Approved	2-24-92
FF	Date

MINUTES OF THE HOUSE COMMITTEE	ON .	PUBLIC	HEALTH	AND	WELFARE	 •
The meeting was called to order byCarol	Н.	Sader Ch	nairperson		the state of the s	at
1:30 / a.m/p.m. onFebruary 6,			_, 19 <u>-9</u> 2in	room	423-S	of the Capitol.
All members were present except:						

Committee staff present:

Emalene Correll, Research Bill Wolff, Research Norman Furse, Revisor Sue Hill, Committee Secretary

Conferees appearing before the committee:

Abby Horack, Kansas Department of Health/Environment answered questions.

Chair called meeting to order, drawing attention to the agenda and called on Mr. Furse.

Mr. Furse gave a detailed explanation of proposed changes made by Committee on HB 2695 indicated in (Attachment No. 1), a draft of amendments. He explained all the proposed changes section by section.

DISCUSSION BEGAN ON HB 2695.

There were questions in regard to a current assessment form. Ms. Abby Horack, Department of Health, stated she is not aware of any standard form required for use in the assessment of children before entering school. It was noted, there are forms being used but they are not necessarily official.

Rep. Bishop made the motion to adopt the proposed amendments on HB 2695 in attachment No. 1 as outlined by Revisor, Mr. Furse, seconded by Rep. Hackler. No discussion. Motion carried.

Rep. Carmody proposed a further amendment to HB 2695, and made a motion to amend per language indicated in (Attachment No. 2) in subsection (a) of section 1 by inserting a new (6) to read as follows: "(6) Health assessment" means an assessment of the physical health of the pupil in accordance with the form provided by the secretary for such purpose."; and to further amend on page 4, preceding section 2, by inserting the following: "(k) Information contained in the health assessment shall be confidential and shall not be disclosed or made public except that statistical information based on such health assessments may be disclosed if no person can be identified in the information to be disclosed." Rep. Amos seconded the motion to amend HB 2695 in this manner.

A lengthy discussion began. Some felt it is not up to the school officials to pursue care for the child, but only to inform the parents what sources of help are available; it is important the parents get involved; concerns with the confidentiality of record keeping; some noted the confidentiality language in the bill deals with the assessment form; liability concerns were discussed; physical assessment should be the focus in this process, not a family history; perhaps there should be a clearer definition of the term (health assessment).

Rep. Carmody and Rep. Amos both withdrew their motion.

CONTINUATION SHEET

minutes of the House committee on Public Health and Welfare, room 423-S, Statehouse, at 1:30 /a/m//p.m. on February 6, 19.92

DISCUSSION ON HB 2695 CONTINUED.

Some members expressed the view that school records need to be made available to school nurses; verification of the assessment was discussed; alternatives for language were proposed.

Rep. Praeger moved to amend HB 2695 by adding language in section 1 (b) in line 17-18, after "appropriate school board", add the language, "verification that the health assessment has been completed". Motion seconded by Rep. Wiard. Discussion continued. Vote taken, Chair in doubt. A show of hands indicated 10 in favor, 8 against. Motion carried.

Rep. Neufeld moved to amend HB 2695 on page 3, line 4 (of the draft) to strike "at public expense (to the extent that funds are available) and without delay", and to amend further on line 10, after "section" insert, "The school board shall reimburse the county, city/county, or multi-county health departments for the cost of requested assessment", seconded by Rep. Carmody.

Discussion continued, <u>i.e.</u>, some felt it would be too big an expense for the schools; some, too big an expense for the local health departments; costs for assessments could range from \$30-\$50 or more depending on whether or not an anemia test and lead tests are done. It was noted assessment costs could total as much as \$75-\$90; county nurses have great concerns about this program; concept of the assessment is good, but how will the program be funded?

It is recorded this date that Rep. Hackler says for once she agrees with Rep. Bishop on the issue of schools being asked to pay for information they cannot have access to. Rep. Bishop noted as saying he is exceedingly grateful that he and Rep. Hackler could agree.

Chair pointed out there are two levels of issues being dealt with, i.e., the program of the assessment and whether or not there is money to fund the program.

At this point, during discussion, <a href="Rep. Neufeld wanted to be recorded as voting "YES" on motion to amend HB 2695. Rep. Neufeld asked to be excused for another meeting.

