

Approved: Feb 8, 1993
Date

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS.

The meeting was called to order by Chairperson August Bogina at 11:00 a.m. on January 25, 1993 in Room 123-S of the Capitol.

All members were present except:

Committee staff present: Leah Robinson, Legislative Research Department
Scott Rothe, Legislative Research Department
Norm Furse, Revisor of Statutes
Judy Bromich, Administrative Assistant
Ronda Miller, Committee Secretary

Conferees appearing before the committee:

Dr. Patricia Hargrave, Department of Technology, The University of Kansas Medical Center
James A. Jackson, MT CLS, PhD, BCLD, Professor & Chair, Department of Clinical Sciences,
Wichita State University
Larry Buening, Executive Director, Kansas Board of Healing Arts
Dean Lydia Wingate, School of Allied Health, the University of Kansas Medical Center
Marla Williams on behalf of Marvin Burgett, MT, Assistant Laboratory Director, Stormont-Vail
Carol Shearer, Kansas Society for Medical Technology
Stanley Werner, Board Member, Wheatland Chapter Clinical Laboratory Management Assn.
Dr. Ruby Brower, Medical Laboratory Technician employed as Laboratory Consultant
Richard Morrissey, Director, Office of Local and Rural Health Systems, KDHE
Helen Stephens, Lobbyist for Kansas Association of Physicians' Assistants
Dr. Marvis Lary, Director, Physicians' Assistants Program, Wichita State University

Others attending: See attached list

SB13 - Medical laboratory and physicians' assistants student scholarship program.

Dr. Patricia Hargrave appeared before the Committee on behalf of the Department of Medical Technology of the University of Kansas Medical Center in support of **SB 13**. Dr. Hargrave reviewed the educational requirements of medical technologists and medical laboratory technicians, the national and state vacancy rate in these particular professions, the educational programs offered in the state of Kansas, and the anticipated benefits from the passage of **SB 13**, (Attachment 1). Dr. Hargrave indicated that the ability to offer assistance for tuition and living expenses is important. At Senator Salisbury's request, she explained the baccalaureate programs available at KUMC, WSU, Topeka, and Hays.

Dr. James Jackson, WSU, reviewed Attachment 2 in support of **SB 13**. He explained that WSU has affiliate programs in rural areas that provide the professional phase of the training, but that concept has not always been successful as an incentive for locating in rural areas. He is hopeful that using rural hospitals as sponsors will be more successful. There was some discussion regarding the rural versus urban vacancy rate for medical technologists and medical laboratory technicians. The Chairman requested that the Research Department develop a needs analysis.

Mr. Larry Buening appeared on behalf of the Kansas Board of Healing Arts in support of **SB 13**. He noted that the State Board of Healing Arts is the regulatory agency for physicians' assistants in the state of Kansas and reviewed statistical information contained in Attachment 3. In answer to a question, Mr. Buening stated that approximately 2/3 of the counties in Kansas do not have physicians' assistants, and that part of the problem might be that there must be physicians in rural areas who are available to supervise and direct the assistant. He noted that the majority of physicians' assistants are not working in underserved areas.

Dean Lydia Wingate, School of Allied Health, KUMC, presented testimony (Attachment 4) in support of **SB 13**. She pointed out that the Committee might want to consider adding language in the bill which indicating that the \$3500 support is for fulltime students.

Marla Williams, medical technology supervisor at Stormont-Vail, appeared on behalf of Marvin Burgett, the clinical coordinator of the Topeka School of Medical Technology at Stormont-Vail, and reviewed Attachment 5. In answer to a question, Ms. Williams testified that 16 is the number of students that the Topeka program

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS, Room 123-S Statehouse, at 11:00 a.m. on January 25, 1993.

is accredited to handle, but, in practicality, only 10 can be accommodated.

The Chairman recessed the meeting at 12:00 noon so members could attend Session. The meeting was reconvened at 12:20 p.m.

Carol Shearer appeared in support of **SB 13** on behalf of the Kansas Society for Medical Technology. She reviewed Attachment 6 and distributed Attachment 7 on behalf of Donna Wygle, Greeley County Hospital, and Attachment 8 on behalf of Charles Westin, Administrator of Republic County Hospital.

Mr. Stanley Werner, Wheatland Chapter Clinical Laboratory Management Association, distributed and reviewed Attachment 9.

Dr. Ruby Brower, medical technologist employed as a laboratory consultant for fourteen rural hospitals and twenty five doctors' office laboratories, testified in support of **SB 13** and distributed copies of Attachment 10.

Mr. Richard Morrissey, Kansas Department of Health and Environment, distributed Attachment 11 to members of the Committee. He explained that KDHE is responsible for administering state and federal regulatory programs that impact clinical laboratories. He reviewed the impact of the Clinical Laboratory Improvement Amendment (paragraph 2, Attachment 11-2) on all clinical laboratories, and noted that there is a need for MTs and MLTs in both the rural and urban setting. It was his opinion that the health care practice environment is changing, and that physicians in rural areas have realized the need for physicians' assistants and nurse clinicians. He noted that KDHE has an interest in the rural versus urban apportionment contained within **SB 13**, recognizing that vacancy rate is not just a rural problem. Mr. Morrissey suggested that the Committee consider expanding the bill to include cytotechnologists without increasing the amount of money or the number of scholarships.

In answer to Senator Salisbury, Mr. Morrissey stated that there is reasonable expectation that programs for midlevel practitioners will be supported in terms of operational needs because of the Governor's budget recommendations for FY94, but, at the same time, he recommended supporting students who are participating in the programs.

Helen Stephens, Kansas Association of Physicians' Assistants, appeared before the Committee in support of **SB 13** and reviewed Attachments 12 and 13. She indicated that the state would be better served by continuing subsistence or expanding the physicians' assistants program at Wichita State University.

