

Approved: 3-23-93
Date sh ✓

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 15, 1993 in Room 423-S of the Capitol.

All members were present except: Representative Goodwin, excused

Committee staff present:

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

Conferees appearing before the committee:

Jim Schwartz, Consulting Director, Kansas Employer Coalition on Health, Inc.
Commissioner Robert Epps, Income Support/Medical Services, Department of SRS
Dr. Robert Harder, Secretary of Department of Health and Environment
John Noonan, State Legislative Committee, AARP
Don Wilson, President, Kansas Hospital Association
Senator Sandy Praeger
Jerry Slaughter, Executive Director, Kansas Medical Society
Bob Williams, Executive Director, Kansas Pharmacists Association
Carolyn Middendorf, Legislative Chair, Kansas State Nurses Association

Others attending: See attached list

Chair called the meeting to order drawing attention to Committee minutes for March 9. If there are corrections, the Committee secretary should be contacted before 5:00 p.m. tomorrow, March 16. If there are no corrections, these minutes will be approved as presented.

Chair drew attention to Substitute SB 118, and requested a staff briefing.

Dr. Wolff gave a comprehensive explanation of Sub.SB 118, and drew attention to the Supplemental Note. He noted a lot of opinions have been expressed over the years, regarding what kind of Health Care Data Base legislation the State should be involved in creating. Sub.SB 118 is the result of some of those deliberations. He detailed the bill section by section.

Chairperson Flower stated, since there are a number of conferees, she regrets it will be necessary to limit testimony to 5 minutes.

CHAIR OPENED HEARINGS ON SUBSTITUTE SB 118.

Mr. Jim Swartz, Jr., Consulting Director, Kansas Employer Coalition on Health offered hand out, (Attachment No. 1) He stated support for Sub.SB 118, the first attempt by the State to create a unified pool of data on health care. As the nation moves toward a system of "managed competition", employers and other major purchasers of health care increasingly need information on which to base purchasing decisions. This is a vital step toward an informed market for health services. He noted SB 118 reflects a considerable amount of work by many groups over the past year. He expressed concern in regard to the composition of the Board and suggested it should be increased by three consumer delegates. Having a knowledge-base will raise some tough questions and force some painful decisions by the Board.

Commissioner Robert Epps, Department of SRS, offered hand out, (Attachment No. 2). He spoke in support of Sub. SB 118. He noted many states currently mandate the collection and dissemination of data concerning the uses and cost of health care services. These data bases represent a valuable resource for the policy makers to address complex health issues, rising costs, and manage parts of the health care system. He noted the Department of Health and Environment is the logical and appropriate location for this data base location

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S
Statehouse, at 1:30 p.m. on March 15, 1993.

Dr. Robert Harder, Secretary of Department of Health and Environment offered hand out, (Attachment No. 3). He stated support for Sub. SB 118, and is very pleased to stand in support of something that the Medical Society and the Hospital Association also support. He noted Kansas has serious gaps in the availability of information to monitor trends in health care spending, delivery and quality care. Information generated from the database proposed in this legislation would be of great assistance relating to health care costs and services to assist policy makers, program managers and consumers in making informed choices regarding health care. Enactment of Sub. SB 118 would allow Kansas to collect information that is currently in place in 37 other states. He urged support.

John Noonan, member of American Association of Retired Persons offered hand out, (Attachment No. 4). He stated the information coming from a sound data base will benefit providers, consumers, and policy makers in making the health care system more efficient and broadly available. It can assist in containing rapidly increasing medical costs. He commended the Legislative Research Department for a good summary of background information provided for this proposed legislation. He urged support for Sub. SB 118.

Don Wilson, President of Kansas Hospital Association offered hand out, (Attachment No. 5). He stated support, and noted Sub. SB 118 contains a good compromise involving groups interested in health care data and policy, state government health care purchasers, and consumers, and health care providers. Each group mentioned considers this collection of data important, therefore, the legislation represents a careful balancing of the interests involved. He noted this is a significant step toward the development of a strong state health data policy.

Senator Praeger, (Attachment No. 6) stated support and noted Sub. SB 118 is fashioned after recommendations from the Joint Committee on Health Care Decisions for the 90's. She noted that representatives from the Hospital Association, Medical Society, AARP, Ks. Employee Coalition on Health, and Dr. Harder, Secretary of Health and Environment have all spoken in support of Sub. SB 118. She noted the importance of reliable data relating to current utilization practices. Equally important to compiling the data, is how that data will be used. A Grant has been applied for from the Kansas Health Foundation (formerly Wesley Foundation), and if provided, will be \$8 million over a 6-year period for the establishment of a health policy and research center. This center will be available to the state to answer questions and do research regarding the health care delivery system in Kansas. She encouraged support.

