	ApprovedApproved		
	Date		
MINUTES OF THE _SENATE COMMITTEE ON _	PUBLIC HEALTH AND WELFARE	·	
The meeting was called to order by Senator Jan Meyers			
The meeting was caned to order by	- Chairperson	. at	
10 a.m./水米 on <u>February 7</u>		itol.	
All members were present except:			
Senator Roitz			
Committee staff present:			
Emalene Correll. Legislative Researc	ch Department		

February 0

102/

Conferees appearing before the committee:

Dick Hummel, Kansas Health Care Association
Virginia Hammond, Cedar Crest Nursing Home, Haviland, Kansas
Eleanor Brown, LPN, Frankfort Community Care Home, Frankfort, Kansas
JoAnn Farrar, Director of Nursing, Homestead Villa, Hoisington, Kansas
Eva Fortney, Director of Nursing, Kaw Valley Manor, Bonner Springs, Kansas
Barbara Walker, President, Nurses Council of Kansas Health Care, Olathe, Ks.
Pam Kern, Director of Nursing Services, Cherry Village, Great Bend, Kansas
Glema Smith, Kansas Federation of Licensed Practical Nurses
Diane Bottorf, Assistant Director, Kansas State Nursing Association
Marilyn Bradt, Kansans for the Improvement of Nursing Homes
Dr. Lois Scibetta, Kansas State Board of Nursing

Others present: see attached list

Bill Wolff, Legislative Research Department

SB 586 - concerning medication aides; providing for registration thereof

Dick Hummel, KHCA, distributed testimony to the committee stating that they support SB 586, which would place some controls on the practice of medication aides and permit their administration of insulin, and listed reasons for their support of this bill. (Attachment #1).

Virginia Hammond, Administrator, Cedar Crest Nursing Home, Haviland, Kansas, distributed testimony stating that they supported both concepts of SB 586 pertaining to denial/supervision of Medication Aide Certificates and insulin administration. She said that instruction of injections for insulin had been included in the medication aide training program since 1977, and they had been giving the insulin injections satisfactorily until 1982, when they were disallowed by DH&E. She feels this bill would be beneficial and cost effective to their residents and to the state of Kansas. (Attachment #2).

Eleanor Brown, LPN, Frankfort Community Care Home, Erankfort, Kansas, distributed testimony stating her support for SB 586. She declared that she favors having the power and ability to revoke a medication aide's certificate for cause, and said they are not asking to administer all injectible medications – just daily insulin injections. (Attachment #3).

JoAnn Farrar, RN, Director of Nursing, Homestead Villa, Hoisington, Kansas, distributed testimony in support of SB 586, and described an incident that had occurred at their facility two years ago, which made her aware that there was no regulation providing for revocation or suspension of an MA's certification. She said the number of nurses in rural communities and the nursing home industry is very low, and asked that competent, trained medication aides be allowed to administer insulin. (Attachment #4).

Eva Fortney, Director of Nursing, Kaw Valley Manor, Bonner Springs, Kansas, testified in favor of SB 586. She said that physicians train their girls to give shots all the time, and insulin should be allowed to be administered by CMAs.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, room 526-S, Statehouse, at 10 a.m. ASSAN on February 7 , 1984.

Barbara Walker, President, Nurses Council of Kansas Health Care, Olathe, Kansas, testified in support of SB 586. She said there is a need there, and they do have this problem through the state. She feels that CMAs are very competent to administer insulin, and supports mandating certification of MAs.

Pam Kern, RN, Director of Nuring Services at Cherry Services, Cherry Village, Great Bend, Kansas, testified in support of SB 586, and said they are one of the few remaining family-owned nursing homes in Kansas. Nursing homes are required to have all of their nurse aides certified, and medication aides are required to have 195 hours in instruction and testing before they can administer medications. She stated that insulin is routinely injected, and their nurse is not there in the evenings. If the medication aide is adequately trained to recognize the reaction, she can be trained to administer the injection. She recommends SB 586 for passage and sees no compromise in the quality of care.

Glema Smith, Kansas Federation of Licensed Practical Nurses, read testimony from Joanne Carr and members of KFLPN stating that they oppose SB 586, and listing the reasons for their opposition. (Attachment #5).

Diane Bottorf, Assistant Director, KSNA, distributed testimony to the committee stating that KSNA opposes SB 586. She said that MAs generally have minimal formal education, are low paid, and often have difficulty obtaining other types of employment, and in contrast, nursing students are required to take courses in chemistry, physiology and pharmacology before they are allowed to administer drugs to patients. KSNA believes that perpetuating the role of medication aides by registering them and allowing them to give insulin is an unsafe practice which may jeopardize the lives and well-being of our older citizens in nursing homes. (Attachment #6).

Marilyn Bradt, KINH, testified in opposition to SB 586, and distributed testimony stating that KINH has consistently expressed opposition to the category of Medication Aides, and believes that medications should be administered by licensed nurses only. ($\underline{\text{Attachment } \#7}$).

Dr. Lois Scibetta, KSBN, testified in opposition to SB 586, and distributed testimony stating that KSBN is in favor of some type of supervision for MAs, such as re-certification, but is not in favor of the registration of the group, or allowing the CMAs to administer insulin. (Attachment #8).

In answer to a question from the committee, Dr. Scibetta said there are 11 members on the Kansas State Board of Nursing.

There were questions from the committee concerning wages of nurses, certification of MAs, safety of administering insulin injections, and the authority MAs now have in making independent judgments about medicine.

Senator Ehrlich asked Pam Kern to submit a written statement of her testimony.

The following people asked to be recorded as voting "no" on SB 586: Peggy Erickson, Director of Nursing, Central Kansas Medical Center, Great Bend; Lillian Akins, Barton County Health Department, Great Bend; Mrs. Clayton Williamson, Great Bend; and Eunice Proctor, Nursing Service, Pratt Regional Medical Center, Pratt, Kansas.

Rebecca Kupper, KHA, distributed copies of the amendments to HB 2002 and HB 2003, which the Kansas Hospital Association is proposing, so that the committee would have time to review them in advance of the hearing tomorrow. (Attachment #9).

Senator Meyers said the committee would hear from others wishing to testify on SB 586 at a later date.

Senator Francisco moved that the minutes of FEbruary 2 and 3, 1984, be approved. Senator Vidricksen seconded the motion and it $Page \ 2 \ of \ 3 \ carried.$ The meeting was adjourned.

SENATE

PUBLIC HEALTH AND WELFARE COMMITTEE DATE 2-7-84

(PLEASE PRINT)	ODCANTGAGTON
NAME AND ADDRESS	ORGANIZATION
Defoir L. Xcebella	LSBON
Jollin Keavler	
Glema J. Smith	KFLPN
Eleanor Brown Dermillion Ks.	Frankfort Cours Core Home
Sherley linderson LPN Frankfot K	Frankfort Care Home
EUA FORNEY	Kand Valley Manor. Bonner Spg.
Bubasa Walker	Ofathe Good Son Center
CIRCINIA HAMMOND, HAVILAND, KS 67059	
Joann Farrary, RN, Herrington, Ka	Homistead Giller And
Sister Eller Queburders	L's Catholic Conference
Marilyn Bradt	KINH
Dal Humel	CACH
John Schneeder	5RS
Damla Kein	Cherry Willey Frient Bend
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Rebecca Kupper	KHA
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SENATE PUBLIC HEALTH AND WELFARE COMMITTEE DATE 2-7-84

NAME AND ADDRESS	ORGANIZATION
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TESTIMONY PRESENTED BEFORE THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

Dick Hummel, Executive Director Kansas Health Care Association

February 7, 1984

SENATE BILL NO. 586

AN ACT concerning medication aides, providing for the registration thereof; authorizing the administration of certain medications thereby; granting certain powers and imposing certain duties upon the secretary of health and environment.

Senator Meyers and Committee Members:

On behalf of the Kansas Health Care Association, a voluntary non-profit organization representing over 200 Kansas licensed adult care homes, profit and non-profit and single as well as multi-facility ownership interests. thank you for this opportunity to comment.

We support the dual thrust of S.B. 586; first to place some controls on the practice of medication aides, and second to permit their administration of insulin.

Realizing that medication aides are not an unfamiliar topic to this committee, we'd none-the-less like to submit a brief, historical background of the program before discussing the bill.

TRAINING/FUNCTION OF MEDICATION AIDES

Medication aides have been trained and certified in Kansas since 1978. Approximately 2,600 medication aides are employed in Kansas adult care homes.

The Kansas State Department of Health and Environment is responsible for the medication aide program; training is administered by the Department of Education.

The medication aide course is generally 60-70 clock hours in length; prior to enrollment in the medication aide course a person must be certified as a nurses aide (90 hour course).

221 SOUTHWEST 33rd ST. • TOPEKA, KANSAS 66611 • 913 / 267-6003

Atch. 1

February 7, 1984 Testimony by Dick Hummel on SB 586 Page Two

By Kansas Department of Health and Environment regulation, medication aides are now only permitted to administer oral medications. At one time their training included the administration of parenteral medications (intramuscular, intravenous, sub-cutaneous), and finally insulin properties and techniques.

S.B. 586

1. Medication Aide Practice.

Right now, other than for the new requirement for continuing education as a control, a medication aide certificate is a life-time proposition.

We support the reasons given in the bill (lines 0027-0044) for revoking or denying the renewal of a certificate.

V 2. Insulin Administration. (Lines 0049-0053).

Medication aides have been and can be taught to safely administer insulin, something that even individuals in their own homes are taught to do.

Medication aides generally receive more direct training in drugs and pharmacology than most nurses.

Intermediate care facilities, rural ones in particular, will benefit from this change if approved. Such facilities must maintain, as a minimum, a professional or practical nurse fulltime on the day shift.

Two mursing personnel, one of whom must be a licensed nurse or certified medication aide, must be on duty at all times. In other words, at least a medication aide on the second and third shifts.

Situations have arisen wherein an insulin injection is needed by a resident during those shifts and either the nurse or physician has had to be called in to do it; in another example brought to our attention the resident was transferred to the hospital for the injection.

Medication aides have proven to be an important, competent and vital adjunct to our long-term health care team.

We support, however, some controls over their practice and the limited expansion of duties to include the administration of insulin.

Your favorable reporting of S.B. 586 is respectfully requested.

December 21, 1983

Kansas Health Care Association Legal & Legislative Committee 221 Southwest 33rd Street Topeka, Kansas

To Whom it May Concern:

It is our professional opinion, that with the proper training from perhaps a qualified registered nurse, medication aides should be allowed to administer insulin. Self administration is a common practice for our incoming diabetic resident.

This would help to contain costs for the facility, hence for the state.

However, proper training should be stressed to make this a safe and effective procedure for nursing homes.

I would appreciate your support of measure.

Tom Todd, Registered Pharmacist

rnest Hall, Medical Doctor

To Whom it may Concern:

Regarding the administration of insulin in the Nursing Home.

We would be in favor of Medication Aides being trained to give insulin in the Nursing Homes due to the expense involved in overtime for Licensed Nurses.

We would like to stress that special training in administration, methods of storage to prevent mixup, and instruction on the effects of insulin as well as an understanding of Diabetes Wellitus, be passed first by Medication aides before they are cleared to perform.

Stephen Smith, R.P.H.

To Whom it may Concern:

Regarding the administration of insulin in the Nursing Home.

We would be in favor of Medication Aides being trained to give insulin in the Nursing Homes due to the expense involved in overtime for Licensed Nurses.

We would like to stress that special training in administration, methods of storage to prevent mixup, and instruction on the effects of insulin as well as an understanding of Diabetes Mellitus, be passed first by Medication aides before they are cleared to perform.

Dr. D. Larsen, M.D.

AZ - 2-7-84

CEDAR CREST NURSING HOME

P.O. Box 263 Haviland, Kansas 67059 Phone 862-5291 Virginia Hammond, Administrator

SENATE BILL NO. 586. MEDICATION AIDES

Senator Meyers and Committee Members:

On behalf of Nursing Homes in Western Kansas, I appreciate this opportunity to present comments on the above captioned Bill pertaining to the denial/supervision of Medication Aide Certificates and to insulin administration by trained Medication Aides.

We endorse both concepts of the bill. We have requested a registry and continued education requirement for our medication aides and feel that this will be beneficial to our residents.

Our Medication Aides currently are required to complete successfully a forty (40) hour course of class room study and twenty (20) hours practicum as well as having to pass an examination administered by Department of Health and Education, State of Kansas before allowed to administer medications in our facilities. As you are aware this course contains training in the Roles and Responsibilities of a Medication Aide, forms of medication available, abbreviations used in nursing homes, a math course, review of Drug Standards, and resources available for drug information. They are taught the anatomy and physiology of each system of the human body, along with the medications used for each system, each medications side effects, implications of care, and the drugs uses. They are taught how to prepare and administer medication by checking labels correctly, how to record medications given, the narcotic schedule and the control of narcotics. Their practicum consists of twenty (20) hours of actual clinical experience under the direct supervision of a Registered Nurse in their home facility.

The instruction of injections for insulin had been included in the medication aide training program since 1977 and they had been giving the insulin injections satisfactorily until 1982, when the Kansas Department of Health and Environment disallowed injections by certified medication aides. I feel the trained medication aide was as qualified by their course to administer the insulin injections as I am by the training I received in administering insulin in my LPN course.

Families and diabetics living in the community are taught to give insulin by Home Health Nurses in four hours or less. They are giving themselves the injections in unsanitary conditions and not understanding the nature of their illness fully nor understanding the action of the medication. Some of these people have poor eyesight, poor coordination yet are surviving the injections.

