Approved: 1-28-93
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 21, 1993 in Room 526-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:

Carla A. Lee, PhD. Director, Family Nurse Practitioner Program, Ft. Hays State University
Richard Morrissey, Kansas Department of Health and Environment
Chip Wheelen, Kansas Medical Society

Others attending: See attached list

The Chair announced continued hearing on **SB 17** - Advanced registered nurse practitioner scholarship program.

Carla A. Lee, PhD, Director of Ft. Hays State University's Family Nurse Practitioner Program, appeared before the Committee and submitted written testimony in support of **SB 17**. Dr. Lee gave background information on the Nurse Practitioner Program and recommended language be drafted that would place priority for funding for the Nurse Practitioner/Clinician (Attachment 1)

In answer to a member's question, Dr. Lee stated there were slightly under 200 nurse practitioners certified out of the 500 nurse practitioners prepared by the KU and WSU programs. After the one year program the student obtains a certificate and can concurrently work on a masters degree. There have been many students who had to drop the program because of insufficient funds. Other sites for the program have been explored, but staffing and funding are a problem. Dr. Lee also pointed out that it would be essential for scholarship students to be enrolled full time so they would be more committed and dedicated to the program. A balloon of the bill was distributed to the Committee that would recommend the student be full time (Attachment 2) The Nurse Practitioner Scholarship Program does not require a local sponsor.

The Chair announced continued hearing on **SB 14** - Definition of charitable health care providers expanded.

Richard Morrissey, Kansas Department of Health and Environment, continued his testimony on **SB 14**. The program was originally promoted by retired physicians looking for a means to donate their services to the medically indigent without having to maintain an active license and carry high cost malpractice insurance. Mr. Morrissey explained the program which includes statutorily defined health care providers. Amendments passed in the 1991 legislative session extended Tort Claims coverage to three pilot primary care clinics operated by local health departments. Other health departments providing primary care services and non-profit clinics caring for the medically indigent were not included. The amendments offered by the Joint Committee on Health Care Decisions for the 90's extended the protection of Tort Claims coverage to expand the services available to the medically indigent and clarify several issues in the current law. A bill similar to **SB 14** was vetoed by the Governor in 1992. Mr. Morrissey stated the Committee should take a close look at the sunset features of the bill.

Chip Wheelen, Director of Public Affairs, Kansas Medical Society, appeared before the Committee and submitted written testimony on **SB 14**. (Attachment 3) Mr. Wheelen stated KMS supports the provisions of the bill, but expressed opposition to the sunset features. A background history of the bill was given that the Governor vetoed last year, and explanation of the events that lead to the drafting of **SB 14**. The Kansas Medical Society would prefer removal of the sunset provision because they believe it would be disastrous for retired physicians and other charitable providers who have no professional liability insurance.

Mr. Wheelen recommended deletion of certain language that would satisfy the Governor's concerns on this issue, and he plans to have a balloon of the bill drafted with the Governor's approval for the Committee to consider as soon as possible. Reference was also made to new language in the bill on page 7, subsection (d) regarding "reviewing annually the claims," that will also be brought to the Governor's attention in order to satisfy the sunset issue. It was suggested that language be incorporated in the bill that causes of action arising against health care providers prior to July 1st would be covered.

The Chair announced that written testimony was received from Caritas CLinics, Inc. of Leavenworth, in support of **SB 14.** (Attachment 4). Harold E. Riehm, Executive Director of the Kansas Association of Osteopathic Medicine, also submitted written testimony and expressed support of the bill. (Attachment 5)

The Chair reviewed the agenda for the following week.

The meeting was adjourned at 11:00 A.M.

The next meeting is scheduled for January 26, 1993.