Jerry Slaughter, Executive Director, Kansas Medical Society offered hand out, (Attachment No. 7) He stated, it is a pleasure also for him to be on the same side of an issue as Dr. Harder. He gave Secretary Harder credit for leading his Department forward on issues that will help the state to respond to future health care reform. He stated Sub. SB 118 is unique in that it sets up a public-private partnership for data collection and analysis. This type of a format, if successful, will serve well in other areas of health care system changes in the future. There is a tremendous opportunity through Sub. SB 118 to work with the University of Kansas Department of Health Services Administration as it sets up the Institute for Health Policy and Research. This law should allow Kansas to be a real leader in the use and application of good data in solving health care problems. He urged support of Sub. SB 118 as it now appears.

Bob Williams, Executive Director of Kansas Pharmacists Association (Attachment No. 8) spoke in support of Sub. SB 118, however, did recommend that the "Health Care Data Governing Board" include a member who is a pharmacist. Some of the data collected would pertain to prescription medications, and with the advent of treating more illnesses on an outpatient basis, there will be a greater reliance on the outpatient use of pharmaceuticals as the primary treatment modality. The complicated pricing structure of pharmaceuticals also warrants the expertise of a pharmacist. The Kansas Pharmacists Association believes a pharmacist serving on the governing board would contribute greatly to the development of policy regarding the collection of health care data.

Carolyn Middendorf, (Attachment No. 9) spoke in support of Sub. SB 118. She noted the health care data governing board will play a crucial role in the identification of types and kinds of data to be assembled by the Kansas Department of Health and Environment. The Kansas State Nurses Association recommends that a registered nurse be considered to serve as a member of the Board. Registered nurses comprise the largest group of health care providers in the state working in virtually every setting in which any type of health care is delivered in the State. She noted this is not true of all health professionals, nor other currently identified representative members of the health data governing board.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S
Statehouse, at 1:30 p.m. on March 15, 1993.

Chair opened the meeting for questions of conferees at this time. It was noted there will be quite a few months of data collection to determine how to catalog the data that is sent in before there are any regulations set out for nursing homes, or long-term-care facilities for their data collection requirements. Identification of problems discovered in school situations where nurses are involved in programs is considered by some to be an important place for data collection, however, there is a trend to remove school nurses from the staff in schools because of the cost.

CHAIR CLOSED HEARINGS ON SB 118.

Chair drew attention to SB 176, and requested a staff briefing.

Mr. Furse detailed SB 176, bringing Committee members up to date on action by the Senate on final action. He noted smoking would be prohibited in medical care facilities except for a well vented area provided for smoking; on and after July 1, 1994, smoking would be prohibited. The Senate in final action amended SB 176 by prohibiting smoking in the State Capitol except for space occupied as office space which has been designated as a smoking area; on and after July 1, 1995, no person will be allowed to smoke anywhere in the State Capitol. He detailed the penalty section.

CHAIR OPENED THE MEETING FOR DISCUSSION ON SB 176.

Rep. Sader offered an amendment (Attachment No. 10). She stated these amendments suggested are an effort to try and place all the smoking issues into one piece of legislation. She gave rationale.

Mr. Furse was requested to explain the balloon amendment provided by Rep. Sader. He did so, detailing amendments section by section.

It was suggested the amendments be separated for discussion. The Chair agreed this was a reasonable request, and asked members to proceed with questions. Mr. Furse answered technical questions.

Rep. Sader moved to amend SB 176 per balloon amendments suggested on page 1, Sec.4, indicated in Attachment No. 10, related to the state owned buildings issue. Motion seconded by Rep. Bishop.

Discussion began with a comprehensive explanation that Sec. (3) of HB2223 had been amended into HB2136, since it was the consensus of the Committee that hearings should be re-opened to grant persons with an interest in the confined population institutions to offer testimony. It was noted there had been a second hearing to accommodate that testimony on HB 2223, held on February 23, 1993. Discussion continued.

Vote taken. Chair in doubt. A show of hands indicated 8 in favor, 9 opposed. Motion failed.