Marvis Lary, Director of the Physicians' Assistants program at Wichita State University, distributed and reviewed data regarding the Physicians' Assistants program at WSU (Attachment 14). Because the Physicians' Assistants program at WSU has ten applicants for every available slot, Dr. Lary recommended that **SB 13** be amended to delete physicians' assistants from the bill and that funds be provided for the expansion of the WSU program. The Chairman indicated that Senator Salisbury's subcommittee would be deliberating on the WSU budget and would address this issue. Dr. Lary, in answer to concerns regarding health care in underserved areas, noted that 28 of the 30 students accepted into the program for the fall of 1993 are Kansans, and half of those are from rural areas. She expressed her opinion that recruitment efforts in rural communities and the increased number of employee opportunities in Kansas will have an impact on rural health care. Dr. Lary told the Committee that the total budget for the P.A. program for 60 students at WSU is \$265,000 (\$43,000 of which is operating expenses) while the national average budget for a program of 50 students is \$487,000. She noted that accreditation site visitors regarded the program at WSU as outstanding, but said the strengths of the program are fragile because of noncompetitive faculty salaries and lower than average funding. As requested, Dr. Lary indicated that she would provide a copy of that evaluation to Senator Salisbury's subcommittee.

The Chairman thanked the conferees for their testimony and noted that an explanation of the bill would be forthcoming and that **SB 13** would be taken under advisement until a later date. The meeting was adjourned at 1:00 p.m.

The next meeting is scheduled for February 4, 1993.

GUEST LIST

COMMITTEE: SENATE WAYS AND MEANS

DATE: Jan 25, 1993

[illegible]

The University of Kansas Medical Center

School of Allied Health
Department of Medical Technology

Testimony of Patricia Hargrave, Ph.D., MT(ASCP)
Department of Medical Technology

Senate Ways and Means Committee

in Support of

Senate Bill 13

by

Joint Committee on Health Care Decisions for the 90's

January 25, 1993

The University of Kansas Medical Center

School of Allied Health
Department of Medical Technology

Mister Chairman, members of the committee, my name is Patricia Hargrave and I'm appearing today on behalf of the Department of Medical Technology at the University of Kansas Medical Center. Medical technologists (MT) and medical laboratory technicians (MLT) are integral members of the health care team. Medical technologists, the baccalaureate degreed practitioners of clinical laboratory science, are responsible for evaluation of testing methods, development of testing protocols, and the determination, documentation and correction of problems encountered with instrumentation and/or test methods. Medical laboratory technicians, the associate degreed practitioners (MLT-AD) of clinical laboratory science, and medical technologists are involved in the actual performance of laboratory procedures, and the assuring of continuity in validity of laboratory test results. These professionals, through the data that they generate, have an on-going interaction with a variety of other health care practitioners, including physicians, nurses, physical therapists, dieticians and nutritionists. Decisions concerning appropriate patient care and treatment are frequently based upon results of laboratory data generated by medical technologists and medical laboratory technicians.

As professionals and educators in the field of clinical laboratory science (medical technology), we have been aware of a growing national shortage of medical technologists (MT). We have also become increasingly aware that shortages of both medical technologists and medical laboratory technicians are more acute in rural laboratory settings. Two independent responses were initiated in an attempt to address this situation. One response, by the Department of Medical Technology at the University of Kansas Medical Center, was the submission, in 1992 and again in January 1993, of an Allied Health Project Grant proposal to the Department of Health and Human Services (HHS) of the federal government. This grant, if funded, will aid in establishing a rural delivery system for the professional curriculum in medical technology. The following information was gathered as a part of the process involved in submission of the grant proposal.

The 1990 and 1992 Wage and Vacancy Survey conducted by the American Society of Clinical Pathology (ASCP) documented national and regional variations in vacancy rates at the technologist level of practice. While the 1990 study reported an average national vacancy rate of 11.6% for staff MT positions, by 1992 that vacancy rate had risen to 13.8% with the vacancy rate in rural American averaging 23.5%. Additionally, a study by Castleberry and Kurby, on the staff at ASCP Board of Registry, projected a national vacancy rate as high as 19% by the year 2000. While this projection was, and is, alarming, a decidedly more drastic shortage has been projected in Health Care 2000: A World of Human Resource Differences. The panel of health care professionals, business and community leaders responsible for this document generated an "Adjusted Supply" figure and projected "Vacancies" by factoring in such variables as: 1) the changing demographics of the nation's citizens; 2) development of technologies and the resulting shifts in types of health services

most heavily utilized; 3) the continuing impact of the AIDS epidemic. The resultant figures provided a more realistic estimate of the supply versus demand by the year 2000. This study concluded that, in the year 2000, the U.S. would actually have 135,125 unfilled MT positions constituting a 46% vacancy rate.

With regard to Kansas specifically, the 1991 and 1992 Kansas Hospital Personnel Survey, conducted by the Kansas Hospital Association, reveal an interesting pattern. In both 1991 and 1992, the state-wide vacancy rate for MT positions was less than 5%. However, the vacancy rate for MT positions in rural areas of the state (outside the two Standard Metropolitan Statistical Areas) **increases to just under 10% (9.6%)**. Following this same pattern, the current state-wide MLT-AD vacancy rate is **12.9%** with the vacancies predominately in rural Kansas. Rural Kansas contains **46.2%** of the state's citizens. These areas are definitely underserved. Additionally, a preliminary survey of rural hospital and clinical laboratories within the state supported the hypothesis that, with regard to MT positions, **the more rural the location of the laboratory, the higher the vacancy rate**. A number of factors contribute to the shortages of clinical laboratory professionals nationwide and specifically in rural communities. One such factor is the need to provide incentives for entering rural practice. A second, and crucial factor, is the need for financial support for students entering this profession.

The second response, supported by the Department, is Senate Bill 13 to provide scholarships to students entering the clinical laboratory science professions. Financial support is critical because of the rigor of the professional program. There are, within the state of Kansas, four Medical Technology and two Medical Laboratory Technician-AD educational programs. Three of the four MT educational programs configure their professional course work throughout a full 12-months, not the traditional nine (9) month college year. The 12-month schedule does not follow traditional semesters and students are actually in classes eight (8) hours per day, five days per week. In addition to the large number of contact hours, these students face, on-the-average, one major examination per week. Given this schedule, it is exceedingly difficult for these students to work part time. Indeed, working during this time period is discouraged. As a consequence, each year, we have found, we lose some qualified applicants because they cannot finance their professional schooling and support themselves.