Ach. 2

CEDAR CREST NURSING HOME

P.O. Box 263 Haviland, Kansas 67059 Phone 862-5291 Virginia Hammond, Administrator

I feel if an eighty year old man can give his own insulin then a trained medication aide can efficiently and effectively administer the same insulin injection in a much safer and sanitary manner.

Because of the unavailability of Licensed Personnel in rural communities it is imperative that our medication aides be trained effectively in administering the insulin injections and be allowed to administer them. Our licensed nurses are now working an average nine hour day and usually ten hour days in order to comply with regulations. Not only would it be cost effective to the resident and the State of Kansas for the trained Medication Aide to administer the insulin injection than to call back a Licensed Nurse to administer the insulin injection, it would also be beneficial to the resident for his health and well being. By not allowing the trained medication aide to administer insulin situations could be created where the law could be broken in order for the resident to receive his medication at the proper time.

Again, I support this bill and thank you for the opportunity of expressing the needs of Western Kansas Nursing Homes who take pride in delivering excellent care to the residents in our facilities.

Good Morning - Ladies and Gentlemen - Members of the Legislature.

I am Eleanor Brown, L.P.N. from the Frankfort Community Care Home, at Frankfort, Kansas. I attended the Manhattan Area Vocational Technical School in 1970-1971, graduating in September 1971.

I worked at the Community Memorial Hospital from January 1972 until November 1974 as a Staff L.P.N. I, then started to work at the Frankfort Care Home and I am still employed there. My duties at the Care Home are: Assistant to the Health Service Supervisor, Social Services Designee, L.P.N. at Large for Nurse Council of Kansas Health Care Association.

In regard to Senate Bill 586, I am here today to try and explain why we feel medication aides should be allowed to give diabetic insulin injections after they are properly trained, which they are now except for the individuals that received training over the past several years.

We had an elderly resident from our home town that came to us, requiring insulin be given on a sliding scale and the only way we could do this was to have the nursing staff on from 6:00 A.M. till 8:00 P.M. at night. Doctor attempted to change her insulin schedule but it wasn't successful, therefore, she had to be hospitalized and then she was not returned to us because they were soing to send her to a skilled home. We are an intermediate rated home. This lady has her family all living in our town. This causes them much inconvenience and they cannot visit everyday like they were when she was in our care home. We paid to train these medication aides and when this decision was handed down, our medication aides felt hurt. They told us we did not have faith in them. We assured them it wasn't because of our lack of faith. Our medication aides are responsible and well-trained employees. I am also in favor of having the power and ability to revoke a medication aide's certificate if she is not living up to the requirements of the responsibilities of her duties.

When you live in a rural area such as we live in, you need good medication aides, who are responsible because we can't afford to call a nurse to come in or, Heaven Forbid, a Doctor. Our aides need to have that responsibility and we have taken this away when we disallow insulin injections which any diabetic child can do in his own home.

We are not asking for all injectable medications - just the privilege of giving daily insulin injections.

Thank you for letting me take part of your valuable time to listen to me.

ALL. 3

My name is JoAnn Farrar. I am a Registered Nurse and presently employed as Director of Nursing at the Homestead Villa, an intermediate care nursing home in Hoisington, Kansas.

Senate Bill No. 586 is of great personal interest to me because of an incident that occurred at our facility approximately two years ago. A Certified Medication Aide was suspected of ingesting and possibly selling medications and narcotics intended for residents. With the assistance of the local authorities we were able to prove this and she was subsequently arrested for possession and theft of narcotics. After her arrest I called the Department of Health and Environment to report the theft and to ask if this CMA's certification could be revoked or suspended pending the outcome of her case. I was informed that "there is no regulation providing for revocation or suspension of a certification for ANY reason." If she had been licensed, it would have been reported to the State Board of Nursing and action taken to revoke or suspend her license. As a registered nurse, whose license would have been "on the line" under the same circumstances, I felt this was unfair. What was to prevent her from obtaining employment at another nursing home and taking drugs from them? Subsequently, I called my State Senator and asked if something could be done to protect the elderly and the nursing profession. As caretakers of the elderly it is our responsibility to see that our residents receive the best possible care. In order to accomplish this, we must have this legislation to prevent incompetent, negligent or criminal types from obtaining employment in positions that literally control the lives of our elderly. This bill does not allow indiscriminate removal of a name from the registry, but, will impress upon any certified person the scope of their responsibilities.

Speaking as a nurse in a rural community of Western Kansas, the shortage of nurses is acute. While the list of licensed professional nurses may be numerous, we must be REALISTIC about the matter. The FACT is that the number of working nurses in rural communities is low and in the nursing home industry VERY LOW. For this reason, and the fact that intermediate care facilities "shall provide a registered nurse or licensed practical nurse on the day shift 7 days a week..." (KAR 28-39-87) the administration of Insulin by a CMA would relieve the burden of having a nurse return to a facility in the evening to administer Insulin. Opponents to this have stated that if a medication aide is allowed to give Insulin, the next step will be to allow the administration of other injectables. This is NOT the case. At the inception of the Certified Medication Aide, the course approved by the Department of Health and Environment provided instruction in the administration of Insulin and administration of Insulin was allowed by CMAs until May 1, 1982. During this period of time no mention was made of administering other injectables by the nursing profession or any other interested party. Approximately 99% of our residents have been diabetic before entering the nursing home and have been administering their own Insulin or it has been administered by un-trained family members or friends. AS A MATTER OF FACT, u other agencies are allowing Insulin to be administered by non-certified aides at the present time.

As the most regulated industry in the United States, with the least amount of money provided for resident care, we are asking that competent, trained persons be allowed to administer Insulin, knowing that under other circumstances, its administration would not be regulated by government.

Atch. 4

#5 2.7-84

KAINGROUP FEDERATION OF LICENSED PRACTICAL NURSES, INC. AMILIADED WITH NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES, INC.

Joanne B. Carr, L.P.N., President 7342 Roe Circle Shawnee Mission, Kansas 66208 (913) 722-2858

TO:

SENATOR EHRLICH AND MEMBERS OF

PUBLIC HEALTH AND WELFARE COMMITTEE

FROM:

JOANNE CARR AND MEMBERS OF KANSAS FEDERATION

OF LICENSED PRACTICAL NURSES, INC.

In regard to Senate Bill 586, an Act concerning medication aides.

For the following reasons, Licensed Practical Nurses oppose this bill: While acknowledging the wisdom of maintaining a register to better screen medication aides, we question the wisdom of the need for medication aides. LPNs have a greater understanding of pharmacology than a Med-aide can learn in 44 hours.

We also question the wisdom of a Med-Aide administering Insulin; How safe is this for the consumer? In the environment of one's own home where one might administer ones own Insulin, conditions of both the patient and surroundings differ from those found in most Nursing Care facilities, making it necessary for the Nursing attendant to be as well qualified as possible to care for the patient needing the Insulin.

We also question the possibility that "Registration" is a step above "Certification". This seems to elevate the Med Aide far above the educational attainment the 44 hours provides. For the safety of the consumer and the standards of Nursing in the area of Nursing Care facilities, I and Kansas Federation of Licensed Practical Nurses, Inc. go on record as being opposed to Senate Bill 586.

Thank you for your time.

Sincerely,

Joanne Carr

Pres. KFLPN

Alch. 5

KSNA the voice of Nursing in Kansas

Statement of Kansas State Nurses' Association By Diane Bottorff, R.N., Assistant Director Before the Senate Public Health & Welfare Committee

February 7, 1984
In Opposition to SB 586, registering medication aides and allowing them to administer insulin.

Madam Chairperson and members of the committee, my name is Diane Bottorff. I am an assistant director of the Kansas State Nurses' Association, the professional association for registered nurses in Kansas. I come to you today representing the association, but I also speak to you from two other perspectives:

1.) as a nurse with master's level preparation in gerontological nursing and 2.) as the granddaughter of an elderly insulin - dependent diabetic who resides in a Kansas nursing home.

There are two components to SB 586, the registration of medication aides and the provision which would allow medication aides to give insulin, KSNA strongly opposes both of these. First, I will speak to the registration of medication aides.

KSNA has consistently opposed the use of medication aides because of the inherent dangers of this practice. Medication aides after only 8 days of training are placed in a very responsible position, giving medication to numbers of elderly residents many of whom have multiple health problems, and each of whom may be taking as many as four to seven different medications per day. These medication aides generally have had minimal formal education, are low paid and often have had difficulty obtaining other types of employment. They can not be expected after 8 days in a medication aide course to have the knowledge base to recognize when a resident in their care manifests untoward effects from medications. In contrast, to the medication aides' training, nursing students are required to take courses in chemistry, physiology and pharmacology before they are even allowed to administer drugs to patients. They must be familiar with untoward effects and know the interactions between the drugs they are giving and other drugs.

Atch. 6

It seems rather inconsistent to have a licensed nurse giving medications to an elderly person in a hospital one day then the next when that person is moved to a nursing home, suddenly it's all right for a non-licensed person to give the medications. Is the elderly person less deserving of care when the setting changes? Perhaps the answer to this question says something about how we regard our older citizens.

Medication aides may be regarded as a cost cutting measure, but we must not confuse safe care practices with cost containment. Nurses who administer medications are not just spending time going through the technical procedure but also are observing, assessing, intervening, educating, nuturing and evaluating the resident and his care.

Registering medication aides further legitimizes and perpetuates this role and would make it more difficult to discontinue. Granted, the bill does attempt to safeguard consumers by listing causes for removal of the medication aides from the register. However, safe care can best be guaranteed for residents in nursing homes by insisting that medication administration be performed by licensed personnel only.

The second component of this bill would expand the scope of practice of medication aides. It would allow medication aides to administer a drug, insulin, which is potentially lethal. There are several types of insulin which can add to the potential for error. Too much or too little insulin or the wrong type can prove to be fatal.

Lines 0052 and 0053 speak of a course in insulin administration. There is no reference to the length of the course or its content. Insulin administration itself is a technical skill which, as you may be aware, can be mastered by diabetics or their family members. However, there is more to administering insulin than injecting the drug into the body. In addition, most persons are in a nursing home because of physical or mental disabilities which make it impossible for them to manage their own care.

Management of diabetes requires careful balancing of insulin. diet, and exercise. In the elderly diabetic, the management may be complicated by the presence of other disease states, physical limitations, and the interaction of drugs prescribed for these various conditions. Certain drugs can alter blood sugar levels, and thus, the expected response to insulin may not occur. Furthermore, in the elderly person, presence of decreased kidney function can lead to excessive lowering of the blood sugar (hypoglycemia). Hypoglycemic reactions can be more dangerous in older perosns. The elderly often exhibit symptoms of low blood sugar, related to lack of glucose to the brain, such as confusion or lack of coordination. in place of the usual response of nervousness and sweating seen in younger persons. Elderly persons in nursing homes may not be able to recognize symptoms of low blood sugar themselves and must rely on knowledgeable caregivers to identify these symptoms and to treat them properly. Medication aides could not be expected to have the knowledge base to do this.

In balancing the care of the elderly insulin dependent diabetic, nutritional needs must be addressed also. Food intake may be altered by decreased sense of taste or smell and by factors such as drugs, decreased activity and lowered metabolism. All of these can alter the body's requirements for insulin and must be assessed on a day to day basis. Again, this is beyond the scope of knowledge and training of the medication aide.

In summary, we ask you to give SB 586 an unfavorable vote based on the belief that perpetuating the role of medication aides by registering them and allowing them to give insulin is an unsafe practice which may jeopardize the lives and wellbeing of our older citizens in nursing homes.



Kansans for Improvement of Nursing Homes, Inc.

913 Tennessee, #2

LAWRENCE, KANSAS 66044

842-3088 - Area Code 913

February 7, 1984

TESTIMONY SUBMITTED TO

THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

CONCERNING SENATE BILL 586

KINH has consistently expressed opposition to the category of medication aide; we continue to believe that medications should be administered by licensed nurses only. On that basis we oppose any action, such as registration by the Secretary of Health and Environment, which appears to sanction the medication aide.

We are made even more uneasy by the provision of SB 586 which permits the medication aide to administer insulin. KINH is persuaded by substantial professional opinion that administration of injectable medications, including insulin, by medication aides is unsafe and poses a potentially life-threatening hazard to nursing home residents.

We urge you to oppose SB 586.

Atch. 7

48- 2-7-84



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 Public

Health and Welfare Committee

FROM:

Lois Rich Scibetta, Ph.D., R.N., Executive Administrator

DATE:

February 6, 1984

RE:

Senate Bill 586

Thank you Madam Chairman for the opportunity to present testimony regarding Senate Bill 586. The Board opposes this Bill in its current form for the following reasons;

- (1) The Board does not believe that Medication Aides should be "registered," per se. Groups requesting registration are usually cleared through the Statewide Health Planning Coordinating Council. A list of certified aides would be acceptable.
- (2) The Board strongly objects to item (c) page 2, where a Medication Aide is allowed to administer insulin. The Board considers this procedure unsafe, and not in the best interest of the public. Professional experience and judgement are required in terms of assessment of the patients condition, including when to administer insulin, when to withhold it, etc.

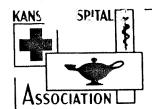
The Board of Nursing is in favor of some type of supervision for Medication Aides, i.e., recertification of Medication Aides. It is not in favor of the registration of the group, or allowing the CMA's to administer insulin.