Chair drew attention to the amendment that would address the smoking ban provision for day care facilities.

Rep. Sader moved to amend SB 176 to include language provided in Attachment No. 10, page 2-3, line 14, Sec. (1), and to add specifically, "smoking within the facility of which children are cared for, located in the licensed premises". Rep. Bishop seconded.

Discussion continued, i.e., concerns were expressed by some members to mandate a non-smoking ban in a private setting would be difficult to enforce; perhaps a ban could be done on a volunteer basis; it was the view of some to permit smoking around children in a day care facility is inconsistent with other requirements for a registered day care provider. There were suggestions regarding more specific language dealing with the facility itself, and not the surrounding areas of the day care facility.

Vote taken. Chair in doubt. A show of hands indicated 8 in favor, 9 against. Motion failed.

Rep. Sader moved to amend SB 176 by adding the language regarding day care homes as defined in the amendment provided in Attachment No. 10. Motion seconded by Rep. Bishop.

Discussion continued. There were concerns expressed that there is too much government interference with regard to regulations; some viewed the child care centers as already being regulated in respect to health and safety matters. There was a recommendation that language regarding foster children also be provided for in the SB.176. Mr. Furse was requested to offer language alternatives that might be considered. He did so.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S
Statehouse, at 1:30 p.m. on March 15, 1993.

Question called for by Rep. Wagle.

Vote taken. Chair in doubt. A show of hands indicated 8 in favor 8 against. Chair cast a dissenting vote, motion failed.

Noted: Rep. Bishop is recorded as voting in favor of this motion.

Rep. Rutledge made a motion to amend SB 176 per an amendment provided in (Attachment No. 11). This amendment will allow for an exception to the smoking ban in a medical care facility indicated in Sec. 2, i.e., "1) for a patient by a physician's prescription, based on medical criteria that is defined by the medical staff, or 2)". Motion seconded by Rep. Neufeld.

Rep. Rutledge offered rationale for requesting the amendment.

Discussion was held.

Rep. Wagle noted that Committee was out of time today, and called for the Question on the motion.

Vote taken. Motion carried.

Rep. Wagle moved to pass SB 176 out favorably as amended, seconded by Rep. Mayans. Motion carried.

Chair adjourned the meeting at 3:15 p.m.

The next meeting is scheduled for March 16, 1993.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

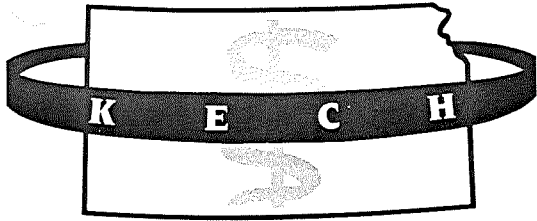
DATE 3-15-93

NAME	ORGANIZATION	ADDRESS
KEITH R LANDIS	CHRISTIAN SCIENCE COMM ON PUBLICATION FOR KS	TOPEKA
Jeff Korman	HAARP	Manhattan
Chip Wheelen	Ks Medical Soc	Topeka
Lynnda Dun	KDOA	Topeka
Jennifer Davis	KU	Lawrence
Bader Samson	Ks Comm on FWH	Topeka
Paul Shaw	EDS	TOPEKA
Burt Doane	CONCEPT CONSULTING Grp	WICHITA/TOPEKA
Kristin Van Voorst	PP of KS	O.P.
Jenifer Brandenberg	PCAL	K.C.
Sue Ledbetter	NOU	Wichita
Robert Epps	SPS	Topeka
Richard Klein	Schweitzer U/1/4 Hesslon	Hesslon
R. Harder	KDHE	Topeka
Don Breckel	A.A.P.P. / Vote	Topeka
Bob Williams	Ks. Pharmacists Assoc	Topeka
Miller J. Klein	Horn, Ebert & Reed	Topeka
JOEY KAUCHTETZ	Ks. MEDICAL SOCIETY	TOPEKA
Jim Schwartz	KECH	Topeka
ABRAHAM RIEGMAN	KADM	Topeka
Joe Turjanic	KCA	Topeka
Bill Sneed	NIHA	TOPEKA
Carol A. Carter	Zeneca Pharmaceuticals	K.C., MO

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE _____

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Kansas Employer Coalition on Health, Inc.