If one looks at program enrollments, across the state, one finds the following:

<u>Program</u>	<u># Students Accredited</u>	<u># Currently Accepting</u>	<u># Confirmed</u>
MT			
KUMC	30	24	14 ('93-94)
WSU	will be discussed by Dr. Jackson		
Topeka	16	9	9 ('93-94)
Hays	10	5	2 (as of Jan '93; admit twice/yr)
MLT			
Barton County	12 (3 alternates)	12 (+3)	12 (+3) Seward
County	15	10	10

Only one of the four MT programs has filled their available student slots for the coming year. While that program, and the MLT programs have filled, educators in these programs agree that the applicant pool is far fewer than optimal to provide quality students and ensure the highest quality entry level professionals. Financial aid would provide some help in attracting and enrolling highly qualified applicants. Indeed, Senate Bill 13 would not only address the need for financial support to these students, but would also provide some inducement to practice in rural communities by tying 40 scholarships per year to rural sponsors. Such sponsors should not be difficult to find. A departmental survey of rural laboratories found 60% (41/68) willing to support tuition and/or other educational costs for students agreeing to work at their facility for a prescribed period of time.

**COMMENTS ON SENATE BILL NO. 13
SENATE WAYS AND MEANS COMMITTEE**

Submitted by James A. Jackson, MT(ASCP)CLS, PhD, BCLD, Professor and Chair, Department of Clinical Sciences, and Mary E. Conrad, MT(ASCP)CLS, PhD, Assistant Professor, Medical Technology Program, The Wichita State University, Wichita, Kansas, 67208. Telephone number (316) 689-3146.

Mr. Chairman and members of the committee, the faculty and administration of the Department of Clinical Sciences and Medical Technology Program at The Wichita State University, wish to speak in support of the Senate Bill Number 13, an act known as the medical laboratory and physicians' assistants student scholarship program.

A recent survey published in the ASCP News (December, 1992), showed that shortage (or vacancy rate) for medical technologists in the United States has increased from 11.6% in 1990 to 13.8% in 1992. For laboratory managers, the vacancy rate is 15%. The rate for laboratory technicians increased from 11.1% to 14.6%. In Kansas, the vacancy rate is about 20%.

The Wichita State medical technology program is accredited for 50 students. At the present time, we have 32 students enrolled. We are sure that at least 80 positions per year are vacant in the accredited programs in the various education institutions in Kansas. One reason students give for not coming to our program is lack of financial aid. We are in the process of getting sponsors in the rural areas to give students scholarships in return for varying years of service to that hospital laboratory.

We feel that this act will help fill the empty slots in the various medical laboratory education programs in Kansas as well as help attract laboratory professionals to rural areas.

Unlike nursing and physical therapy, there are few academic scholarships available for medical laboratory personnel. This act will help tremendously in our recruiting efforts and help fill the vacancy rate that now exists in the clinical laboratory area.

*SWAM
Jan. 25, 1993
Attachment 2*

KANSAS BOARD OF HEALING ARTS

JOAN FINNEY
Governor

LAWRENCE T. BUENING, JR.
Executive Director



235 S. Topeka Blvd.
Topeka, KS 66603-3068
(913) 296-7413
FAX # (913) 296-0852

M E M O R A N D U M

TO: Senate Committee on Ways and Means

FROM: Lawrence T. Buening, Jr. *LTB*
Executive Director

RE: Senate Bill 13

DATE: January 25, 1993

Thank you for the opportunity to appear before you and provide information that may be of assistance to you in your deliberations on Senate Bill No. 13. While the Kansas Board of Healing Arts has no position on Senate Bill 13, as the regulatory agency for physicians' assistants, we do maintain various statistics and information regarding the numbers and distribution of physician's assistants in the state of Kansas.

I have with me today three computer printouts containing information maintained by the Kansas Board of Healing Arts on physicians' assistants. The first printout reflects the distribution of physicians' assistants in the state of Kansas by county pursuant to the mailing address for the physicians' assistants maintained by the Board. The second printout provides the original licensure dates for each of the physicians' assistants presently registered. The third has sorted physicians' assistants by the school from which they received their physicians' assistant degree.

From these printouts, it shows that as of today there are 165 physician's assistants currently registered in the state of Kansas. Eleven of these have addresses out-of-state leaving 154 with Kansas addresses. This number may be somewhat higher than will be the case in approximately ten days since we are in the renewal cycle for physicians' assistants and those individuals who have not renewed by February 1 will be cancelled. By way of comparison, in March 1992, the Board had 147 active physicians' assistants registered.

SWAM
Jan 25, 1993

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Attachment 3

Senate Committee on Ways and Means
January 25, 1993
Page Two

The 154 physicians' assistants with Kansas mailing addresses are shown to be distributed in 47 counties. Seven of these counties have four or more physicians' assistants. In these seven counties, 89 physicians' assistants are located. At present, 50 PA's have an address in Sedgwick County, 15 in Johnson County, 6 in Shawnee County and 6 in Coffey County. In Wyandotte, McPherson and Atchison, there are four physicians' assistants each. This leaves 65 physicians' assistants distributed among the 40 other counties where physicians' assistants are located.

Of the 165 currently registered physicians' assistants, 121 have graduated from the Wichita State University Physicians' Assistant Program.

The Board would be happy to provide any additional information that you may feel is necessary or appropriate as part of your deliberations on Senate Bill 13. I would be happy to respond to any questions you might have.

LTB:cat

The University of Kansas Medical Center

School of Allied Health
Office of the Dean

School of Allied Health

Testimony Presentation to the Ways and Means Committee

Monday, January 25th, 1993

Senator Bogina, members of the Committee, as the Dean of the School of Allied Health at Kansas University Medical Center, I appreciate the opportunity to present testimony before you today in support of Senate Bill No. 13. I am here because we have in our School a highly regarded Program in Medical Technology leading to a baccalaureate degree.

According to the document entitled "Health Care 2000" published by the American Hospital Association in 1992, a page of which is attached to my testimony statement, you will see that there is an incredible projected increase in the need for Medical Technologists of 664%. In addition to this increase in need, we already have a critical shortage of Medical Technologists throughout the State and there is currently a 15% vacancy rate in our hospitals.