Vote taken on motions to amend HB 2695 by Rep. Neufeld and Rep. Carmody.

Motion failed.

Discussion continued.

Rep. Wiard moved to pass HB 2695 out favorably as amended, seconded by Rep. Hackler. No discussion. Vote taken. Motion carried.

Rep. Hackler was asked by Chair to carry $\underline{\mbox{HB 2695}}$ on the floor of the House. She agreed to do so.

Chair drew attention to \underline{HB} **2710,** and a balloon copy of that bill was distributed, (Attachment No. 3).

CONTINUATION SHEET

MINUTES OF THE	HOUSE	COMMITTEE ON	PUBLIC	HEALTH	AND	WELFARE	, , , , , , , , , , , , , , , , , , ,
room <u>423-</u> S Statehouse	e, at <u>1:3</u>	0 a.m/p.m. on	February	6,			, 1992

DISCUSSION BEGAN ON HB 2710.

Rep. Wagle moved to amend $HB\ 2710$, per attachment No. 3, by inserting language, "a registered respiratory care practitioner" in the health provider section. Rep. Hackler seconded the motion. Discussion continued.

Revisor, Mr. Furse noted the statutory name used is, "respiratory therapists".

(Attachment No. 4), the long form of HB 2710 was distributed to members.

Rep. Wagle moved to insert the language "respiratory therapists" in the health provider section, seconded by Rep. Hackler. This language would appear on page 1, line 21 aftr "physical therapists" and also on top of page 10, line 2. No discussion. Vote taken. Motion carried.

Rep. Amos moved to amend HB 2710 on page 3, line 6 after "licensed" to insert the word "professional", and on line 9 after "patients.", delete the "." and add language "unless an exemption is granted by the licensing agency pursuant to rules and regulations." Motion seconded by Rep. Wiard.

No discussion. Vote taken. Motion carried.

Staff pointed out that on page 3, line 31 for the purposes of cleanup, perhaps it could be suggested to delete "and contract for services".

Bishop so moved, to amend HB 2710 in the manner proposed, seconded by Rep. Amos. No discussion. Motion carried.

Rep. Amos moved to pass HB 2710 out favorably as amended, seconded by Rep. Samuelson. No discussion. Motion carried.

Chair adjourned the meeting at 3:05 p.m.

Next scheduled meeting is Monday, February 10, 1992.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

NAME

Proposed Amendment to House Bill No. 2695

Be Amended:

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- On page 1, preceding line 13, by inserting the following:
- 2 "Section 1. (a) As used in this section:
- 3 (1) "School board" means the board of education of a school district and the governing authority of any nonpublic school;
- 5 (2) "school" means all elementary, junior high, or high 6 schools within the state;
- 7 (3) "local health department" means any county or joint 8 board of health having jurisdiction over the place where any 9 pupil affected by this section may reside;
- 10 (4) "secretary" means the secretary of health and l1 environment;
- 12 (5) "physician" means a person licensed to practice medicine 13 and surgery.
 - (b) Subject to the provisions of subsection (d), on and after July 1, 1993, every pupil who has not previously enrolled in any school in this state, prior to admission to and attendance in school, shall present to the appropriate school board the results of a health assessment, recorded on a form provided by the secretary, which assessment shall have been conducted within six months before admission by a nurse or health care provider other than a physician approved by the secretary to perform health assessments or by a physician. In approving health care providers other than physicians to conduct health assessments, the secretary shall not approve such providers individually but

PH4W 2-6-92 Att # 1 1-4 shall approve such providers by credentialed group.

- (c) As an alternative to the health assessment required under subsection (b), a pupil shall present:
- (1) A written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such assessments, or
- (2) a written statement signed by one parent or guardian that such assessments are in the process of being received and will be completed within 90 days after admission to school.
- (d) Every pupil enrolling or enrolled in any school in this state who is subject to the requirements of subsection (b) and who has not complied with the requirements of subsections (b) or (c), shall present evidence of compliance with either subsection (b) or (c) to the school board upon admission to school.
- (e) Prior to the commencement of each school year, the school board of every school affected by this section shall give to all known pupils who are enrolled or who will be enrolling in the school and who are subject to the requirements of subsection (b), a copy of this section and any policy regarding the implementation of the provisions of this section adopted by the school board.
- (f) If a pupil transfers from one school to another, the school board of the school from which the pupil transfers shall forward with the pupil's transcript, upon request of the parent or guardian of the pupil therefor, the certification or statement showing evidence of compliance with the requirements of this section to the school board of the school to which the pupil

PH+W 2-6-92 AH#1 2-4 1 transfers.