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH AND WELFARE DATE: 1-21-93

NAME	ADDRESS	COMPANY/ORGANIZATION
Chip Wheelen	Topeka	KS Medical Soc.
Aaron E. Lieon	Topeka	KAOM
KEITH R LANDIS	TOPEKA	CHRISTIAN SCIENCE COMM. ON PUBLICATION FOR KS
Sandy Shaw	Topeka	PTA Student - WASHBURN
Terry L. Smith	Topeka	PTA Student - WU
Lisa Marchand	Topeka	PTA Student - WU
Brenda Harrington	" "	PTA Student - WU
Mari Ostucki	" "	PTA Student - WU
Angie Simon	Topeka	PTA Student - WU
Malea Matthews	Topeka	PTA Student WU
Michelle Kiester	Topeka	Ks. Gov. Consulting
David Hartzlick	Topeka	KS Dental Assn
GARY Robbins	Topeka	KS Optometric Assn
Linda Sebastian	Topeka	KSNA
Carla Lee	Hays	KSNA
George Wyatt	Lawrence	Intern
JL Shuey	Topeka	Kansas Legal Services
Richard Morrissey	Topeka	KDHE
Cameron Brewer	Topeka	KTLA
Judy Eyerly	Lawrence	Health Care Access
Sandra Strand	Lawrence	KINH

1/19/93
To: S. Praeger and members of the Senate Public Health and Welfare
From: Carla A. Lee, Ph.D., Family Nurse Practitioner, Director of Fort Hays State University, Family Nurse Practitioner Program

I request support for Senate Bill 17 to establish a state-funded ARNP scholarship with the Kansas Nursing Scholarship Program administered by the Kansas State Board of Regents. This program has been needed for sometime with requests made as early as 1976 during the presentation of proposal 60 with the first establishments of nurse practitioner and physician assistant programs in the state. During the previous 2 decades, Kansas was fortunate in receiving support with federal monies, but much of this changed in the early 80s.

From about 1972 to 1986, about 500 nurse practitioners were prepared by the KU and WSU nurse practitioner programs. Many of these graduates are still functioning in rural Kansas. At least one graduate was prepared for about 60 counites in Kansas and many of them continue to function in rural counites. However, many more are needed particularly with the changes in the restructuring of the health care system, i. rural health clinics, community health centers, EACH/PEACH hopsitals, public health programs and the resurgence of many more volunteer clinics. Most of these types of escalation of primary health care services utilizes the knowledge and skill of a nurse practitioner in collaboration with a physician. During the previous time, the state never funded scholarships for the students. A program similiar to the medical scholarship program would assist nurses to advance their education and return to rural Kansas for designated service.

Communities with nurse practitioners who have returned include Agra, Ulysses, Atwood, Hugoton, Liberal, Colby, Garden City, Dodge City, Pratt, Haven, Chanute, Glasco, Concordia, Lincoln, Lucas, Russell to name a few.

The current FHSU class represents communities of Offerle, Hugoton, Cotton Falls, Larned, Scott City, Manhattan, Plainville, Colby, Great Bend, Newton, and Hays.

The Kansas Alliance of Advanced Nurse Practitioners began working with Senator Ehlrich, most recently, in 1986 to establish this program. With the renaissance of nurse practitioner programs in 1991 and 1992, a resource is now available to prepare nurses for this role again. Thus, the specifics of recommendations for the program were forwarded by KAANP and others in December.

We are supportive to the current draft. We would like to request, if possible, that language be drafted that would place priority for funding to the nurse practitioner/ clinican.

Thanks for your attention to this needed program for the State of Kansas.

Senate PHW
attachment #1
1-21-93

anks for all the excellent efforts to address the multitude of iverse and complex issues regarding the need for adequate and essential health care services in the State of Kansas.

Kansas has been a leader in the nation in many of the programs addressed since the 50's, including major categorical funding during the 60's and special populations addressed thereafter. With regard to primary health care services, Kansas has also been a leader in developing programs, i.e. locum tenens, medical scholarships, rural clerkships, and also the development of nurse practitioner programs as early as 1970.

Regarding nurse practitioners many studies have been completed investigating their effective and efficient utilization. Kansas prepared about 500 nurse practitioners during the 70's and early 80's placing them in about 60% of the counties in Kansas. During this same time, much concerted addressment regarding necessary laws, including regulations, transpired. In this regard, the state, in general, has also been among the leaders of the nation, although specific areas still need to be addressed more thoroughly, e.g. advanced continuing education and prescriptive guidelines.