We have few scholarships available to the students who apply to our nine professional programs in the School of Allied Health. For 500 students we have only \$16,000 in endowment scholarships. Many of our students suffer significant hardships during their time at the Medical Center. For example, we recently learned that a student in the Medical Technology program had been obliged to live in an apartment totally devoid of furniture and had slept on the floor in a sleeping bag! We therefore welcome this Bill, as we hope that it will alleviate hardships of this kind. In addition, we are very gratified to see that it attempts to address the shortage of Medical Technologists in the Western, more rural areas of our State. We believe that this Bill will assist in the education and training of professionals who will be prepared to live and work in these areas.

I would like to point out, with pleasure, that our program is a unique one: The professional portion only requires one year of support rather than two, thus, we are in effect doubling the potential number of scholarships.

Finally, I would like to share with you one of the unique problems that we encounter in the Kansas City area. We have a number of Hospital-based programs on the Missouri side of the State line. These programs are able to offer numerous scholarships. As a result, Medical Technology students from the State of Kansas,

SWAM

Jan. 25, 1993

Attachment 4

The University of Kansas Medical Center

School of Allied Health
Office of the Dean

some of them from the Western part of the State, come to work and study in Missouri and frequently stay in Missouri. These scholarships will, we believe, make us more competitive with the Missouri Programs.

Thank you for allowing me to share my concerns with you, I unreservedly support Bill 13 and hope that you will give it serious consideration. Thank you.

Lydia Wingate,
Dean, School of Allied Health

Table 3. Percentage of Change in Demand, Supply, Vacancy for Years 1990-2000
(Numbers are positive unless otherwise noted)

<u>Professions</u>	<u>% Δ Demand</u>	<u>% Δ Supply</u>	<u>% Δ Vacancies</u>
NURSING	-----	-----	-----
Registered Nurse	23 %	18 %	73 %
Lic. Practical Nurse	20 %	8 %	299 %
ALLIED HEALTH	-----	-----	-----
Respiratory Therapist	33 %	15 %	449 %
Occupational Therapist	21 %	14 %	56 %
Physical Therapist	57 %	62 %	35 %
Radiation Therapy Tech.	20 %	42 %	-100 %
Sonographer/Ultrasound	20 %	16 %	54 %
Radiographer	16 %	20 %	-24 %
Nuclear Medicine Tech.	15 %	26 %	-48 %
Cardiac Perfusionist	55 %	292 %	-100 %
Medical Technologist	24 %	-26 %	664 %
Histology Technologist	97 %	92 %	230 %
Cytogenetic Tech.	29 %	23 %	48 %
Cytology Technologist	25 %	7 %	74 %
Medical Assistant	58 %	8 %	820 %
MISCELLANEOUS	-----	-----	-----
Social Worker	39 %	29 %	278 %
Pharmacist	20 %	6 %	54 %
Accredited Records Tech.	9 %	-3 %	34 %
Registered Record Admin.	75 %	7 %	388 %

January 22, 1993

Senator Gus Bogina
Chairperson, Ways & Means Committee
Room #120-S
State Capitol
Topeka, KS 66612

Dear Senator Bogina:

I have been affiliated with the Topeka School of Medical Technology for the past 20 years. During that time I have either taught or been a Clinical Coordinator, my present role with the school. I think the following information would be of use to you in your decision to promote and pass the bill for scholarships for medical technology programs.

I recently reviewed the last five years of graduates from Stormont-Vail and St. Francis from the School of Medical Technology. During these five years the hospital has hired a total of 55 medical technologists. The two hospitals presently are staffed with about 80 medical technologists. There are many other areas in town that hire medical technologists such as the Cotton O'Neil Clinic, VA Hospital, Topeka State Lab and many small doctor offices.

During the last five years while hiring 55 replacement medical technologists there have been 27 graduates from the Topeka School of Medical Technology. The medical technologists we have employed include seven that had graduated in the last five years and 20 who graduated over five years ago. Students from other schools such as KU Medical Center and the Wichita school were our source for most of our other replacement medical technologists.

As you can see with the turnover in just two institutions in Topeka of 55 in five years the need for Medical Technologists in the State of Kansas is great.

This year the graduating class from our program is only seven students. There are more students graduating from KU and Wichita State University however there are still many job openings to fill. The future graduates from the Topeka School of Medical Technology are half way through the program and are receiving many requests for resumes at jobs both in Topeka and in areas surrounding Topeka. It is likely that these students will have four or five jobs to pick from when they graduate from the school.

SWAM

Jan 25, 1993
Attachment 5

Health care in the United States is undergoing tremendous changes both in technology and in governmental rules. The CLIA '88 rules which have very little about health personnel standards but many other indirect requirements will cause the field of medical technology to grow in the next few years. Now that all the laboratories in the United States are covered by CLIA '88 many smaller laboratories will be looking for medical technologists to lead the way in passing proficiency testing, setting up procedures, and being able to pass CLIA '88 inspections.

There is also a great growth in technical knowledge on practically a day-to-day basis. Students need a tremendous background to completely understand this and implement it in a manner useful to the medical profession. The medical technology program is a four year program where students receive at least three years and usually four years of college and then a year of clinical training.

The School of Medical Technology in Topeka is funded by the two hospitals but is in dire need of additional funding. The student population is in need of many more scholarships because of the lack of scholarships in this area and the increased cost of running a school such as is required for medical technology.

It is my hope that you will take this bill extremely serious as it will have repercussions with our future generations that we can not yet understand. There needs to be a very qualified group of people to work in laboratories and manage laboratories and run the tests for our Kansas population. I think it would be in the best interest for the future population of Kansas if you would push this bill on through and see to it that it is approved for funding of medical technology students.

Sincerely,



Marvin E. Burgett, MT(ASCP) DLM
Clinical Coordinator
Topeka School of Medical Technology
Stormont-Vail Regional Medical Center
1500 SW 10th
Topeka, KS 66604



Kansas Society for Medical Technology

TESTIMONY FOR SENATE BILL 13

presented by

Carol L. Shearer

January 25, 1993

Senate Bill 13 which would establish a medical laboratory student scholarship program for the State of Kansas is considered by this organization to be vital to the profession of medical laboratory technology. Members of our profession are responsible for the analysis of patient tissues and fluids providing critical data to the doctors to help diagnose and monitor patient treatment.