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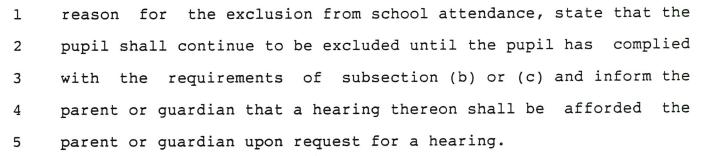
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- county, city-county or multicounty health 2 (g) The department, upon application of the school board of any school 3 affected by this section, at public expense (to the extent that 4 funds are available) and without delay, shall provide the health 5 assessments required by this section to such pupils as are not 6 provided with them by their parents or guardians and who have not 7 (c). The local health officer 8 been exempted under subsection 9 and advise school boards concerning the shall counsel administration of this section. 10
 - (h) The secretary shall prescribe the content of forms and certificates to be used by the school boards in carrying out this section and shall provide, without cost to the school boards, sufficient copies of this section for distribution to pupils. The secretary may adopt such rules and regulations as are necessary to carry out the provisions of this section.
 - (i) The school board of every school affected by this section may exclude from school attendance, or by policy adopted by any such school board authorize any certificated employee or committee of certificated employees to exclude from school attendance, any pupil who is subject to and who has not complied with the requirements of subsection (b) or (c). A pupil shall be subject to exclusion from school attendance under this section until such time as the pupil shall have complied with the requirements of subsection (b) or (c). The policy shall include provisions for written notice to be given to the parent or guardian of the involved pupil. The notice shall indicate the

PHHW 2-6-92 AH#1 3-4



- (j) The provisions of K.S.A. 72-1111 and amendments thereto do not apply to any pupil while subject to exclusion from school attendance under the provisions of this section.
- 9 Sec. 2. This section shall take effect and be in force from 10 and after its publication in the statute book.";
- Also on page 1, by striking all of lines 13 to 43, inclusive;
- On page 2, by striking all of lines 1 to 28, inclusive;
- On page 1, in the title, line 9, by striking all after
- 14 "pupils"; in line 10, by striking all before the period

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PH+W 2-6-92 Att #1

Proposed Amendment to House Bill No. 2695

Be Amended:

In subsection (a) of section 1 by inserting a new (6) to read as follows:

"(6) "Health assessment" means an assessment of the physical health of the pupil in accordance with a form provided by the secretary for such purpose.";

On page 4, preceding section 2, by inserting the following:

"(k) Information contained in the health assessment shall be confidential and shall not be disclosed or made public except that statistical information based on such health assessments may be disclosed if no person can be identified in the information to be disclosed."

PHM 2-6-92 att #2 Session of 1992

HOUSE BILL No. 2710

By Joint Committee on Health Care Decisions for the 1990s

1-16

AN ACT concerning health care; relating to the licensure of rural primary care hospitals and the designation of essential access community hospitals; enabling the creation of rural health care networks; amending K.S.A. 65-425 and 65-2872 and K.S.A. 1991 Supp. 65-2836 and 65-4909 and repealing the existing sections.

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

New Section 1. The legislature of the state of Kansas recognizes the importance and necessity of providing and regulating the system whereby health care facilities integrate and contract for services to protect the public's general health, safety and welfare. It is the policy of the state of Kansas to encourage development of and participation in rural health networks. Implementation of a rural health care network under the provisions of this act and amendments thereto effectuate these policies.

New Sec. 2. (a) Any hospital or health care facilities and services district is authorized to seek licensure as a rural primary care hospital and to accept and secure any benefits of federal aid. A rural primary care hospital shall participate in or affiliate with a rural health network and may execute contracts, upon such conditions and terms as is deemed appropriate by the governing body, for the integration of health services or to further any portion of a comprehensive plan for a rural health network.

(b) Any hospital or health care facilities and services district is authorized to seek designation as an essential access community hospital and to accept and secure any benefits of federal aid. An essential access community hospital shall participate in or affiliate with a rural health network and may execute contracts, upon such conditions and terms as is deemed appropriate by the governing body, for the integration of health services or to further any portion of a comprehensive plan for a rural health network.