1271 S.W. Harrison • Topeka, Kansas 66612 • (913) 233-0351

Testimony to House Public Health and Welfare Committee

on Substitute for SB 118

[Establishing a health-care database]

by James P. Schwartz Jr.
Consulting Director
March 15, 1993

I am Jim Schwartz, consulting director for the Kansas Employer Coalition on Health. The Coalition is over 100 employers across Kansas who share concerns about the cost of health care for our 350,000 Kansas employees and dependents.

The Kansas Employer Coalition on Health strongly supports Substitute for SB 188 as this state's first attempt to create a unified pool of data on health care. As the nation moves toward a system of "managed competition," employers and other major purchasers of health care increasingly need information on which to base their purchasing decisions. The proposed database, while far from a panacea, is a vital step toward an informed market for health services.

With the information provided by this database, employers will have better normative data with which to compare their own experience. They will be better able to identify providers of care who are most experienced with certain medical conditions. They will have a better handle on where their dollars are going and how costs vary around town and across the state.

Kansas is one of 12 states that do not currently have even the most basic database of health-care utilization or costs. According to Mrs. Clinton this past weekend, states will be given authority for many reform specifics and opportunities to experiment. The database provided

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3-15-93
AM#1

by this bill will give Kansas a better chance to exercise a degree of autonomy. We think that's important.

Substitute for SB 118 reflects a considerable amount of work by many groups over the past year. At this point only one aspect gives us cause for concern: the governing body is composed primarily of groups representing the sources of data. Only one of the seven voting members represents consumers. To reduce the likelihood that the board could become a self-serving or protectionist entity, we recommend that the number of consumer delegates be increased, at least to three.

Having a knowledge-base will inevitably raise some tough questions and force some painful decisions. But the alternative, living as we have in a vacuum of information about health-care transactions, is irresponsible and contributes heavily to the present crisis. Substitute for SB 118 is a vital step toward turning this situation around and creating an accountable health-care system.

PHW
3-15-93
Attm #1
Pg. 2 of 2

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Donna L. Whiteman, Secretary

House Committee on Public Health and Welfare
Testimony on Substitute Senate Bill 118

March 15, 1993

SRS Mission Statement

"The Kansas Department of Social and Rehabilitation Services empowers individuals and families to achieve and sustain independence and to participate in the rights, responsibilities and benefits of full citizenship by creating conditions and opportunities for change, by advocating for human dignity and worth, and by providing care, safety and support in collaboration with others."

Madam Chairman, Members of the Committee, on behalf of Secretary Donna L. Whiteman, thank you for this opportunity to speak in support of Substitute for Senate Bill 118. This bill authorizes the Secretary of Health and Environment to administer a new health care data base under policies developed by a seven-member health care data governing board.

The collection and dissemination of data concerning the uses and costs of health care services has been mandated by most states. These data bases represent a valuable resource for state policy makers to address complex health issues, contain rising costs, and manage parts of the health care system. As health care costs continue to rise, and the number of people who lack access to appropriate care increase, the need for accurate and timely health care data will grow in importance. States must have the capacity to produce management reports and conduct quality health policy analysis, both of which are dependent on good health care data.

A number of organizational structures are used to support state data programs. One form is an independent commission that is responsible for the collection and release of data. Florida, Colorado, Illinois, and North Carolina are among the states that have data commissions. These commissions include representatives of health care providers, businesses, insurers, and consumer groups.

Perhaps the most common form of organization is to house the data program in the state's health agency. California, Massachusetts, Minnesota, Maine, North Dakota, and Ohio include the data collection analysis and dissemination program in their state health agency. This structure allows for easy integration of the data into the overall development of health policy. Major executive branch health policy makers and state legislators have ready access to the data.

The organizational location and structure of a health care data function should facilitate the integration of such data into the development of state health policy. Within the executive branch of Kansas state government the Department of Health and Environment is the logical and appropriate location for this important function.

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Allm#2

The health care data program envisioned in this substitute measure will provide the informational base for improved decision making and policy development that promotes greater access, enhances quality of services and constrains unwarranted costs. The benefits of a well designed and strategically placed data function will most certainly outweigh any associated costs to the state. We encourage your favorable consideration of Substitute for Senate Bill 118 which appropriately places the data function in the Department of Health and Environment.

Robert L. Epps
Commissioner
Income Support/Medical Services
(913) 296-6750

DHW
3-15-93
Attm #2
Pg. 2 of 2



Department of Health and Environment

[REDACTED], Secretary

Robert C. Harder

Reply to:

Testimony presented to

House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Senate Bill 118

Thank you for the opportunity to express our support for Substitute Senate Bill 118. The Kansas Department of Health and Environment welcomes the establishment of this health care database and sees many benefits from the information that can be generated from it.