At the present time a shortage of qualified medical laboratory personnel exists in our state, most particularly in the rural area. One of the problems in trying to solve this shortage is that this profession does not have high visibility with the public. Contrastingly, the nursing shortage is noticed right away because it results in a loss of available hospital beds. Therefore, it is easier to generate broad-based efforts by administrators, government and others to solve the problem. A number of circumstances are responsible for the rapidly growing shortages of medical laboratory personnel. The 18-20 year old population is smaller today than in the "baby boom" years, so there are fewer students entering the health care field. This field is also in competition with hundreds of other industries for a smaller entry-level workforce.

The implementation of the Clinical Laboratory Improvement Amendments of 1988 brings the entire regulatory issue out into the open by requiring that testing personnel employed in highly complex laboratory settings have a minimum of an associate degree by 1997. The seriousness of this shortage has been noted by Congress with the re-authorization of the Health Profession Education Act, Title VII Funding. This bill significantly increases funding for allied health professions such as medical laboratory technology that have a demonstrated personnel shortage.

Passage of Senate Bill 13 would provide a mechanism to encourage the education of medical laboratory technology students in the State of Kansas. This program could be implemented in cooperation with the federal Allied Health Special Project Grant and provide welcome relief for the rural hospitals who so desperately need qualified laboratory personnel.

SWAM
Jan 25, 1993
Attachment 6

Re: Senate Bill #13

To the Members of the Senate Ways and Means Committee,
Gus Bogina, Chairman:

As a result of the federal legislation, Clinical Laboratory Improvement Act of 1988, medical laboratory education has taken on greater significance. In the first national attempt to define the profession, the law requires that within five years, at least an associates degree is needed to perform high complexity testing.

I have talked with Blain Miller, an area director for Great Plains Health Alliance. GPHA is a consortium of thirty rural hospitals in Kansas, Oklahoma, and Nebraska. Mr. Miller is a member of the Kansas Hospital board. He is also a former medical technologist.

Last year GPHA conducted a laboratory personnel survey to determine the extent of shortages. By far the most startling findings of that survey was that the rural hospitals of the GPHA would be in quote "deep voodoo" without their military-trained technicians. They simply did not have the personnel to keep the hospitals open if there were to depend solely upon personnel trained in the State of Kansas.

It was during the cost-cutting decade of the '80s that hospital-based schools of nursing and medical technology were closed across the nation for lack of federal support. Eventually the effects of personnel shortages were beginning to be felt as around the country reports accumulated of mistakes behind the scenes by overworked laboratory personnel. Now the CLIA'88 legislation is an attempt to rectify the consequences of those cutbacks.

Who bears the brunt of the personnel shortages? The isolated technologist/technician working in small communities across Kansas. Twenty-four hour call, seven days a week. In former times, only the doctor was called out in the middle of the night, now the medical technologist is called out as well. The physician would not think of proceeding without laboratory assessment of the patient. Often the wives of rural physicians are trained one-the-job to fill in for the shortages.

There are some unsung heroes out there among the medical technologists. I believe a note from one of the patients sums up the lack of visibility of the profession: "What you did helped save my life, and I didn't even know your name." Clearly, the medical technologists and technicians deserve better. They deserve an investment in their future in the form of scholarships.

Sincerely,
Donna Wygle
Donna Wygle, MT(ASCP)
Greeley Co. Hospital
Tribune, Kansas 67879

SWAM
Jan. 25, 1993
Attachment 7

Republic
County
Hospital



Great Plains Health Alliance

January 19, 1993

Senate Ways and Means Committee
Honorable Gus Bogina
Chairman
State Capitol
Topeka, KS 66935

My dear Mr. Bogina:

I am contacting you to **ask for your support of Senate Bill #13, The Medical Laboratory and Physicians' Assistants Student Scholarship Program (MLPASSP)**. (I would have been here in person if this wasn't the day of our hospital board meeting.)

This facility is familiar with your State Board of Regents Nursing Student Scholarship Program. We are deeply indebted to the State Board of Regents for their fine nursing program. We believe it is one of the reasons why we do not at present have a shortage of nurses. We do not know where we would be without the excellent help and support that we always receive from the employees and officers at the State Board of Regents. We would like to see the MLPASSP administered by the same fine people of the State Board of Regents.

We believe the bill is well written. We further believe that the need it proposes to address is a serious problem and one that if not addressed in this way will become more serious. We know of no program that would give the people of Kansas more value and return for their investment.

If this bill were law now, Republic County Hospital would probably request two Medical Laboratory student scholarships and one Physicians' Assistant student scholarship.

Please contact me as to how we can support you in bring this excellent program to Kansas. Very best wishes.

Most sincerely,

Charles A. Westin
Administrator

TESTIMONY FOR SENATE BILL 13

present by

Stanley Werner. Board Member, Wheatland Chapter
Clinical Laboratory Management Association

January 25, 1993

The cost of medical technologists are similar to other scarce natural resources. The concept of supply/demand and escalating salaries for qualified, experienced laboratory personnel contributes to the relentless upward spiral of health care costs.

Senate Bill 13 establishes a medical laboratory student scholarship program for the State of Kansas that would diminish the sky-rocketing health care costs. It would accomplish this goal by furnishing financial aid to students entering laboratory medicine. This aid would increase the supply of medical technologists and thus allow the increase of costs to slow by allowing competition. As the manager of an independent clinical laboratory, I am currently spending over 39% of my total operating expense of approximately \$850,000 per year for non-physician salaries. In order to maintain qualified personnel, I have had to increase medical technologists salaries 8.3% per year over the past three years which is twice the national average of other workers.

The effects of such salary increases not only affect private health care costs, but also state budgets. For example, Kansas State University had to abandon the existing salary scale and grant substantial salary increases in order to attract and retain qualified technologists. As a board member of the Clinical Laboratory Management Association (CLMA), I have had the opportunity to discuss with my colleagues and competitors, and it is clear, that the scholarship program will assist in keeping the increased costs of health care to a minimum. As a result, the CLMA supports passage of Senate Bill 13.

