

Approved: 2/3/94
FM Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Joann Flower at 1:30 p.m. on February 2, 1994 in Room 423-S of the Capitol.

All members were present except:
Rep. Goodwin, Rep. Swall, absent

Others attending: See attached list

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

Conferees appearing before the committee:
Representative Grotewiel
Representative Nichols

Vice-Chair, Representative Wagle called the meeting to order, asking those with requests for legislation to begin.

Representative Grotewiel offered hand-out (Attachment No.1), noting the request for bill introduction was regarding midwifery. He detailed rationale, i.e., would define the practice of lay direct-entry midwifery; establish the Kansas midwifery registry board to act as the governing body for the practice of lay direct-entry midwifery; create a registry of midwives to collect statistics, evaluate academic and clinical skills, provide information of the public. He requested introduction of this legislation and that a hearing be held. He answered numerous questions.

Rep. Neufeld moved to introduce the midwifery legislation proposed by Rep. Grotewiel, seconded by Rep. Henry. No discussion. Motion carried.

Rep. Nichols directed attention to handout (Attachment No.2), noting a constituent requested this be introduced as a Committee bill. He detailed rationale, i.e., a person having just obtained a license to practice as an licensed practical nurse, LPN, was almost immediately put in a (nurse in charge) situation in a nursing care home facility. The proposed legislation would prohibit placing a LPN in a supervisory or charge nurse position until such LPN has obtained at least two months on-the-job training in the facility, in which they are expected to take a supervisory or charge nurse position. He stated, he had worked with the Revisor, Mr. Furse on language and if there are concerns with language, perhaps Mr. Furse could help to answer questions. He then requested introduction of this legislation as a Committee bill. There were no questions.

Rep. Rutledge moved to introduce the legislation proposed by Rep. Nichols, seconded by Rep. O'Connor. No discussion. Motion carried.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S
Statehouse, at 1:30 p.m. on February 2, 1994.

Rep. Rutledge asked Committee to consider legislation that there be certain notices posted in Child Care Homes. He detailed rationale, i.e., a child was placed in a facility which the parents later discovered this facility had been in violation of certain licensure requirements. This information was not detected by the parents until they learned it from a former employee of the facility. The legislation being proposed would establish a procedure and requirements that a licensed child care facility has a licensure and register violation, they would be required to post this information in a public place for access to parents. (There was no printed copy available.

There were no questions.

Rep. Neufeld moved to introduce the legislation proposed by Rep. Rutledge, conceptually, seconded by Rep. Morrison. No discussion. Motion carried.

Rep. Nichols distributed (Attachment No.3) and stated that a constituent, Jr. Charles A. Cozad II, had expressed concerns regarding certain records being kept by the Kansas Board of Healing Arts be kept closed to the public. Rep. Nichols asked members of this Committee to please read Mr. Cozad's letter. Perhaps then at a future date a bill could be drafted that would address the concerns expressed in Attachment No. 3.

Vice Chairperson Wagle requested Rep. Samuelson to present the Sub-Committee report on **SB 397**.

DISCUSSION BEGAN ON **SB 397**.

Rep. Samuelson, Chair of Sub-Committee on **SB 397** stated there had been several meetings to discuss the bill with numerous interested parties attending. Sub-Committee members were Rep. Samuelson, Rep. Neufeld, Rep. Sader. She drew attention to hand-out (Attachment NO.4) a House substitute for **SB 397**, recommended by the Sub-Committee. She noted there were several changes proposed in order to resolve issues of concern. She detailed new language, noted the Department of Health and Environment have stated they are comfortable with the changes proposed as well as are those interested parties who have attended the meetings. These groups believe proposed language will address concerns expressed regarding the original bill. She detailed recommendations. The name of the act is changed, i.e., if a Hospice meets certification requirements of Medicare regulations, they may then be called a Hospice, or a Licensed Hospice. She detailed the changes section by section; noted clarification on exemptions; noted this act would become effective on the date of the Kansas register.

Rep. Samuelson answered numerous questions. It was determined the definition of hospice appears in the federal regulations, chapter IV, 418.1 et seq., so it is unnecessary to repeat the regulation in the language of the bill since it is the federal regulation that is being used in this case. It was also determined that in "or hospices" comes under a broad generic term used, i.e., adult care homes.

Rep. Samuelson moved to adopt the Sub-Committee report and to pass out of Committee favorably the House Substitute for SB 397, seconded by Rep. Rutledge. No discussion. Motion carried.

Chairperson Flower had returned earlier in the meeting. Announcements made by Chair Flower that the Sub-Committee on **HB 2581** would meet today, immediately on adjournment of the full Committee on Public Health and Welfare in room 423-S.

Chair adjourned the meeting.