During the 70's and early 80's, many students were fortunate to receive financial assistance in forms of stipends and federal aid to complete the study. Both KU's and WSU's certificate programs were initiated on federal monies, with transition for one program to State dollars. However, further funds were needed to place the programs at graduate level of nursing studies.

The national trend for nurse practitioners has been to evolve to graduate level of study with preparations as graduate certificates or MSNs.

In a longitudinal study by Sultz (1976), 87 certificate and 46 masters programs in approximately 100 institutions were identified. By 1979 it was estimated that 198 NP programs existed preparing about 1800 graduates a year with the majority being certificate (N=124) compared to 12 master's programs. By 1980, with a major shift in federal regulations for funding <u>only</u> to master's programs, 58% awarded a master's degree and 42% awarded a certificate. At the National Nurse Practitioner Symposium (1992) sponsored by University of Maryland, it was reported that there are 90 master's and 32 certificate programs listed with the AACN. ANA also shifted the requirement for national certification to a master's, although this is a voluntary and permissive program.

Kansas needs to consider the long-term effect in funding the preparation of advanced nurse practitioners for primary care service, especially in rural sites, urban poor, or for vulnerable populations. We hope this will be noted in increased funding to the graduate nursing programs in the State. Long-term effects

can include increased availability of advanced nurse practitioners prepared for particular roles in primary care to function collaborately with physicians, including enhancement of the referral system; accessibility by re-structuring aspects of the health care system to utilize mid-level health practitioners along with better distribution of family, general and other primary care providers; and increased focus upon "health" care aspects of the current medically-driven system of reimbursement.

Additionally, as nurses are encouraged to pursue this very intensive level of study, decrease employment, increase assess (i.e. change residence to underserved sites), funds for educational assistance are of dire need. Several of us individually as well as through organizations, such as KSNA or KAANP, have been formally requesting the development of a state-funded scholarship program for nurse practitioners since 1986.

Thanks for your concerted efforts to the expanding needs and fields in health care. I, for one, am very honored to have been in the pioneering impetus to develop the nurse practitioner role in Kansas and continue to work for its refinement and enhancement. We have a strong foundation, but an immediate challenge to strengthen the current strides for this p.c. provider are evident.

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Swanson, J. and Lee, Carla A.B. 1992 Restructuring Health Care Systems with Nurse Practitioners in Rural Western Kansas: A Feasibility Study. KANSAS NURSE 76 (10), 8-9.

BY JACKIE SWANSON, PH.D., A.R.N.P. AND CARL A. B. LEE, PH.D., A.R.N.P. FAAN

Restructuring Health Care Systems with Nurse Practition... i Rural Western Kansas: A Feasibility Study

The Problem

Health care today is viewed by the American public to be a "right" of every citizen and not a privilege of a few. According to the American Nurses' Association (1985, 1988, 1992; Reifanider, 1992), a crisis exists in access to quality, affordable health care. In particular, rural communities in western Kansas are experiencing a dwindling availability of primary health care and emergency hospital services (Fuller, 1988). The Fuller report states that rural communities are experiencing a rapid growth of elderly who remain in the community and who need health maintenance and health promotion services. Additionally, rural people are more likely to be medically indigent which includes not just the poor, aged or unemployed, but also the underinsured, particularly those who are self-employed (e.g., farming). Fuller also points out that rural people are more likely to live in medically underserved areas, have a longer distance to travel to health services and have longer hospital stays than their urban counterparts. The structure of the rural health care system is moving toward increased outpatient services, including primary health care and health promotion (Lutz, 1991).

There are multiple causes for the lack of adequate health care services for citizens in western Kansas. Most attempts to address the problem have centered around correcting inequitable differences in third party payments between urban and rural services and attracting and retaining physicians. These attempts have failed to meet the needs of those in western Kansas (Fuller 1988). Therefore, other options need to be explored, such as the enhanced utilization of nurse practitioners.

