Approved: 3-17-93
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Joann Flower at 1:30 p.m. on March 10, 1993 in Room 423-S of the Capitol.

All members were present except:
Representative Weiland, Representative Henry, both excused.

Committee staff present:
William Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes
Sue Hill, Committee Secretary

Conferees appearing before the committee:
GiGi Felix, licensed master level social worker, Executive Director of Kansas Chapter of National Association of Social Workers (K-NASW)
Paul Klotz, Executive Director, Association of Community Mental Health Centers of Kansas, Inc.
Chris Petr,Ph.D.,LSCSW, University of Kansas School of Social Welfare
Bruce Linhos, in behalf of the Kansas Society for Clinical Social Work
Chip Wheelen, Kansas Psychiatric Society
Carolyn Middendorf, Legislative Chair for Kansas State Nurses Association
Helen Connors, University of Kansas School of Nursing
Abby Horak, R.N., Office of Local/Rural Health Systems, Division of Health, Department of Health and Environment
Ted Ayres, General Counsel, Director of Governmental Relations, Ks. Board of Regents
Jane Conroy, Advanced Registered Nurse Practitioner, Kansas Alliance of Advance Nurse Practitioners
Warren Parker, Assistant Director, Public Affairs Division, Kansas Farm Bureau
Donna Hawley, Director of Graduate Nursing Program, Wichita State University (written only)
Hal Boyts, President Ks. Society for Clinical Social Work, (written only)

Others attending: See attached list

Chairperson Flower called the meeting to order and requested a staff briefing on Sub.SB 120.

Ms. Correll gave a comprehensive explanation of Sub.SB 120, noting changes that had been made in the Senate, and drew attention to a corrected supplemental note, which was later provided for members. She gave a detailed review of amendments made by the Senate.

CHAIR OPENED HEARINGS ON Sub SB 120.

GiGi Felix, Executive Director, Kansas Chapter of the National Association of Social Workers (K-NASW), offered hand out, (Attachment No. 1) She stated strongly, the only intent for this proposed legislation is to clarify a point of law in the statute which the Attorney General's office discovered. The intent is only to clarify giving social workers the legal right to diagnose as part of psychotherapeutic work. They choose not to limit or expand the current scope of social work practice in the state of Kansas. She detailed proposed amendments, i.e., remove language for interdisciplinary supervision; remove subsection 5. She detailed competence requirements for individuals seeking social work licensure; noted all licensed social workers in Kansas must complete 60 hours of continuing education every 2 years for license renewal; noted the Diagnostic Statistical Manual for Mental Disorders (DMS) was developed and written for all mental health practitioners; noted fiscal note to the state is nearly $14 million to replace social workers in the community mental health centers alone. Ms. Felix indicated Senator Praeger's support of the amendments proposed by the Social Workers as indicated in her Attachment No.1.

Ms. Correll drew attention to a corrected Supplemental Note, see, (Attachment No. 2)

Paul Klotz, Executive Director, Association of Community Mental Health Centers of Kansas, offered hand out (Attachment No. 3). He stated strong support for SB 120, with suggested amendments by National Association of Social Workers, (NASW). He noted the amendment is the result of a carefully drawn compromise between various health care providers, to put into law what has been done successfully in practice over the past 15-20 years. He stated licensed community mental health centers rely heavily on the expertise of licensed social workers to provide quality services. This highly trained and professional group of providers are essential to making the recently passed Mental Health Reform Program work. If the Attorney General's opinion is court tested and allowed to stand the fiscal note to 30 licensed centers would be nearly $14,250,000 to hire licensed psychologists or physicians to take the place of the social workers. An additional problem would be to find sufficient number of M.D.s and/or Licensed Psychologists willing to practice in the mental health centers, particularly in rural areas, at probably lower salaries. He urged support.

Chris Petr, representing the University of Kansas School of Social Welfare, in support of Sub.SB 120. He offered hand out (Attachment No. 4). He detailed the educational process, coursework, and mental health internships, including a focus on the diagnosis and treatment of mental disorders for those individuals seeking an education in social work at the University of Kansas. He noted many graduates obtain employment in mental health settings. The diagnostic and treatment process may (or may not) include referral to licensed psychologists for psychological testing, or to psychiatrists for medication, because these professional activities are outside the domain of social work. He noted new graduates with Licensed Master Social Worker degree require supervision from Licensed Specialist Clinical Social Workers (LSCSW) to oversee their practice, LSCSWs are qualified by training and licensure to practice independently. In his view, the licensed social workers are qualified to perform duties described in this act. He urged support.

Bruce Linhos, offered testimony submitted on behalf of the Kansas Society for Clinical Social Work , see Attachment No. 5) He noted Clinical Social Workers currently make up the largest single component of professional therapists in the mental health field, and currently in Kansas are able to practice independently without supervision. He noted a great deal of work has gone into Sub. SB 120. All the major players have taken part in discussion with the Senate sub-committee that fashioned the current language. Sub. SB 120 is a housekeeping measure to keep in place the intent of the original social work licensing statutes; reflects the prevailing practice within the field; protects the consumer by continuing to make services available and hold cost down. He noted also, the managed care part of the healthcare industry now requires these provisions.

Chip Wheelen, Kansas Psychiatric Society. He drew attention to an amendment in the balloon in his hand out, (see Attachment No. 6). He detailed the amendments and offered rationale, i.e., it avoids the situation where you could have independent practice by a master social worker (MSW) under the supervision of a physician, social worker, or psychologist. He noted this would be an invitation to a "mental health mill." The amendment would reduce from 3 to 2, the categories of social workers who could diagnose, i.e., clinical specialist social worker, (independent or otherwise), master level social worker, employed by the state in a community mental health center who is supervised by one of three providers of mental health services. He detailed rationale. He drew attention to a three page excerpt from the Joint Committee on Health Care Decisions for the 1990s, noting that Committee had really studied the issue on credentialing health care providers. He noted the Joint Committee had asked for a bill to be drafted on the issue at hand today, but later decided not to pursue it. He noted this is yet another credentialing issue. Perhaps it is time to re-examine the credentialing issue in a more comprehensive fashion that would have legislation recommendations come from a study on this issue. He requested the Committee adopt the amendments suggested in his hand out prior to taking action on Sub SB 120.

Numerous questions were asked of conferees, i.e., it was noted by Ms. Felix that, to her knowledge, she had not heard of any circumstances where supervision has not been available. Proposed amendatory language was discussed by members. At this point the Chair noted a great deal of confusion, and in order to expedite matters appointed a Subcommittee. Rep. Wagle will serve as Chair, with Rep. Neufeld and Rep. Goodwin also serving.

Chair drew attention to SB 17.

Mr. Furse gave a comprehensive explanation of SB 17, a drawing attention to certain definitions, i.e., the medically underserved area and rural area. He noted language to establish a scholarship review committee; he drew attention to the requirements for those qualifying for scholarships; funding procedures; procedures on the loan payback requirements.

CHAIR OPENED HEARINGS ON SB 17.

Carolyn Middendorf, Legislative Chair for Kansas State Nurses Association, offered hand out (Attachment No. 7). She stated support for SB 17, which would provide 12 $15,000 scholarships for Advanced Registered Nurse Practitioner students enrolled in course work. She detailed the two educational programs currently on line, i.e., Wichita State University and Fort Hays State University. The University of Kansas is anticipating a start up date of August, 1993 for this program also. The Ks. State Nurses Association believes the scholarship program proposed in SB 17 is a fair and equitable alternative to providing primary care in rural areas of the state. They are in support of the one year for one year pay back. She noted the State Board of Nursing recognizes four categories of Advanced Registered Nurse Practitioners, i.e., Nurse Midwives, Nurse Anesthetists, Clinical Nurse Specialists, Nurse Practitioners/Nurse Clinicians. She detailed the practice of a nurse practitioner/nurse clinician. Ms. Middendorf urged support.

Helen Connors, Assistant Professor, University of Kansas School of Nursing, offered hand out, (Attachment No. 8). She detailed the project called (The Kansas Primary Care Nurse Practitioner Program), noting the time and effort placed into the development and implementation of this program for Kansas nurses. SB 17 will help establish a scholarship program for Advanced Registered Nurse Practitioners, which will greatly assist in meeting the commitment to providing well prepared nurse practitioners for rural and underserved areas of Kansas. She explained it is often a hardship, or an impossible situation for these individuals to leave jobs, or to cut back on working hours in order to pursue full-time study. In her view, these scholarships proposed are critical to the successful recruitment of nurses from rural and underserved areas. She stated appreciation to the Kansas Health Foundation for five scholarships, and noted strong support still for the need for additional scholarships through legislation set out in SB 17.

Abby Houk, Office of Local and Rural Health Systems, Division of Health, Department of Health/Environment offered hand out Attachment No. 9). She stated support for SB 17. She detailed the scope of practice of the advanced registered nurse practitioner (ARNP), but noted, the role of the ARNP is not intended to replace physicians, but rather provide a level of care currently unavailable to many persons in Kansas. She noted the availability of the ARNP directly affects access to care in many settings, i.e., 27 rural health clinics; 22 primary care clinics; 10 EACH/RPCH networks; 104 local health departments. She noted the establishment of this student scholarship program will directly affect the availability of health care in the state and will remove a major impediment to the provision of services in both urban and rural areas.

Ted Ayres, General Counsel/Director of Governmental Relations for the Ks. Board of Regents, offered hand out Attachment No. 10). His comments were from the Administrative side of the issue. He noted one of the 14 student financial aid programs, the Nursing Student Scholarship Program is one of those. It requires 35% of staff time, 25% of the file space, however, only 6% are recipients and 11% of the total scholarship funding. He noted in addition to the Advanced Registered Nurse Practitioner Student Scholarship program, there are at least two other legislative initiatives this session which could require their office to administer additional student financial assistancae programs, i.e., SB 13 which creates the Medical Laboratory and Physicians' Assistants Student Scholarship Program; HB 2362 which would create the Social Work Student Educational Loan Program. As SB 17 is considered by the Committee, he asks the following be considered, i.e., fold advanced registered nurse practitioners into the existing Nursing Student Scholarship Program, K.S.A. 74-3291 et seq.; establish the advanced registered nurse practitioner student scholarship program using a "loan forgiveness" model. He explained in detail these suggestions, and offered rationale. He noted a loan forgiveness program carries approximately 50% of the administrative demands of a "service scholarship-loan penalty" program. He stressed his comments today are not meant to be considered as non-supportive, but are offered only to provide suggestions and information of alternative ways to support the education of these professionals.

Jane Conroy, Kansas Alliance of Advanced Nurse Practitioners, offered hand out (Attachment No. 11). She stated support for SB 17. She noted the current shortage of health care providers in many areas of the state, which means that many individuals have limited or no access to health care that they require. The Nurse Practitioners-Clinicians can offer a viable alternative to help fill the needs of the medically underserved rural and urban communities. The scholarship program proposed in SB 17 would supplement private funds for those eligible who are seeking an education in this field.