New Sec. 3. (a) Upon such conditions and terms as is deemed appropriate by the governing body of any member of a rural health care network, a member of a rural health care network may enter into agreements with any other person or entity to perform any service, including but not limited to services for the:

Requested by Cheryl

DeBrot 354-5053 94+20 2-6-92 024#3 1-3

- (c) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.
- (d) "Governmental unit" means the state, or any county, municipality, or other political subdivision thereof; or any department, division, board or other agency of any of the foregoing.
- (e) "Licensing agency" means the department of health and environment.
- (f) "Ambulatory surgical center" means an establishment with an organized medical staff of physicians; with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures; with continuous physician services and registered professional nursing services whenever a patient is in the facility; and which does not provide services or other accommodations for patient to stay overnight.
- (g) "Recuperation center" means an establishment with an organized medical staff of physicians; with permanent facilities that include inpatient beds; and with medical services, including physician services, and continuous registered professional nursing services for not less than twenty-four (24) 24 hours of every day, to provide treatment for four or more nonrelated patients who require inpatient care but are not in an acute phase of illness, who currently require primary convalescent or restorative services, and who have a variety of medical conditions.
- (h) "Medical care facility" means a hospital, ambulatory surgical center or recuperation center.
- (i) "Hospital" means "general hospital," rural primary care hospital," or "special hospital."
- (j) "Governing body" means a hospital board which is selected or elected as provided by law and is vested with the authority and control of the hospital.
- (k) "Health care provider" means a person licensed to practice any branch of the healing arts, a person who holds a temporary permit to practice any branch of the healing arts or a person engaged in a postgraduate training program approved by the state board of healing arts, a registered physician's assistant, a mid-level practitioner as defined in subsection (n), a licensed medical care facility, a health maintenance organization, a licensed dentist, a licensed professional nurse, a licensed practical nurse, a licensed optometrist,

PHM 2-6-92 OUT #3

a registered respiratory care practitioner

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- (o) Every act or practice falling in the field of the healing art, not specifically excepted herein, shall constitute the practice thereof.
- (p) Pharmacists practicing their profession, when licensed and practicing under and in accordance with the provisions of article 16 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.
- (q) A dentist licensed in accordance with the provisions of article 14 of chapter 65 of the Kansas Statutes Annotated who administers general and local anesthetics to facilitate medical procedures conducted by a person licensed to practice medicine and surgery if such dentist is certified by the board of healing arts under K.S.A. 65-2899, and amendments thereto, to administer such general and local anesthetics.
- (r) Any member of a rural health care network that employs one or more licensees.
- Sec. 10. K.S.A. 1991 Supp. 65-4909 is hereby amended to read as follows: 65-4909. (a) There shall be no liability on the part of and no action for damages shall arise against any: (1) State, regional or local association of health care providers, any; (2) state, regional or local association of licensed adult care home administrators or any; (3) organization delegated review functions by law, and the individual members of any committee thereof (whether or not such individual members are health care providers or licensed adult care home administrators); or (4) individual or entity acting at the request of any committee, association or organization listed in subsections (1) through (3), which in good faith investigates or communicates information regarding the quality, quantity or cost of care being given patients by health care providers or being furnished residents of adult care homes for any act, statement or proceeding undertaken or performed within the scope of the functions and within the course of the performance of the duties of any such association, organization or committee if such association, organization or committee or such individual member thereof acted in good faith and without malice.
- (b) As used in this section, "health care provider" means a person licensed to practice any branch of the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, mid-level practitioner as defined in K.S.A. 65-425, and amendments thereto, licensed dentist, licensed professional nurse, licensed practical nurse, licensed optometrist, licensed podiatrist, licensed pharmacist or registered physical therapist.
- Sec. 11. K.S.A. 65-425 and 65-2872 and K.S.A. 1991 Supp. 65-2836 and 65-4909 are hereby repealed.

registered respiratory care practitioner

SUBSTITUTE FOR HOUSE BILL NO. 2710

AN ACT concerning health care; relating to the licensure of rural primary care hospitals and the designation of essential access community hospitals; authorizing the creation of rural health care networks; amending K.S.A. 65-425 and 65-2872 and K.S.A. 1991 Supp. 65-4909 and repealing the existing sections.