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

Thank you.

Alexa 8

49-3-6-84 2-7-84



Memorandum

Donald A. Wilson President

February 6, 1984

T0:

Members of the Senate Public Health and Welfare Committee

FROM:

Donald A. Wilson

SUBJECT: PUBLIC HOSPITAL LAWS

Attached are amendments to House Bill 2002 and 2003 the Kansas Hospital Association is proposing. A summary of these changes are also attached. These amendments are a result of the agreement reached by our 73 county and district hospitals during the interim. We understand that Clay County Hospital may have some other amendments to deliver to you in person.

We will appear before the Committee on Wednesday to discuss our proposed amendments. We wanted you to have these to review in advance of that meeting.

DAW:mkc Attachments

Atch. 9

SUMMARY OF THE CONSENSUS OF THE MEMBERS OF THE KANSAS HOSPITAL ASSOCIATION REGARDING HOUSE BILLS 2002 AND 2003

During the summer, members of the Kansas Hospital Association reviewed House Bills 2002, 2003, 2004, 2005, 2006, 2007 and 2178. The members recommend and support some amendments to H.B. 2002 and 2003. The specific amendments are shown on the attached copies of H.B. 2002 and 2003.

Many of the amendments proposed by the Kansas Hospital Association are aimed at providing continuity between the present and proposed statutes so that there may be an orderly transition from past procedures. Secondly, the amendments guarantee that two hospitals with overlapping taxing districts cannot exist. Finally, a few changes are proposed which the hospitals feel will aid the operation of the hospitals.

Basically, the proposed amendments to House Bill 2002 provide:

- 1. A county hospital cannot be established if there is a district hospital within the county's boundaries unless the residents of the hospital district vote to be included within the county hospital. A favorable vote is only effective for two years. Any bond issues of the district will not be affected by the detachment. K.S.A. 19-101a, the Home Rule Statute, is amended to make it consistent with these provisions.
- 2. The proposed amendments to Section 5 would make a hospital board mandatory, even if there is a management or lease contract. The provision is also changed so that only the commission could lease the hospital, but the hospital board could enter into a management contract.
- 3. A provision is included allowing boards to continue operation as either elected or appointed boards until the electors, at a referendum, vote to switch from an elected to an appointed board or from an appointed to an elected board. Such an election will be held after 5 percent of the electors sign a petition requesting the election. The amendments to section 5 also provide that elections of hospital boards shall be on a nonpartisan basis.
- 4. The amendments allow elected boards to levy taxes, approve budgets, and issue bonds. Where the board is appointed the county commission would have these powers.

5. An amendment would require that only buildings or additions which use bond proceeds will require approval by the commission.

The proposed amendments to H.B. 2003 provide:

- 1. Section 3 is amended to make it clear that a hospital district is a municipal corporation.
- 2. Also, section 3 is amended so that no hospital district may be formed over another district.
- 3. Section 6 is amended to allow the number of board members to be changed only after majority vote at a special election called following a petition signed by 5 percent of the electors within the districts.
- 4. An amendment is proposed to section 16 which would provide that the county treasurer of the county in which the hospital is located has a duty to collect the taxes levied on behalf of the hospital district and transmit such taxes to the hospital treasurer. If a hospital district lies in more than one county, then the county treasurer of the counties in which the hospital is not located also have the duty to collect such taxes and transmit them to the hospital treasury.
- 5. An amendment is also included which would make the no-fund warrant statutes of K.S.A. 79-2925 to 79-2968 available for the hospital districts.
- 6. A provision is included which would allow territory to be transferred from one hospital district to another if there is approval of 51% of the electors, via petition, both in hospital boards and the county commission in the district where the hospital will be attached.

The Kansas Hospital Association appreciates your attention to these amendments.

Session of 1983

HOUSE BILL No. 2002

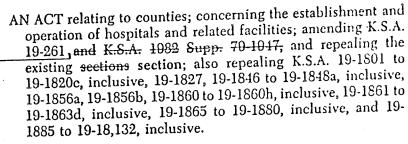
By Special Committee on Hospital Laws

Re Proposal No. 9

12-20

and 19-101a





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

New Section 1. As used in this act:

(a) "Board" means a hospital board which is selected in accordance with the provisions of this act and which is vested with the management and control of a county hospital;

(b) "commission" means the board of county commissioners of any county;

(c) "hospital" means a medical care facility as defined in K.S.A. 65-425 and includes within its meaning any clinic, school of nursing, long-term care facility and child-care facility operated in connection with the operation of the medical care facility.

(d) "hospital moneys" means, but is not limited to, moneys acquired through the issuance of bonds, the levy of taxes, the receipt of grants, donations, gifts, bequests, interest carned on investments authorized by this act and state or federal aid and from fees and charges for use of and services provided by the hospital.

New Sec. 2. (a) Any existing county hospital established under the laws of this state prior to the effective date of this act is hereby continued in existence and shall be governed in accord-

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, except a county having within its boundaries any territory of a hospital district operating and maintaining a hospital under Article 21 of Chapter 80 of the Kansas Statutes Annotated,

ance with the provisions of this act and any existing hospital board shall be deemed to be the board for purposes of this act unless and until a new board is appointed or elected as provided in this act.

(b) This act shall not affect any judicial proceeding pending or any contract, tax levy, bond issuance or other legal obligation existing on the effective date of this act.

New Sec. 3. Any county may establish a hospital in the following manner:

The commission may, and upon being presented with a petition signed by not less than 5% of the qualified electors of the county requesting the establishment and maintenance of a hospital shall, adopt a resolution authorizing the issuance of general obligation bonds for the purpose of constructing, purchasing, leasing or otherwise acquiring a hospital building or buildings, equipping the same, and acquiring the necessary site or sites therefor, or for any or all such purposes and for the purpose of paying a portion of the principal and interest on bonds issued under the authority of K.S.A. 12-1774, and amendments thereof. Prior to the issuance of such bonds, the question of issuing the same shall be submitted to a vote of the qualified electors of the county at a regular county primary or county general election or, if no regular county election is to be held within six months from the date of adoption of the resolution, at a special election called for the purpose of submitting such question, and no bonds shall be issued until a majority of the qualified electors voting on the question at such election vote in favor of the issuance of such bonds. The election shall be held at the usual places in such county for electing county officers and the vote shall be canvassed in the same manner as that for county officers. Such question shall not be submitted to the electors of the county at any election more than once in any one year. All general obligation bonds authorized by this section shall be issued, registered and sold in the manner provided by article 1 of chapter 10 of the Kansas Statutes Annotated, and acts amendatory thereof and supplemental thereto, and shall bear interest at a rate not to exceed the maximum rate prescribed by K.S.A. 10-1009, and





In a county having within its boundaries territory of one or more existing hospital districts operating and maintaining a hospital under Chapter 80 of the Kansas Statutes Annotated, the provisions of this section for establishing and maintaining a county hospital may be followed if a majority of the qualified electors who reside within the bounds of each existing hospital district within the county seeking the county hospital vote to be included in the county hospital should it be established within a period of two years from the date of such election. Such election shall be held in conformity with K.S.A. 25-2503(g) "Question submitted election." If such county hospital is established within a period of two years from the date of such election, the territory or territories having voted at such election shall be detached from the district hospital effective on the second December 31st following the date of the order of the commission establishing the hospital as a county hospital. Such territory or territories so detached shall be liable for payment of outstanding bonds of indebtedness of the district hospital or hospitals as may have been issued during the period of time such territory or territories was attached to said district hospital or hospitals. such hospital district or districts have authorized the issuance of bonds at a special election, the election shall be in no way affected by the passage of this act, and the bonds authorized at the election may be legally issued notwithstanding the detachment of any portion of the hopsital district which was included at the date of the bond election.

amendments thereof, and none of the debt limitations provided by law shall apply to bonds issued under this section.

0083 New Sec. 4. (a) (1) The governing body of any city which is 0084 operating and maintaining a city hospital, upon the recommen-0085 dation of the hospital board, or (2) the board of any hospital district which is operating and maintaining a district hospital 0087 may donate, transfer and convey the hospital, together with all 0088 real and personal property used in connection with the operation 0089 of the hospital to the county in which the hospital is located, to be 0090 owned, managed, operated and maintained as a county hospital. 0091 The question of donating, transferring and conveying any such 0092 hospital property to a county for county hospital purposes, shall first be submitted to a vote of the qualified electors of the city at a regular city election or at an annual meeting of the qualified electors of the hospital district, whichever is applicable, or the governing body of the city or the board of the hospital district may call a special election for the purpose of submitting such 0098 question to the qualified electors. Any such election called by the 0099 governing body of a city shall be noticed and governed in all 0100 respects and the results declared in accordance with the provisions of K.S.A. 10-120, and amendments thereof. Any such special election called by the board of a hospital district shall be noticed in accordance with the provisions of K.S.A. 10-120, and amendments thereof, and the election returns shall be made to the secretary of the board and canvassed by the board. 0106

(b) Whenever the governing body of any city or the board of 0107 any hospital district, having been authorized to do so by a 0108 majority vote of the qualified electors of such city or hospital 0109 district, whichever is applicable, voting upon the proposition as 0110 provided by subsection (a), shall present to the commission an 0111 offer to donate, transfer and convey to the county the hospital property and facilities operated and maintained by such city or hospital district, whichever is applicable, to be owned, managed, maintained and operated as a county hospital, the commission shall submit to the qualified electors of the county at the next general election to be held in the county, or if no general election is to be held within six months from the date of presentation of

The commission may contract for the lease of any such hospital with any person, corporation, association or society upon such terms and conditions as the commission deems to be in the best interest of the county. However, all such leases shall provide for a hospital board pursuant to this act.

(b) All existing hospitals shall retain the election or appointment system in effect at the time of the adoption of this act, until the system is changed by referendum in accordance with this act.

such offer, then at a special election called for that purpose, the question of establishing, operating and maintaining a county hospital with such hospital property, which election shall be called, noticed, held and canvassed in the manner provided by K.S.A. 10-120, and amendments thereof.

If a majority of the votes cast at such election shall be in favor of the proposition so submitted, the commission shall enter an order in its proceedings establishing the hospital as a county hospital. Upon the selection, qualification and organization of the board of the county hospital, the governing body of such city or the board of the hospital district, whichever is applicable, shall convey its hospital and all the real and personal property owned by such city or hospital district and used in connection with the operation of such hospital to the county, such conveyance to be signed by the governing body and clerk of such city or the board of the hospital district and to take effect on the January 1 following the establishment of the county hospital. The governing body of such city or the board of the hospital district shall pay over to the county treasurer all the unencumbered moneys in any fund of the hospital of such city or hospital district on January 1, and the county treasurer shall place the moneys in the operation and maintenance fund of the county hospital.

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(c) Upon establishment of a county hospital under this act,

of a board

New Sec. 5. (a) The commission may provide for the management and control of any existing county hospital or any county nospital established under this act by a board of may contract for the management and control of any such hospital with any person, corporation, association or society upon such terms and conditions as the commission deems to be in the best interest of the county.

New section (b)

(b) If the commission determines that the management and souted of the hospital should be vested in a board, the commission, by resolution, shall provide for the establishment the political shall provide either that the members be appointed by the ommission or that the members be elected by the qualified lectors of the county. If the commission determines that the oard is to be elected, the procedure for holding such election hall be determined by the commission, by resolution. The laws

The board members shall be elected on a non partisan basis.

The commission shall, upon being presented with a petition signed by not less than 5% of the qualified electors of the county requesting the manner of selection of the board be changed from an elected to an appointed board or from an appointed to an elected board, adopt a resolution authorizing the change. Prior to the resolution becoming effective, the question of changing the method of selection shall be submitted to a vote of the qualified electors of a county at a regular county primary or county general election or, if no regular county election is to be held within six months from the date of adoption of the resolution, at a special election called for the purpose of submitting such question, and the resolution shall not be effective until a majority of the qualified electors voting on the question at such election vote in favor of the question. The election shall be held at the usual places in such county for electing county officers and the vote shall be canvassed in the same manner as that for county officers. Such question shall not be submitted to the electors of the county at any election more than once in any one year.

, or, in the case of an elected board, the board,

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applicable to the procedure, manner and method provided for the election of county officers shall apply to the election of members of the board. The commission shall fix the number of board members and the terms of office for such members. The board shall be composed of five, seven or nine members and terms of office thereof shall be for not less than two years and not more than four years. Members of the board shall be residents of the county in which the hospital is located.

0164 d (\$\varphi\$) Members serving on a board on the effective date of this act shall continue to serve until expiration of their respective terms and their successors shall be selected for terms fixed by resolution of the commission in accordance with the provisions of subsection (b). Members selected to serve on the board of any county hospital shall be selected for staggered terms so that not all terms of office of such members expire at the same time.

oith e (d) Subject to the provisions of subsection (b), the commission, by resolution, may modify the number of members to serve on the board. Whenever the number of members of a board is increased by resolution of the commission, the commission shall provide for the expiration of the terms of the members appointed to the new positions on the board to coincide with the expiration of the terms of the members serving on the board at the time of the creation of the new positions so that not more than a simple majority of the members of the board is selected at the same time.