Warren Parker, Assistant Director, Public Affairs, Kansas Farm Bureau, offered hand out (Attachment No. 12). He stated support for SB 17 in behalf of farm and ranch families in Kansas. He noted Farm Bureau has a long history of support for scholarship and loan programs for medical professionals, as well as other efforts the legislature has made to address the critical problems of quality access to health care in rural areas. The program proposed in SB 17 is of particular interest since the ARNP has become more important in recent years in fulfilling a health care provider role in rural areas of Kansas. He urged support.

Numerous questions were asked of conferees, i.e., some thought $15,000 per scholarship loan was excessive; how potential students are contacted for scholarships. It was noted there are students from rural areas recruited, as well as students from urban areas to serve in rural areas. The loan forgiveness issue was discussed in detail, i.e., repayment; administrative procedures; percentages of default.

Noted this date are other attachments directed to testimony this date, or others.

(Attachment No. 13),written testimony only, from Donna Hawley, Director of the Graduate Nursing Program at Wichita State University, regarding SB 120.

(Attachment No. 14), written testimony only, Hal Boyts, MSW,LSCSW (from Rep. Samuelson's District), regarding SB 120.

(Attachment No. 15), written comments on SB 248 to all Committee members by Mary Ann Gabel, Executive Director of Kansas Behavioral Sciences Regulatory Board.

The Chair stated, in order to expedite work on SB17 she would appoint a Subcommittee to work with the interested groups and bring recommendations back to the full Committee. Rep. Samuelson was appointed as Chair, with Rep. Scott and Rep. Rutledge also serving.

Note: Minutes of February 22, 23, 24, 25 were approved this date.

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

The next meeting is scheduled for March 11, 1993.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 10, 1993

NAME	ORGANIZATION	ADDRESS
Chip Wheelen	Ks Psychiatric Soc	Topeka
Paul Klotz	Assoc. of CMHC's Ks.	Topeka
Carol A Curtis	Zeneca Pharmaceuticals Group	K.C., Mo
Greg Seliz	K-NASW	Topeka
Bob Wunsch	KUMC	Lawrence
Denise Dykes	WU Student	Topeka
Cindy Hanson	KDHE	Topeka
Carolyn Middendorf	KSNA	Topeka
Helen Connors	Univ of KS School Nsg.	Kansas City
Chris Peters	KU School of Social Welfare	Lawrence
Warren Parker	KS Farm Bureau	Manhattan
Scott Forsyth	SRS	Topeka
Brent Dorner	College Consulting	Wichita/Topeka
Bruce Linhos	Ks. Society Clinical Soc. Work	Lawrence
Marlin Rees	KUMC	KC
Terry Davis	MH&RS	Topeka
Cheryl H. Kinderknecht	BSRB	Topeka Landon 651
Mary Ann Gabel by CHK	BSRB	Topeka Landon 651
Jane Conroy	KAANP	Emporia
Roger Fountain	Ks Gov Consulting	Topeka
Bick Liby	Gehrt & Roberts	Topeka

NASW
National Association of Social Workers
KANSAS CHAPTER

IMPORTANT FACTS: RE SUB SB120

1. *This legislation is ONLY intended to clarify a point of law in our statute which the Attorney General's office discovered.*

2. *Amendment:*

   a> remove language for interdisciplinary supervision. Originally in to safeguard the CMHCs and state facilities. They are now exempted so the language is unnecessary.

   b> remove subsection 5 as it is unnecessary and confusing

   *** Sen. Praeger, chair of Senate Public Health and Welfare supports these amendments.*

3. *Competence:*
   - *a> 60 hours of continuing education every license cycle*
   - *b> 1,320 hours of supervised field practicum for the MSW*
   - *c> 4,000 hours of practice AFTER the MSW*
   - *d> 100 hours of supervision by an LSCSW during post graduate practice*
   - *e> 3 letters of reference*
   - *f> certified transcript of the MSW program*

4. *DSM was developed and written for all mental health practitioners.*

5. *Legislative and Insurance department's intent to allow social workers to practice psychotherapy.*

6. *The fiscal note to the state is almost $14 million to replace social workers in the community mental health centers alone.*

This legislation has been developed with every interested party I could think of in the process. I developed this network so everyone would have advance notice that we were opening up the statute for clarification, and to ensure we would not hurt, or infringe on anyone's professional turf, and not hurt the private and public providers. The cooperation I received was incredible and I thank all who assisted me. The legislation is carefully and thoughtfully crafted to ensure that current social work practice is neither expanded nor limited by the legislation, that we will be able to continue doing exactly what we are currently doing, with legal clarity.

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Attm #1.

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National Association of Social Workers
KANSAS CHAPTER

TESTIMONY IN SUPPORT OF SUB SB120, AMENDED

HOUSE PUBLIC HEALTH AND WELFARE

Good Afternoon Rep. Flower and members of the House Public Health and Welfare Committee. I am Gigi Felix, a licensed master level social worker in the state of Kansas. I am the executive director of the Kansas Chapter of the National Association of Social Workers (K-NASW) and am here this afternoon to SUPPORT the amended version of Substitute SB120. This legislation amends the social work practice act KSA 65-6311. Our intention today, as it has been from the beginning is only to clear up a legal technicality that was discovered last year by the Attorney General's office. This bill will clarify that by clearly giving social workers the legal right to diagnose as part of our psychotherapeutic work. We seek neither to expand nor limit the current scope of social work practice in the state of Kansas.

The legislation you have before you today has been amended to reflect several difficulties we saw in the version passed by the Senate. We have the full concurrence of Sen. Praeger on these amendments, though others would not be approved.

Why we request the amendment:

1. *the language on pg 1, lines 15 & 16 (#s 2 & 3 for supervision of the LMSW) were inserted in one of the revisions to ensure that the CMHCs and state facilities of Kansas were not hurt by the legislation. In*

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a later version, these entities were exempted, and the language became unnecessary. Unfortunately, it got by us until the bill was about to be worked on the Senate floor.

2. *On page 2, lines 41 - 43 are confusing, and unnecessary. We are therefore requesting that they be deleted.*

Social Workers have been successfully and competently working in mental health settings since the time of Freud. Social work literature has a long history of publishing in the mental health diagnostic field. In 1917 Mary Richards published <u>*Social Diagnosis*</u> *based on early casework techniques and diagnostic methods. This diagnostic work followed the evolution of the field: in the 1920s Freudian psychology provided the underlying theory and increased knowledge base, in the 1930s it expanded to include the living environment of the client. We continue to expand and refine our techniques and education to keep abreast of new issues. All licensed social workers in the state of Kansas must complete 60 hours of continuing education every 2 years for license renewal.*

You may hear testimony today raising concern about our proper use of diagnostic manuals, including the DSM, for diagnosing mental conditions. It should be noted that in the current version of the DSM that:

1> a social worker was, and is, an editor of the Manual

2> social workers were part of the field testing of the statistical

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findings through using the Manual; and,

3> social workers have been using the Manual, as have the psychiatrists, MDs, and psychologists since its inception.

Another concern has arisen that the DSM is a medical diagnostic tool. This is simply not true. You will hear testimony today which cites the DSM that it has been developed for use by all mental health professionals. I will discuss this a bit more in a moment. There is also a movement to delineate the differences between "mental illness" and "mental disorder." The DSM defines a "mental illness" as:

> *"Mental Illness: see Mental Disorder..." A mental disorder is defined: "... an illness with psychologic or behavioral manifestation and/or impairment due to social, psychologic, genetic, physical, chemical, or biologic disturbance. The disorder is not limited to relations between the person and society. The illness is characterized by symptoms and/or impaired functioning"*

I challenge anyone to define the differences between the statutory language. We hope to at least ease the confusion.

Social Work has also been challenged on our competence to do this work, and the field experience we have. I checked with the KU School of Social Welfare, was told that there were 1,320 hours in the field practicum for

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MSWs - that is over and above the field work of the BSW and includes supervision in both the field through the field supervisor, and in their practice classes. According to the licensure requirements for an LSCSW, (see attachment A) a social worker must submit a certified transcript of their MSW education, subject to approval by the board, 4,000 hours of clinical practice in addition to a minimum of 100 hours of direct supervision (see attachment B) before they qualify to apply for the LSCSW license. In addition, they must provide 3 letters of reference to ensure that they are worthy of the public trust. It is only then, that they earn the right to sit for the clinical test, which includes a wide range of questions, including ones on diagnosing mental conditions, and if they pass the test, they are licensed at the advanced level.

To further support our stand, I have attached several documents which show other "authorities" which support us... the Kansas Legislature, the Kansas Insurance Department, and the DSM itself:

1> In the DSM III-R's introduction, on page xviii (see attachment C) it states:

"... The impact of the DSM has been remarkable. Soon after its publication, it became widely accepted in the United States as the common language of mental health clinicians and researchers for communicating about the disorders for which they have professional responsibility..." (emphasis added)

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I bring this to your attention to show that the volume is designed for use by ALL mental health professionals.

I'd also like to point out at this juncture that the DSM clearly refers the mental health professional to MDs for any physical testing, medication prescription or monitoring, and to psychologists for psychological testing. Social work does NOT want to do any of these things. We believe that a strong referral network for clients is imperative for our successful practice.

2> *For the next point, I need to take you on a short paper trail hike through Attachments D and E. Attachment D is a bulletin dated July 8,1986 from the Kansas Insurance Department which states on page 2, #9:*

> *"LSCSWs are considered to be eligible providers for the (mental health) benefits mandated by HB2737..." (explanation added). This legislation became KSA 40-2,105.*

This statute lists the insurance mandates of Kansas which include LSCSW social workers. Obviously the legislature and the insurance department of Kansas believe we are qualified to provide these services, and show their intent to allow us to do so.

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Attachment E shows the insurance mandate to include licensed specialist clinical social workers.

Social work is well integrated into both the private and public sectors of our state. In the state system, social workers are employed in the Community Mental Health Centers, the state hospitals and institutions, the youth centers, in both the community residences and institutions for the developmentally disabled, in the correctional facilities and their subcontractors. Attachment F is a copy of the SRS fiscal note which projects it will cost the state $14 million dollars if we do not clear this diagnostic issue up in law. Social workers currently serve the citizens of Kansas competently and successfully. To now deny that seems ludicrous.

In addition to working in the public sector of our state, we also are well integrated in the community system of services. In the community we work in the hospitals, schools, private psychiatric facilities, as well as in private practice. Our work in the therapeutic field goes back to the time of Freud, and we have been practicing in Kansas since our licensure was enacted in 1974.

I would also like to state that this legislation and the amendment, have been carefully and delicately crafted with feedback and advice from several interested parties - in fact if any interested party was not part of this process, I would be surprised. My thanks to the State Department of Social and Rehabilitation Services, the Association of Community Mental

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Health Centers, and the Kansas Society of Clinical Social Workers, for their support; and my thanks to the Kansas Medical Society and the Kansas Psychological Association for working on this issue with me. Most of the questions and concerns are reflected in the substitute bill, though not all. The amendment that I have introduced today is the result of carefully weighing all suggestions and maintaining the balance of neither adding to, nor diminishing the scope of practice for social workers in the state of Kansas.

I thank you for your time this morning to present this issue, and I'd be glad to stand for any questions.