History and Definition

Historically, nursing has responded to the health care needs of society through the development of new and expanded roles. The current restructuring of the American health care system has been triggered by the inaccessibility of health care, and by the emergence of health care as a political agenda evidenced by the release of the Pepper Commission Report (1990). Nursing organizations in concert have released "Nursing's Agenda for Health Care Reform" (1992) the cornerstone of which is the provision of primary health care, the forte of the nurse practitioner. The Standards of Practice for the Primary Health Care Nurse Practitioner (1987) emphasizes "the promotion of health and the prevention of disease." Nurse practitioners, since their inception, have been educated to manage actual and potential health problems and are accountable for the outcomes of their practice. Furthermor according to professional Standards of Practice, nurse practitioners are expected to incorpora selected medical services into professional nursing practice and collaborate interdependen with physicians through mutual referrals and consultations.

During the early 60s, in response to the need for primary health care providers, intensi continuing education projects began in order to prepare nurse practitioners for this rol Kansas, a leading state in this national movement, initiated three certification programs with t support of federal monies.

Approximately 500 nurse practitioners were prepared in Kansas and placed in 60 countie When these funds shrank in the early 80s along with a declining support from nursing to continu certificate programs, all three programs closed.

Review of Literature

The concepts of utilizing nurses in rural sites to deliver primary care, especially in medicall underserved areas, is not new. Kalisch and Kalisch (1986) and others (Swanson, Curl an Havice, 1990), report that in many ways public health nurses have historically performed thi role, often independently, especially in rural areas. As early as 1926, the Frontier Nursing servic was well recognized for its rural nurses.

Many commissions and task forces have been appointed since the 1920s, to study rural healt care needs. Key national studies specific to nurse practitioners originated in the 60s. Accordin to Kalisch and Kalisch (1986) the title "nurse practitioner" was first used for a specia demonstration project funded by the Commonwealth Foundation at the University of Colorad in 1965. The Colorado project targeted the delivery of comprehensive well-child care ir ambulatory settings. Lewis and Resnick conducted studies at the University of Kansas in 1966-67 regarding the expansion of registered nurses in the primary care role.

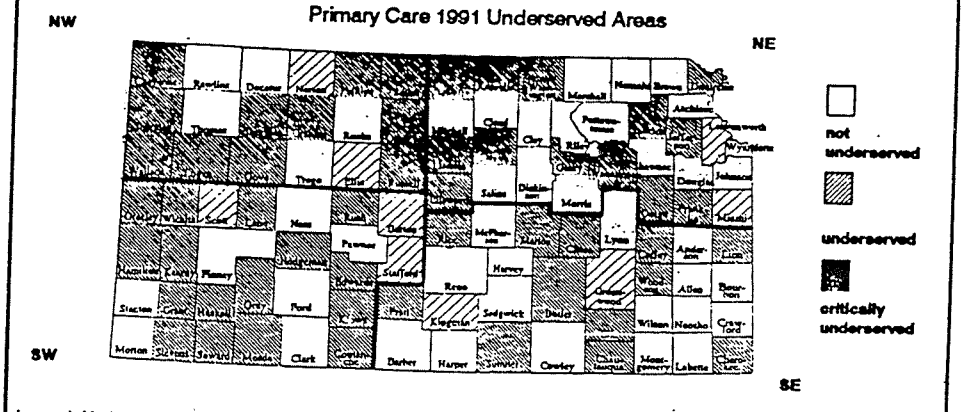
A major longitudinal study conducted by Sultz (1976) described key baseline data on demographics of nurse practitioners, students and employment characteristics. The study documented that the proportion of nurse practitioners employed in rural settings had substantially increased while inner city service had decreased. These findings were supported by Feldbaum (1979).

Specific to Kansas, the state developed its first general welfare program in 1929, called the Harmon Plan. The Kansas Regional Medical Program prepared reports on medical maldistribution and the underserved and initiated the Nurse Clinician Project in the late 60s (Lee, 1987). Graduate follow-ups conducted by Holmes and Bassett (1976) noted that forty-nine of the 65 nurse practitioner/clinicians were practicing in medically underserved sites.