SWAM
Jan. 25, 1993
Attachment 9



PETERSON

clinical LABORATORY, PA

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TESTIMONY FOR SENATE BILL 13

presented by

RUBY K. BROWER

January 25, 1993

Senate Bill #13 would establish a medical laboratory student scholarship program for the State of Kansas. In this program, scholarships would be awarded to students majoring in medical laboratory technology based upon financial need, and funded 50% by the State and 50% by a sponsoring organization. Last year the United States Congress reauthorized the Health Professions Education Act, Title VII funding, which significantly increased funding for allied health professions that have demonstrated a shortage of personnel. Medical laboratory technologists and medical laboratory technicians are included in this program and Kansas, via Senate Bill 13, can collaborate with the federal government in assisting potential laboratorians in their educational quest.

In my role as a laboratory consultant to several hospitals and physician office laboratories, I am acutely aware of the relentless demand for qualified personnel. For example, five openings for medical technologists currently exist in rural hospitals in our immediate area. This current shortage has been exacerbated by the extension of personnel regulations to all laboratories in the country with the implementation of the Clinical Laboratory Improvement Amendments (CLIA) in September of 1992. Personnel in hospitals and independent laboratories performing highly complex testing will be required to possess a bachelors or associate degree. Those personnel currently employed in laboratories and lacking the appropriate degree will have until 1997 to achieve these educational requirements. Unfortunately, very few of the currently employed individuals will be able to afford to quit their job to pursue their educational goals without financial assistance. This bill would provide financial support for the educational endeavors of students with sponsoring organizations.

It is well known that the rural hospitals are experiencing an acute shortage of medical laboratory personnel. Senate Bill 13 would provide them with the opportunity to sponsor a potential laboratory technologist or technician, and provide financial support to the student with a commitment for their employment. The program would benefit all parties at a minimal financial expenditure and improve the potentially disastrous laboratory personnel shortage in the State of Kansas.

SWAM
Jan. 25, 1993
Attachment 10

Richard H. Kaldor, M.D.

Pathologist

Daniel E. Hancock, M.D.

Pathologist

John F. Bambara, M.D.

Pathologist

Peggy S. Peterson, D.O.

Pathologist



Department of Health and Environment

Robert C. Harder, Secretary

Reply to:

Testimony presented to
Senate Committee on Ways and Means

by

The Kansas Department of Health and Environment

Senate Bill 13

Medical Laboratory Scholarships

The Kansas Department of Health and Environment has responsibility to administer several state and federal programs which regulate clinical laboratories and address clinical laboratory testing in Kansas.

Effective September 1, 1992 federal Clinical Laboratory Improvement Amendment 1988, known as CLIA will require that individuals who perform certain test procedures obtain at least an associate degree in medical laboratory science or medical laboratory technology within five years. This bill establishes a medical laboratory student scholarship plan which will help to minimize the impact of these federal personnel standards on hospitals and physician office laboratories.

Clinical laboratory tests which require formally educated analysts include: crossmatching of blood for transfusions, tests to measure oxygen, sodium, potassium and HDL cholesterol concentrations in the blood, tests to classify various types of blood cells, pap smears and tests for HIV. Some of these test procedures are performed in physician's office laboratories, statewide. Without the ability to provide these laboratory tests, adjustments in patient care practices would have to be made. Specimen for measurement of oxygen content in the blood, for example, must be tested within 30 minutes of the time they are collected.

Due to the complex nature of these test procedures and the resulting patient treatments, it is appropriate to limit the performance of these tests to individuals with appropriate education and training in order to ensure the quality of the test result. Studies have shown that test results from laboratories which meet the impending personnel requirements are more reliable. However, the implementation of these academic requirements will require some time to complete, especially for currently employed individuals who will pursue an educational program on a part-time basis. In a 1990 KDHE study of the 85 non-accredited hospitals, it was found that 50 hospitals (59%) employed 70 non-degree individuals to perform laboratory testing. A proposed scholarship program for medical laboratory professionals provides a

*SWAM
Jan. 25, 1993
Attachment 11*

timely solution to a problem which will impact upon health care facilities, individuals employed in clinical laboratories, and members of the public seeking medical care.

Similarly, the examination of slide preparations for tests such as the Pap Smear will require a trained cytotechnologist. Federal CLIA '88 regulations will impose maximum workload limits on individuals who screen cytology slides, including pap smears. This has given rise to many concerns about the shortage of cytotechnologist in our state. Due to previous regulatory differences, independent laboratories have been required to employ only trained cytotechnologist while hospitals have not been subject to this requirement. Under the uniform requirement of CLIA'88 additional cytotechnologist will be needed to avoid increased time to obtain test results. For this reason we would recommend adding cytotechnologist to this scholarship bill.

Physicians' Assistant Scholarships

Physician Assistants are health care professionals who provide Midlevel health care to all age individuals. This type of practitioner works under the direct supervision of a physician and is a valuable member of health care team.

To date there are approximately 150 PA's in the state of Kansas. 68% of the PAs in Kansas work in rural and underserved areas. Services by the PA are reimbursed by third party payers. They must pass the AMA national certifying exam prior to practicing in Kansas and must be registered with the Board of Healing Arts with a licensed physician who assumes responsibility for the PA's actions. PAs are required by law to continually update their skills through required continuing education courses at the same level required for Physicians practicing in the state.

Wichita State University has the only PA program in the state. Students who graduate have a Bachelor of Science - Physician Assistant degree. Thirty students currently graduate per year. The length of the program is 24 months.

In Kansas Physicians' Assistants may be employed in any of the following areas:

Rural Health Clinics - currently fifty-five are located within the state.

Primary care clinics, currently there are 10 state-funded clinics, 2 federally funded community health centers and approximately 12 other non-profit clinics which serve medically underserved populations.

EACH/RPCH networks developing health care systems in rural areas.

Other health departments or clinics serving high risk populations

Physicians offices and group practices located throughout the state, many of which are in underserved areas.

The resource of these providers enhance access to care for persons in any of these underserved areas where they have direct access to physician supervision and can participate as an integral part of the health professional team.