This bill directs the Secretary of Health and Environment to administer the database and to receive data from medical care facilities, psychiatric facilities, and third party payors. It also creates a seven-member health care data governing board which would develop policy regarding the collection of health data and procedures for ensuring the confidentiality and security of the data. The governing board would be composed of representatives from health care providers, insurers, researchers and a consumer.

Currently Kansas has serious gaps in the availability of information to monitor trends in health care spending, delivery and quality care. Information generated from this database would shed light on issues relating to health care costs and services to assist policy makers, program managers and consumers in making informed choices regarding health care.

Enactment of this legislation would allow Kansas to collect information that is currently in place in at least 37 other states. All of the states that enacted health care reform in 1992 included improved health data collection as a part of the reform act. Kansas needs to take this significant step forward in an effort to improve our health care system.

Testimony presented by:

Robert C. Harder
Secretary of Health and Environment
March 15, 1993

PHW
3-15-93
AHM #3

Madam Chairperson and members of the Public Health and Welfare Committee. I am John Noonan, a member of the State Legislative Committee of the American Association of Retired Persons. I thank you for giving me the opportunity to discuss the Substitute for Senate Bill No. 118.

AARP has for several years supported establishing a Health Care Data System in Kansas. It has cooperated with other groups in forwarding legislation to create such a system. We believe that information coming from a sound data base will benefit providers, consumers, and policy makers in making the health care system more efficient and broadly available. Ideally, it can assist in containing rapidly increasing medical costs.

We support Substitute for Senate Bill 118 because we believe it meets the basic criteria which we endorse. I commend the Legislative Research Department for the very good summary of the background information for this legislation. Again, I thank you for this opportunity.

PHW
3-15-93
AHM #4



Memorandum

March 15, 1993

Donald A. Wilson
President

TO: House Public Health and Welfare Committee

FROM: Kansas Hospital Association

RE: **SUBSTITUTE FOR SENATE BILL 118**

We appreciate the opportunity to testify in support of Sub. Senate Bill 118. KHA believes strongly that broad-based data is necessary to address and analyze current and proposed health policy. Sub. SB 118 is the first legislation which proposes to tie the policy(s) for which there are questions to the data which is needed. This is precisely the point that we and others have made in testimony on data bills in years passed. Until you know the questions to be answered, it is impossible to know the data necessary to obtain the answer.

Many states are finding this out as they evaluate data mandates and find that all their resources are going to collecting and compiling large data bases and producing publications while little, if any resources are left to the analysis and policy applications. And we all know that the resources necessary to collect, compile and maintain a large data base are extremely high ... KHA's own decisions about the data we collect and maintain are often colored by the costs to hospitals in providing the data and the cost to KHA in compiling and maintaining that data. Therefore, the approach taken by Sub. SB 118, which combines policy analysis with data collection, makes good sense.

Sub. SB 118 also represents a compromise involving those groups interested in health care data and policy -- state government health care purchasers and consumers, and health care providers. The bill contains concepts that each of those groups consider important. As such, it represents a careful balancing of the interests involved and, more importantly, a significant step toward the development of a strong state health data policy.

Again, we appreciate the opportunity to speak in favor of SB 118. We look forward to working with other agencies and organizations in applying health care service information toward policy analysis.

*PNW
3-1-93
Attn #5*

STATE OF KANSAS

SANDY PRAEGER
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STATE CAPITOL—128-S
TOPEKA, KS 66612-1504
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TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS
CHAIR: PUBLIC HEALTH AND WELFARE
JOINT COMMITTEE HEALTH
CARE DECISIONS FOR THE 90'S
MEMBER: FEDERAL AND STATE AFFAIRS
FINANCIAL INSTITUTIONS
AND INSURANCE
CORPORATION FOR CHANGE
KANSAS HEALTHY KIDS CORPORATION
JOINT COMMITTEE ON CHILDREN AND

March 15, 1993

RE: Substitute for SB 118

Thank you, Madam Chairperson, for this opportunity to appear before your committee today in support of SB 118. This bill represents the efforts of several different organizations and associations all interested in providing our state with comprehensive health data.