More recent studies by both the Commission on the Medically Indigent and Governor Hayden's Commission on Health Care recommended nurse practitioners as a restructuring strategy for addressing rural health needs. Fuller (1988) also noted that there is a continuing maldistribution in rural areas in spite of national reports indicating an aggregate oversupply of physicians. Specifically, he notes that for rural states the physician-to-population ratios are less than 1/3 that of the national ratios. These reports also recommend utilization of nurse practitioners, especially for underserved areas (See Figure 1).

Figure 1

Kansas Underserved and Critically Underserved Areas



Legend: Underserved areas as determined by University of Kansas Medical Center; above map reported in Ellsworth Reporter. Fifty-two counties listed as critically underserved. Critically underserved is defined as county with one or fewer full-time physicians for every 8,000 population. Nine counties designated as underserved, indicating one or fewer physicians for every 2,695.

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Fc 's Feasibility Study

C.. ..nt interests in the need for nurse practitioners in rural Kansas prompted a feasibility study by Fort Hays State University Department of Nursing in April-May, 1991. The sample size was 2903; nurses (N = 2700), physicians (N = 111) and health care agency administrators (N = 92). Response rate was 33%. Physicians responding represented 34 rural counties with 61.2% practicing in large to medium-sized practices. Forty-one percent of nurses indicated interest in attending a program with an area of study in adult, family, or gerontology. Family practice was the most preferred (33.4%). A majority of health care administrators (95.7%) were supportive of the concept of utilization of nurse practitioners in rural settings, and indicated willingness to provide clinical training sites.

Demographics

The respondents reported that their highest level of education was the diploma (34.2%); followed by the BSN (26.9%); ADN (20.4%); MS (4.6%) and other (14%). Sixty eight percent of the respondents were currently employed full-time earning less than $30,000 annually. The majority of respondents (53.4%) are married with small children (see Table 1).

Discussion

Regarding their preferred geographical locations for employment, Table 2 indicates the majority of nurse respondents selected northwest counties (44.8%); followed by southwest counties (28%); northeast counties (21.8%); and southeast counties (3.3%). Two percent (2.1%) indicated no preferred location. The desired employment settings were: physician offices (22%); community health (19%); clinics (17%); hospital (13%); home health (12%); and other sites (17%). Table 3 summarizes the respondents' salary expectations after completion of a nurse practitioner program. The majority expect a salary between $36-40,000 annually and 27.8% expect a salary above $40,000. Of those respondents expressing interest in the program (N = 373) 46.8% desire a master's degree, 25% post-BSN certificate and 27.9% undecided (see Table 4).