Attachments: *A: KAR 102-2-12 (LSCSW licensure requirements)*

B: KAR102-2-8 (Definition of Supervision)

C: DSM Introduction page xviii

D: Kansas Insurance Department bulletin 7/8/86

E: KSA 40-2,114

F: SRS Fiscal Note

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shall take an examination approved by the board. The pass criterion score shall be:

(1) One standard deviation below the national norm for those applicants who take the examination offered by Educational Testing Service or Professional Examination Testing Service; and

(2) at the criterion reference cut-off score for those applicants who take the Assessment Systems, Inc., examinations. Each applicant shall be notified of the results in writing.

(b) The usual and customary examination shall be a written examination. Special arrangements shall be made for applicants with a physical handicap or handicaps when requested by the applicant.

(c) Waiver of examination. The written examination requirement may be waived for any applicant, other than an applicant for reinstatement of a revoked or suspended license, if the applicant successfully passed the written portion of an examination deemed by the board to be substantially equivalent to that used in Kansas at a level equal to or greater than the criterion pass score.

(d) Each applicant for licensure who fails the examination shall submit the fee required by K.A.R. 102-2-3 for each subsequent examination which the applicant attempts to pass. (Authorized by K.S.A. 74-7507; implementing K.S.A. 75-5351; 75-5354; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended, T-86-39, Dec. 11, 1985; amended May 1, 1986.)

102-2-10. Licenses. (a) Each applicant who meets the standards for licensing shall receive a license appropriate for display.

(b) If a license is revoked, the licensee shall be informed of the board's action by certified mail, and the licensee shall return the license to the board within 30 days.

(c) If a licensee fails to renew the license, the licensee shall be informed in writing that the licensee is required to return the license to the board within 30 days. (Authorized by K.S.A. 74-7507, as amended by L. 1986, Ch. 299, Sec. 42; implementing K.S.A. 75-5351, 75-5357; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1987.)

ATT. A. LSCSW

102-2-11. Renewal. (a) Each licensed social worker shall renew the license by submitting a renewal form to the executive secretary together with the renewal fee prescribed in K.A.R. 102-2-3.

(b) At or prior to the time of the renewal, each licensed social worker shall submit evidence of satisfactory completion of 60 hours of continuing education as defined in K.A.R. 102-2-4a and 102-2-5.

(c) Each individual who holds a social work license but who fails to renew the license on or before the date of expiration, and who thereafter applies for renewal of the license, shall certify to the board in writing that the individual has not practiced in Kansas as a social worker or held forth as performing the services of a social worker after expiration of the license. If the board has evidence that the individual continued to practice in Kansas as a social worker or that the individual held himself or herself out to the public as a social worker after the expiration date of the license, the individual may be requested to appear before the board. The individual's eligibility for renewal of the license shall be determined by the board. (Authorized by K.S.A. 74-7507, as amended by L. 1986, Ch. 299, Sec. 42; implementing K.S.A. 75-5358, as amended by L. 1986, Ch. 340, Sec. 4; and K.S.A. 75-5359; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended, T-86-39, Dec. 11, 1985; amended May 1, 1986; effective May 1, 1987.)

102-2-12. Licensed specialist clinical social work licensure requirement. (a) In order for an applicant to qualify for licensure at the specialist clinical social work

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level, the following requirements shall be met:

(1) completion of two years of post-graduate, supervised, clinical experience with a minimum of 4,000 hours of service. The supervision shall be provided by a licensed specialist clinical social worker, or one eligible for licensure at that level if supervision occurred in a state other than Kansas;

(2) participation in a minimum of one one-hour supervisory session per week with a minimum of 100 hours in supervisory sessions over the two-year period; and

(3) successful completion of an examination approved by the board for this level of licensure.

(b) Documentation attesting to the applicant's completion of the supervised clinical social work experience shall be submitted to the board at the time of application and shall include a statement by the supervisor that the overall objectives of clinical social work supervision have been met. The documentation shall include:

(1) a supervisory contract that has been developed between the supervisor and the applicant. The contract shall consist of specific goals and objectives, the means to attain the goals, and a description of the manner in which the goals relate to the overall objectives. Under extenuating circumstances, the supervisory contract may be waived by the board;

(2) a summary of the types of clients and situations dealt with at the supervisory sessions;

(3) a written explanation of the relationship of the goals and objectives of supervision to the supervisory session; and

(4) the length of time spent in the supervisory sessions over the two-year period.

(c) Out-of-state applicants who received supervision in a state other than Kansas shall also submit documentation from their supervisors attesting to the supervisor's eligibility to provide supervision. An out-of-state supervisor shall be considered eligible to provide supervision if the supervisor has met the requirements contained in K.A.R. 102-2-12(a).

(d) Out-of-state applicants who cannot provide the documentation required by subsection (b) of this regulation shall be supervised in Kansas for a minimum of 10 hours in order for the Kansas supervisor to ensure that requirements have been met.

(e) Social work consultation shall not meet the supervision requirements. (Authorized by K.S.A. 1989 Supp. 74-7507; implementing K.S.A. 1989 Supp. 65-6306 and K.S.A. 1989 Supp. 65-6308, effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1987; amended February 25, 1991.)

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apparent that the relationship no longer serves the client's needs;

(43) failing to maintain a record for each client which accurately reflects the client's contact with the social worker. Unless otherwise provided by law, all client records shall be retained for at least two years after the date of termination of the contact or contacts;

(44) failing to exercise appropriate supervision over anyone authorized to practice only under the supervision of a social worker;

(45) practicing social work in an incompetent manner; or

(46) practicing social work after expiration of the social worker's license. (Authorized by and implementing K.S.A. 1989 Supp. 65-6311 and K.S.A. 1989 Supp. 74-7507; effective May 1, 1982; amended, T-85-36, Dec. 19, 1984; amended May 1, 1985; amended, T-86-39, Dec. 11, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended February 25, 1991.)

102-2-8. Supervision. (a) Licensed social workers.

(1) Social workers having less than the specialty social work license shall not engage in private, independent practice.

(2) Any person who provides clinical social work services as a self-employed person, member of a partnership, member of a professional corporation, or a member of a group practice and who is not licensed as a specialist clinical social worker shall be supervised by a licensed specialist clinical social worker.

(3) Social work consultation shall not meet the supervision requirements for the social work service provider.

(4) A minimum of one hour of supervision shall be provided per 40 hours of service delivery.

(5) No social worker shall supervise under a license that is limited or restricted by the board. This provision may be waived by the board upon application for review by the proposed supervisor.

(b) Non-licensed social work service providers.

(1) Social work consultation shall not meet the supervision requirements for the non-licensed social work service provider.

(2) Social workers utilizing non-licensed individuals in the delivery of social services shall specifically delineate the non-licensed individual's duties and provide a level of supervision which is consistent with the training and ability of the non-licensed social work service provider.

(3) A written agreement shall be developed between the supervisor and the employer of the non-licensed social work service provider, consisting of specific goals and objectives, the means to attain the goals, and the manner in which the goals relate to the overall objective for supervision of the non-licensed social work service provider. Documentation of the written agreement shall include:

(A) a copy of the written agreement;

(B) a summary of the types of clients and situations dealt with at the supervisory session;

(C) a written explanation of the relationship of the goals and objectives of supervision to the supervisory session; and

(D) the length of time spent in the supervisory session.

(4) A minimum of one hour of supervision shall be provided per 40 hours of service delivery. No less than four hours of supervision per month shall be provided.

(5) No social worker shall supervise under a license that is limited or restricted by action of the board. This provision may be waived by the board upon application for review by the proposed supervisor. (Authorized by and implementing K.S.A. 1989 Supp. 74-7507; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended February 25, 1991.)

~~102-2-9. Examinations. (a) Each applicant for licensure by the board~~

ATT B Super-vision Reg.

P H & W 3-10-93 Attm't 1.

Sg 11 7 19

DSM

ATT C

THE IMPACT OF DSM-III

The impact of DSM-III has been remarkable. Soon after its publication, it became widely accepted in the United States as the common language of mental health clinicians and researchers for communicating about the disorders for which they have professional responsibility. Recent major textbooks of psychiatry and other textbooks that discuss psychopathology have either made extensive reference to DSM-III or largely adopted its terminology and concepts. In the seven years since the publication of DSM-III, over two thousand articles that directly address some aspect of it have appeared in the scientific literature. In some of these articles, the results of research studies using the DSM-III diagnostic criteria to select samples have been reported; in others, the reliability or validity of DSM-III-defined disorders has been critically examined.

DSM-III was intended primarily for use in the United States, but it has had considerable influence internationally. As a result, the entire manual, or the Quick Reference to the Diagnostic Criteria ("Mini-D"), has been translated into Chinese, Danish, Dutch, Finnish, French, German, Greek, Italian, Japanese, Norwegian, Portuguese, Spanish, and Swedish. Many of the basic features of DSM-III, such as the inclusion of specified diagnostic criteria, have been adopted for inclusion in the mental disorders chapter of ICD-10.

HISTORICAL BACKGROUND OF THE DSMs

DSM-I. The first edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* appeared in 1952. This was the first official manual of mental disorders to contain a glossary of descriptions of the diagnostic categories. The use of the term *reaction* throughout the classification reflected the influence of Adolf Meyer's psychobiologic view that mental disorders represented reactions of the personality to psychological, social, and biological factors.

DSM-II. In the development of the second edition, a decision was made to base the classification on the mental disorders section of the eighth revision of the *International Classification of Diseases*, for which representatives of the American Psychiatric Association had provided consultation. Both DSM-II and ICD-8 went into effect in 1968. The DSM-II classification did not use the term *reaction*, and except for the use of the term *neuroses*, used diagnostic terms that, by and large, did not imply a particular theoretical framework for understanding the nonorganic mental disorders.

DSM-III. In 1974 the American Psychiatric Association appointed a Task Force on Nomenclature and Statistics to begin work on the development of DSM-III, recognizing that ICD-9 was scheduled to go into effect in January 1979. By the time this new Task Force was constituted, the mental disorders section of ICD-9, which included its own glossary, was nearly completed.

Although representatives of the American Psychiatric Association had worked closely with the World Health Organization on the development of ICD-9, there was concern that the ICD-9 classification and glossary would not be suitable for use in the

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Appendix E.

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attn #1.
pg 12 of 19

ATT D

KANSAS INSURANCE DEPARTMENT

420 S.W. 9th
Topeka 66612-1678 913-296-3071

1-800-432-2484
Consumer Assistance
Division Hotline

STATE OF KANSAS

FLETCHER BELL
Commissioner

See Page 2 as related to Social workers

Bulletin 1986-10 (Addendum)

TO: All Companies Authorized to Transact Accident and Health Insurance in the State of Kansas

FROM: Fletcher Bell
Commissioner of Insurance

SUBJECT: Enactment of House Bill No. 2737 (1986)
Addendum to Bulletin 1986-10 dated June 6, 1986

DATE: July 8, 1986

* This bill mandates minimum mental health benefits for insurance policies

There have been several questions about various areas of compliance with House Bill No. 2737 since the issuance of Bulletin 1986-10. The following items are intended for clarification:

1. We wish to clarify the types of contracts which are subject to the requirements of this bill. All individual and group contracts of hospital, medical and/or surgical expense coverage must include the mandated benefits for nervous or mental conditions, alcoholism and drug abuse. Such coverage includes, but is not limited to, a basic hospital expense policy, a basic medical - surgical expense policy, a basic major medical expense policy, etc. Contracts which provide solely indemnity benefits, such as hospital indemnity or nursing home coverage as well as disability income, accident only, specified disease or Medicare Supplement coverage are not subject to the requirements of this bill.