Olso + (e) Vacancies in the membership of the board shall be filled by appointment by the commission. Any member appointed to fill a vacancy shall hold office until expiration of the term of the

New Sec. 6. (a) The commission may annually levy a tax for the purpose of operating, maintaining, equipping and improving any hospital managed and controlled under the provisions of this act and for the purpose of paying a portion of the principal and interest on bonds issued under the authority of K.S.A. 12-1774, and amendments thereof. The commission may levy such tax ir

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any amount not exceeding two mills in any year without a. election as provided in subsection (c) and such tax is not subject to or within the limitations upon the levy of taxes imposed under the provisions of K.S.A. 79-5001 to 79-5016, inclusive, and any amendments of such sections. Any tax levied for the purpose of paying the principal and interest upon any general obligation bonds issued pursuant to this act is not subject to the two-mill limitation imposed under the provisions of this subsection.

(b) After a hospital has been established, the commission may issue additional general obligation bonds for the purposes of constructing, purchasing or leasing and equipping a new hospital separate and apart from an existing hospital, or an additional hospital, or constructing and equipping an addition to an existing hospital, or equipping and improving an existing hospital, or acquiring the necessary site or sites therefor or for any or all such purposes and for the purpose of paying a portion of the principal and interest on bonds issued under the authority of K.S.A. 12-1774, and amendments thereof.

(c) The commission shall not levy any tax exceeding two mills under authority of subsection (a) or issue general obligation bonds under authority of subsection (b) until the levy of such tax or the issuance of such bonds has been authorized by resolution of the commission and approved by a majority of the qualified electors of the county voting on such question at a regular county primary or county general election or, if no regular county election is to be held within six months from the date of adoption of the resolution, at a special election called by the commission for the purpose of submitting such question to the qualified electors. The increase in any tax levy authorized by any such election is exempt from the limitations imposed under K.S.A. 79-5001 to 79-5016, inclusive, and any amendments of such sections.

New Sec. 7. (a) Members of the board, within 10 days after their selection, shall qualify by taking the oath or affirmation of civil officers as provided in K.S.A. 54-106, and shall organize the board by election of one of their number as chairperson, one as secretary and one as treasurer, and by the election of such other officer or officers as deemed necessary. Every two years therea

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ter, a reorganization meeting shall be held and officers shall be selected as provided in this subsection. No bond need be required of any member of the board except the treasurer.

(b) The treasurer, before entering upon the duties of office, shall give an official bond in an amount to be determined by the commission.

(c) The board shall hold meetings at least once each month, and shall keep and maintain a complete record of all its proceedings. Such records shall be available for inspection by the commission on request. A simple majority of the members serving on the board shall constitute a quorum for the transaction of business. Within 15 days after completion of the audit provided for by article 11 of chapter 75 of Kansas Statutes Annotated, the board shall file with the commission a written report of the management of the hospital and a copy of the audit report rendered by the accountant performing the audit. The commission shall keep and maintain a copy of such report as a part of the public records of the county. Prior to June 1 of each year, the board shall prepare a budget showing the amount it deems necessary to operate, equip, maintain and improve the hospital for the ensuing fiscal year and the amount of that portion thereof that it deems necessary to be raised by the tax authorized under section 6, and shall submit its proposed budget to the commission. The commission shall consider and approve, amend or modify such proposed budget. If the commission does not approve the proposed budget within 10 days after receipt thereof, it shall return the amended or modified budget to the board. Upon receipt of the amended or modified returned budget, the board shall consider the amendments or modifications made by the commission and may consult with the commission concerning the budget. Within 10 days after receipt of the amended or modified returned budget, the board shall resubmit its proposed budget, with or without amendment or modification, to the commission. Within 10 days after resubmission of the proposed budget, the commission shall approve, or amend or modify and approve as amended or modified, such proposed budget. The commission shall adopt the proposed budget as approved and shall make the same a part of the regular



0267 county budget.

New Sec. 8. (a) All hospital moneys, except moneys acquired through the issuance of revenue bonds, shall be paid to the treasurer of the board, shall be allocated to and accounted for in separate funds or accounts of the hospital, and shall be paid out only upon claims and warrants or warrant checks as provided in K.S.A. 10-801 to 10-806, inclusive, and K.S.A. 12-105a and 12-105b. The board may designate a person or persons to sign such claims and warrants or warrant checks.

(b) The board may accept any grants, donations, bequests or gifts to be used for hospital purposes and may accept federal and state aid. Such moneys shall be used in accordance with the terms of the grant, donation, bequest, gift or aid and if no terms are imposed in connection therewith such moneys may be used to provide additional funds for any improvement for which bonds have been issued or taxes levied.

(c) Hospital moneys shall be deemed public moneys and hospital moneys not immediately required for the purposes for which acquired may be invested in accordance with the provisions of K.S.A. 12-1675. Hospital moneys acquired through the receipt of grants, donations, bequests or gifts and deposited pursuant to the provisions of K.S.A. 12-1675 need not be secured as required under K.S.A. 9-1402.

(d) Hospital moneys which are deposited to the credit of funds and accounts which are not restricted to expenditure for specified purposes may be transferred to the general fund of the hospital and used for operation of the hospital or to a special fund for additional equipment and capital improvements for the hospital.

(e) The board shall keep and maintain complete financial records in a form consistent with generally accepted accounting principles, and such records shall be available for public inspection at any reasonable time.

New Sec. 9. Members of the board may be allowed compensation by the commission and, if allowed, such compensation shall be in an amount to be determined by the commission. All members may also be reimbursed for any actual and necessary



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personal expenses incurred as a member of the board, including an allowance for mileage, in the amount fixed under K.S.A. 1982 Supp. 75-3203 for each mile actually traveled while engaged in hospital business. An itemized statement of all such expenses and money paid out shall be kept and maintained and shall be filed with the secretary and the commission, which shall keep and maintain the same as a part of the public records of the county.

New Sec 10. (a) The board shall make and adopt such bylaws, rules and regulations for the management and control of the hospital as it deems necessary so long as the same are not inconsistent with this act, the statutes of the state of Kansas, the resolutions of the county and, if the hospital is located in a city, the ordinances of the city in which the hospital is located. The board shall have the exclusive control of the expenditures of all hospital moneys, except hospital moneys acquired through the issuance of revenue bonds, and all expenditures shall be subject to the approval of a majority of members appointed to the board. The board is charged with the supervision, care and custody of all hospital property. The board is authorized to appoint an administrator, to fix the compensation thereof, and to remove such administrator. The board may also require personal or surety bonds of all hospital employees entrusted with the handling of hospital moneys, such bonds to be in an amount to be determined and approved by the board.

(b) The board may establish and fund pension and deferred compensation plans and any other employee benefit plans for hospital employees and may procure contracts insuring hospital employees, their dependents, or any class or classes thereof, under a policy or policies covering one or more risks including, but not limited to, a policy or policies of life, disability income, health, accident, accidental death and dismemberment, and hospital, surgical and medical expense insurance or may provide for a plan of self-insurance for such purposes. The employee's contribution, if any, to the plan and to the premiums for insurance or for the expenses incurred by the board under a plan of self-insurance may be deducted by the employer from the employee's 0340 - salary when authorized in writing by the employee to do so.



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New Sec. 11. (a) The board may enter into written contracts for the lease of any hospital property to any person, corporation, society or association upon such terms and conditions as deemed necessary by the board.

(b) The board may enter into written contracts for the lease of real property to be used for hospital purposes from any person, corporation, society or association upon such terms and conditions as deemed necessary by the board.

(c) The board may enter into written contracts for the lease of personal property from any person, corporation, society or association upon such terms and conditions as deemed necessary by the board. Any such contract may provide for the payment as compensation for use of such personal property a sum substantially equivalent to or in excess of the value of the personal property under an agreement that the hospital shall become, or for no further or a merely nominal consideration has the option of becoming, the owner of the personal property upon full compliance with the provisions of the contract.

(d) The board may contract for the management of any hospital with any person, corporation, society or association upon such terms and conditions as deemed necessary by the board.

(e) The board may operate and maintain an emergency medical or ambulance service upon authorization by and under contract with the commission upon such terms and conditions as are specified by the commission.

(f) The board may expend funds as deemed necessary for the recruitment of staff. Such expenditures may include the expenditure of funds for the provision of loans or scholarships to aid in financing the education of persons who agree, upon completion of their education, to become members of the staff.

(g) The board may sue in its own name or in the name of the hospital. The board may be sued and may defend any action brought against it or the hospital.

(h) The board is not subject to the cash-basis law.

New Sec. 12. Notwithstanding any contract entered into by the commission or the board for the management and control of the hospital with any person, corporation, association or society, Us

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for which bond proceeds are to be used

the commission may make such tax levies for the benefit of the hospital as are authorized by law.

New Sec. 13. If the board and the owner of any real property desired by the board for hospital purposes cannot agree as to the price to be paid therefor, the board shall report the facts to the commission and condemnation proceedings may be instituted by the commission in the manner prescribed by article 5 of chapter 26 of Kansas Statutes Annotated.

New Sec. 14. No hospital building or addition shall be erected or constructed until the plans and specifications have been made therefor, adopted by the board and approved by the commission, and bids advertised for according to law for other county public buildings.

New Sec. 15. If a county hospital is located in a city, the jurisdiction of the city in which the hospital is located shall extend over all lands used for hospital purposes, and all ordinances of such city shall be in full force and effect in and over the territory occupied by such county hospital.

New Sec. 16. The commission may issue and sell revenue bonds for the purpose of purchasing, leasing or otherwise acquiring an existing hospital building or buildings and improving, remodeling or repairing and equipping the same, or for the purpose of constructing, equipping and furnishing an addition to an existing county hospital and, if necessary, acquiring a site therefor, or for the purpose of acquiring a site for constructing, equipping and furnishing a new hospital building or facility, separate and apart from an existing county hospital. Before any such bonds shall be issued, the commission shall publish a resolution declaring its intention to issue such bonds, stating the purpose for which such bonds are to be issued and the amount thereof. Such resolution shall be published once each week for three consecutive weeks in the official county newspaper, or if there is no official county newspaper, a newspaper published as provided in K.S.A. 64-101.

New Sec. 17. At or prior to the issuance of revenue bonds under authority of this act, the commission and the board shall pledge either the gross or the net income and revenues of the



hospital to the payment of principal and interest of such revenue bonds and shall covenant to fix, maintain and collect such fees and charges for the use of the hospital as will produce revenues sufficient to pay the reasonable cost of operating and maintaining the hospital and to provide and maintain an interest and sinking fund in an amount adequate to promptly pay both principal and interest on such bonds and to provide a reasonable reserve fund. The commission may agree to pay the cost of operation and maintenance of the hospital from any other revenues of the commission or of the board legally available for such purpose. In addition, the commission in its discretion may pledge to the payment of principal and interest of such revenue bonds the proceeds of any gift, grant, donation or bequest which may be received by the commission or board from any source.

New Sec. 18. Revenue bonds issued under authority of this act shall not be an indebtedness of the county or the hospital or of the commission or the individual members of the commission, or the board or the individual members of the board, and shall not constitute an indebtedness within the meaning of any constitutional or statutory limitation upon the incurring of indebtedness.

New Sec. 19. Revenue bonds issued under authority of this act shall have all of the qualities and incidents of negotiable instruments, may bear interest at a rate not exceeding the maximum rate for revenue bonds prescribed in K.S.A. 10-1009, may bear such date, may mature at such time or times not exceeding 40 years from their date, may be in such denomination or denominations, may be in such form, either coupon or registered, may carry such registration and conversion privileges, may be executed in such manner, may be payable in such medium of payment and may be subject to such terms of redemption, with or without premium, as may be provided by resolution adopted by the commission, and such bonds shall not be registered with the state treasurer of the state of Kansas.

Such bonds may be sold in such manner and at such price or prices not less than 95% of par and accrued interest to date of delivery as may be considered advisable by the commission.

New Sec. 20. In order to secure the prompt payment of the

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ا پنجو principal and interest upon revenue bonds and the proper application of the revenue pledged thereto, the commission and the board are authorized to:

(a) Covenant as to the use and disposition of the proceeds of the sale of such bonds;

(b) covenant as to the operation of the hospital and the collection and disposition of the revenues derived from such operation:

tion;
(c) covenant as to the rights, liabilities, powers and duties arising from the pledge of any covenant and agreement into which it may enter in authorizing and issuing the bonds;

(d) covenant and agree to carry such insurance on the hospital and the use and occupancy thereof as may be considered desirable, and in its discretion to provide that the cost of such insurance shall be considered a part of the expense of operating the hospital;

(e) fix charges and fees to be imposed in connection with and for the use of the hospital and the facilities supplied thereby, which charges and fees shall be considered to be income and revenues derived from the operation of the hospital, and to make and enforce such rules and regulations with reference to the use of the hospital for the accomplishment of the purposes of this act;

(f) appoint a trustee to act under the terms of the resolution authorizing the issuance of the revenue bonds;

(g) covenant against the issuance of any other obligations payable on a parity from the revenues to be derived from the hospital:

hospital;
(h) make covenants other than and in addition to those herein expressly mentioned of such character as may be considered necessary or advisable to effect the purposes of this act.