Table 1

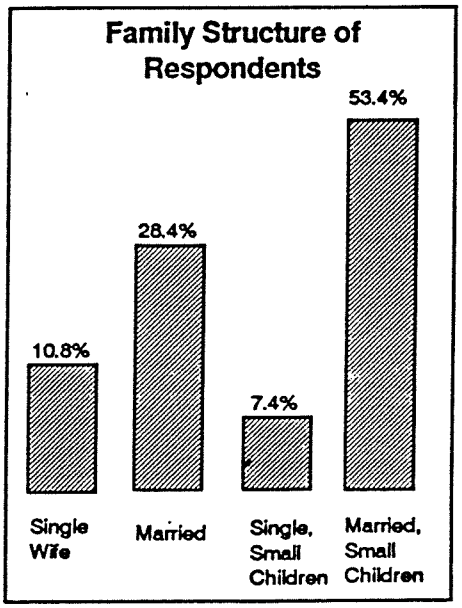


Table 2

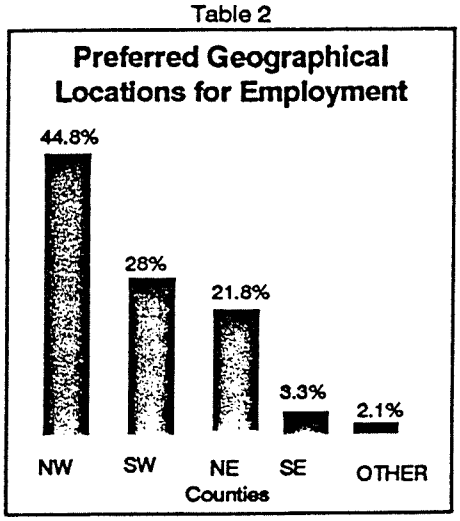


Table 3

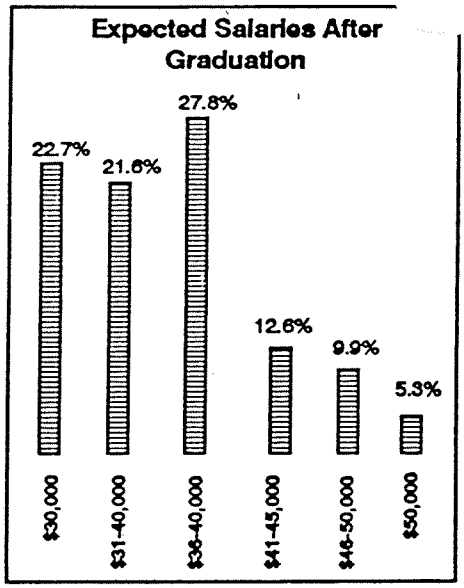
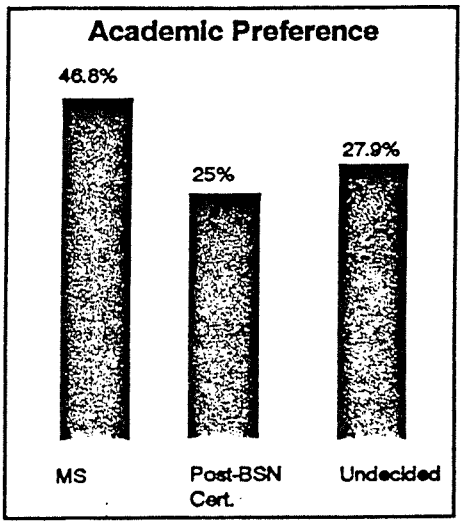


Table 4



Conclusions

The re-emergence of the need for nurse practitioner education is supported by an imminent need to address primary health care in light of a continuing maldistribution of physicians. However, the original format for nurse practitioner education, usually a continuing education model, is now being developed into graduate level study. Credentialing mechanisms are progressing toward requiring a master's degree as a minimum for eligibility for national examination. It is important to note that professional credentialing, even certification by regulatory agencies, is still considered a voluntary and permissive system, respectively (Pearson, 1992).

This study indicated that nurses, physicians and health care administrators are very supportive and interested in the nurse practitioner role, as well as, an educational program in western Kansas. Physicians and health care administrators expressed a willingness to lecture, to be a preceptor and to be a clinical site for practice. The majority of nurse respondents desire to practice in northwest Kansas, primarily in physicians' offices or community-based settings. The majority indicated preference for practice in a rural setting. The preferred area of study is family. Of those indicating specific interest in the program, the majority expressed desire for both ARNP certification in Kansas as well as national certification. Thus, nurse practitioners are an important resource in the restructuring of health care systems in rural Kansas.

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basis to qualified applicants who have the greatest financial need for such scholarships and who are residents of this state. To the extent practicable and consistent with the other provisions of this section, consideration shall be given to minority applicants.

(c) Scholarships awarded under this scholarship program shall be awarded for the length of the course of instruction required for graduation as an advanced registered nurse practitioner unless terminated before such period of time. Such scholarships shall provide to the student receiving the scholarship the payment of tuition, fees, books, room and board in an amount not to exceed the total of $15,000 annually. The amount of each scholarship shall be established annually by the executive officer and shall be financed by the state of Kansas.

Sec. 4. (a) An applicant for a scholarship under this scholarship program shall provide to the executive officer, on forms supplied by the executive officer, the following information:

(1) The name and address of the applicant;

(2) the name and address of the educational and training program for advanced registered nurse practitioners which the applicant is enrolled in or to which the applicant has been admitted; and

(3) any additional information which may be required by the executive officer.