2. The conditions specified in House Bill No. 2737 may be subject to the normal underwriting review given to any condition upon application or renewal for the policy or contract involved.

3. The pre-existing definitions, limitations, and exclusions of a contract may apply to the conditions specified in House Bill No. 2737 in the same manner they apply to any other condition.

4. In-patient benefits for treatment of nervous or mental conditions, alcoholism or drug abuse must be provided at the same level they are provided for a medical condition. For example, if there are no copayments applicable to a medical in-patient claim no copayments may be applied to claims for the conditions specified in House Bill No. 2737.

P&W 3-10-3 attm #1. pg 13 of 19

5. Item d in House Bill No. 2737 excludes only benefits for the assessment required by a diversion agreement or court order to attend an alcohol or drug safety action program. Court ordered

Page 2 of Bulletin 1986-6C (Attachment) continued

6. The minimum payment amounts specified in House Bill No. 2737 apply only to out-patient benefits.

7. Contract definitions of the conditions specified in House Bill No. 2737 may be no less favorable, and in no way more limiting than in the law.

8. If rates for the contract or policy involved are subject to review by this department, and a rate adjustment is made in response to the inclusion of these benefits, it must be filed with this department. Rates must be accompanied by an actuarial memorandum which explains the method of determining the rates and which certifies they comply with applicable laws and regulations and that benefits are reasonable in relation to premiums charged.

9. Licensed Specialist Clinical Social Workers are considered to be eligible providers for the benefits mandated by House Bill No. 2737 unless the policyholder has refused social worker coverage in writing, pursuant to K.S.A. 40-2,114.

10. The benefits mandated by House Bill No. 2737 must be added to all existing individual and group expense based contracts, including those cases in which a given policy or form is no longer being issued in Kansas.

We hope this clarification is of assistance to you. If you have any questions, please let us know.

Very truly yours,

Fletcher Bell
Commissioner of Insurance

FB:jbah
4908mt

H.B. No 2737 is the Mental Health Mandate law
K.S.A 40,2,105 attached

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3-10-93
Attm #1.
Pg 14 & 19

(3) the names and addresses of the institutional sources that supplied the specific items of information given pursuant to subsection (b)(2) if the identity of any health care provider or health care institution is disclosed either directly to the individual or to the designated health care provider, whichever the insurance company or agent prefers.

(f) The obligations imposed by this section upon an insurance company or agent may be satisfied by another insurance company or agent authorized to act on its behalf.

(g) The company or the agent, whichever is in possession of the money, shall refund to the applicant or individual proposed for coverage the difference between the payment and the earned premium, if any, in the event of a declination of insurance coverage, termination of insurance coverage, or any other adverse underwriting decision.

(h) If coverage is in effect, such refund shall accompany the notice of the adverse underwriting decision, except such refund obligation shall not apply if:

(A) Material underwriting information requested by the application for coverage is clearly misstated or omitted and the company attempts to provide coverage based on the proper underwriting information; or

(B) the company includes with the notice of the adverse underwriting decision an offer of coverage to an applicant for life insurance under a different policy or at an increased premium. If such a counter-offer is made by the insurer, the insured or the insured's legal representative shall have 10 business days after receipt thereof in which to notify the company of acceptance of the counter-offer, during which time coverage will be deemed to be in effect under the terms of the policy for which application has been made, but such coverage shall not extend beyond 30 calendar days following the date of issuance of the counter-offer by the insurer. The insurer shall promptly refund the premium upon notice of the insured's refusal to accept the counter-offer or upon expiration of such 30 calendar day period, whichever occurs first.

(2) If coverage is not in effect and payment therefor is in the possession of the company or the agent, the underwriting decision shall be made within 20 business days from receipt of the application by the agent unless the underwriting decision is dependent upon substantive information available only from an independent source. In such cases, the underwriting decision shall be made within 10 business days from receipt of the external information by the party that makes the decision. The refund shall accompany the notice of an adverse underwriting decision.

History: L. 1981, ch. 190, § 2; L. 1989, ch. 140, § 1; L. 1990, ch. 163, § 1; July 1.

Cross References to Related Sections:

Failure to comply constitutes unfair trade practice, see 40-2404.

40-2,114. **Insurance coverage to include reimbursement for services performed by licensed specialist social worker.** Notwithstanding any provision of an individual or group policy or contract of health and accident insurance, delivered within the state, whenever such policy or contract shall provide for reimbursement for any service within the lawful scope of practice of a duly licensed specialist social worker authorized to engage in private, independent practice under subsection (a) of K.S.A. 75-5353 and amendments thereto within the state of Kansas, the insured, or any other person covered by the policy or contract shall be allowed and entitled to reimbursement for such service, unless subject coverage in those insurance plans in existence on or before March 15, 1989, is refused in writing by the policyholder prior to March 15, 1989, irrespective of whether it was provided or performed by a duly licensed physician or a duly licensed specialist social worker authorized to engage in private, independent practice under subsection (a) of K.S.A. 75-5353 and amendments thereto.

History: L. 1982, ch. 204, § 1; L. 1989, ch. 133, § 2; July 1.

40-2,115.

CASE ANNOTATIONS

1. Scope of excess liability coverage measured by Kansas public policy existing when policy issued rather than statute's effective date. Southern American Ins. v. Gabbert-Jones Inc., 13 K.A.2d 324, 329, 769 P.2d 1194 (1989).

40-2,120.

Law Review and Bar Journal References:

"New Developments in Kansas Insurance Law," Robert H. Jerry, II, 37 K.L.R. 841, 905 (1989).

40-2,123. **Insurers authorized to discontinue certain business in state; when; enforcement.** From and after January 1, 1989, an insurer may cease to transact insurance in this state, or discontinue the writing or renewal of one or more kinds of property or casualty insurance specified in K.S.A. 40-901 and 40-1102, and amendments thereto, or classes of

PH&W 3-10-93 09152 19. Attn: #1.

VAN DEURZEN AND ASSOCIATES, P.A.
CONSULTING STRUCTURAL ENGINEERS
11011 KING STREET, SUITE 130
COMMERCE TERRACE BLDG. D
OVERLAND PARK, KS 66210
(913) 451-6305 FAX (913) 451-1021

Pat Ireland

DATE: 2-3-93

TO: Gigi Felix

COMPANY/CLIENT: _____

JOB: _____

VDA PROJECT NO.: _____

FAX NO.: 1-354-1456

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PHvW
3-10-93
attm #1.
pg 16 of 19.

ATT F
FISCAL NOTE

FAX Message

from

Social and Rehabilitation Services
Mental Health and Retardation Services

Docking State Office Building
5th Floor
Topeka, Kansas 66612

FAX NUMBER (913) 296-6142

DATE: 2-12-93 TIME: AM

SEND TO:
NAME: GiGi Felix
PHONE:
AGENCY/DIVISION:

SENDER:
NAME: Bondy Broxton
PHONE:
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3-10-93
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0917919

SENATE BILL NO. 120

Senate Bill No. 120 amends K.S.A. 65-6302 relating to qualifications and responsibilities of social workers.

Analysis of the impact of this bill by Social and Rehabilitation Services on the public mental health system in Kansas.

In March, 1992 the Attorney General of Kansas issued an opinion at the request of the Behavorial Sciences Regulatory Board about whether the term "psychotherapy" as used within the social work act includes diagnosis and, if so, whether social workers are able to diagnose.

The opinion states social workers are not prohibited from diagnosing mental conditions other than psychological disorders or mental illness which require a licensed psychologist or a psychiatrist respectively. However, the opinion goes on to state "neither (psychological disorder or mental illness) is defined by statute or regulation". The opinion goes on to say "The absence of legal definitions of "psychological disorders" and "mental illness," and the variance between statutory and DSM-111-R diagnostic terminology, presents a legally unresolable dilemma regarding the exact limits of social worker diagnostic authority."

The lack of clarity in the limits of social work practice has created misunderstanding and concern among the Community Mental Health Centers in Kansas (CMHC).

The Mental Health Reform Act of 1990 passed by the Kansas Legislature has identified licensed masters level social workers and licensed specialist clinical social workers as "Qualified Mental Health Professionals" for the purposes of screening individuals for admittance to the state mental health hospitals. Screening means a process for assessing an individual before possible state hospitalization and includes making a diagnosis. We have included a fiscal impact if it was necessary to replace the masters level social workers in the CMHCs. This would mean a significant number of the available Qualified Mental Health Professionals could not be responsible for the 24 hour screening for state hospitalization, which would be a serious impediment to accomplishing mental health reform in Kansas.

Masters level social workers in Community Mental Health Centers are also responsible for 24 hour preadmission certification for admission of Medicaid recipients to local psychiatric units to assess the ability of the communi
ty to meet their needs in lieu of hospitalization. These same social workers are also completing screening of individuals identified as possibly having a mental illness before admission to ~~nursing facilities~~ in Kansas to assess the possibility of meeting their needs in the community and to identifying any special mental health services they need. This screening also includes making a

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diagnosis.

FISCAL IMPACT

The following figures represent the costs of replacing the masters level social workers with licensed psychologists or psychiatrists if necessary to accomplish the goals of the public mental health system.

The Community Mental Health Centers (30) in Kansas employ 300 masters level social workers.

$120,994	Approximate average salary of psychiatrist in CMHCs (includes 15% fringe benefits)
$38,065	Approximate average salary of licensed psychologist CMHCs (includes 15% fringe benefits)

Average of salaries of psychiatrist and licensed psychologist ($120,994 + $38,065 = $79,529

$38,290	Approximate average salary of master level social worker in CMHCs (includes 15% fringe benefits)
$9,987,000	Total of social work salaries

If it was necessary to replace the masters level social workers with licensed psychologists or psychiatrists in the CMHC to accomplish the tasks associated with the 24 hour screening an estimated cost would be $13,863,000.

($79,529 x 300 (average psychologist/psychiatrist salary x the number of master level social workers in CMHCs = $23,850,000)

$23,850,000 - $9,987,000 = $13,863,000 ←

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pg 19 of 19

CORRECTED
SESSION OF 1993

SUPPLEMENTAL NOTE ON SUBSTITUTE FOR SENATE BILL NO. 120

As Recommended by Senate Committee on Public Health and Welfare

Brief*

The substitute for S.B. 120 recommended by Senate Committee would create a new statute that would be made a part of the social work laws and that would expand the scope of practice for certain social workers. The new statute would authorize a licensed specialist social worker to diagnose mental disorders classified in the diagnostic manuals commonly used as a part of accepted social work practice. Under the new statute, a licensed master social worker, if the latter were working under the supervision of a licensed specialist social worker, a licensed psychologist, or a person licensed to practice medicine and surgery or working within the course of such person's employment in a licensed community mental health center or a state facility authorized to provide psychotherapeutic services, could also diagnose mental disorders classified in commonly used social work diagnostic manuals.