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

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New Section 1. As used in sections 1 to 7, inclusive, and amendments thereto:

- (a) "Health care provider" means a person licensed practice any branch of the healing arts, a person who holds a temporary permit to practice any branch of the healing arts or a person engaged in a postgraduate training program approved by the state board of healing arts, a mid-level practitioner as defined in subsection (d), a licensed dentist, a licensed professional nurse, a licensed practical nurse, a licensed optometrist, a professional licensed podiatrist, a licensed pharmacist, a corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by such law to form such a corporation and who are health care providers as defined by this subsection, a physical therapist, a licensed dietician providing services to a medical care facility, or an officer, employee or agent thereof, acting in the course and scope of employment or agency and any other persons who provide health care services to the public.
 - (b) "Essential access community hospital" means a hospital which has been designated as an essential access community hospital by the licensing agency and which has entered into a written agreement with at least one primary care hospital to form

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- a rural health network. The written agreement must include provisions for the essential access community hospital to accept patients transferred from participating rural primary care hospitals and to provide emergency and medical support services to rural primary care hospitals participating in the essential access community hospital rural health network.
 - (c) "Member" means any hospital, emergency medical service, local health department, home health agency, adult care home, medical clinic, mental health center or clinic, nonemergency transportation system, or other provider of health care services which has entered into a written agreement to participate in a rural health network.
- (d) "Mid-level practitioner" means a physician's assistant or advanced registered nurse practitioner who has entered into a written protocol with a rural health network physician.
- (e) "Physician" means a person licensed to practice medicine
 and surgery.
 - (f) "Rural health network" means an alliance of members including at least one rural primary care hospital and at least one essential access community hospital or supporting hospital which has developed a comprehensive plan submitted to and approved by the secretary of health and environment regarding patient referral and transfer; the provision of emergency and nonemergency transportation among members; the development of a network-wide emergency services plan; and the development of a plan for sharing patient information and services between hospital members concerning medical staff credentialing, risk management, quality assurance and peer review.
 - (g) "Rural primary care hospital" means a member of a rural health network, located within 75 miles of the network's essential access community hospital or supporting hospital unless an exception is granted by the licensing agency pursuant to rules and regulations; with a staff which includes one or more physicians and may include one or more mid-level practitioners;

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with permanent facilities that include inpatient beds to serve not more than an average six acute patients requiring treatment not to exceed 72 hours each unless an exception is granted for either requirement by the licensing agency pursuant to rules and regulations; and with nursing services under the direction of a licensed professional nurse and continuous licensed nursing services for not less than 24 hours of every day when any bed occupied or the facility is open to provide services for patients, Emergon exe Emergency services must be provided as specified in a comprehensive plan developed in conjunction with the hospital's health network. All treatment provided by mid-level practitioners must be pursuant to written protocols established between the mid-level practitioners and network physicians, after consultation with network physicians, or in an emergency. Network physicians must approve all patient admissions by the mid-level practitioner within 24 hours; review patient records, which review may be off-site, and document such review in the patient record within 48 hours of treatment provided by the mid-level practitioner; and consult with the mid-level practitioner and document such consultation in the patient record on site at the hospital at least weekly.

(h) "Supporting hospital" means a hospital other than a rural primary care hospital or an essential access community hospital which has entered into a written agreement with at least one rural primary care hospital to form a rural health network and to provide medical or administrative supporting services within the limit of the supporting hospital's capabilities.

New Sec. 2. The legislature of the state of Kansas recognizes the importance and necessity of providing and regulating the system whereby health care services are integrated and contract for services to protect the public's general health, safety and welfare. It is the policy of the state of Kansas to encourage development of and participation in rural health networks. Implementation of a rural health network under the

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provisions of this act and amendments thereto effectuate these policies.

New Sec. 3. (a) Any hospital is authorized to seek licensure as a rural primary care hospital and to accept and secure any benefits of federal aid. A rural primary care hospital shall participate in or affiliate with a rural health network and may execute contracts, upon such conditions and terms as is deemed appropriate by the governing body, for the integration of health services or to further any portion of a comprehensive plan for a rural health network.