(b) As a condition to awarding a scholarship under this act, the executive officer and the applicant for a scholarship shall enter into an agreement which shall require that the scholarship recipient:

(1) ~~Complete~~ the required course of instruction leading to the certificate of qualification as an advanced registered nurse practitioner;

(2) engage in full-time practice as an advanced registered nurse practitioner, or the equivalent to full-time practice as specified by rules and regulations of the state board of regents adopted in accordance with the provisions of section 7 and amendments thereto, in a rural area or a medically underserved area and comply with such other terms and conditions as may be specified by such agreement;

(3) commence full-time practice, or the equivalent to full-time practice as specified by rules and regulations of the state board of regents adopted in accordance with the provisions of section 7 and amendments thereto, in a rural area or medically underserved area within six months after graduation from the educational and training program for advanced registered nurse practitioners in accordance with the agreement entered into by the scholarship recipient and continue such full-time practice in a rural area or medically under-

Engage in as a full-time student and complete

KANSAS MEDICAL SOCIETY
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January 20, 1993

TO: Senate Public Health and Welfare Committee

FROM: Kansas Medical Society Chip Wheelen

SUBJECT: Senate Bill 14 as Introduced

The Kansas Medical Society generally supports the provisions of SB 14 but we must express opposition to the "sunset" features. The bill would accomplish the following meritorious objectives:

1. Allow exempt licensees under the Healing Arts Act to be paid employees of indigent clinics and local health departments,

2. establish that when a charitable provider renders gratuitous services to a medical assistance patient, the provider shall be considered an employee of the State,

3. clarify that indigent clinics and health departments may charge fees for service so long as fees are based on income eligibility guidelines,

4. define "indigent health care clinic" for purposes of the Tort Claims Act as a not-for-profit clinic which has a contract with the Secretary of Health and Environment to provide health care services to medically indigent people,

5. declare that health care providers employed by public health departments and indigent health clinics shall be considered governmental employees under the Tort Claims Act notwithstanding the provisions of K.S.A. 75-6115 which excludes medical malpractice actions from coverage under the Act, and

6. re-write subsection (b) of K.S.A. 1991 Supp. 75-6117 to clarify original 1990 legislative intent that the tort claims fund shall be the first payor in claims against the State which are attributable to negligence by a charitable health care provider.

The original charitable provider law was passed in 1990 by unanimous votes in both the Senate and House. A bill similar to

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SB 14 was passed in 1992. The House vote was unanimous and only three members of the Senate voted against it. The Governor then vetoed the bill expressing concerns about the State's exposure to financial risk and the need to measure benefits compared to costs. This occurred after the veto session and therefore it was too late for the 1992 Legislature to vote on a motion to override the veto.

During the 1992 interim the Governor communicated to the Joint Committee on Health Care Decisions that she could approve this legislation if "sunset" provisions were incorporated. The Committee acceded to the Governor by having this version of SB 14 introduced.

With all due respect for the Governor's concerns about the State's exposure to financial risk, we must express opposition to the sunset features. As currently written, the Tort Claims Act protections for charitable health care providers who volunteer their services to needy Kansans from 1991 - June 1995 would no longer apply as of July 1, 1995 even though the charitable providers could be sued after June 30, 1995 for medical care rendered prior to July 1, 1995. This scenario could be disastrous for retired physicians and other charitable providers who have no professional liability insurance. It would be extremely irresponsible for us to allow that situation to occur and we doubt that this was envisioned when the Governor's communication was provided to the Joint Committee.

We respectfully request that the following amendments be adopted prior to recommending passage of SB 14:

1. Delete the phrase "prior to July 1, 1995" at

   a. lines 7 and 40 of page 3,
   b. lines 15, 17, and 19 of page 5, and
   c. line 9 of page 7, and also

2. delete all of

   a. lines 7-8 of page 5,
   b. lines 2-3 of page 6, and
   c. line 24 of page 8

Our requested amendments would not delete the new subsection at lines 26-36 of page 7, which would require that the Legislature conduct annual cost-benefit analyses of the charitable health care provider program. We believe that this new language should satisfy the Governor's concerns.

Thank you for allowing us to testify on this important subject.

CW:cb

Caritas Clinics, Inc.