The substitute bill also amends K.S.A. 65-6311, the statute that sets out those activities that may lead to the suspension, revocation, limitation, or refusal to issue or renew a social work license. Pursuant to the amendments being found to have engaged in diagnosis of a mental condition even though not authorized to do so by the new section created by Substitute for S.B. 120 would constitute grounds for disciplinary action against a licensee in social work.

Background

A representative of the Kansas Chapter of the National Association of Social Workers asked the Behavioral Sciences Regulatory Board to request an opinion of the Attorney General as to whether the term "psychotherapy" as used in the Social Work Practice Act includes diagnosis and, if so, whether social workers are able to diagnose. Attorney General Opinion No. 92-43 noted that licensed psychologists are authorized to diagnose psychological disorders, and, as amended by Opinion No. 92-114, persons licensed to practice medicine and surgery are authorized to diagnose mental illness and psychological disorders, but as a matter of law social workers are prohibited from diagnosing either psychological disorders or mental illnesses. The opinion went on to note that social workers are not prohibited from diagnosing mental conditions which are neither psychological disorders nor mental illnesses. The opinion noted that the Social Work Practice Act defines social work to include a psychological or social method available to accomplish certain results beneficial to clients or "In other words it is a tool or mode of treatment which may be lawfully used by social workers within a professional relationship."

S.B. 120, as introduced, was supported by a representative of the Kansas Chapter of the National Association of Social Workers, a representative of the University of Kansas School of Social Work, the President of the Kansas Society for Clinical Social Work, and a member of the House of Representatives. Written testimony supporting the bill was received from several other individuals. A representative of the Board of Healing Arts noted the bill was a radical departure from existing statutory law and common practice by allowing the diagnosing of "mental conditions" which should be limited to individuals licensed to practice medicine and surgery. The Kansas Medical Society supported allowing licensed specialist social workers who have received additional training to diagnose psychological disorders and socially dysfunctional conditions, but not mental illnesses. Testimony was received from the Kansas Psychological Association and the Kansas Psychiatric Society opposing the bill.

* Supplemental Notes are prepared by the Legislative Research Department and do not express legislative intent.

5303/ec

P&W 3-10-93 Attm # 2

P&W 3-10-93 Attm #

Association of Community Mental Health Centers of Kansas, Inc.

835 SW Topeka Avenue, Suite B. Topeka, KS 66612
Telephone (913) 234-4773 Fax (913) 234-3189

Testimony on Substitute S.B. 120
HOUSE PUBLIC HEALTH & WELFARE COMMITTEE
Honorable Joann Flower, Chair

By: Paul M. Klotz, Executive Director
March, 1993

Thank you for the opportunity to comment.

This Association strongly supports **S.B. 120**, as amended by NASW and put forward by their representative Ms. Gigi Felix. This amendment is the result of a carefully drawn compromise between various health care providers to put into law what has been done successfully in practice over the past 15 to 20 years.

The 30 licensed community mental health centers employ approximately 300 licensed social workers and heavily rely on their tried and tested expertise to provide quality services to over 83,000 Kansans seeking mental health services from the centers. These highly trained and professional social workers are essential to making the recently passed Mental Health Reform Program work as well as providing many of the other more traditional services that we have been rendering over the past 30 years.

If the Attorney General's Opinion is court tested and allowed to stand, the fiscal note to the 30 licensed centers would be approximately $14,250,000 to hire either licensed psychologists or physicians to take the place of these social workers. We would certainly be forced to approach the state for this additional money, at a time when the state is not able to pay for all the existing programs currently mandated.

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Our most recent salary survey (1991) gives the following average salaries, plus 15% added for fringe benefits for the following mental health professionals:

Physicians	$120,994
Licensed Psychologists	38,065
Licensed Social Workers	33,290

Even assuming that the state could find the additional $14.2 million in its already tight budget; the next major problem would be to find sufficient M.D.s and/or Licensed Psychologists willing to practice in our centers, particularly in rural areas and at salaries generally lower than the for-profit private sector. Also, given our experience and state hospital experience, there is no evidence to show that such a major transformation would produce a corresponding improvement in quality of service. We are in a position to judge quality of service, since we employ all of the above listed professionals and utilize them in specialized and general ways, depending on the particular needs of an individual client. Centers have found that both quality and cost effectiveness are well served by utilizing licensed social workers as providing in the amended **S.B. 120**.

Thank you!

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The University of Kansas

School of Social Welfare

Representative Flower, Chair
House Public Health and Welfare Committee
March 10, 1993

Testimony regarding Substitute Senate Bill 120

I am Dr. Chris Petr, here representing the University of Kansas School of Social Welfare in support of passage of Substitute Senate Bill 120.

In my capacity as assistant professor at the School, I teach courses in clinical social work to graduate students in our program. I am also a licensed specialist clinical social worker (LSCSW, #588) in Kansas, and have worked as a clinical social worker (in either a fulltime or parttime capacity) at the Bert Nash Community Mental Health Center in Lawrence for 15 years.

The graduate education in social work at the University of Kansas results in an MSW (master's in social work) degree, and qualifies the graduate to sit for the licensing exam as a licensed master social worker (LMSW). The educational program is typically completed in two years of full time study, involving both coursework and practicum internships in social service agencies, including community mental health centers (CMHCs). Coursework and mental health internships include a focus on the diagnosis and treatment of mental disorders.

Many of our graduates become employed in mental health settings, particularly in CMHCs, where it has long been common practice for licensed social workers to diagnose and provide treatment for a wide variety of mental disorders. I myself have been doing this at Bert Nash for the last 15 years. This diagnostic and treatment process may (or may not) include referral to licensed psychologists for psychological testing, or to psychiatrists for medication, because these professional activities are outside the domain of social work. While new graduates with the LMSW degree require supervision from LSCSWs to oversee their practice, LSCSWs are qualified by training and licensure to practice independently.

In conclusion, I believe that licensed social workers are qualified to perform the duties described in this act, and I support the passage of Substitute Senate Bill 120.

Chris Petr, PhD, LSCSW

P&HW
3-10-93
Attm #4

Twente Hall • Lawrence, Kansas 66045-2510 • (913) 864-4720
Regents Center • 12600 Quivira Road, Overland Park, Kansas 66213-2402 • (913) 897-8550

B. Linhos.

The Kansas Society for Clinical Social Work

House Public Health and Welfare Committee
TESTIMONY
Senate Bill 120
March 10, 1993

The purpose of Senate bill 120 is to correct technical problems by modifying statute to correspond to what has been the existing practice in mental health for many year both in Kansas and throughout the United States. The clarification sought through this bill relates back to two Attorney General's opinions (87-184 and 92-43) In these opinions the Attorney General attempted to compartmentalize mental health services by profession for Psychiatrists, Social Workers and Psychologists. Unfortunately, the categories created in the opinions fell short because there is no clinically definably difference between mental illness, psychological disorder, and mental condition. In the Attorney General's original opinion Psychiatrists were prohibited from diagnosing psychological disorders. Following that opinion the Psychiatrists successfully asked the Legislature to clarify that they could indeed diagnosis psychological disorders. The Clinical Social Workers in Senate bill 120 are seeking a similar clean-up in wording.

The definition of mental illness in the American Psychiatric Association Glossary is so broad it demonstrates why it would not be feasible to define terms in Mental Health as the Attorney General attempted to do. In the American Psychiatric Association Glossary when you look up, "Mental illness", you are referred to, "see Mental Disorder" (There is no definition in the American Psychiatric Association Glossary of mental illness as distinct from mental disorder). The Glossary defines Mental Disorder as, "an illness with psychologic or behavioral manifestation and or impairment due to social, psychologic, genetic, physical, chemical, or biologic disturbance". By definition mental disorders are not limited to relations between the person and society. The illness in practical terms is characterized by symptoms and\or impairment in functioning.

Clinical Social Workers currently make up the largest single component of professional therapists in the mental health field. In Kansas, approximately half of the therapists in private practice or in mental health centers are clinically trained social workers. In many areas of Kansas, there would be no mental health services if it were not for social workers.

Currently in Kansas only Social Workers holding a Licensed Clinical Specialist rating are able to practice independently without supervision. Masters level Social Workers who have passed a test and are engaging in supervised practice under the supervision of a Licensed Clinical Specialist Social Worker, staff many of the state

PH&W
3-10-93
Attm 5

institutions, community mental health centers, and not-for-profit agencies that provide mental health services.

Clinical Social Workers are by statute (KS 40-2,114) able to be reimbursed by insurance companies. Also, Insurance Commission Bulletins 1986-10 and 1989-17 specify that the Mental Health Mandates apply to Specialist Clinical Social Workers. Both insurance reimbursement and the Mental Health Mandates specify diagnosis from the Diagnostic and Statistical Manual as a requirement of reimbursement.

A great deal of work has gone into Senate Bill 120. All of the major players have taken part in discussions with the Senate sub-committee that fashioned the language in the current bill. We support Senate Bill 120 and recommend it to you for the following reasons:

1. It is a housekeeping measure to keep in place the intent of the original social work licensing statutes.
2. It reflects the prevailing practice within the field.
3. It protects the consumer by continuing to make services available and hold costs down.
4. The managed care part of the healthcare industry now requires it.

Submitted on behalf of The Kansas Society for Clinical Social Work by:
Bruce Linhos
3/10/93

P.H&W
3-10-93
attmt # 5
Pg 2 of 2

Kansas Psychiatric Society

a district branch of the American Psychiatric Association

623 S.W. 10th St. - Topeka, Kansas 66612-1615
(913) 232-5985 or (913) 235-3619

March 10, 1993

TO: House Public Health and Welfare Committee

FROM: Chip Wheelen
KPS Lobbyist

SUBJECT: Substitute Senate Bill 120

Thank you for the opportunity to express our concerns about the wording of Substitute SB 120. The Kansas Psychiatric Society recognizes the valuable skills of specialist clinical social workers who are integral members of the mental health team. We also acknowledge that there are a number of masters level social workers employed at community mental health centers or state psychiatric hospitals who perform an extremely important function in evaluating and screening persons seeking mental health treatment. We do not disagree with the purpose of original SB 120 or Substitute SB 120, but we are extremely concerned that if the new law is not worded carefully, it could jeopardize standards of quality for a population of extremely frail persons.

Prior to presenting our concerns to the Senate Committee, we devoted a great deal of time and effort toward developing a responsible substitute for SB 120 which was modeled after the Advanced Registered Nurse Practitioner section of the Nurse Practice Act. When our substitute version of SB 120 was rejected by the Kansas Chapter of NASW, we continued to endeavor toward a compromise regarding acceptable language. We discovered, however, that the representatives of the NASW were not interested in any of our proposals and they finally admitted that they would reject anything submitted by the medical profession. Therefore, we come to you with amendments to Substitute SB 120 which have not been submitted to the NASW. The amendments represent our continued good faith effort to negotiate compromise language that accomplishes the stated objectives of the NASW while preserving a reasonable degree of assurance that medical intervention will occur when appropriate. The revised language that we submit to you accomplishes two things: (1) it allows specialist clinical social workers and masters social workers who are appropriately supervised and employed in a mental health center or state hospital to continue performing the type of "diagnoses" that they allegedly perform already, and (2) it provides safeguards such that when a differential medical diagnosis is needed to conclusively determine the source of the patient's illness, an appropriate referral would be made to a physician.