The bill has several important features. First, it requires that a health data base will be created with data being provided by health care facilities and providers. Second, a consortium of regents' universities will have access to the data to provide policy analysis, conduct research and prepare reports describing the performance of the health care delivery system. Third, the bill provides for the establishment of a seven-member health care governing board whose duties shall include developing policy regarding the collection of health data and procedures for ensuring the confidentiality and security of the data collected.

During the hearing on this bill in the Senate Public Health and Welfare Committee, representatives from the Kansas Hospital Association, the

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JHM#6

Kansas Medical Society, AARP, Kansas Employee Coalition on Health and Bob Harder, Secretary of Health and Environment all spoke in support of the bill. This bill is fashioned after recommendations from the Joint Committee on Health Care Decisions for the 90's.

If we are going to make meaningful decisions about the future of the health care delivery system in our state, we must have reliable data relating to current utilization practices. This bill provides for the collection of that data. Equally important is how that data is to be used. Kansas University's Department of Health Services and the other regents schools have applied for a grant from the Kansas Health Foundation (formerly Wesley Foundation). The grant, if awarded, will provide \$8 million over a 6-year period for the establishment of a health policy and research center. The services of this center will be available to the state to answer questions and do research regarding the health care delivery system in Kansas. The bill provides for the center to have access to data collected by the state for use in research and policy analysis.

I encourage your support of Substitute for SB 118. Kansas will join the ranks of over 43 other states who have some form of health care data collection system. I view this as a necessary step in our pursuit of health care reform.

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AHM #6
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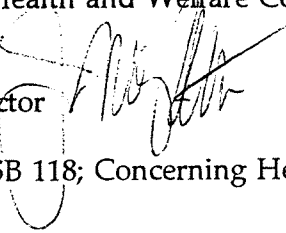


KANSAS MEDICAL SOCIETY

623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

March 15, 1993

TO: House Public Health and Welfare Committee

FROM: Jerry Slaughter
Executive Director 

SUBJECT: Substitute for SB 118; Concerning Health Care Data Collection

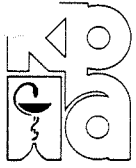
The Kansas Medical Society appreciates the opportunity to appear in support of Substitute for SB 118. This bill will begin the important process of setting up a data collection and analysis system in Kansas, which will be of invaluable assistance as we plan for and deal with changes which are coming to the health care system in the future.

The bill is unique in that it sets up a public-private partnership for data collection and analysis. This not only makes good sense, but it probably is a format which, if successful, will serve us well in other areas as the health care system changes over the next decade. We have a tremendous opportunity through this bill to work with the University of Kansas Department of Health Services Administration as it sets up the Institute for Health Policy and Research. This mechanism should allow Kansas to be a real leader in the use and application of good data in solving the health care problems of today.

We support Substitute for SB 118 as it is written, and we would urge the committee to report the bill favorably, without amendment. Thank you for considering our comments.

JS:ns

PHW
3-15-93
AHM-17



THE KANSAS PHARMACISTS ASSOCIATION
1308 SW 10TH STREET
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PHONE (913) 232-0439
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ROBERT R. (BOB) WILLIAMS, M.S., C.A.E.
EXECUTIVE DIRECTOR

TESTIMONY

SENATE BILL 118

HOUSE PUBLIC HEALTH & WELFARE COMMITTEE

MONDAY, MARCH 15, 1993

My name is Bob Williams, I am the Executive Director of the Kansas Pharmacists Association. Thank you for this opportunity to address the committee. The Kansas Pharmacists Association supports SB 118, but we do have a suggestion.

We assume that some of the health care data collected by the seven-member "Health Care Data Governing Board" would pertain to prescription medication. We therefore recommend that SB 118 be amended to include a pharmacist on the governing board. With the advent and treating of more illnesses on an outpatient basis there will be greater reliance on the outpatient use of pharmaceuticals as the primary treatment modality. Furthermore, more than any other aspect of medical care, pharmaceutical utilization affects other areas of patient management and can have a major impact on treatment outcomes. The complicated pricing structure of pharmaceuticals also warrants the expertise of a pharmacist.

The Kansas Pharmacists Association believes a pharmacist serving on the governing board would contribute greatly to the development of policy regarding the collection of health care data.

Thank you.

