are no county health departments, and Dr. Harder replied that independent health review teams are available all over the state, and such a team would be available to those counties.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10 a.m. ~~PM~~ on March 28, 1983.

Senator Meyers called for a vote on Senator Francisco's substitute motion to report HB 2027 adversely. The motion failed.

Senator Bogina's motion to reconsider HB 2027 was called for and the motion carried.

Senator Meyers called for a vote on the original motion to report HB 2027 favorably, as amended. The motion carried.

Senator Johnston moved that HB 2026 be reported favorably. Senator Francisco seconded the motion and it carried.

Senator Francisco moved that the minutes of March 25, 1983, be approved, with the correction that the individual recorded vote on HB 2027 be deleted. Senator Hayden seconded the motion and it carried.

The meeting was adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 3-28-83

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Lyle Eckhart
EARLE E. POPEJOY
TED MCFARLANE
Dorris T. McConkey
Al Dimmitt
~~Jimmy Gaudin~~
Gary Robbins
Dr Lois Rich Scibetta
Marilyn Bradt
Carl Schmitthenner Jr.
Rebecca Kupper
Dixie Hummel
DAROLD E. RIEGMAN
Becky Guldner
Harold Guldner
Robert Hardin
Richard von Ende
Lynelle King

~~KDHA~~
KEMS Reg IV
Ks. Asso. of EMS Administ.
Region I EMS - Hays
Region III EMS - Wichita
Ks. MEDICAL SOCIETY
Ks Optometric Assn
Ks St Bd of Nursing
KINH
Kansas Dental Association
Ks. Hosp. Assoc.
Ks Acute Care Assn
Ks " " OSTEOPATHIC ASSN
Winter
Representative
SRS
The University of Kansas
K-State Nurses' Assn

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON HOUSE BILL NO. 2294

PRESENTED MARCH 28, 1983

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

This is the official position taken by the Kansas Department of Health and Environment on House Bill No. 2294:

This bill was drafted to clarify the statutes with regard to emergency medical technicians. For the past 2-3 years the Department has been recognizing the EMTs who have received additional training approved by KUMC in the area of intravenous therapy. It was the general interpretation of the statutes that what EMTs were allowed to do and what the Department of Health and Environment could endorse was dependent on what was in the KUMC approved course offering.

KUMC two months ago informed us that they would no longer approve such courses until they had clear statutory authority.

This bill then would give authority to:

1. Define this level of ambulance attendant (Emergency Medical Technician-Intermediate).
2. Specify the training needed after certification for one year as EMT - at least 40 hours is a course approved by the Kansas School of Medicine.
3. Specify the scope of additional practice (start certain IV fluids under verbal or direct supervision).
4. Require all emergency medical services to have medical advisors.

STRENGTHS: This bill would clearly authorize the certification of EMTs who could start IVs in keeping with current practices in the state. Thirty-eight other states have this level of certification.

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WEAKNESSES: Originally this bill would require that each emergency medical service had a medical advisor to review, approve, and monitor the medical activities of the service. In the Floor of the House this requirement was made permissive which considerably weakens the bill. The 192 emergency medical services in the State presently utilize equipment and perform procedures that are highly technical, requiring continuous updating of training and practice. It is essential that clear protocols are developed and that the practices of the EMTs are monitored so as to determine the additional training and changes in procedures or protocol that need to be made. The medical advisor would assure that the training, the protocols and the practices of the EMTs in an emergency medical service are appropriate for the need in personnel of that service. Of the 192 emergency medical services, 146 have medical advisors at this time. This bill would create a uniformity of medical oversight and supervision across the State.

DEPARTMENT'S POSITION: The Department of Health and Environment recommends that the medical advisors be required for emergency medical services and that the bill be amended to effect that. The Department supports this bill and recommends that it be reported favorably for passage.

Presented by: Lyle Eckhart, Director
Bureau of Emergency Medical Services
Department of Health and Environment

TED McFARLANE, Chmn.
P.O. Box 706
Lawrence, Ks. 66044
(913) 843-7777

JAY SCOTT EMLER, Sec.
Lindsborg (913) 227-3355

DONALD WHITE, Treas.
Salina (913) 823-3738

DAVID DENNIS, V-L
Coffeyville (316) 251-1111

KANSAS
ASSOCIATION of EMS ADMINISTRATORS

March 28, 1983

Senate Public Health and Welfare Committee

Mr. Chairman and Committee Members:

My name is Ted McFarlane. I am the Chairman of the Kansas Association of Emergency Medical Services Administrators. Thank you for allowing me to offer testimony in regard to House Bill 2294. I represent 37 emergency medical service administrators throughout the state of Kansas. We as providers of prehospital Emergency Medical Services oversee an overwhelming majority of the emergency medical aid provided in this state. Our membership includes ems directors from Johnson County, Sedgwick County, Coffeyville, Garden City, Council Groves and Newton to name just a few.