(b) Any hospital is authorized to seek designation as an essential access community hospital and to accept and secure any benefits of federal aid. An essential access community hospital shall participate in or affiliate with a rural health network and may execute contracts, upon such conditions and terms as is deemed appropriate by the governing body, for the integration of health services or to further any portion of a comprehensive plan for a rural health network.

New Sec. 4. (a) Upon such conditions and terms as is deemed appropriate by the governing body of any member of a rural health network, a member of a rural health network or the rural health network may enter into agreements with any other person or entity to perform any service, including but not limited to services for provision of primary risk management and peer review services.

(b) Any member of a rural health network or the rural health network may employ any health care provider to provide patient care or other services and may employ such other persons as necessary to carry out the function of the rural health network. The contract may allow for the health care provider or a member of the rural health network to seek direct compensation from the patient, the patient's representative or a third party payor for the services performed by the health care provider.

New Sec. 5. In addition to the provisions of K.S.A. 65-4909, and amendments thereto, members of a rural health network,

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federal antitrust laws while so acting.

officers, agents, representatives, employees, and directors thereof, in forming an integrated network and in contracting for services shall be considered to be acting pursuant to clearly expressed state policy as established in this act under the supervision of the state and shall not be subject to state or

New Sec. 6. The secretary of health and environment may adopt rules and regulations setting minimum standards for the establishment and operation of rural health networks, including the licensure of rural primary hospitals and the designation of essential access community hospitals.

New Sec. 7. No individual or group policy of accident and sickness insurance shall exclude reimbursement or indemnity under such policy for services when performed by an essential access community hospital, a rural primary care hospital or a supporting hospital. The provisions of this section shall also be applicable to contracts issued by health maintenance organizations.

Sec. 8. K.S.A. 65-425 is hereby amended to read as follows: 65-425. As used in this act: (a) "General hospital" means an establishment with an organized medical staff of physicians; with permanent facilities that include inpatient beds; and with medical services, including physician services, and continuous registered professional nursing services for not less than twenty-four-(24) 24 hours of every day, to provide diagnosis and treatment for four-or-more-nonrelated patients who have a variety of medical conditions.

- (b) "Special hospital" means an establishment with an organized medical staff of physicians; with permanent facilities that include inpatient beds; and with medical services, including physician services, and continuous registered professional nursing services for not less than twenty-four-(24) 24 hours of every day, to provide diagnosis and treatment for four-or-more nonrelated patients who have specified medical conditions.
 - (c) "Person" means any individual, firm, partnership,

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- l corporation, company, association, or joint stock association,
- 2 and the legal successor thereof.
- 3 (d) "Governmental unit" means the state, or any county,
- 4 municipality, or other political subdivision thereof; or any
- 5 department, division, board or other agency of any of the
- 6 foregoing.
- 7 (e) "Licensing agency" means the department of health and
- 8 environment.
- 9 (f) "Ambulatory surgical center" means an establishment with
- 10 an organized medical staff of physicians; with permanent
- 11 facilities that are equipped and operated primarily for the
- 12 purpose of performing surgical procedures; with continuous
- 13 physician services and registered professional nursing services
- whenever a patient is in the facility; and which does not provide
- services or other accommodations for patient to stay overnight.
- 16 (g) "Recuperation center" means an establishment with an
- organized medical staff of physicians; with permanent facilities
- that include inpatient beds; and with medical services, including
- 19 physician services, and continuous registered professional
- 20 nursing services for not less than twenty-four-(24) 24 hours of
- 21 every day, to provide treatment for four-or-more-nonrelated
- 22 patients who require inpatient care but are not in an acute phase
- 23 of illness, who currently require primary convalescent or
- 24 restorative services, and who have a variety of medical
- 25 conditions.
- 26 (h) "Medical care facility" means a hospital, ambulatory
- 27 surgical center or recuperation center.
- 28 (i) "Rural primary care hospital" shall have the meaning
- ascribed to such term under section 1 and amendments thereto.
- 30 (i) "Hospital" means "general hospital," rural primary
- 31 <u>care hospital,"</u> or "special hospital."
- 32 Sec. 9. K.S.A. 65-2872 is hereby amended to read as follows:
- 33 65-2872. The practice of the healing arts shall not be construed
- 34 to include the following persons:

PHrell 2-6-92 actor # 4. Pg 6 310.