All such agreements and covenants entered into by the commission shall be binding in all respects upon the commission and the board and their officers, agents, employees, and upon their successors, and all such agreements and covenants shall be enforceable by appropriate action or suit at law or in equity which may be brought by any holder or holders of bonds issued hereunder against the commission, or board, or their officials, ag

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employees, or their successors. The rents, charges and fees to be 0489 imposed under the provisions of this act shall not be limited by 0490 the provisions of any prior act. 0491

New Sec. 21. The proceeds derived from the sale of the 0492 revenue bonds herein authorized shall be deposited to the credit 0493 of the commission in a bank, banks or other depositories desig-0494 nated by the commission and kept in a separate fund and used 0495 solely for the purpose for which the bonds are authorized. The 0496 commission is authorized to make all contracts and execute all 0497 instruments which in its discretion may be deemed necessary or 0498 advisable to provide for the purpose for which the bonds were 0499 issued, and to provide for the manner of disbursement of the 0500 funds for such purposes. Nothing contained in this act shall be 0501 construed as placing in the county general fund or other county fund any moneys collected under this act or requiring such 0503 action. 0504

New Sec. 22. The interest on the revenue bonds issued under this act shall be exempt from all state, county and municipal taxation in the state of Kansas, except inheritance taxes of the state 0507 of Kansas.

0508 New Sec. 23. Any officer or officers, board or boards, having 0509 charge of any sinking fund or any other fund of the state of Kansas, or any department, agency or institution thereof, or any county, municipality or other public corporation or political 0512 subdivision, may invest such funds in bonds issued under the 0513 provisions of this act. Any bank, trust or insurance company organized under the laws of the state of Kansas may invest in revenue bonds issued under the provisions of this act. Such 0516 bonds shall also be approved as collateral security for the deposit of any public funds and for the investment of trust funds. 0518

New Sec. 24. Title to any real or personal hospital property purchased or constructed from moneys derived from any bond issuance or tax levy and title to any hospital property derived from any grant, donation or gift shall be vested in the county where the hospital is located.

New Sec. 25. Any commission may close and terminal operation of a county hospital in accordance with the following

provisions:

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(a) Whenever the commission maintaining and operating the hospital shall determine, by resolution, that it is in the best interest of the county that operation of the hospital should be closed and terminated, or whenever a petition signed by not less than 5% of the qualified electors of a county requesting that operation of the hospital be closed and terminated is filed with the county clerk, there shall be submitted a proposition authorizing the same to the qualified electors of the county at the next regular county election or, if no regular county election is to be held within six months from the date of adoption of the resolution or filing of the petition, at a special election called for the purpose of submitting such proposition. If a majority of the votes cast on the proposition are in favor thereof, the commission shall perform all acts necessary to close and terminate the operation of the county hospital.

(b) If a majority of the votes cast at the election are in favor of the proposition submitted under the provisions of subsection (a), the commission may sell or donate and transfer and convey such hospital and all real and personal property owned by such county and used in connection with the operation of the hospital to a city in or near which the hospital is located subject to the approval and acceptance of such city, or to a hospital district established for such purpose, or to a nonprofit corporation to be owned, managed, maintained and operated as a hospital by such city, hospital district or corporation, or may dispose of all such real and personal property as authorized by law for the disposition of other county property. If the proposition submitted under subsection (a) fails to receive a majority of the votes cast in favor thereof, the county hospital shall be continued in operation.

(c) The commission and the board shall continue to pay the normal and usual operating expenses of the hospital, including such maintenance and repairs as are certified by the state fire marshal or the secretary of health and environment as being necessary for the safety of persons admitted to the hospital, until such time as operation of the hospital is terminated.

(d) The board of any hospital closed under the provisions of

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New Section 27.

K.S.A. 1982 Supp. 19-101a is hereby amended to read as follows: 19-101a. (a) The board of county commissioners may transact all county business and perform all powers of local legislation and administration it deems appropriate, subject only to the following limitations, restrictions, or prohibitions: (1) Counties shall be subject to all acts of the legislature which apply uniformly to all counties;

this section, is hereby abolished. The balance of any money remaining in any fund of the county hospital after termination of its operation and after payment and performance of any obligation thereof shall be transferred to the county general fund. Any records of a county hospital remaining after the closing and termination of operation thereof shall be transferred to the custody of the county clerk.

Sec. 26. On July 1, 1984, K.S.A. 19-261 shall be and is hereby amended to read as follows: 19-261. The board of county commissioners of any county may provide as a county function or may contract with any city, person, firm, or corporation or with the board of a county hospital located in the county for the furnishing of ambulance services within all or any part of their respective counties the county upon such terms and conditions, and for such compensation as may be agreed upon which shall be payable from the county general fund. The board of county commissioners shall not provide ambulance service under the provisions of this act in any part of the county which receives adequate ambulance service, but the county shall reimburse any taxing district which provides ambulance services to such district with its proportionate share of the county general fund budgeted for ambulance services within the county. Such reimbursement shall be based on the amount that assessed tangible taxable valuation of the taxing district bears to the total taxable tangible valuation of the county, but in no event shall such taxing district receive from the county more than the district's cost of furnishing such ambulance services.

Sec. 27. On July 1, 1084, K.S.A. 1082 Supp. 70-1047 shall be and is hereby amended to read as follows: 70-1047. The authority of the board of county commissioners of any county to fix a rate of levy annually for the following county purposes, is hereby limited as follows:

ited as follows: Roads and bridges (not under county unit system): Gonstruction, reconstruction, improvement, repair, maintenance; and acquisition of rights-of-way::::::::::::::::::::::::::::::::::::	ellim 00.3
tion of rights-of-way : : : : : : : : : : : : : : : : : : :	1.50

- (2) Counties may not consolidate or alter county boundaries;
- (3) Counties may not affect the courts located therein;
- (4) Counties shall be subject to acts of the legislature prescribing limits of indebtedness;
- (5) In the exercise of powers of local legislation and administration authorized under provisions of this section, the home rule power conferred on cities to determine their local affairs and government shall not be superseded or impaired without the consent of the governing body of each city within a county which may be affected;
- (6) Counties may not legislate on social welfare administered under state law enacted pursuant to or in conformity with public law No. 271--74th Congress, or amendments thereof;
- (7) Counties shall be subject to all acts of the legislature concerning elections, election commissioners and officers and their duties as such officers and the election of county officers;
- (8) Counties shall be subject to the limitations and prohibitions imposed under K.S.A. 12-187 to 12-195, inclusive, and amendments thereto, prescribing limitations upon the levy of retailers' sales taxes by counties;
- (9) Counties may not exempt from or effect changes in statutes made nonuniform in application solely by reason of authorizing exceptions for counties having adopted a charter for county government;
- (10) No county may levy ad valorem taxes under the authority of this section upon real property located within any redevelopment area established under the authority of K.S.A. 12-1772, and amendments thereto, unless the resolution authorizing the same specifically authorized a portion of the proceeds of such levy to be used to pay the principal of and interest upon bonds issued by a city under the authority of K.S.A. 12-1774, and amendments thereto;
- (11) Counties shall have no power under this section to exempt from any statute authorizing or requiring the levy of taxes and providing substitute

and additional provisions on the same subject, unless the resolution authorizing the same specifically provides for a portion of the proceeds of such levy to be used to pay a portion of the principal and interest on bonds issued by cities under the authority of K.S.A. 12-1774, and amendments thereto;

- (12) Counties may not exempt from or effect changes in any statute prescribing the procedure for the establishment of hospitals. AND/OY/NEALTH/YELAYED facilities///ODANYIES/IN/WHICH/YHEYE/IS/IOCAYED AND YEYYIYOY/OF/A/NOSPITAL/DISTYICY/OPETATING/UNDET/THE OYONISIONS/OF/AYTICLE/IN/OF/CHAPTET/SO/OF/THE/KANSAS STATUTES KNAOTATED MAY NOT ESTABLISH A COUNTY NOSPITAL OF NEALTH/YELATED FACILITY UNDET THIS SECTION/OY/PUTSMANY/YO/YHE/OTONISIONS/OF/NOASE BILL/NO//2002//AND/ANE/NOAMENTS/THEYETO.
- (13) Except as otherwise specifically authorized by K.S.A. 12-1,101 to 12-1,109, inclusive, and amendments thereto, counties may not levy and collect taxes on incomes from whatever source derived:
- (14) Counties may not exempt from or effect changes in K.S.A. 19-430, and amendments thereto. Any charter resolution adopted by a county prior to July 1, 1983, exempting from or effecting changes in K.S.A. 19-430, and amendments thereto, is null and void.
- (15) Counties may not exempt from or effect changes in K.S.A. 19-302, 19-502b, 19-503, 19-805 or 19-1202, and amendments thereto.
- (16) Counties may not exempt from or effect changes in K.S.A. 13-13a26, and amendments thereto. Any charter resolution adopted by a county, prior to the effective date of this act, exempting from or effecting changes in K.S.A. 13-13a26, and amendments thereto, is null and void.
- (17) Counties may not exempt from or effect changes in K.S.A. 71-301, and amendments thereto. Any charter resolution adopted by a county, prior to the effective date of this act, exempting from or effecting changes in K.S.A. 71-301, and amendments thereto, is null and void.

(b) Counties shall apply the powers of local legislation granted in subsection (a) of this section by resolution of the board of county commissioners. If no statutory authority exists for such local legislation other than that set forth in subsection (a) of this section and the local legislation proposed under the authority of such subsection is not contrary to any act of the legislature, such local legislation shall become effective upon passage of a resolution of the board and publication in the official county newspaper. If the legislation proposed by the board under authority of subsection (a) of this section is contrary to an act of the legislature which is applicable to the particular county but not uniformly applicable to all counties, such legislation shall become effective by passage of a charter resolution in the manner provided in K.S.A. 19-101b, and amendments thereto.

		0606	Library: Establish and maintain within counties designated as an	
		969 7		•
		0608 0609		2.00 mills
d'		0611		9.50 mills
v 1		0613	Stream: Maintenance, as authorized by K.S.A. 1082 Supp. 82a-308	.50 mill
		0615		9.00 mills
		0617 0610		.50 mill .50 mill
		0621		.00 ,,,,,,
•	12	0622	10-2803 *************************	150 mill
		0624	Agriculture extension: Authorized by K-8-1-1 2-610: Counties having an assessed valuation of more than \$40,000,000 *****************************	1.50 mills;
•		9625 9627	or a rate sufficient to provide \$80,000; whichever amount is	3.00 111113,
	2	0628	greater;	,
•	ف	0630	Gounties having an assessed valuation of not less than	ا حوالت ۱۹۵۵
	ĺ	0631 0633	\$30,000,000and not more than \$40,000,000	2:00 mills;
		0634	greater;	
		0636	Counties having an assessed valuation of less than \$30,000,000 : :	2.50 mills
		0638	Airport: Joint operation, authorized by K.S.A. 3-121	.5 0 mill .25 mill
		0649 0642	Gemetery: Maintenance, authorized by K.S.A. 10-3105	-10 mill
		0644	Depository bank failure: Authorized \$0688 by K.S.A. 10-2636 :::	1.00 mill
in the second se		0646	Economic development: Authorized by K.S.A. 10-1102	-50 mill
		0648	Flood control: Maintenance, authorized by K.S.A. 10-3305 : : : : : Cookeried authorized by K.S.A. 1082 Supp. 76 3360	1.00 mill -10 mill
·	·· / /	9659 9652	Geological survey: Authorized by K.S.A. 1083 Supp. 76-326a : : : Highways: Gounty connecting links, authorized by K.S.A. 68-583	1.60 mill
···		0654	Hospital: Authorized by K.S.A. 10-1801 Section 6 of 1052 House Bill	
	·	<i>0655</i>	No. 2003	9.00 mills
•		6657	Lake and recreational grounds: Authorized by K.S.A. 10-2803e ::	-50 mill
	 	0659 0661	Lighting of highways and bridges: Authorized by K.S.A. 68-166 : Memorial buildings: Authorized by K.S.A. 73-107	:10 mill :75 mill
		0663	Mental health centers: Operation, authorized by K.S.A. 19-4004 ::	1-60 mill
		0665	Mental retardation services: Authorized by K.S.A. 10-4004 ::::::	1.09 mill
		0667	Buildings and facilities: Authorized by K.S.A. 10-4004	.25 mill 1.00 mill
		9569 9671	Mental health services: Contract: Authorized by K.S.A. 19-1011 :: Contract: Mentally retarded: Authorized by K.S.A. 10-4011 :::::	1.00 mill
		9673	Noxious weeds: Authorized by K.S.A. 2-1318	1:00 mill
		0675	Deficiency levy for chemicals and materials ************************************	.50 mill
		0677	Soil drifting fund: Authorized by K.S.A. 3-2007	1:00 mill
		0670	Such rates or amounts are not intended to and shall	
		0680	construed to apply to counties not specifically authorized	by law
		0681	to make such levies.	. 10
28	-	0682	— Sec. 28 27. On July 1, 1984, K.S.A. 19-261, 19-1801	
	﴿ َمِ	0683	1820c, inclusive, 19-1827, 19-1846 to 19-1848a, inclusi	
		0684	1856a, 19-1856b, 19-1860 to 19-1860h, inclusive, 19-186	l to 19-
		0685	1863d, inclusive, 19-1865 to 19-1880, inclusive, and 19-	1885 to
	3	0686	19-18,132, inclusive, and K.S.A. 1082 Supp. 70-1047 shall	_
• •		0687	are hereby repealed.	
.29	- Carl	0688	Sec. 2928. This act shall take effect and be in force from	om and
		0689	after July 1, 1984, and its publication in the statute book	
Historial War vis			with a first of many and the management and	
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				

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HOUSE BILL No. 2003

By Special Committee on Hospital Laws

Re Proposal No. 9

2-20

AN ACT concerning certain political subdivisions as therein defined; relating to the establishment and operation of hospitals and related facilities; repealing K.S.A. 80-2101, 80-2102, 80-2103, 80-2105, 80-2107 to 80-2116, inclusive, 80-2118, 80-2119, 80-2121, 80-2124, 80-2126, 80-2128 to 80-2132d, inclusive, 80-2134 to 80-2142, inclusive, 80-2144, 80-2146, 80-2148 to 80-2154, inclusive, 80-2156 to 80-2165, inclusive, 80-2167, 80-2169, 80-2171 to 80-2177, inclusive, 80-2179 to 80-2186, inclusive, 80-2187a, 80-2187c, 80-2187d, 80-2188, 80-2190, 80-2192, 80-2194 to 80-2197, inclusive, 80-2199, 80-21,100, 80-21,102 to 80-21,110, inclusive, 80-21,112, 80-21,114, 80-21,116 to 80-21,134, inclusive, and K.S.A. 1982 Supp. 80-2104, 80-2106, 80-2117, 80-2120, 80-2122, 80-2123, 80-2125, 80-2127, 80-2131a, 80-2131b, 80-2132e to 80-2132i, inclusive, 80-2133, 80-2143, 80-2145, 80-2147, 80-2155, 80-2166, 80-2168, 80-2170, 80-2178, 80-2187, 80-2187b, 80-2189, 80-2191, 80-2193, 80-2198, 80-21,101, 80-21,111, 80-21,113 and 80-21,115.