PAKED
3-15-93
Attm # 8

KSNA

the voice of Nursing in Kansas

For Further Information Contact:
Terri Roberts J.D., R.N.
Executive Director
Kansas State Nurses Association
700 SW Jackson, Suite 601
Topeka, Kansas 66603-3731
(913) 233-8638

Substitute for S.B 118 ESTABLISHMENT OF A HEALTH CARE DATABASE

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 Substitute for S.B. 118 which will provide Kansas with a systematic health data collection and analysis system on which to base future decisions about restructuring health care delivery, including the financing of healthcare in our state.

We believe that the **health care data governing board** will play a crucial role in the identification of the types and kinds of data to be assembled by the Kansas Department of Health and Environment. We would recommend that serious consideration be given to including a registered nurse as a board member. Registered Nurses comprise the largest number of health care providers in the state, with over 25,500 R.N.'s in Kansas. Registered nurses work in virtually every setting in which any type of health care is delivered in our state. This is not true of all health professionals, nor other currently identified representative members of the health data governing board. Several areas where registered nurses work that have data gathering implications include, schools, home health agencies and in public health departments.

Thank you for this opportunity to support Substitute for S.B. 118 and we hope that you will consider adding a Registered Nurse to the composition of the health care data governing board.

PH & CW
3-15-93
Attn # 9.

Kansas State Nurses' Association Constituent of The American Nurses Association

700 S.W. Jackson, Suite 601 • Topeka, Kansas 66603-3731 • (913) 233-8638 • FAX (913) 233-5222
Michele Hinds, M.N., R.N.—*President* • Terri Roberts, J.D., R.N.—*Executive Director*

SENATE BILL No. 176

By Committee on Public Health and Welfare

2-3

9 AN ACT concerning smoking in[;] medical care facilities; [state
10 capitol;] declaring certain acts to be unlawful and prescribing
11 penalties for the violation thereof

12
13 Be it enacted by the Legislature of the State of Kansas:

14 Section 1. As used in this act: (a) "Medical care facility" means
15 a general hospital, special hospital, ambulatory surgery center or
16 recuperation center, as defined by K.S.A. 65-425 and amendments
17 thereto, and any psychiatric hospital licensed under K.S.A. 75-3307b
18 and amendments thereto; and

19 [(b)] "Smoking" means possession of a lighted cigarette, cigar, pipe
20 or burning tobacco in any other form or device designed for the use
21 of tobacco.

22 Sec. 2. Smoking [On and after July 1, 1994, smoking] in a
23 medical care facility is hereby prohibited except that a smoking area
24 may be established within a licensed long-term care unit of a medical
25 care facility if such smoking area is well-ventilated. The [On and
26 after July 1, 1994, the] chief administrative officer of each medical
27 care facility shall cause to be posted in conspicuous places signs
28 stating that smoking in the medical care facility is prohibited by
29 state law.

30 [Sec. 3. Prior to July 1, 1995, no person shall smoke in any
31 area, room or hallway in the state capitol except in offices occupied
32 as office space by state officers and employees which have been
33 designated as smoking areas in accordance with K.S.A. 21-4009 et
34 seq. and amendments thereto. On and after July 1, 1995, no person
35 shall smoke in any area, room, hallway, or other place in the state
36 capitol and no area of the state capitol shall be established as a
37 designated smoking area under K.S.A. 21-4010 and amendments
38 thereto.]

39 ^ Sec. 3 [A]. Any person found guilty of smoking in violation of
40 this act [section 2] is guilty of a misdemeanor punishable by a fine
41 of not more than \$20 for each violation. Any person found guilty of
42 failing to post signs as required by this act [section 2], is guilty of
43 a misdemeanor punishable by a fine of not more than \$50. In ad-

state-owned buildings; day care homes;

; amending K.S.A. 65-523 and repealing the
existing section

sections 1 to 6, inclusive, of

"Day care home" means a day care home as
defined under Kansas administrative
regulation 28-4-113, a group day care home as
defined under Kansas administrative
regulation 28-4-113 and a family day care
home as defined under K.S.A. 65-517 and
amendments thereto.

(b)

(c)

On or after July 1, 1995, smoking in a
state-owned building which is a medical care
facility shall be governed by the provisions
of section 4 and amendments thereto.

Sec. 4. On and after July 1, 1995, no
person shall smoke in any state owned
building and no area of a state owned
building shall be established as a designated
smoking area under K.S.A. 21-4010 and
amendments thereto, except that designated
smoking areas may be established within
state-owned buildings in which controlled
populations of individuals are located by the
cabinet-level secretary who has jurisdiction
over the state-owned building.