KDHE supports establishing a scholarship program for Physician's Assistants if it will help in increasing the supply of these professionals. It is our understanding that the single training program for PA's at Wichita State University is currently operating at capacity. Additionally it strongly supports the establishment of a scholarship program for medical technologists, medical technicians and recommends that cytotechnologist be added to the list of scholarship recipients.

Testimony presented by: Richard Morrissey
 Director
 Office of Local and Rural Health Systems
 January 25, 1993

Miscellaneous Information Concerning
PHYSICIAN ASSISTANTS'
PROGRAM AT WICHITA STATE UNIVERSITY

TOTAL PROGRAM CAPACITY: Total of 60 Students - 30 first year
30 second year

NUMBER OF QUALIFIED APPLICANTS FOR PA PROGRAM: 1991 - 106
1992 - 156
1993 - 291 +

WHAT IS THE CURRICULUM FOR PHYSICIAN ASSISTANTS AND HOW MUCH PHARMACOLOGY IS INCLUDED: Enclosed is the entire curriculum. PA students have 6 credit hours (96 clock hours) of clinical pharmacology during the junior year, plus the clinical application of pharmacology interwoven throughout the curriculum in other courses. In addition, they have pharmacological therapeutics for one year in the clinical setting. PA students have a strong foundation in pharmacology. PA students have far more pharmacology than do Nurse Practitioner students.

NUMBER OF JOB OPENINGS IN KANSAS FOR PAS - Ever-changing, currently there are 33 jobs listed in Kansas (18 in rural; 3 in correctional facilities, 1 in state mental hospital; balance in urban areas). Calls are received on a daily basis from Kansas physicians and institutions. Most graduates have job placement prior to graduation. Kansas appears to be consistent with the national data which indicates there are approximately 8-10 job opportunities for each graduating PA.

NUMBER OF GRADUATES WHO STAY IN KANSAS: Of the 26 1992 graduates, 17 (65%) stayed in Kansas. Of those 17, 11 (64%) are employed in underserved and critically underserved areas of Kansas. 29% of WSU graduates are employed in rural communities as compared to 16% on the national level.

WHAT DOES THE PROGRAM DO TO ENCOURAGE GRADUATES TO STAY IN KANSAS AND PRACTICE IN PRIMARY CARE SETTINGS: Applicants from Kansas receive priority for selection to the Program. The WSU PA program emphasizes primary care in rural and underserved areas. All students are required to spend a minimum of 12 weeks (2 six week rotations) in one of the 26 rural training sites affiliated with the Program. The program has received commendation and funding preference from the U.S. Department of Health and Human Services for its efforts to train students in rural health care settings. Few PA programs have the large number of rural rotation sites as does the WSU program.

SWAM
Jan. 25, 1993
Attachment 12

Practicing PAs in rural Kansas settings are used as Field Coordinators for students in remote sites. The Coordinators make clinical site visits and serve as mentors and role models for senior students which serves to encourage new graduates to seek employment in underserved areas of Kansas.

The program provides free job listing for physicians and institutions in Kansas who are recruiting PAs. Federal funds have been obtained annually to provide travel expenses for students going to remote clinical sites and preceptors are asked to provide room and board for students to avoid additional financial hardship for students.

WSU faculty feel strongly about keeping graduates in Kansas in primary care settings so students are encourage throughout the PA program to seek employment in needed areas.

STATISTICS ON PA PROGRAM DIRECTORS AND FACULTY: The 8th Annual Report on PA programs in the United States reports the following in regards to PA faculty salaries:

	National Average	Central U.S.	WSU
Program Director	\$60,180	\$54,266	\$44,400
Faculty	\$40,310	\$42,440	\$31-33,000

For continued success and, hopefully, expansion of the WSU PA program. the issue of faculty salaries must be addressed. Currently, WSU's new graduates are making more the day they graduate than do our faculty, who collectively have more than 33 years of medical experience and advanced degrees. Faculty turnover threatens program quality more than any other single factor. Program Director and faculty salaries for the Nurse Practitioners program were not available.

The program has a faculty FTE of 4.5 which when filled constitutes a student/faculty ratio of 13/1. Currrently, there is one part-time faculty position unfilled, making the student/faculty ration of 15/1. Clinical programs require high faculty/student contact time for physical exam and clinical skills courses so even one unfilled faculty position puts additional strain on already overloaded faculty members. Four out of the five faculty who last resigned, do so in part due to salary issues. Efforts to recruit faculty have been unsuccessful. It took two years to fill the last position despite a national and local search. Low salary is the primary reason given for lack of interest in faculty positions.

RECENT ACCREDITATION COMMENTS: The WSU PA program recently underwent an accreditation site visit and review. In its report on the program, the AMA's Committee on Allied Health and Accreditation (CAHEA), the accrediting body for the PA programs, said:

"The Program Director is knowledgeable, committed, energetic, and well-respected in the medical community. She is seen as a strong leader and sets a tone of excellence for the faculty.

Her expectations are high for both faculty and students. The Program faculty is committed and their attention to detail has made the program stronger. Faculty members show a genuine concern for the students. The interest in innovation is only limited by the time constraints due to heavy teaching loads and clinical demands on the faculty."

In that same report, it is written:

"Strengths of the program are fragile. Noncompetitive faculty salaries puts the program at constant risk for faculty turnover".

WSU PA Directors do feel there is a misconception among legislators; that the WSU program is an urban PA program that educates PAs to stay in the Wichita area. Quite the contrary is true, WSU has a national reputation for training PAs in rural communities; they make every effort to get students in the underserved areas of Kansas and have been successful in that endeavor. WSU is well above the national average for having graduates in primary care, rural settings.

College of Health Professions

BACHELOR OF SCIENCE DEGREE... PHYSICIAN ASSISTANT (BS)

(for students entering under the 1992-93 catalog)

General Requirements: total hours for graduation 124 minimum, overall GPA 2.0 minimum GPA for major 2.0REQUIREMENTS FOR A MAJOR:

Either or	Engl	101	College English I (3)	_____
	Engl	102	College English II (3)	_____
	Comm	111	Public Speaking (3)	_____
	Comm	112	Interpersonal Communication (3)	_____
	Math	111	College Algebra (or equivalent) (3)	_____
	Biol	120Q	Microbiology (4)	_____
	Biol	203Q	Organismal Biology (5)	_____
	Biol	223	Human Anatomy and Physiology (5)	_____
	Chem	111Q	General Chemistry (5)	_____
	Chem	112Q	General Inorganic Chemistry (5)	_____

plus additional courses to fulfill the General Education Curriculum requirements.