0035 Be it enacted by the Legislature of the State of Kansas:

Section 1. As used in this act:

- (a) "Board" means a hospital board which is selected in accordance with the provisions of this act and which is vested with the management and control of an existing hospital or a hospital established under the provisions of this act;
- hospital established under the provisions of this act;

 (b) "hospital" means a medical care facility as defined in

 K.S.A. 65-425 and includes within its meaning any clinic, long
 term care facility, child-care facility and emergency medical or

 ambulance service operated in connection with the operation of

 the medical care facility;

hospital;

- (c) "hospital moneys" means, but is not limited to, moneys acquired through the issuance of bonds, the levy of taxes, the receipt of grants, donations, gifts, bequests, interest earned on investments authorized by this act and state or federal aid and from fees and charges for use of and services provided by the
 - (d) "existing hospital" means a hospital established under the provisions of article 21 of chapter 80 of Kansas Statutes Annotated prior to the effective date of this act and being maintained and operated on the effective date of this act;
 - (e) "political subdivision" means a township, a city or a hospital district established under the provisions of article 21 of chapter 80 of Kansas Statutes Annotated prior to the effective date of this act or established under this act;
 - (f) "qualified elector" means any person who has been a bona fide resident within the territory included in the taxing district of a hospital for 30 days prior to the date of any annual meeting or election provided for in this act and who possesses the qualifications of an elector provided for in the laws governing general elections.
 - Sec. 2. (a) Any existing hospital district and any existing hospital established under the laws of this state prior to the effective date of this act are hereby continued in existence and shall be governed in accordance with the provisions of this act, and any existing board shall be deemed to be the board for purposes of this act unless and until a new board is selected in accordance with the provisions of this act.
 - (b) This act shall not affect any judicial proceeding pending or any contract, tax levy, bond issuance or other legal obligation existing on the effective date of this act.
 - Sec. 3. (a) Any two or more adjoining political subdivisions are hereby authorized to join in the establishment of a hospital district and in the acquisition, construction or reconstruction, improvement, enlargement, remodeling or repairing of a hospital within such hospital district and in the operation and maintenance of any such hospital.

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the county in which such political subdivisions, or the greater portion of the area thereof, are located, of a petition setting forth the boundaries of the proposed hospital district and requesting 0084 the formation of such hospital district signed by not less than 0085 51% of the persons who will become qualified electors of the 0086 proposed district upon its establishment and who reside within 0087 the limits of each political subdivision proposing to join in the 0058 establishment of the hospital district, the sufficiency of such 0059 petitions to be determined by an enumeration taken and verified 0090 for this purpose by some person who will become a qualified 0091 elector of the proposed district, it shall be the duty of the board of 0092 county commissioners, at its next regular meeting, to examine the 0093 petition. If the board of county commissioners finds that the 0094 petition is regular and in due form as is provided in this section, 0095 such board shall enter an order in its proceedings establishing the 0096 hospital district If any political subdivision within the area of 0097 the proposed district owns and is operating a hospital at the time 0098 the petitions are filed, the petitions shall be accompanied by a 0099 copy of a resolution adopted by the governing body of the 0100 political subdivision within such district which owns the hospi-0101 tal, which resolution shall state that the political subdivision 0102 agrees to convey the hospital together with all the hospital 0103 equipment and the tract of land upon which the hospital is 0104 located to and for the use of the proposed hospital district. The 0105 governing body of the political subdivision is hereby authorized 0106 and directed to adopt such a resolution and to make such con-0107 0108 veyance. 0109 0110

Sec. 4. Upon the establishment of a hospital district, the board of county commissioners shall cause a notice to be published, once each week for two consecutive weeks, in a newspaper of general circulation in the hospital district stating that a meeting of the qualified electors of such hospital district will be held at the time and place fixed in the notice for the purpose of electing five persons as the first board for such district. The last publication of such notice shall be made not more than six days prior to the date fixed for the holding of the meeting. The cost of such publication shall be borne equally by the political subdivi-

Las a municipal corporation.

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(c) Territory included within the boundaries of an existing hospital district operating and maintaining a hospital shall not be included in a newly formed hospital district as provided herein, unless a majority of the qualified electors of the existing hospital district voting at an election vote to be included in such new hospital district. Such election shall be held in conformity with K.S.A. 25-2503(g) "Question submitted election."

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sions joining in the establishment of the hospital district and paid from the respective general funds thereof. At the time and place fixed for the holding of the meeting, the chairperson of the board of county commissioners, or a person designated by the chairperson, shall call such meeting to order and the qualified electors of the hospital district shall proceed to elect a chairperson and a secretary for the meeting. Thereupon, the qualified electors shall proceed to:

- (a) Provide for the establishment of a board to be vested with the management and control of the hospital and fix the number of members thereof in accordance with the provisions of subsection (a) of section 6;
- (b) elect by ballot the members of the first board to serve for designated terms of one, two and three years and until the selection and qualification of their successors who shall be selected in a manner to be determined at the meeting; and
- olisis lected in a manner to be determined at the incoming, and olisis (c) determine the date, time and place of annual meetings of the qualified electors which date, time and place shall be incorporated into the bylaws adopted by the board.
 - Sec. 5. Upon the selection and organization of the first board, the governing body of any political subdivision joining in the establishment of the hospital district which owns and is operating a hospital at the time the petitions for the organization of such hospital district were filed, shall convey or lease its hospital and the tract of land upon which the hospital is located and all the hospital equipment to the hospital district established under the provisions of this act, which conveyance or lease shall take effect upon the delivery and acceptance of the hospital by the hospital district. The governing body of such political subdivision shall pay over to the treasurer of the hospital district all the unencumbered moneys in the hospital fund of such political subdivision on January 1, and the treasurer shall place the moneys in the operation and maintenance fund of such hospital district. If any such political subdivision has accumulated and set aside funds for the construction of an addition to the hospital owned, operated and conveyed or leased by it or for the purpose of (constructing and equipping a new hospital, or for other like

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purposes, the governing body of such political subdivision shall pay over to the treasurer of the hospital district all such funds on hand on January 1, and the treasurer of the hospital district shall place the same in a special building fund to be used exclusively for the purpose of constructing and equipping an addition to the hospital or for the acquisition of a site and the construction and equipping of a new hospital or for the acquisition of any other hospital within the hospital district; and the funds may be used in addition to any other funds of the hospital district raised for such purposes by the issuance of bonds or the levying of taxes.

Sec. 6. (a) Every hospital shall be governed by a board composed of members who are qualified electors. The board shall be composed of three, five, seven or nine members. The number of members composing the board may be modified by majority vote of the gualified electors present and voting at any anhual meeting thetéof. Whenever the number of members of a board is increased, the expiration of the terms of the members selected for the new positions on the board shall be fixed to coincide with the expiration of the terms of the members serving on the board at the 0175 time of the creation of the new positions so that not more than a simple majority of the members of the board is selected at the same time.

3178 c (b) The composition of the board of every existing hospital shall continue in effect until changed in accordance with law. d (9) Subject to the provisions of subsection (b) of section 8, members of the board of every existing hospital shall serve as members of such board for the terms for which they were selected and until their successors are selected and qualified. Successors to such members shall be selected to serve for a term of three 3186 years.

e (d) Terms of members of the first board of any hospital 3187 established under the provisions of this act shall be as provided. 0188 for in subsection (b) of section 4 and shall be staggered so that terms of not more than a simple majority of the members expire at the same time. Thereafter, upon the expiration of terms of mem-. bers first selected, successors to such members shall be selected to serve for terms of three years.

New Section (b) Upon presentation to the board of commissioners of the county in which the political subdivision making up the hospital district, or the greater portion of the area thereof, are located, of a petition requesting a change in the number of board members signed by not less than 5% of the qualified electors of the district it shall be the duty of the board of county commissioners, at its next regular meeting, to examine the petition. The petition shall set forth the requested number of board members. If the board of county commissioners finds that the petition is regular and in due form as is provided in this section, the board of county commissioners shall direct the county election officer of the county to prepare ballots for a special election, including ballots for that portion of the district located in any other county. The county election officers of each county shall present the question to the qualified voters of the district at the next general election in their respective counties, and the board of county commissioners of each such county shall certify the results of the votes cast in its county to the board of county canvasses in the county in which the ballots were prepared. The change in number shall become effective at the next election for board members if a majority of the qualified electors voting on the question at such election vote in favor of the change in number of board members.

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- (e) Vacancies in the membership of a board occasioned by death, removal, resignation or any reason other than expiration of a term shall be filled for the unexpired term by appointment by the chairperson of the board with the advice and consent of the remaining members of the board.
- o198 remaining members of the board.
 o199 Sec. 7. Members of the board of every existing hospital shall
 o200 be selected in accordance with the following:
 - (a) Every board which is being selected on the effective date of this act in the manner provided for in K.S.A. 80-2102, which section is repealed by this act, shall continue to be selected in such manner.
 - (b) Every board which is being selected on the effective date of this act in the manner provided for in K.S.A. 80-2121, which section is repealed by this act, shall continue to be selected in such manner until changed in accordance with law.
 - (c) Every board which is being selected on the effective date of this act in the manner provided for in K.S.A. 80-2141, which section is repealed by this act, shall continue to be selected in such manner until changed in accordance with law.
 - (d) Every board which is being selected on the effective date of this act in the manner provided for in K.S.A. 80-2164, which section is repealed by this act, shall continue to be selected in such manner until changed in accordance with law.
 - (e) Every board which is being selected on the effective date of this act in the manner provided for in K.S.A. 80-2187, which section is repealed by this act, shall continue to be selected in such manner until changed in accordance with law.
 - (f) Every board which is being selected on the effective date of this act in the manner provided for in K.S.A. 80-21,109, which section is repealed by this act, shall continue to be selected in such manner until changed in accordance with law.
 - (g) Every board which is being selected on the effective date of this act in the manner provided for in K.S.A. 80-2132g, which section is repealed by this act, shall continue to be selected in such manner.
 - Sec. 8. (a) Subject to the limitations provided in this act, any

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selection of members of boards. The three methods are:

- (1) Elections of board members shall be held at the annual meeting of the qualified electors of the hospital district for the positions on the board which are to expire in such year and, if the number of members on the board is increased by majority vote of the qualified electors present at the meeting, for the new positions.
- (2) Board members shall be appointed by the governing bodies of the political subdivisions joining in the operation and maintenance of the hospital.
- (3) (A) Elections of board members shall be held on the first Tuesday in April of each year for the positions on the board which are to expire in such year. All positions shall be at-large. Each board member shall take office on the May I following the date of election.

- (B) Any person desiring to become a candidate for board member shall file with the county election officer of the county in which the political subdivisions joining in the operation and maintenance of the hospital, or the greater portion of the area thereof, are located, before the filing deadline specified in K.S.A. 25-2109, either a petition signed by not less than 50 electors eligible to vote for a candidate or a declaration of intent to become a candidate together with a filing fee in the amount of \$10.
- (C) The county election officer of the county specified in paragraph (B) shall prepare the ballots for such election including ballots for that portion of the district located in any other county. The county election officers of each county shall conduct the election in their respective counties, and the board of county canvassers of each such county shall certify the results of the votes cast in its county to the board of county canvassers in the county in which the ballots for the election were prepared.
- (D) Ballots shall be prepared in such manner that each voter is instructed to vote for the same number of candidates as the number of positions to be filled. Such instruction shall specify that the voter may vote for fewer than the total number of candidates for which the voter is qualified to vote.

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- (E) Where not in conflict with this provision of this subsection, the laws applicable to the election of city officers shall apply to the election of members of the board.
- (b) If the method of selection of members of the board of any hospital is the method provided for in provision (1) or provision (2) of subsection (a), such method of selection may be changed to the method provided for in provision (3) of subsection (a) by majority vote of the qualified electors voting at an annual meeting thereof. Whenever the method of selection of members of a board is changed to the method provided for in provision (3) of subsection (a), the term of each member serving on the board at the time of the change of method of selection shall expire on May 1 of the year in which the term of such member is to expire.
- Sec. 9. (a) Members of the board, within 10 days after their selection, shall qualify by taking the oath or affirmation of civil officers as provided for in article 1 of chapter 54 of Kansas Statutes Annotated. Annually, the board shall organize by electing from its membership a chairperson and a vice-chairperson. The board shall appoint, from within or without its membership, a secretary and a treasurer who shall hold office at the pleasure of the board. No bond need be required of any member of the board except the treasurer.
- (b) The treasurer, before entering upon the duties of office, shall give an official bond in an amount to be determined by the board.
- (c) The board shall hold meetings at least once each month, and shall keep and maintain a complete record of all its proceedings and an accurate record of all qualified electors attending each meeting. Such records shall be available for public inspection upon request. A simple majority of the members serving on the board shall constitute a quorum for the transaction of business.
- (d) The board shall make a report to the qualified electors at each annual meeting thereof, which report shall contain: (1) A statement of all receipts and expenditures during the calendar year immediately preceding such annual meeting; (2) a statement of the proceedings of the board which have been had since the



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last annual meeting; and (3) such other information as the board shall deem advisable.