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See attached sections

1 dition, the department of health and environment, or local depart-
2 ment of health, may institute an action in any court of competent
3 jurisdiction to enjoin repeated violations of this act [section 2].

4 Sec. ~~4~~ [5]. This act shall take effect and be in force from and
5 after July 1, 1994, and its publication in the statute book.

9

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Sec. 6. (a) Smoking in a day care home during a time when children who are not related by blood, marriage or legal adoption to the person who maintains the home are being cared for in the home is hereby prohibited.

(b) Each registration certificate or license shall contain a statement in bold print that smoking is prohibited in the home under the conditions specified in subsection (a). The statement shall be phrased in substantially the same language as subsection (a). The registration certificate or license shall be posted in a conspicuous place in the home.

(c) The secretary of health and environment may levy a civil fine under K.S.A. 65-526 and amendments thereto against any day care home for a first or second violation of this section. A third or subsequent violation shall be subject to the provisions of K.S.A. 65-523 and amendments thereto.

Sec. 7. K.S.A. 65-523 is hereby amended to read as follows:
65-523. The secretary may suspend any license, certificate of registration or temporary permit issued under the provisions of K.S.A. 65-501 to 65-522, inclusive, and amendments thereto upon any of the following grounds and in the manner provided in this act:

(a) Violation by the licensee, registrant or holder of a temporary permit of any provision of this act or of the rules and regulations promulgated under this act;

(b) aiding, abetting or permitting the violating of any

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provision of this act or of the rules and regulations promulgated under this act;

(c) a third or subsequent violation by the licensee, registrant or holder of a temporary permit of subsection (a) of section 6 and amendments thereto;

~~(c)~~ (d) conduct in the operation or maintenance, or both the operation and maintenance, of a boarding home for children or family day care home which is inimical to health, morals, welfare or safety of either an individual in or receiving services from the home or the people of this state; and

~~(d)~~ (e) the conviction of a licensee, registrant or holder of a temporary permit, at any time during licensure or registration or during the time the temporary permit is in effect, of crimes as defined in K.S.A. 65-516 and amendments thereto.

Sec. 8. K.S.A. 65-523 is hereby repealed.

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Futledge

[As Amended by Senate on Final Action]

Session of 1993

SENATE BILL No. 176

By Committee on Public Health and Welfare

2-3

9 AN ACT concerning smoking ~~in~~ [;] medical care facilities; [state
10 capitol;] declaring certain acts to be unlawful and prescribing
11 penalties for the violation thereof.
12

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

14 Section 1. As used in this act: (a) "Medical care facility" means
15 a general hospital, special hospital, ambulatory surgery center or
16 recuperation center, as defined by K.S.A. 65-425 and amendments
17 thereto, and any psychiatric hospital licensed under K.S.A. 75-3307b
18 and amendments thereto; and

19 (b) "Smoking" means possession of a lighted cigarette, cigar, pipe
20 or burning tobacco in any other form or device designed for the use
21 of tobacco.

22 Sec. 2. ~~Smoking~~ [On and after July 1, 1994, smoking] in a
23 medical care facility is hereby prohibited except [that] a smoking area
24 may be established within a licensed long-term care unit of a medical
25 care facility if such smoking area is well-ventilated. The [On and
26 after July 1, 1994, the] chief administrative officer of each medical
27 care facility shall cause to be posted in conspicuous places signs
28 stating that smoking in the medical care facility is prohibited by
29 state law.

1) for a patient by a
physician's prescription,
based on medical criteria
that are defined by the
medical staff, or 2)

30 [Sec. 3. Prior to July 1, 1995, no person shall smoke in any
31 area, room or hallway in the state capitol except in offices occupied
32 as office space by state officers and employees which have been
33 designated as smoking areas in accordance with K.S.A. 21-4009 et
34 seq. and amendments thereto. On and after July 1, 1995, no person
35 shall smoke in any area, room, hallway, or other place in the state
36 capitol and no area of the state capitol shall be established as a
37 designated smoking area under K.S.A. 21-4010 and amendments
38 thereto.]

39 Sec. 3 [4]. Any person found guilty of smoking in violation of
40 this act [section 2] is guilty of a misdemeanor punishable by a fine
41 of not more than \$20 for each violation. Any person found guilty of
42 failing to post signs as required by this act [section 2], is guilty of
43 a misdemeanor punishable by a fine of not more than \$50. In ad-

John C. Peterson

Charter Medical Corporation

Officer
3-15-93
Attm #11