We respectfully request that you adopt the attached amendments prior to taking action on Substitute SB 120. Thank you for your consideration.

CW:cb

Attachment

PH&W
3-10-93
attm #6

amendments drafted by Chip Wheelen on behalf of Kansas Psychiatric Society

PHW 3-10-93 Attach #6 09228

Session of 1993

Substitute for SENATE BILL No. 120

By Committee on Public Health and Welfare

3-1

AN ACT concerning social work; authorizing certain licensed social workers to diagnose mental disorders; amending K.S.A. 65-6311 and repealing the existing section.

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

New Section 1. (a) ~~A licensed specialist clinical social worker, a~~ licensed master social worker under the supervision of (1) a licensed specialist clinical social worker, (2) a licensed psychologist or (3) a person licensed to practice medicine and surgery or a licensed master social worker within the course of employment by a licensed community mental health center or a state facility authorized to provide psychotherapeutic services may diagnose mental disorders classified in the diagnostic manuals commonly used as a part of accepted social work practice.

~~(b)~~ This section shall be part of and supplemental to the provisions of article 63 of chapter 65 of the Kansas Statutes Annotated and acts amendatory of the provisions thereof and supplemental thereto.

Sec. 2. K.S.A. 65-6311 is hereby amended to read as follows: 65-6311. (a) The board may suspend, limit, revoke or refuse to issue or renew a license of any social worker upon proof that the social worker:

(1) Has been convicted of a felony and, after investigation, the board finds that the licensee has not been sufficiently rehabilitated to merit the public trust;

(2) has been found guilty of fraud or deceit in connection with services rendered as a social worker or in establishing needed qualifications under this act;

(3) has knowingly aided or abetted a person, not a licensed social worker, in representing such person as a licensed social worker in this state;

(4) has been found guilty of unprofessional conduct as defined by rules established by the board;

(5) has been found to have engaged in diagnosis as authorized under section 1 and amendments thereto, even though not authorized to engage in such diagnosis under section 1 and amendments thereto;

substitute sub (a) of New Section 1 as follows

The following licensed social workers may diagnose mental disorders classified in the diagnostic manuals commonly used as a part of accepted social work practice: (1) a licensed specialist clinical social worker , and (2) a licensed master social worker under the supervision of (i) a person licensed to practice medicine and surgery, (ii) a licensed psychologist or (iii) a licensed specialist clinical social worker when such licensed master social worker performs diagnoses of mental disorders within the course of employment by a licensed community mental health center or a state facility authorized to provide psychotherapeutic services.

(b) When diagnosis of a mental disorder is performed by a licensed social worker pursuant to this section, if medical testing is indicated, referral shall be made to a person licensed to practice medicine and surgery, and if psychological testing is indicated, referral shall be made to a psychologist.

¶ (c)

~~(5)~~ *(6)* has been found guilty of negligence or wrongful actions in the performance of duties; or

~~(6)~~ ~~(7)~~ has had a license to practice social work revoked, suspended or limited, or has had other disciplinary action taken, or an application for a license denied, by the proper licensing authority of another state, territory, District of Columbia, or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

(b) Proceedings to consider the suspension, revocation or refusal to renew a license shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

Sec. 3. K.S.A. 65-6311 is hereby repealed.

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

substitute item (6) as follows

has failed to refer a client to a person licensed to practice medicine and surgery or to a psychologist as required by new section 1 and amendments thereto;

and renumber succeeding items

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New section to be supplemental to Article 63 of Chapter 65

(a) On and after January 1, 1994, no licensed social worker shall announce or represent to the public that such person is a specialist clinical social worker or use the acronym LSCSW or SCSW unless such licensed social worker has complied with requirements established by the board and holds a valid certificate of qualification as a specialist clinical social worker in accordance with the provisions of this section.

(b) The board shall establish standards and requirements for any licensed social worker who desires to obtain a certificate of qualification as a specialist clinical social worker. Such standards and requirements shall include, but not be limited to, standards and requirements relating to the education and training of specialist clinical social workers. Such standards shall require at a minimum that the licensed social worker successfully complete at least two years of supervised clinical training beyond the normal training requirements to become a licensed social worker. The board may give such examinations as it deems necessary to determine the qualifications of applicants.

(c) The board shall adopt rules and regulations applicable to specialist clinical social workers which:

(1) Establish education, training and qualifications necessary for certification as a specialist clinical social worker at a level adequate to assure the competent performance by specialist clinical social workers of those functions which specialist clinical social workers are authorized to perform.

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(2) Define the expanded scope of practice which specialist clinical social workers are authorized to perform beyond the scope of practice of a licensed social worker. The board shall adopt a definition of expanded scope of practice under this subsection which authorizes a specialist clinical social worker to diagnose psychological disorders and socially dysfunctional conditions, but such definition shall not authorize a specialist clinical social worker to diagnose mental illnesses. The definition of expanded scope of practice adopted by the board under this subsection shall be consistent with the education, training and qualifications required to obtain a certificate of qualification as a specialist clinical social worker which protects the public from persons performing functions as a specialist clinical social worker for which they lack adequate education, training and qualifications.

(d) This act shall take effect and be in force from and after its publication in the statute book.

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CREDENTIALING OF HEALTH CARE PROVIDERS

A paper by Klerman notes that nonfinancial barriers -- including legal restrictions, geographic isolation and provider shortages, provider practices and policies, and personal attributes and circumstances -- can prevent individuals from obtaining care.

BACKGROUND

One of the roles the state plays in the field of health care is that of provider regulation, *i.e.*, in Kansas, the licensing or registration of a group of providers who have completed a prescribed course of training and who meet other statutorily prescribed standards that allow members of the group to be licensed or registered by an agency of the state. Under the provisions of the Kansas Act on Credentialing, licensure grants the holder of a license an exclusive right to perform defined health care procedures and registration grants the holder the exclusive right to use a protected title that describes a specific aspect of health care. Registration does not prevent other qualified individuals from providing the same type of care.

Until the early 1970s, Kansas, as did most of the states, licensed physicians, chiropractors, dentists and dental hygienists, nurses, optometrists, and pharmacists. That is, the Kansas laws granted such persons the exclusive right to practice a health care profession regardless of the title conferred by law on the practitioner. Kansas also conferred on physical therapists the exclusive right to the use of the title "registered physical therapist." However in the several decades preceding the 1970s as new types of health care were developed and new procedures initiated, a large number of individuals became specialists in the provision of more limited aspects of health care or more specialized procedures. Although initially such persons were trained within the health care setting itself to perform, often under the direction of a credentialed provider, a limited scope of health care, more formalized training and education developed and state legislatures found themselves overwhelmed with health care groups petitioning for state regulation that would confer on them the exclusive right to practice some aspect of health care.

Kansas was no exception. At the same time the delivery of health care was becoming more fragmented in terms of who provided what services, there were two growing concerns about the health care system. One was the uneven geographic distribution of credentialed health care providers and the other the escalating cost of health care. Concern grew over the role that granting exclusive practice rights to even more groups of providers might play in both the ability to fully utilize the skills of such persons in settings in which there were provider shortages and in the escalation of the cost of health care. So great was the concern that the Secretary of the Department of Health, Education, and Welfare (the predecessor of the Department of Health and Human Services) asked the states to observe a two-year moratorium on the licensing of new health care provider groups.

The Kansas Legislature observed the moratorium and launched a series of interim studies which culminated in the passage of the Kansas Act on Credentialing which establishes a procedure under which groups seeking credentialing may apply to the Secretary of Health and Environment for review by a technical committee appointed by the Secretary of the need for

credentialing and the appropriate level of credentialing. The recommendations of the technical committee and the Secretary are transmitted to the Legislature as required by law. Although nothing in the credentialing laws preclude legislative action to license or register a health provider group that has not undergone the credentialing review authorized by law, no groups have been licensed without such a review since the Kansas Act on Credentialing was enacted.

COMMITTEE ACTIVITY

The Committee has reviewed two issues that concern the credentialing of health care personnel. The first is the issue of crosstraining of ancillary health personnel. Crosstraining has been receiving more attention in recent years as concern with the inefficiencies and inequities in health care delivery has increased. Crosstraining envisions changing training programs to emphasize skills that are related, but that in today's health care delivery system are delivered by separate personnel, each perhaps credentialed to provide a relatively narrow range of service. Crosstraining also allows the health care system in less heavily populated areas to make more efficient use of trained health care providers, especially in institutional settings that have difficulty in attracting and retaining ancillary health care providers and whose daily occupancy is such that staffing with individuals who can provide only one limited aspect of health care makes such services both expensive and inefficient.

A second issue that the Joint Committee reviewed reflects the recent attempts of several health care provider groups to broaden the scope of practice defined by statute, to increase the level of credentialing from registration to licensure, or to seek to become independent providers by deletion of the statutory requirements for referral or supervision. During the 1992 Session, the then Secretary of Health and Environment declined to respond to a request from a committee of the Legislature for a credentialing review of the desirability of expanding the scope of practice of a provider group that is currently subject to licensure. In the Secretary's response to the committee chair, it was indicated that the Kansas Act on Credentialing does not contain specific criteria for such a review although the Act does empower the Secretary to review the appropriateness of the continued credentialing and the level of credentialing of those provider groups that are licensed or registered under Kansas law. The Committee reviewed the credentialing statutes, heard conferees on credentialing issues, and requested the preparation of a bill draft, but does not have recommendations for amendment of the statutes to present to the 1993 Legislature.

RECOMMENDATIONS

The Joint Committee on Health Care Decisions for the 1990s believes that crosstraining of ancillary health care providers should be encouraged and that all those engaged in training such personnel at any level of education and training should examine their curriculum to pinpoint barriers and opportunities for crosstraining. Those agencies of the state that are assigned the responsibility for credentialing ancillary health care providers should also examine the requirements for registration they have established to determine if the education and training prescribed for registration create a bar to crosstraining of providers and utilization of persons who are so trained.

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As a part of its review of crosstraining, the Committee also reviewed the Kansas laws on credentialing, particularly those acts that authorize the registration of specified ancillary health personnel. The members recommend that agencies of the state that are responsible for registering such persons review their regulations to be sure that such regulations reflect clearly the statutory intent to protect only the use of a specific title. Further, the Department of Health and Environment, the agency that licenses hospitals and nursing facilities, should review its regulations to be sure that such regulations do not imply that state registration is a requirement for meeting institutional licensing criteria.

The members believe that crosstraining should be further explored, particularly in those settings in which the skills of ancillary health care providers may not be efficiently and fully utilized.

The members of the Joint Committee support the current pre-credentialing review processes and believe that decisions either to grant initial credentialing to a health care provider group or to change or expand a practice definition should be subject to careful review since credentialing decisions can affect the mobility of health care personnel, the cost of health care, the efficient utilization of trained individuals, and the level of health services available in the state. While the Joint Committee has not presented amendments to the 1993 Legislature for consideration, the members note the recommendation of a conferee to expand the role of the technical committees convened pursuant to the Kansas Act on Credentialing to encompass review of any requests from health care provider groups to change a statutory scope of practice or to make other major changes in the statutory provisions relating to the practice of such individuals. (Note: See Committee minutes for July 15 and 16, 1992.) Additional input should be provided by the Secretary of Health and Environment as to the feasibility of such additional role for the technical committees on referral from a standing committee of the Legislature.