REQUIREMENTS FOR ADMISSION TO THE PROFESSIONAL PROGRAM: Completion of prerequisite course requirements with a minimum GPA of 2.5, and a grade of "C" or better in all Division C courses (Natural Science and Mathematics).

REQUIREMENTS FOR THE PROFESSIONAL PROGRAM TO BE TAKEN IN THE FOLLOWING ORDER:First Year

Fall	HS	388	Clinical Anatomy (6)	_____
	HS	390	Clinical Physiology (3)	_____
	HS	421	Applied Clinical Pharmacology I (3)	_____
	PA	316	Assessment and Management of the Integument (1)	_____
	PA	320	Assessment and Management of the Ophthalmic and Otorhinolaryngological Problems (3)	_____
	PA	300	Medical History and Physical Examination (4)	_____
	MedT	310	Clinical Laboratory Services (3)	_____

Spring	HS	400	Clinical Pathophysiology (3)	_____
	HS	422	Applied Clinical Pharmacology II (3)	_____
	PA	323	Assessment and Management of the Cardiopulmonary System (3)	_____
	PA	330	Assessment and Management of the Gastrointestinal System (3)	_____
	PA	333	Assessment and Management of Obstetrics and Gynecology (3)	_____
	PA	317	Assessment and Management of the Endocrine System (1)	_____
	PA	335	Assessment and Management of the Renal and Genito-Urinary System (3)	_____
	PA	302	Patient Counseling (2)	_____
Summer	PA	337	Assessment and Management of the Neuro- and Musculoskeletal Systems (3)	_____
	PA	375	Clinical Skills (3)	_____
	PA	430	Clinical Conference I (1)	_____

Second Year

	PA	410	Clinical Rotation I (3)	_____
	PA	412	Clinical Rotation II (3)	_____
	PA	414	Clinical Rotation III (3)	_____
	PA	418	Clinical Rotation IV (3)	_____
	PA	419	Clinical Rotation V (3)	_____
	PA	422	Clinical Rotation VI (3)	_____
	PA	425	Clinical Rotation VII (3)	_____
	PA	432	Clinical Conference II (3)	_____
Summer	PA	440	Clinical Preceptorship - 8 weeks (6)	_____

The Wichita State University
Physician Assistant Program
Projected Budget Increase
for 1993

This budget represents the funds that are needed to increase the Physician Assistant Program by fifty percent. Currently, there are thirty junior students and thirty senior students for a total of 60 students in the professional program. With the requested funds, the Program could accept forty five students (instead of thirty) each year, for a total of 90 students in the professional program. These budget figures represent amounts over and above the current Physician Assistant Departmental budget of \$265,808.

PERSONNEL

Salaries and benefits for two additional faculty.....	\$139,700
(\$55,000 + benefits of \$14,850 x 2)	
Market increase for existing faculty (4).....	82,550
Student Assistant salary + benefits.....	3,500
Cadaver Lab Assistant.....	6,000
Total.....	\$231,750

TRAVEL

Faculty travel to additional rural sites.....	\$5,000
Student travel to remote sites.....	5,000
Recruitment (travel) expenses for rural students.....	10,000
Total.....	\$20,000

OPERATING EXPENSES

Instructional Resources (ACLS, med. supplies etc.).....	\$15,575
Clerical & admin. expenses (copying, office supplies,).....	6,100
Network & telephone fees.....	1,300
Additional office space & furniture.....	2,500
Total.....	\$25,475

ONE TIME EXPENSES FOR START-UP

The following items will be a one-time expense except for routine maintenance on equipment.

Faculty Recruitment Expenses	\$15,000
(Advertising, director travel, interview costs for five)	
Computers & printers for new faculty and department.....	7,200
Equipment for computer assisted instruction (CIA).....	50,000
Renovation of classroom.....	4,000
Furniture & equipment for classroom.....	12,000
Total.....	\$88,200

TOTAL INCREASE REQUESTED FOR FIRST YEAR.....\$365,425

SWAM
Jan. 25, 1993
Attachment 13

page two - budget increase

1994 - 1998

Budget needs for subsequent years will not require the one-time start-up costs, however, will require maintenance costs and a five percent market increase in faculty salaries and operating costs. These amounts are needed over and above the current budget for the Physician Assistant Department.

TOTAL INCREASE REQUESTED FOR FIRST YEAR.....\$365,425

Less first year start-up costs..... - 88,200

\$277,225

Plus the following:

Faculty & staff salary increase..(5%).....11,590

Operating budget increase (5%).....1,275

Maintenance and upgrade on computer equipment.....10,000

Faculty recruitment activities ongoing.....5,000

Maintenance and upgrade of classroom equip & furniture.....5,000

Maintenance and upgrade of office equipment.....5,000

TOTAL INCREASE REQUESTED FOR 2ND YEAR.....\$315,090

Subsequent years will require a 5% market increase in faculty salaries, operating costs and maintenance.

The Wichita State University
PHYSICIAN ASSISTANT PROGRAM FACT SHEET
January 1993

- * Began in 1973 at The Wichita State University
- * Only PA Program in Kansas
- * Accredited by the American Medical Association's Committee On Allied Health Education and Accreditation (CAHEA)
- * Grants a Bachelor of Science degree with a major in Physician Assistant
- * Capacity for 60 students (30 per year)
- * Has 4.5 faculty on staff with one vacant position
- * Professional program is 24 months long
 - Junior/didactic
 - Senior/clinical
- * Approximately 70 clinical training sites, with 26 in rural communities
- * Emphasis on family medicine and rural health care
- * Approximately 10 applicants for each student position in Fall 1993 class
- * Eight employment opportunities per graduate
- * Students have mandatory twelve weeks clinical training in rural setting
- * 29% of Program graduates are practicing in rural communities compared to 16% on the national level

SWAm
Jan. 25, 1993
Attachment 14