The next meeting is scheduled for February 3, 1994.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE Feb. 2, 1994

NAME	ORGANIZATION	ADDRESS
Michelle Peterson	K. Goss Consulting	Topeka
Rich Guthrie	Health Midwest	KC
Fatie Dyk	AARP ^{State Leg Committee} Cap & Tax Force	Topeka
Paula Schiller	Washburn Student	Topeka
Annette Siebert	KATHA	Topeka
ALAN CORB	Wichita Hospitals	Wichita
John S. Hamlin	Assoc. KS. Hospices	Topeka
Greg Pearson	KDHE	Topeka
Joseph Koebe	KOME	Topeka
Lita L Wolf	SRS	Topeka
DAVE SCHNEIDER	Kansas For Life At Its Best	Topeka
Jeff Brownell	Emporia State Univ.	Emporia
Shari McCabey	CareWorld	Sharon
William R. Feltner	KONHAA Shawnee Municipal Hospital	Shawnee
Linda Johnson	KNA - SSWAHC - MO-KAN	Overland Park
Jane Ford	KNA	Topeka
KENT R LANDIS	CHRISTIAN SCIENCE COMM. on PUBLICATION FOR KS	Topeka
Laura K. Moen	Shawnee Community Mental Health Center	Topeka
Donna Bid	Bark Assoc.	Topeka
Sandy Strand	KINH	Lawrence

HOUSE BILL NO. _____

Attn #1.

By Representative Grotewiel

AN ACT concerning midwifery; establishing a governing board and registry; relating to the collection of statistics.

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

Section 1. The purpose of this bill is to:

- (a) Define the practice of lay direct-entry midwifery;
- (b) establish the Kansas midwifery registry board to act as the governing body for the practice of lay direct-entry midwifery; and
- (c) create a registry of midwives to collect statistics, evaluate academic and clinical skills of midwives, and provide information to the public and the state.

Sec. 2. As used in this section "midwife" means an individual who attends to a woman in labor and delivery who exhibits the skill and training as defined by Kansas midwifery registry board guidelines. A midwife shall be qualified to evaluate and act as primary attendant to a pregnant woman throughout prenatal, intrapartum and postpartum periods including the administration of family planning and well-woman care.

Sec. 3. There is hereby established the Kansas midwifery registry board to oversee the practice of lay direct-entry midwifery. The board may adopt rules and regulations to administer the provisions of this act.

(a) The governor shall appoint a board consisting of five members of which three shall be direct-entry midwives, one shall be a person licensed under the Kansas healing arts act, K.S.A. 65-2801 et seq. and amendments thereto to provide childbirth services, and one shall be a member of the general public.

(b) Members appointed under subsection (3)(a) shall serve a term of three years and not more than two consecutive terms, except that, of the first members appointed, one shall be

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appointed for a term of one year, two shall be appointed for a term of two years and two shall be appointed for a term of three years.

(c) The Kansas midwifery registry board shall serve without compensation or reimbursement of expenses.

Sec. 4. (a) The Kansas midwifery registry board shall establish qualifications for the registration of lay direct-entry midwives. The standards shall include but not be limited to:

(1) Successfully passing a written examination designed to test the knowledge and skill level necessary to attend a woman in labor and delivery;

(2) evaluation of clinical skills and safety procedures to ensure public health and welfare including, but not limited to, the use of pitocin for postpartum hemorrhage, episiotomy and suturing for repair;

(3) proof of attendance at an adequate number of births and prenatal visits as determined by the board, which may be verified by the primary care giver; and

(4) submission of a written description of the attending midwife's training and background, experience level, number of births attended, and any other relevant information. The description shall be kept on file for all registered midwives and shall be made available to the public upon request.

(b) The Kansas midwifery registry board may remove any midwife from the registry who does not meet the qualifications, or otherwise comply with the regulations set out in this act.

Sec. 5. The Kansas midwifery registry board shall establish by rules and regulations registration requirements for lay direct-entry midwives. The registration requirements adopted by the board shall establish such education, training and other qualifications for the registration of midwives as may be necessary to protect the public health and safety. Upon registration the midwife shall be required to:

(a) File certificates of birth with the department of vital statistics in compliance with K.S.A. 65-507;

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(b) pay an annual renewal fee not to exceed \$50.00 which will be forwarded to the Kansas department of health and environment to offset the cost of data collection and compilation of registry renewals;

(c) in conjunction with the Kansas midwife registry board submit statistical data to the Kansas department of health and environment on a form provided by the Kansas department of health and environment; and

(d) attend annual peer review meetings to evaluate progress and potential problems with the practice of direct-entry midwifery.

Sec. 6. Each member of the midwifery registry board shall serve as a resource for information and advice regarding lay direct-entry midwives to state agencies and other interested parties in the following areas:

(a) Comparison of home versus hospital infant mortality rates;

(b) economic advantages of midwives;

(c) pregnancy education and outcome at births;

(d) effect of midwives on low income populations;

(e) effect of midwives on under-served rural areas; and

(f) effect of midwives on teen pregnancy.

Sec. 7. This statute is in no way intended to limit or prohibit any other caregiver licensed by the state from registering as a midwife providing the caregiver complies with the regulations set out in this section.

Sec. 8. Any lay direct-entry midwife registered under this act and practicing in accordance with the provisions of this act and rules and regulations adopted under this act shall be exempt from the provisions of the Kansas healing arts act, K.S.A. 65-2801 et seq. and amendments thereto.