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KSNA

the voice of Nursing in Kansas

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Senate Bill No. 17
Advanced Registered Nurse Practitioner Student Scholarship Program

Chairperson Joann Flower and members of the House Public Health and Welfare Committee, my name is Carolyn Middendorf and I am the Legislative Chairperson for the Kansas State Nurses Association.

The Kansas State Nurses Association supports SB 17 which will provide 12 $15,000 scholarships for ARNP students enrolled in course work.

There are currently two programs offered by state institutions to prepare Nurse Practitioners. Wichita State University and Fort Hays State University began their programs in August of 1992 and have a combined student population of 17. The University of Kansas is anticipating a start up date of August of 1993.

In reviewing Senate Bill 17 as revised by the Senate, we believe that the priority of funding Nurse Practitioner students is not specifically identified as the **priority** for funding in this bill. We believe this was the original intent of the Joint Committee on Health Care Decisions for the 90's. We recommend that some words be added to delineate the priority for the category of Nurse Practitioners to be given the scholarships.

The term Advanced Registered Nurse Practitioner is a general category and there are 4 different areas of practice that fall within it. Advanced Registered Nurse Practitioners may be Nurse Practitioners/Clinicians, Nurse Midwives, Nurse Anesthetists or Clinical Nurse Specialists. The two categories of ARNP's funded in this bill are the Nurse Practitoners and the Clinical Nurse Specialists.

The Kansas State Nurses Association believes that the nursing scholarship program that is embodied in SB 17 is a fair an equitable alternative to providing primary care in rural areas. We support the 1 year for 1 year payback. We believe this funding will ensure that highly qualified candidates will be able to leave their current positions, families and obligations to spend 1 year in intensive course work towards their Nurse Practitioner/Nurse Clinician education. Attached is an explanation of the Advanced Registered Nurse Practitioner role, specifically the role of the Nurse Practitioner category.

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WHAT IS A ADVANCED REGISTERED NURSE PRACTITIONER

The Kansas State Board of Nursing recognizes four categories of Advanced Registered Nurse Practitioners (ARNP):

Nurse Midwives

Nurse Anesthetists

Clinical Nurse Specialists

Nurse Practitioners/Nurse Clinicians

WHAT IS A NURSE PRACTITIONER/NURSE CLINICIAN

The nurse practitioner is the professional nurse trained to provide the full range of primary care services in the community setting. The **American Nurses Association** described the NP's function referred to in the original Nurse Training Act of 1971 as follows:

> obtaining a health history; assessing health-related status; entering a person into the health care system; sustaining and supporting persons who are impaired, inform, or ill and during programs of diagnosis and therapy; managing a medical care regimen for acute and chronically ill patients within established standing orders; aiding in restoring persons to wellness and maximum function; teaching and counseling persons about health and illness; supervising and managing care regimens for normal pregnant women; helping parents in guidance of children with a view to their optimal physical and emotional development; counseling and supporting persons with regard to the aging process; and supervising assistants to nurses.

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The University of Kansas Medical Center

School of Nursing

Scholarships for Primary Care Nurse Practitioners
Statement by
Helen R. Connors R.N., Ph.D.
University Of Kansas School of Nursing

Representative Flower and members of the House Public Health and Welfare Committee. My name is Helen Connors, I am Assistant Professor and Academic Division Coordinator at the University of Kansas School of Nursing. Currently, I am Projector Director for a grant recently funded by The Kansas Health Foundation to develop and implement a statewide, multi-site, collaborative nurse practitioner program for Kansas nurses. This project is called **The Kansas Primary Care Nurse Practitioner Program.** The collaborating institutions are the University of Kansas School of Nursing, Wichita State University Department of Nursing, and Fort Hays State University Department of Nursing. Imperative to the success of this project which is designed to identify, recruit, select, and admit students from rural underserved areas is the availability of scholarship. Therefore, I am here today to give testimony on Senate Bill 17 which establishes the Advanced Registered Nurse Practitioner scholarship program.

The Kansas Primary Care Nurse Practitioner Program is the result of a collaborative effort on the part of all three schools over the past couple of years. During this time representatives from all three institutions have committed to working together to seek out public and private funding to develop and implement a collaborative common core curriculum which will be essentially the same at all three schools. The 5 courses which constitute the common core curriculum are integrated into the existing graduate programs at each of the institutions and will be taught simultaneously on all three campuses via compressed video. This strategy is being used to maximize human and material resources among the campuses and to enhance interactions among the students. The target population for enrollment in the Kansas Primary Care Nurse Practitioner Program is practicing professional nurses living in, or willing to work (for a designated period of time) in, rural underserved areas of the state.

It is our belief that scholarship funds would greatly assist us to meet our commitment to providing a cadre of well prepared nurse practitioners for rural, underserved areas of Kansas. Many nurses currently residing in rural areas work full-time or part-time and rely heavily on this income to meet day to day expenses. It is often a hardship, if not impossible, for them to leave jobs or cut back on the number of hours they work in order to pursue full-time study. In addition, child care or other services may be required while the student matriculates at one of the universities. Other expenses encountered by nurses attending school include tuition, travel to and from the institutions and clinical sites, over-night lodging (for some), books and equipment costs. Scholarship funding of $15,000 per year would certainly help to defray some of these expenses and enhance access to nurse practitioner education for nurses currently residing in rural Kansas.

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3901 Rainbow Blvd., Kansas City, Kansas 66160-7502 • (913) 588-1640

It is our opinion that these scholarships are critical to the successful recruitment of nurses from rural and underserved areas. Historically, it has been demonstrated that these nurses will not go back to school without financial assistance. My colleagues from the other schools have data to support this fact. I also have experienced this need for financial support as I dialogue with nurses from rural areas about the proposed program. Their response has been "I cannot attend this program full time unless I can get some financial assistance". Many of these same nurses also find it difficult to attend part-time because they cannot afford to travel to the classes one or two nights a week for several years in order to complete the education requirements.

It is my understanding that there is some confusion about the need for SB 17 due to the fact that the Kansas Health Foundation grant has some funding ($50,000 per school/per year of funding) allocated for scholarships. This amount provides for five, $10,000 scholarships. Although we are appreciative of the Kansas Health Foundation for their support of nurse practitioner students, it is our opinion that this amount may not be sufficient to attract potential students to the program; furthermore, it will only provide for a limited number of scholarships (approximately 5 at each site). It is also a fact, this grant funding is only for two years (FY 94,FY 95). After that time, SB 17 will be critical to the recruitment of nurses from rural areas. In fact, after the granting period, the proposed number of scholarships as stated in SB 17 may not be sufficient for our targeted population. A solution to the current and future dilemma might be to reduce the number of scholarships available in FY 94-95 because of supplemental grant funding; however, once the grant is concluded full funding of this bill, and perhaps an increase number of available scholarships, will be essential to providing nurse practitioner for rural underserved areas.

At the present time, there is a serious shortage of nurse practitioners. With the current emphasis on Health Care Reform through a statewide strategy for significantly improving the health of Kansans over the coming decade, the need to prepare nurse practitioners with the necessary knowledge and skills to function effectively in primary care roles grows more acute daily. By working collaboratively with physicians, nurse practitioners can provide 75 -90% of the primary health care needs of adults and children. Primary health care includes: preventive services, such as routine physicals, immunizations, and health education; assessment and management of acute minor illnesses and injuries; and assessment and management of stable chronic conditions. It is also important to note that, for more than a decade, data have been accumulating that support the assertion that nurse practitioners who work in primary care settings, enhance access to health care, improve quality, and lower cost especially for the poor in rural and urban settings.

Thank you for giving me the opportunity to address this committee. If I can be of further assistance, please let me know.

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State of Kansas
Joan Finney, *Governor*

Department of Health and Environment

[redacted]
Robert C. Harder, Secretary Reply to:

Testimony presented to

House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Senate Bill 17

Thank you for the opportunity to testify in support of this bill. I represent the Office of Local and Rural Health Systems at KDHE and reflect the concerns in our Agency about the dearth of advanced prepared nurses in Kansas. Because of current and anticipated needs, KDHE supports programs and activities which promote the preparation and availability of these practitioners. Providing scholarship funds is a proven and effective means to insure a continuing resource.

Advanced registered nurse practitioners (ARNPs) are licensed, professional nurses who have completed academic programs preparing them to provide significantly advanced and complex nursing care. Their scope of practice is in prevention, health education, health maintenance, and management of disease conditions. Under written protocol with a physician, they prescribe medication and support the care of persons with both acute and chronic disease. These practitioners are not intended to replace physicians but rather provide a level of care currently unavailable to many persons in Kansas. Physicians' skills are directed to the diagnosis and treatment of disease. Nurse practitioners, on the other hand, focus on promotion of wellness. Their work, involving diverse activities, range from well-child examinations and parent education, routine exams such as pap smear, to monitoring and assisting in the control of hypertension. Because many of these activities are the focus of primary care, the availability of nurse practitioners has special significance for Kansas. There are not now, nor will there be in the foreseeable future, adequate supplies of primary care physicians to serve all of Kansas. Nurse practitioners are academically and experientially prepared to shoulder much of this work. Their availability directly affects the access to care in many settings, most significantly the following:

Sixty-seven rural health clinics which are dependent on utilization of these providers;

Twenty-two primary care clinics, including 10 state-funded clinics and 2 federally funded community health centers serving medically underserved populations;

Ten EACH/RPCH networks developing health care systems for rural areas; and

One hundred and four local health departments providing targeted care to high-risk populations as well as many who are medically underserved.

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The utilization of nurse practitioners in practice settings where they augment the services of physicians extends the range of care and availability to Kansans not possible with traditional practice organizations. It makes the best use of the special skills of each of these providers and is the structure of current planning for future health care options.

The resource of these health providers enhances planning for access to care for persons in 31 frontier counties as well as 79 counties designated by the Governor as health manpower shortage areas. This bill, which establishes a student scholarship program for nurses preparing to be ARNPs, will directly affect the availability of health care in the state. It will remove a major impediment to the provision of services in both urban and rural areas.

Testimony presented by: Abby Horak, RN
Office of Local and Rural Health Systems
Division of Health
March 10, 1993

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Attm #9
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The Testimony of

Ted D. Ayres
General Counsel and
Director of Governmental Relations
Kansas Board of Regents

before
HOUSE COMMITTEE ON PUBLIC HEALTH & WELFARE
1993 Legislative Session

in re
Senate Bill No. 17

1:30 p.m.
March 10, 1993
Room 423-S
Kansas Statehouse

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Attm # 10

Chairperson Flower and Members of the Committee:

My name is Ted D. Ayres and I am General Counsel and Director of Governmental Relations for the Kansas Board of Regents. I am here this afternoon representing the Board of Regents and to offer a few comments relative to Senate Bill No. 17.