P. O. Box 85 • Leavenworth, Kansas 66048-0085 • (913) 651-0020

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(913) 651-8860

Duchesne Clinic
636 Tauromee
Kansas City, KS 66101-3042
(913) 321-2626 FAX (913) 321-2651

Sister Amy Willcott
Executive Director
Caritas Clinics, Inc.
422 Walnut
Leavenworth, KS 66048

Caritas Clinics, Inc. is the umbrella corporation for Saint Vincent and Duchesne Clinics

FACTS

Saint Vincent and Duchesne Clinics...

- are primary care clinics
- receive (gratefully) Primary Care Grant monies
- serve individuals living at or below 150% of the poverty level in Leavenworth & Wyandotte Counties
- recorded almost 10,000 patient visits last year
- **have a volunteer network of almost 100 health care providers**
- rely on the generosity of donors, grants and special events to provide 65% of our income each year

Thankful patients who owe their lives to Charitable Health Care Providers:

- A 32 yr. old male came to the Clinic and was referred to a volunteer referral physician. The physician did a flex sigmoidoscope and discovered that the young man had cancer. Another physician volunteered to do the surgery and the follow up at no charge. On the day of his surgery, the young man called the clinic to say, "thanks."

- 61 yr. old female clinic patient was also diagnosed to have colon cancer by the same referral physician. The same surgeon donated his services to perform the surgery.

- A 19 yr. old came to the clinic with testicular torsion, a condition which if not treated within a few hours can result in sterility. A urologist who travels between both counties traveled to Leavenworth to perform the surgery at no charge.

Senate PHCW
attachment #4
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Each of these examples has happened within the last 4 months and each of the physicians have been Charitable Health Care Providers. They did not perform the tests or the surgeries because they were Charitable Providers, they did it because they know that they people who come to our clinics are truly in need. We hope the knowledge that they are Charitable Providers may lend them peace of mind and may make them more willing to accept clinic referrals. **The Charitable Health Care Provider act is definitely a "selling factor" for us as we ask providers to volunteer to see our patients. Until we provide universal access for all Kansans, this Program helps address a part of the problem and provides a part of the solution.**

Saint Vincent and Duchesne each employ a Physician Assistant. The Charitable Health Care Provider Act is an added support for Primary Care Clinics such as ours who must rely on the good will of local physicians to provide support to the PA by seeing patient referrals as needed. I support the addition of coverage under the Charitable Health Care Provider Act for health care providers who may be staff of primary care clinics. The nature of the work we do and the fact that we are nonprofit, unfortunately means that we are unable to pay health care providers very well. The annual salary of our Physician Assistants is almost $15,000 less than the entry level position for area Physician Assistants yet they are providing a vital service for needy Kansans who have nowhere else to turn.

Our Clinics were initiated to address the health care needs of those who fall between the cracks in our health care system. Until all people have access to health care, we will only be able to continue to serve those in need with the assistance of volunteer health care providers. These individuals are vital to our work.

On behalf of the staff, patients and volunteer health care providers of our clinics, I urge you to support the Charitable Health Care Provider program which expands coverage to 1) providers who are staff of Clinics, 2) include those who serve medicaid recipients, 3) access Tort Claims Funds before the physician's own malpractice.

Sister Amy Willcott
Caritas Clinics, Inc.

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Kansas Association of Osteopathic Medicine

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January 20, 1993

To: Chairperson Praeger and Members, Senate Public Health Committee

From: Harold E. Riehm, Executive Director, Kansas Association of Osteopathic Medicine

Subject: KAOM Support of SB 14

I regret being unable to testify in person, in support of SB 14. A long standing engagement--a doctor's appointment, no less--that I have rescheduled a couple times before, makes it impossible to be at the hearing.

KAOM enthusiastically supported the Charitable Health Care Providers' Program from its initiation. We also were a party to the changes made during the last Session, and regretted the Governor's veto of that Bill.

I write today to indicate our support of SB 14. We think the new language clarifies provisions of the Act and the broadening of opportunities for physicians to provide charitable health care services. From testimony and developments during the Interim, our views closely parallel those of the Kansas Medical Society.

We urge your approval of SB 14.

Senate PH&W
Attachment 5
1-21-93