Sec. 10. Members of the board may be allowed compensation by majority vote of the qualified electors voting at an annual meeting and, if allowed, such compensation shall be in an amount determined by the qualified electors voting at the annual meeting. If compensation is allowed, the board may allow the secretary additional compensation. All members may also be reimbursed for any actual and necessary personal expenses incurred as a member of the board, including an allowance for mileage, in the amount fixed under K.S.A. 1982 Supp. 75-3203 for each mile actually traveled while engaged in hospital business. An itemized statement of all such expenses and money paid out shall be kept and maintained and shall be filed with the secretary of the board who shall keep and maintain the same as a part of the public records of the hospital.

Sec. 11. The board shall make and adopt such bylaws, rules and regulations for the management and control of the hospital as it deems necessary so long as the same are not inconsistent with this act, the statutes of the state of Kansas and the ordinances or resolutions of any political subdivision included in the area which constitutes the taxing district of the hospital. The board shall have the exclusive control of the expenditures of all hospital moneys and all expenditures shall be subject to the approval of a majority of the members of the board. The board is charged with the supervision, care and custody of all hospital property. The board is authorized to appoint an administrator, to fix the compensation thereof, and to remove such administrator. The board may expend funds for the recruitment of staff and such expenditures may include the expenditure of funds for the provision of loans or scholarships to aid in financing the education of persons who agree, upon completion of their education, to become members of the staff. The board may require personal or surety bonds of all hospital employees entrusted with the handling of hospital moneys, such bonds to be in an amount to be determined and approved by the board. The board may establish and fund pension and deferred compensation plans and any other employee

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benefit plans for hospital employees and may procure contracts insuring hospital employees, their dependents, or any class or classes thereof, under a policy or policies covering one or more risks including, but not limited to, a policy or policies of life, disability income, health, accident, accidental death and dis-memberment, and hospital, surgical and medical expense insur-ance or may provide for a plan of self-insurance for such pur-poses. The employee's contribution, if any, to the plan and to the premiums for insurance and for any expenses incurred by the board under a plan of self-insurance may be deducted by the employer from the employee's salary when authorized in writing by the employee to do so.

Sec. 12. (a) An annual meeting of the qualified electors who reside within the taxing district of the hospital shall be held on the date and at the time and place determined at the first meeting of the qualified electors in accordance with the provisions of subsection (c) of section 4 or determined at the first annual meeting of the qualified electors held after the effective date of this act. The date, time and place of annual meetings so determined shall be incorporated into the bylaws adopted by the board.

(b) The board shall give notice of every annual meeting by causing a notice to be published, once each week for two consecutive weeks, in a newspaper of general circulation in the taxing district of the hospital, the last publication of such notice to be made not more than six days prior to the date of holding the meeting. All notices shall include the time and place of the meeting.

Sec. 13. (a) The board of any hospital is hereby authorized to issue bonds of the taxing district of the hospital for the purpose of providing funds to be used for acquiring a site, constructing and equipping of a hospital building in the manner and subject to the requirements and limitations set forth in subsections (c), (d) and (e).

(b) Such board is hereby authorized to issue bonds of the taxing district for the purpose of providing funds to be used to reconstruct, build an addition to, or improve or equip an existing





hospital building, or the purchase of improved or unimproved real estate for the use of the hospital, or for any one or more of such purposes in the manner and subject to the requirements and limitations set forth in subsections (c), (d) and (e).

(c) No bonds shall be issued under authority of this section unless and until the question of the issuance of same has been submitted to the qualified electors of such taxing district at a special election called for that purpose and a majority of those voting on the proposition shall have declared by their votes to be in favor of the issuance of the same. The board shall have power to call such special election, and notice thereof shall be given pursuant to the provisions of K.S.A. 10-120 and amendments thereof; and the election returns of all special or bond elections shall be made to the secretary and be canvassed by the board.

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- (d) All bonds issued under the authority conferred by this section shall be issued, registered, sold, delivered and retired in accordance with the provisions of the general bond law, and such bonds and the interest thereon shall be paid by general tax to be levied upon all the taxable tangible property within the taxing district of the hospital, including all territories attached as provided in section 21.
- (e) At no time shall the total bonded indebtedness of any such taxing district exceed 15% of the assessed value of all of the taxable tangible property within the district as shown by the assessment books of the year-next preceding the one in which a new issue of bonds is proposed to be made.
- Sec. 14. No hospital building or addition shall be erected or constructed until the plans and specifications have been made therefor, adopted by the board, and bids advertised for according to law for county buildings.
- Sec. 15. The board shall have charge of the construction, erection, purchase and equipping of any hospital or addition to any hospital and shall employ an architect to prepare the plans and specifications, and to superintend the erection and construction thereof. The architect may be paid out of the proceeds of any bonds issued to provide funds for the erection or construction of 0415 such hospital or hospital addition. The architect shall file such

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plans and specifications, together with an estimate of the cost thereof, under oath, with the secretary of the board. No contract shall be awarded at a price in excess of such estimated costs. After considering and approving the plans and specifications prepared and filed, the board shall advertise for three consecutive weeks. in a newspaper of general circulation in the taxing district of the hospital, for sealed proposals for the doing of such work, in accordance with the plans and specifications therefor, and such contract shall be let to the lowest responsible bidder, the board reserving the right to reject any or all bids. Each bidder shall accompany the bid with a certified check for 5% thereof payable to the treasurer of the board, as a guaranty that if the contract is awarded to such bidder, such bidder will enter into a contract with the board to perform the same; and if such bidder fails to enter into such contract when awarded, the amount deposited shall be and become the property of the hospital, as liquidated damages, and shall be paid into the operation and maintenance fund of the hospital. The board may require the contractor to give to it a bond guaranteeing the faithful performance of the contract.

Sec. 16. (a) The board may determine and fix an annual tax to be levied for the purpose of operating, equipping, maintaining and improving the hospital. Subject to the provisions of subsection (b), such tax shall not exceed two mills or the amount authorized to be levied in the year 1982, whichever is the greater amount. The boatd shall diotenning the Angount negestary to be raised by Ahe Ners/aud shall/determine alian portion and re-60/40/Ve assessed against and levied by each political subdivision within the taxing district of the yophial and shall century and any land and land zmodint/to/the/eletk/of/eaoh/enen/political/anpdiviaton/in/entitl/ ciént time 16t the same to be made a part of the budget of each súch political súbblivislen/Bul An/nd Leveny Jatel Athan/Aughey 1. The governing body of each such political subdivision shall make the same a part of its regulation and get a visit shall be looted the vio the conctrollerk of the countrientalities in it is not as the concident Ef.lavi/The/tax/so/golligoted/shall/bg/pajd/by/he/couphty/tropsoted/ 10.1he/t/eqsurgr/of/16/86drd. Such tax levy shall be in addition to

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paying general expenses

The board shall certify such annual budget amounts of ad valorem tax so determined to be levied to the councelerk of the county wherein the hospital is located, if there is no hospital then to the county clerk where the greater portion of territory of the hospital district is located, and the county so selected shall be the hospital district. The county clerk of the home county of each hospital district, the territor of which is located in more than one county, shall certify the final tax levy rate computed pursuant to K.S.A. 79-1803, as amended, of such hospital district to the county clerk of every other county in which part of the territory of such hospital is locate.

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subject to the aggregate tax levy limitation imposed by law upon the political subdivision.

- (b) No levy in excess of the limitation imposed under subsection (a) shall be made unless and until the board shall adopt a resolution authorizing a levy therefor in excess thereof. Thereafter such levy in an amount not to exceed that specified in the resolution may be made unless a petition in opposition thereto, signed by not less than 5% of the qualified electors of the taxing district, is filed with the county election officer of the county in which the greater portion of the area of such taxing district is located. In the event a petition in opposition to such levy is filed hereunder, no levy in excess of the amount previously authorized shall be made until the question of making the same has been submitted to the qualified electors of the taxing district at a special election called for that purpose and a majority of those voting thereon shall have voted in favor thereof. All such elections shall be called and held in the manner provided for the calling and holding of elections upon the question of the issuance of bonds under the general bond law. The tak/st/collected shall be raid eyer by the county treasurer to the treasurer of the board upon order of the board, which order shall be sighed by the chairperson and secretary of the board.
- Sec. 17. (a) The board may enter into written contracts for: (1) The lease of any hospital property to any person, corporation, society or association upon such terms and conditions as deemed necessary by the board;
- (2) the lease of real property to be used for hospital purposes from any person, corporation, society or association upon such terms and conditions as deemed necessary by the board;
- (3) the lease of personal property from any person, corporation, society or association upon such terms and conditions as deemed necessary by the board. Any such contract may provide for the payment as compensation for use of such personal property a sum substantially equivalent to or in excess of the value of the personal property under an agreement that the hospital shall become, or for no further or a merely nominal consideration has the option of becoming, the owner of the personal property upon

(c) All taxes collected by the treasurer of the home county for a hospital district shall be distributed and paid to the treasurer of the board of such hospital district. Whenever any hospital district lies partly within two or more counties, it shall be the duty of the treasurer of the county, or counties, which are not the home county of the hospital district, to distribute to the hospital district all monies in such treasurer's possession belonging to such hospital district in the manner provided for distribution of taxes pursuant to K.S.A. 12-1678a and amendments thereto. The treasurer of the hospital district upon receiving such money shall issue a receipt to each of the following The county treasurer and the county clerk of the county sending such money and the county treasurer and the county clerk of the home county of the hospital district. The county clerk of the county sending such money, upon receiving such a receipt, shall notify the board of count commissioners of such county, and it shall give the county treasurer proper credit therefor.

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full compliance with the provisions of the contract;

- (4) the management of any hospital with any person, corporation, society or association upon such terms and conditions as deemed necessary by the board.
- (b) The board may sue in its own name or in the name of the hospital. The board may be sued and may defend any action brought against it or the hospital.
- (c) The board is not subject to the cash-basis law.
- Sec. 18. (a) All hospital moneys, except moneys acquired through the issuance of revenue bonds, shall be paid to the treasurer of the board, shall be allocated to and accounted for in separate funds or accounts of the hospital, and shall be paid out only upon claims and warrants or warrant checks as provided in K.S.A. 10-801 to 10-806, inclusive, and K.S.A. 12-105a and 12-105b. The board may designate a person or persons to sign such claims and warrants or warrant checks.
- (b) The board may accept any grants, donations, bequests or gifts to be used for hospital purposes and may accept federal and state aid. Such moneys shall be used in accordance with the terms of the grant, donation, bequest, gift or aid and if no terms are imposed in connection therewith such moneys may be used to provide additional funds for any improvement for which bonds have been issued or taxes levied.
- (c) Hospital moneys shall be deemed public moneys and hospital moneys not immediately required for the purposes for which acquired may be invested in accordance with the provisions of K.S.A. 12-1675. Hospital moneys acquired through the receipt of grants, donations, bequests or gifts and deposited pursuant to the provisions of K.S.A. 12-1675 need not be secured as required under K.S.A. 9-1402.
- (d) Hospital moneys which are deposited to the credit of funds and accounts which are not restricted to expenditure for specified purposes may be transferred to the general fund of the hospital and used for operation of the hospital or to a special fund for additional equipment and capital improvements for the hospital.
 - (e) The board shall keep and maintain complete financial

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records in a form consistent with generally accepted accounting principles, and such records shall be available for public inspection at any reasonable time.

Sec. 19. (-(s)-During any budget year, the board of any hospital is hereby authorized to issue no-fund warrants for the purpose of raising money for financing any insufficiency in the operation and maintenance budget of the hospital during such year and is hereby authorized to expend such money for such purposes. In no case shall the amount of no-fund warrants issued under this section exceed the amount deemed necessary for such purposes. Warrants issued under this section shall be issued, registered, redeemed and shall bear interest in the manner and be in the form prescribed by K.S.A. 79-2940.

Prior to the issuance of any no-fund warrants under the authority of this section, the board shall cause to be published once in a newspaper of general circulation within the taxing district of the hospital a notice of the intention of the board to issue such no-fund warrants. If within 60 days after the publication of such notice, a petition requesting an election on the question of the issuance of the no-fund warrants signed by not less than 5% of the qualified electors residing within the taxing district is filed with the county election officer of the county in which the greater portion of the taxing district of the hospital is located, the board shall be required to submit the question of the issuance of such no-fund warrants at an election held under the provisions of the general bond law.