- 1 (a) Persons rendering gratuitous services in the case of an 2 emergency.
- 3 (b) Persons gratuitously administering ordinary household 4 remedies.
- (c) The members of any church practicing their religious tenets provided they shall not be exempt from complying with all public health regulations of the state.
- 8 (d) Students while in actual classroom attendance in an 9 accredited healing arts school who after completing one (±) 10 year's study treat diseases under the supervision of a licensed instructor.
- (e) Students upon the completion of at least three (3)

 year's study in an accredited healing arts school and who, as a

 part of their academic requirements for a degree, serve a

 preceptorship not to exceed ninety--(90) 90 days under the

 supervision of a licensed practitioner.
- (f) Persons who massage for the purpose of relaxation,
 muscle conditioning, or figure improvement, provided no drugs are
 used and such persons do not hold themselves out to be physicians
 or healers.
- 21 (g) Persons whose professional services are performed under 22 the supervision or by order of or referral from a practitioner 23 who is licensed under this act.
- (h) Persons in the general fields of psychology, education and social work, dealing with the social, psychological and moral well-being of individuals and/or groups provided they do not use drugs and do not hold themselves out to be the physicians, surgeons, osteopathic physicians or chiropractors.
- 29 (i) Practitioners of the healing arts in the United States 30 army, navy, air force, public health service, and coast guard or 31 other military service when acting in the line of duty in this 32 state.
- (j) Practitioners of the healing arts licensed in another
 state when and while incidentally called into this state in

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- consultation with practitioners licensed in this state, or residing on the border of a neighboring state, duly licensed under the laws thereof to practice a branch of the healing arts, but who do not open an office or maintain or appoint a place to regularly meet patients or to receive calls within this state.
 - (k) Dentists practicing their professions, when licensed and practicing in accordance with the provisions of article 14 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.
 - (1) Optometrists practicing their professions, when licensed and practicing under and in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.
 - (m) Nurses practicing their profession when licensed and practicing under and in accordance with the provisions of article 11 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.
 - (n) Podiatrists practicing their profession, when licensed and practicing under and in accordance with the provisions of article 20 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.
- 26 (o) Every act or practice falling in the field of the 27 healing art, not specifically excepted herein, shall constitute 28 the practice thereof.
- (p) Pharmacists practicing their profession, when licensed and practicing under and in accordance with the provisions of article 16 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.
 - (q) A dentist licensed in accordance with the provisions of

PH rel 2-6-92 Attm #4 Pg 8. 210. article 14 of chapter 65 of the Kansas Statutes Annotated who administers general and local anesthetics to facilitate medical procedures conducted by a person licensed to practice medicine and surgery if such dentist is certified by the board of healing arts under K.S.A. 65-2899, and amendments thereto, to administer such general and local anesthetics.

7 (r) Any member of a rural health care network that employs 8 one or more licensees.

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Sec. 10. K.S.A. 1991 Supp. 65-4909 is hereby amended to read follows: 65-4909. (a) There shall be no liability on the part of and no action for damages shall arise against any: (1) State, regional or local association of health care providers, -any; (2) state, regional or local association of licensed adult care home or---any; (3) organization delegated review administrators functions by law, and the individual members of any committee thereof (whether or not such individual members are health care providers or licensed adult care home administrators); or (4) individual or entity acting at the request of any committee, association or organization listed in subsections (1) through (3), which in good faith investigates or communicates information regarding the quality, quantity or cost of care being given patients by health care providers or being furnished residents of adult care homes for any act, statement or proceeding undertaken or performed within the scope of the functions and within the course of the performance of the duties of any such association, organization or committee if such association, organization or committee or such individual member thereof acted in good faith and without malice.

(b) As used in this section, "health care provider" means a person licensed to practice any branch of the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, mid-level practitioner as defined under section 1, and amendments thereto, licensed dentist, licensed professional nurse, licensed practical nurse, licensed

PH-el) 2-6-92-Attm #4 Og 9. 710.

- optometrist, licensed podiatrist, licensed pharmacist or physical
- 2 therapist.
- 3 Sec. 11. K.S.A. 65-425 and 65-2872 and K.S.A. 1991 Supp.
- 4 65-4909 are hereby repealed.
- 5 Sec. 12. This act shall take effect and be in force from and
- 6 after its publication in the Kansas register.

PH&W 2-6-92 attm#4 pg 10, 310.