Our association unanimously supports House Bill 2294. We think that there is a real need to create an intermediate training level between the EMT and the EMIC-T. This bill effectively spells out a very workable solution to a real problem. In many situations it will allow communities that cannot afford a Type I or EMIC-T level service a method of helping victims in need of advanced pre-hospital medical care. Under this new law they will be able to begin stabilizing the victim suffering from shock.

We encourage your favorable vote on this issue. I would be happy to answer any questions you might have.



Ted McFarlane, Chairman

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KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330

TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Jan Meyers, Chairman, and Members of the Senate
Public Health and Welfare Committee

FROM: Dr. Lois Rich Scibetta, ^{LR}Executive Administrator

RE: House Bill 2294

DATE: March 28, 1983

Thank you Madam Chairman. My name is Dr. Lois Rich Scibetta, and I am the Executive Administrator of the State Board of Nursing. I am here today to speak in strong opposition to certain aspects of the Bill before you now.

Generally the Board favors the concept of Emergency Medical Technicians, and believes the group serves a very important function in emergency situations.

Our objection is found on pages 2 and 3, under Section 2, (b) lines 0085-0086:

"During training at a hospital and while caring for patients in the hospital administer parental medications.....etc."

During the training period this would be acceptable, however "while caring for patients in a hospital" is not acceptable. Emergency rooms are staffed by licensed nurses and physicians who should assume this responsibility. EMT's should not have to care for the patient in the hospital. Once the patient has been turned over to the in-hospital staff, this is not necessary. If EMT's are authorized to care for patients in the hospital, with the minimal specialized training which they receive, the public health and safety may be jeopardized. The EMT's, while serving an important role in emergency situations, do not have the educational and/or clinical experience to assume this generalized role.

The Board would request that this entire Section (b) be removed from this Bill.

Thank you for this opportunity to comment. I will be happy to answer any questions.

Feb. 3



KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Jan Meyers, Chairman, and Members of the Senate
Public Health and Welfare Committee

FROM: Dr. Lois Rich Scibetta, Executive Administrator

RE: House Bill 2503

DATE: March 28, 1983

Madam Chairman, and members of the Committee, my name is Dr. Lois Rich Scibetta and I am the Executive Administrator of the State Board of Nursing. I am here today to speak in support of House Bill 2503.

House Bill 2503 concerns mental health technicians. The Bill requires that employers of mental health technicians report unprofessional conduct and/or other possible infractions of the Licensed Mental Health Technicians Act.

This Bill originated in the Governmental Organization Committee as a direct response to the Legislative Post Audit Sunset Report. It was noted that a Licensed Mental Health Technician had never been reported to the Board of Nursing, although several employers had taken disciplinary action against LMHT's. In these cases, the technicians still retained their license and often changed employment settings. This Bill requires the reporting of such infractions to the licensing agency, so that appropriate action might be taken. The Bill also provides civil immunity to those reporting possible infractions in good faith.

The Board believes this Bill is beneficial and will serve to protect the public. The majority of the population which is served by the LMHTs (the mentally ill and mentally retarded) are the most vulnerable and must be protected. The mental health technicians support this Bill.

The Board of Nursing would recommend the favorable passage of House Bill 2503 by this Committee.

Thank you. I will be happy to answer any questions which the Committee may have.

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REPORTS OF STANDING COMMITTEES

MR. PRESIDENT:

Your Committee on Public Health and Welfare

Recommends that House Bill No. 2027 (As Amended by House Committee)

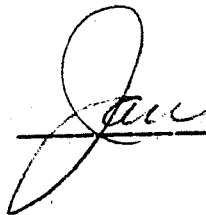
"AN ACT concerning adult family homes as therein defined; relating to registration thereof with the secretary of social and rehabilitation services."

Be amended:

On page 4, in line 129, by striking "opportunity" and inserting in lieu thereof "the right"; also in line 129, by inserting before "friends" the following: "relatives,";

On page 5, by striking all of lines 166 to 169, inclusive; in line 170, by striking "7" and inserting in lieu thereof "6";

And the bill be passed as amended.



Chairperson

REPORTS OF STANDING COMMITTEES

MR. PRESIDENT:

Your Committee on Public Health and Welfare

Recommends that House Bill No. 2026 (As Amended by House Committee)

"AN ACT concerning adult care homes; affecting definitions of the various classifications thereof; amending K.S.A. 1982 Supp. 39-923 and repealing the existing section."

Be passed.

Chairperson