(b) (c) Whenever no-fund warrants are issued under the authority of this section, the board each year shall make a tax levy, in addition to the tax levy authorized under section 16, sufficient to pay not less than 25% of the total amount of the warrants issued under this section and the interest thereon until all of the warrants and the interest thereon has been paid. If there is money available from the operation of the hospital over and above the amount needed for the adopted budget, such money shall be used to pay for such warrants and the interest thereon, and the tax levy shall be only the difference, if any, between the money available to pay for such warrants and the interest thereon each year and

(a) Every hospital district shall be a municipality for the purpose of K.S.A. 79-2925 to 79-2968, and any amendments thereto.

the amount of the warrants and interest thereon to be paid each year.

Sec. 20. (a) The board of any hospital is hereby authorized to: (1) Sell personal property of the hospital in the value of less than \$5,000 \$10,000, either in the open market or upon bids in the manner provided in subsection (b); and

(2) subject to the provisions of subsection (b), sell and convey any real or personal property of the hospital in the value of \$5,000 \$10,000 or more.

(b) Before selling and conveying any real or personal property designated in provision (2) of subsection (a), the board shall negotiate a sale thereof and no such sale shall be completed and conveyance made until: (1) The board has solicited sealed bids by public notice inserted in one publication in a newspaper of general circulation in the taxing district of the hospital and such sale shall be to the highest responsible bidder after such notice, except such board may reject any or all bids, and, in any such case, new bids may be called for as in the first instance; and (2) the bid has been accepted and a resolution accepting the same has been made a part of the records of the board. Thereupon, the board, by its chairperson and secretary, is hereby authorized to make, execute and deliver a good and sufficient deed or deeds of conveyance to the purchaser or purchasers thereof.

Sec. 21. Title to any real or personal hospital property shall be vested in the board.

Sec. 22. Any one of political subdivisions desiring to be attached to he for any political subdivisions desiring to be attached to and become a part of such a hospital district desiring to be attached to and become a part of such a hospital district desiring to be attached to and become a part of such a hospital district desiring to be attached to and become a part of such a hospital district desiring to be attached to the manner provided in this section. Upon the presentation to the board of county commissioners, of the county in which the hospital is located, of a petition setting forth the boundaries of the area which desires to be attached to the taxing district of the hospital and signed by not less than 51% of the qualified electors of the area, to be determined by enumeration taken and verified for this purpose by some qualified elector of the area, it shall be the duty

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of the board of county commissioners, at its next regular meeting, to examine the petition. If the board of county commissioners finds that the petition is regular and in due form as provided in this section, the board shall enter an order in its proceedings attaching the area described in the petition to the existing taxing district, the attachment peritable of the petition shall be accompanied by a copy of a resolution adopted by the board, which resolution shall state that the board desires such area to be attached to the taxing district of the hospital.

See. 23.—Any territory or a portion thereof attached to a taxingdistrict of a hospital which lies outside the county where the -hospital is located may be detached from the taxing district in the manner provided in this section. Upon presentation to the board of county commissioners, of the county in which the hospital of any such taxing district is located, of a pention setting forth the boundaries of the area which desires to be detached from the -district and signed by not less than 51% of the qualified electors of the area, to be determined by enumeration taken and verifies for this purpose by some qualified elector of the area, it shall be the duty of the board of county commissioners, at its next regula: meeting, to examine the petition. If the board of county commissioners finds that the petition is regular and in due form as provided in this section, the board snall enter an order in its proceedings detaching the area described in the petition from the taxing district, the detachment to take effect immediately uponentry of the order. The petition shall-be accompanied by a copy ofa resolution adapted by the board, which resolution shall state that the board desires such area to be detached from the taxing district of the hospital. If there are no qualified electors in the area, then the required petition may be signed by the landowners of-not-less-than-51%-of-the-area-to-be-detached, the-sufficiency-of which-shall-be-determined-by-the-board-of-county-commissionors. Such area so detached shall not be liable for payment of outstanding bonded indebtedness-of-the-taxing-district-of-the hospital, except-for-payment-of-bonds-issued during-the-periods such area was attached to the district. If any such taxing district.

; and if such territory includes a part of territory of another hospital district, the petition shall als be accompanied by a copy of a resolution by the board of such other hospital stating its desire that such territory be detached from the taxing district of their hospital. For tax purposes, attachment and detachment as provided herein shall be effective as provided in K.S.A. 79-1807.

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is if the board of directors of such hospital district and the owner of any property desired by said board for hospital purposes under this act cannot agree as to the price to be paid therefor, said board may institute condemnation proceedings and for such purpose is hereby granted the right to exercise the power of eminent domain in the manner prescribed by K.S.A. 26-501 to 26-516, inclusive, or acts amendatory thereof.



has authorized the issuance of bonds at a special election, the election shall be in no wax affected by the passage of this act, and the bonds authorized at the election may be legally issued not withstanding the detachment of any portion of the taxing district which was included at the date of the bond election.

- Sec. 24. (a) Any hospital, or board thereof, which holds no property other than books, records and any remaining hospital moneys may disorganize in the manner provided in this section.
- (b) When all debts and obligations of such hospital and board have been paid, and the board finds it is in the best interests of such hospital that its operation be closed and terminated, the treasurer of the board shall proceed to apportion the funds of the hospital among the political subdivisions or portions thereof comprising the taxing district of the hospital. The treasurer shall pay to each political subdivision comprising such district an amount equal to the proportion that the assessed valuation of each political subdivision or portion thereof bears to the total assessed valuation of the district.
- (c) Upon the payment of funds in accordance with the provisions of this section, the board shall pass a resolution closing and terminating operation of the hospital, which resolution shall be published once in a newspaper of general circulation in the area, after which the taxing district of the hospital shall be considered disorganized and all books and records of the district shall be delivered to the custody of the board of county commissioners of the county in which the greater portion of the hospital property was located.
- Sec. 25. The board may issue and sell revenue bonds for the purpose of acquiring an existing hospital building or buildings and improving, remodeling or repairing and equipping the same, or for the purpose of acquiring a site, constructing, equipping and furnishing an addition to an existing hospital building, or for the purpose of acquiring a site for constructing, equipping and furnishing a new hospital building, separate and apart from an existing hospital building. Before any such bonds shall be issued, the board shall publish a resolution declaring its intention to

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be issued, and the amount thereof; and stating that the question of issuing the same will be submitted to a vote of the qualified electors at the next annual meeting thereof. Such resolution shall be published, once each week for two consecutive weeks, in a newspaper of general circulation in the taxing district of the hospital; the last publication of such resolution to be made not more than six days prior to the holding of the meeting. Such resolution shall also be included in the notice of the annual 0683 meeting given by the board as required in subsection (b) of 6683 section 12: No revenue bonds shall be issued under authority of 6684 this section until the question of the issuance of the same has been submitted to the qualified electors at the annual meeting CêS5 and a majority of those present at the meeting and voting on the 6667 question shall have declared by their votes to be in favor of the 8390 issuance of the same. After publication, such bonds may be issued unless a petition requesting an election on the proposition, signed by qualified electors equal in number to not less 0690 than 5% of the qualified electors of the district, is filed with the 0691 board within 20 days following the last publication of such 0692 resolution. If such a petition is filed, the board shall submit the proposition to the qualified voters at an election called for such 0695 purpose and held within 90 days after the last publication of the resolution, and no bonds shall be issued unless such proposition 0697 shall receive the approval of a majority of the votes cast thereon. 0698 Such election shall be called and held in the manner provided by 0699 the general bond law. 0700

Sec. 26. At or prior to the issuance of revenue bonds under authority of this act, the board shall pledge either the gross or the net income and revenues of the hospital to the payment of principal and interest of such revenue bonds and shall covenant to fix, maintain and collect such fees and charges for the use of the hospital as will produce revenues sufficient to pay the reasonable cost of operating and maintaining the hospital and to provide and maintain an interest and sinking fund in an amount adequate to promptly pay both principal and interest on such bonds and to provide a reasonable reserve fund. The board may 0711 - agree to pay the cost of operation and maintenance of the hospital

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from any other revenues of the hospital or of the board legally available for such purpose. In addition, the board in its discretion may pledge to the payment of principal and interest of such revenue bonds the proceeds of any gift, grant, donation or bequest which may be received by the hospital or board from any source.

Sec. 27. Revenue bonds issued under authority of this act shall not be an indebtedness of the taxing district of the hospital or the hospital or of the board or the individual members of the board, and shall not constitute an indebtedness within the meaning of any constitutional or statutory limitation upon the incurring of indebtedness.

Sec. 28. Revenue bonds issued under authority of this act shall have all of the qualities and incidents of negotiable instruments, may bear interest at a rate not exceeding the maximum rate for revenue bonds prescribed in K.S.A. 10-1009, may bear such date, may mature at such time or times not exceeding 40 years from their date, may be in such denomination or denominations, may be in such form, either coupon or registered, may carry such registration and conversion privileges, may be executed in such manner, may be payable in such medium of payment and may be subject to such terms of redemption, with or without premium, as may be provided by resolution adopted by the board, and such bonds shall not be registered with the state treasurer of the state of Kansas.

Such bonds may be sold in such manner and at such price or prices not less than 95% of par and accrued interest to date of delivery as may be considered advisable by the board.

- Sec. 29. In order to secure the prompt payment of the principal and interest upon revenue bonds and the proper application of the revenue pledged thereto, the board is authorized to:
- (a) Covenant as to the use and disposition of the proceeds of the sale of such bonds;
- (b) covenant as to the operation of the hospital and the collection and disposition of the revenues derived from such operation;
- (c) covenant as to the rights, liabilities, powers and duties

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arising from the pledge of any covenant and agreement into which it may enter in authorizing and issuing the bonds;

- (d) covenant and agree to carry such insurance on the hospital and the use and occupancy thereof as may be considered desirable, and in its discretion to provide that the cost of such insurance shall be considered a part of the expense of operating the hospital;
- (e) fix charges and fees to be imposed in connection with and for the use of the hospital and the facilities supplied thereby, which charges and fees shall be considered to be income and revenues derived from the operation of the hospital, and to make and enforce such rules and regulations with reference to the use of the hospital for the accomplishment of the purposes of this act;
- (f) appoint a trustee to act under the terms of the resolution authorizing the issuance of the revenue bonds;
- (g) covenant against the issuance of any other obligations payable on a parity from the revenues to be derived from the hospital;
- (h) make covenants other than and in addition to those herein expressly mentioned of such character as may be considered necessary or advisable to effect the purposes of this act.

All such agreements and covenants entered into by the board shall be binding in all respects upon the board and its officers, agents, employees, and upon their successors, and all such agreements and covenants shall be enforceable by appropriate action or suit at law or in equity which may be brought by any holder or holders of bonds issued hereunder against the board, or its officials, agents, employees, or their successors. The rents, charges and fees to be imposed under the provisions of this act shall not be limited by the provisions of any prior act.

Sec. 30. The proceeds derived from the sale of the revenue bonds herein authorized shall be deposited to the credit of the board in a bank, banks or other depositories designated by the board and kept in a separate fund and used solely for the purpose for which the bonds are authorized. The board is authorized to make all contracts and execute all instruments which in its discretion may be deemed necessary or advisable to provide for

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the purposes for which the bonds were issued, and to provide for the manner of disbursement of the funds for such purposes.

Nothing contained in this act shall be construed as placing in the general fund of any political subdivision in the taxing district of the hospital or other fund thereof any moneys collected under this act or requiring such action.

Sec. 31. The interest on the revenue bonds issued because described.

Sec. 31. The interest on the revenue bonds issued hereunder shall be exempt from all state, county and municipal taxation in the state of Kansas, except inheritance taxes of the state of Kansas. Sec. 32. Any officer or officers, board or boards, having charge of any sinking fund or any other fund of the state of

Kansas, or any department, agency or institution thereof, or any county, municipality or other public corporation or political subdivision, may invest such funds in bonds issued under the provisions of this act. Any bank, trust or insurance company

osoo provisions of this act. Any bank, trust or insurance company oso1 organized under the laws of the state of Kansas may invest in revenue bonds issued under the provisions of this act. Such

bonds shall also be approved as collateral security for the deposit of any public funds and for the investment of trust funds.

Sec. 33. On July 1, 1984, K.S.A. 80-2101, 80-2102, 80-2103, 0505 80-2105, 80-2107 to 80-2116, inclusive, 80-2118, 80-2119, 80-0506 2121, 80-2124, 80-2126, 80-2128 to 80-2132d, inclusive, 80-2134 0507 to 80-2142, inclusive, 80-2144, 80-2146, 80-2148 to 80-2154, in-0505 clusive, 80-2156 to 80-2165, inclusive, 80-2167, 80-2169, 80-2171 0509 to 80-2177, inclusive, 80-2179 to 80-2186, inclusive, 80-2187a, 0510 80-2187c, 80-2187d, 80-2188, 80-2190, 80-2192, 80-2194 to 80-2197, inclusive, 80-2199, 80-21,100, 80-21,102 to 80-21,110, inclusive, 80-21,112, 80-21,114, 80-21,116 to 80-21,134, inclusive, 0813 0814

osia and K.S.A. 1982 Supp. 80-2104, 80-2106, 80-2117, 80-2120, 80osis 2122, 80-2123, 80-2125, 80-2127, 80-2131a, 80-2131b, 80-2132e to 80-2132i, inclusive, 80-2133, 80-2143, 80-2145, 80-2147, 80-2155,

0517 80-2166, 80-2168, 80-2170, 80-2178, 80-2187, 80-2187b, 80-2189,

0518 80-2191, 80-2193, 80-2198, 80-21,101, 80-21,111, 80-21,113 and 0319 80-21,115 are hereby repealed.

Sec. 34. This act shall take effect and be in force from and after July 1, 1984, and its publication in the statute book.