Board of Regents staff currently administers 14 student financial aid programs. Since FY 1990, the volume of activity in the Board's three-person (Director of Financial Aid and 2 clerical associates) Student Financial Assistance Section has increased significantly without any increase in staff:

- number of applications in all programs has increased by 80% to 15,400
- addition of three new scholarship programs: minority, teacher and nursing
- total awarded from all programs has increased by 17% to $9.8 million

One of these programs, the existing Nursing Student Scholarship Program, currently requires 35 percent of staff time and 25 percent of the file space in our Student Financial Aid Section. However, nursing scholarship recipients represent only 6 percent of all recipients and 11 percent of the total scholarship funding.

In addition to the Advanced Registered Nurse Practitioner Student Scholarship Program proposed by Senate Bill No. 17, there are at least two other legislative initiatives

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this session which could require our office to administer additional student financial assistance programs, i.e. Senate Bill No. 13 which creates the Medical Laboratory and Physicians' Assistants Student Scholarship Program and House Bill No. 2362 which creates the Social Work Student Educational Loan Program.

As you consider Senate Bill No. 17, I would ask, on behalf of the Board of Regents, that you consider the following possible alternatives:

1. Fold advanced registered nurse practitioners into the existing Nursing Student Scholarship Program, K.S.A. 74-3291 et seq.

2. Establish the advanced registered nurse practitioner student scholarship program using a "loan forgiveness" model. In 1992, The Task Force on Financial Assistance in the State of Kansas, a nine-person task force made up of representatives of public and private universities in Kansas, two students and Board of Regents staff, and appointed by the Board, recommended that the state of Kansas move to "loan forgiveness."

A student selected to participate in a loan forgiveness program would be permitted to borrow from any approved, existing lending source. Upon graduation and employment as a nurse practitioner, the graduate would submit appropriate documentation to the Board office and the student's loan(s) would be repaid for a predetermined payment schedule. Incentives would be created for service in critical shortage areas.

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A loan forgiveness program in which the state repays federal student loans (up to an agreed upon amount) as service is rendered is less risky to the state and more understandable to the student in real terms. Additionally, it builds upon the federal loan structure already in place.

Our staff estimates that a loan forgiveness program carries approximately 50% of the administrative demands of a "service scholarship/loan penalty" program. Further, students benefit because they are not bound by a program which can convert to 15% penalty-interest loans, especially since students can now qualify for federal student loans which carry interest rates in the 7% range.

These comments should not be considered as non-supportive of advanced registered nurse practitioners. The potentially important role of these health professionals is recognized and appreciated. These comments are offered only to provide suggestions and information about alternative ways to support the education of these professionals.

Thank you for your attention to my comments. I would now stand for questions.

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Kansas Alliance of Advanced Nurse Practitioners

Members of the House Public Health and Welfare Committee, thank you for allowing me time to address this hearing.

My name is Jane Conroy. I am an Advanced Registered Nurse Practitioner - Family Nurse Clinician from Emporia, Kansas. I am here representing the Kansas Alliance of Advanced Nurse Practitioners.

I am here today in support of Senate Bill 17. The purpose of this bill is to establish an advanced registered nurse practitioner scholarship program.

There is currently a shortage of health care providers in many areas of the State of Kansas. This means that many individuals have either limited or no access to the health care that they require. Nurse Practitioners - Clinicians can offer a viable alternative to help fill the needs of the medically underserved rural and urban communities. Nurse Practitioners - Clinicians are able to work interdependently with physicians by practicing in the expanded role and are able to diagnose and treat many illnesses using protocols. It has been estimated that there will be as many as 250 positions opening up for nurse practitioner - clinicians in the near future.

The Alliance would appreciate your support in approval of this bill to provide the state funds, which would supplement private funds, in order to award scholarships to twelve (12) eligible registered nurses. The Alliance also feels that the medical needs of the underserved of this state would best be met by nurse practitioner - clinicians, therefore the priority for these scholarships should be for those individuals entering into an educational program for nurse practitioner - clinicians rather than one of the other advanced registered nurse practitioner classifications.

Thank you for your time.

Jane Anne Conroy

Jane Anne Conroy R.N., M.S., F.N.C., A.R.N.P.

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Attm #11

Kansas Farm Bureau

PUBLIC POLICY STATEMENT

HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

RE: S.B. 17 - Establishing the Advanced Registered Nurse Practitioner Student Scholarship Program

March 10, 1993
Topeka, Kansas

Presented by:
Warren Parker, Assistant Director
Public Affairs Division
Kansas Farm Bureau

Madam Chair and members of the Committee:

My name is Warren Parker, I am the assistant Director of Public Affairs for Kansas Farm Bureau. I appreciate this opportunity to speak before you in support of **S.B. 17** on behalf of our farm and ranch families in each of the 105 counties in Kansas.

Farm Bureau has a long history of support for scholarship and loan programs for medical professionals, as well as the other efforts the legislature has made to address the critical problem of quality access to health care in the rural areas. We have sincerely appreciated those efforts.

The policy position adopted by over 400 delegates at the Farm Bureau Annual Meeting last November calls for the creation and maintenance of state scholarship programs for all health care

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professionals. The program outlined in **S.B. 17** is of particular interest because, as you know, the Advanced Registered Nurse Practitioner has become more important in recent years in fulfilling a health care provider role in rural areas.

We agree with the Joint Committee on Health Care Decisions for the 1990's that increasing the number of mid-level practitioners is crucial for improved access in rural areas to preventive and primary care health services. **S.B. 17** is the first step in making that access more available, and we respectfully urge your support.

Thank you for your time. I would be happy to attempt to answer any questions.

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Attm #12
SB 272

Written only

For further information contact:

Donna Hawley, R.N., Ed.D.
Department of Nursing
Wichita State University
Wichita, KS 67208
316-689-3610

March 10, 1993

Senator Praeger and members of the Senate Public Health and Welfare Committee.

My name is Donna Hawley and I am Director of the Graduate Nursing Program at Wichita State University, Wichita, Kansas. I appreciate the opportunity to speak with you again about the need for scholarships targeted for nurse practitioner students. Previously, my colleagues from the University of Kansas and Fort Hays State University and I have spoken with you about the cooperative state-wide nurse practitioner program. We have shared information about the large number of applicants for the program, the clinical experiences planned for students, our efforts to recruit students now living in rural areas, the need for primary health care in Kansas, and the present demonstration project now operating at Wichita State University.

The last time I spoke with this committee, questions were raised about why nurse practitioner students need financial aid. While we have applications from many more students that we can accept, the need for financial aid for students remains prominent; especially if we recruit students from rural areas of the state. Today I would like to present to you some very concrete reasons why nurse practitioner students need the scholarships proposed in Senate Bill 17. I asked students enrolled in our present demonstration project to describe why financial aid is so important to them and to their families. Their words are far superior and more descriptive than mine. Here is what the students said and I quote:

> My family and I have depended on two incomes for much of my married life. We live in a rural area, and although my husband works as accountant for a church organization, his income is not to sufficient to care for our needs. In order to attend school, I quit my job. People living in rural areas as a rule don't have incomes as high as those living in the city. However, rural health care is really hurting at the present time.
>
> I am married with two children in school. My husband is employed full time and brings home $700 per month. I (now) receive a stipend that is less than I used to make working part time. My expenses have increased while going to school due to increased travel, meals, and overnight expenses. Our family is not able to meet our financial obligations at this time.
>
> Since I quit my job to go to school, our family income has been cut by more than one half. We are now digging into our meager savings to come up with $1300 to pay for repairs to our car. There are many hidden costs to education: gas and transportation, food, notebooks, paper, Xeroxing, child care, lodging and so on.

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3-10-93
attm #13

STATE OF KANSAS

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HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
CHAIRMAN: JOINT COMMITTEE
ON CHILDREN & FAMILIES
MEMBER: EDUCATION
PUBLIC HEALTH AND WELFARE

STATEMENT REGARDING SB120 TO HEALTH AND WELFARE COMMITTEE KANSAS HOUSE OF REPRESENTATIVES

By Hal Boyts, MSW, LSCSW
President, Kansas Society for Clinical Social Work

I would encourage adoption of SB120 as passed in the Senate.

This is a housekeeping bill to correct terminology which has been brought into question by an opinion of the Attorney General. It will not change any functions currently performed by clinical social workers, either to broaden their scope of practice or to change how mental health consumers are served. The clarification is needed so as to not inadvertently restrict clinical social workers to diagnose emotional problems.

Various questions have been raised, apparently out of lack of information about what has existed or how the various mental health disciplines are similar and how they are different.

1. Licensed clinical social workers provide psychotherapy as currently recognized in the statutes.

2. Diagnosis is a critical function prior to providing psychotherapy.

3. The mental health industry--payers, providers and regulators all recognize the diagnosis of mental, emotional or psychological problems--by whatever name, as a generic function of psychiatrists, psychologists and clinical social workers.

4. Clinical social workers are on the team which edited the standard nomenclature for nervous and mental disorders published by the American Psychiatric Association: The Diagnostic and Statistical Manual, III-R and "DSM IV", a revision is ready for publication.

Thanks for the opportunity to share this information.

HB/js

PHHW
3-10-93
Attm #14

STATE OF KANSAS

BEHAVIORAL SCIENCES REGULATORY BOARD

Landon State Office Bldg—900 SW Jackson, Rm 651-S
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MEMORANDUM

TO: Chairperson Joann Flower
Committee Members, House Public Health and Welfare
FROM: Mary Ann Gabel, Executive Director
DATE: March 10, 1993
SUBJECT: SB 248 - Examination Fees and Statutory Limitation Increases

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I am writing to thank you for favorably passing on SB 248 and to request your continued support of this legislation when it is presented to the full House.

I appreciate the committee and staff members' suggestions that were expressed during the discussion of the bill; particularly, those related to dealing with examination costs. I will make the board members aware of the board's opportunity to request that in future amendments, the wording be such to permit applicants, who are required to take an examination, to pay the examination fee directly to the testing company; thus, eliminating the need for future statutory limitation fee increase amendments.

As each of you recognized in your discussion, any wording to this effect, is a policy decision to be made by the Legislature since 20% of fees remitted directly to testing companies for this purpose would not be deposited in the state general fund. This wording would also prevent the board from recapturing any administrative costs associated with examinations; however, the board could explore the possibility of increasing the fees assessed to its applicants.

It may be helpful to you to know that while the board either pays directly or reimburses the state for all operating costs (i.e., rent, postage, telephone, printing, maintenance, etc.), the 20% that is deposited to the state general fund is used by the state to fund other programs, agencies and branches within state government. One such agency that is supported through the board's deposit in the state general fund and not by direct reimbursement for services is the Office of the Attorney General. The board does not have its own staff attorney, but rather relies on legal services the Attorney General's Office provides. A portion of the legal services provided to the board include reviewing and approving contracts between the board and the owners of the national credentialing examinations that are used by the board in the credentialing process.

PH&W
3-10-3
attm # 15

If you have any questions or need any additional information, please do not hesitate to contact the board office.

MAG/slf

ccs: BSRB Members
Camille Nohe, Assistant Attorney General
Norman Furse, Revisor of Statutes
Emalene Correll, Legislative Research Analyst

930310/SB248HC/#2

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