Sec. 9. This act shall take effect and be in force from and after its publication in the statute book.

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Attmt #1.3
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HOUSE BILL NO. _____

AN ACT concerning nursing; declaring certain acts to be unlawful;
amending K.S.A. 65-1114 and repealing the existing section.

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

Section 1. K.S.A. 65-1114 is hereby amended to read as follows: 65-1114. (a) It shall be unlawful for any person:

(1) To practice or to offer to practice professional nursing in this state; or

(2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a registered professional nurse; or

(3) to practice or offer to practice practical nursing in this state; or

(4) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a licensed practical nurse, unless such person has been duly licensed under the provisions of this act.

(b) It shall be unlawful for any person:

(1) To practice or offer to practice as an advanced registered nurse practitioner in this state; or

(2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is an advanced registered nurse practitioner, unless such person has been duly issued a certificate of qualification as an advanced registered nurse practitioner under the Kansas nurse practice act.

(c) It shall be unlawful for any person subsequent to September 1, 1994, to place a licensed practical nurse in a supervisory or charge nurse position until such licensed practical nurse has obtained at least two months on-the-job training in the facility, or a similar facility, in which such licensed practical nurse is to hold such supervisory or charge nurse position.

Sec. 2. K.S.A. 65-1114 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

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Date: February 2, 1994

To: House Public Health and Welfare Committee

From: Charles A. Cozad II

Subject: Kansas Board of Healing Arts Medical Records

I am writing to you about the Kansas laws that require Kansas Board of Healing Arts records to be closed to the public. I have talked with my representative, Rocky Nichols, and expressed to him that I wanted to address the Kansas Legislature's Public Health and Welfare Committee. I am asking each committee member to spend a few moments of your time to hear what I have to say.

I have had several years of back trouble. I have also experienced a vast amount of bad medical treatment. I originally hurt my lower back in 1981. Since then I have had a tremendous amount of treatment and surgery on my back. My first trouble started in 1984 when I reluctantly consulted a well known chiropractor, Paul Schaal, in Overland Park, Kansas. While doing his therapy exercises, I had an additional injury to my middle back. This caused additional pain and suffering but, fortunately, the pain subsided before I had fusion surgery on my lower back. Then, in Nov 1984, I had fusion surgery on my lower back in Kansas City. My doctor, Dr. Darnell, continually assured me that I had a successful fusion and he seemed to want to shut out any complaints I had about further pain in my back.

I suffered for another year and consulted Dr. Jacobs at KU MED CENTER. He pointed out that a fusion had never been achieved on my lower back. Dr. Kraker, at KU MED CENTER, also later confirmed that I did not have a fusion on my back. Dr. Darnell clearly lacked his duty of diligence in his practice. My time, additional suffering, and thousands of dollars of medical insurance were totally wasted. In addition my middle back has had repeated flare ups from the injury I sustained with the chiropractor's exercises. In 1989 my middle back flared up and went into spasms. Apparently, it has been in spasms for the past four years and I have suffered terribly.

In 1990, I asked the Kansas Board of Healing Arts to investigate Paul Schaal and found it hard to understand why no wrong doing was found in this investigation. I tried to get the medical records from Paul Schaal to have my personal physician look at the records himself. However, Paul Schaal had failed to maintain the records for the minimum 10 years required by Kansas statutes. I then tried to obtain the records from the Board of Healing Arts investigation but was shocked to find out that they are unavailable to the public by state law.

I am now appealing to each member on the committee to consider having the law changed to make the Board of Healing Arts

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investigation records open to the patients. I understand that one of the arguments against this is that open records would make it easier to file malpractice suits. This attitude is clearly wrong. The whole idea is only speculation. The health and welfare of Kansas citizens should never be jeopardized by just speculation. If more malpractice suits were filed because of open records then there clearly needs to be more disciplinary action taken by the Board of Healing Arts. If there are problems for the Board of Healing Arts or state statutes, then steps need to be taken to correct this.

My situation only demonstrates the need to have medical investigation records open for further investigation. To say that open records would only create problems is totally contradictory. Closed medical investigation records are what causes problems, they do not alleviate them. Members of the Board of Healing Arts, themselves, admit that not all statutes and regulations are realized by Board of Healing Arts members. When the chances exist that anything could be overlooked by medical investigations, then the records should be available for further investigation. That situation does exist and the records should be available for further investigation, without question.

The medical situation in Kansas and the whole country is clearly facing problems. The issue of incompetent medical treatment and malpractice is an issue of growing concern. We have got to face the truth about the situation. Something needs to be done about it. I fear that there is too much influence by doctors that may be affected by more disciplinary action in the medical profession. The truth is that there are doctors that are overworked providing good medical treatment, then there others. These other doctors are only concerned with making money and avoiding any more work than is necessary. The main focus of medical issues concerns seems to be malpractice insurance and rising medical insurance rates. Lack of disciplinary action concerning medical treatment is a major factor that affects this. Lack of disciplinary action is a cause of rising malpractice insurance rates and rising medical insurance rates. It is absurd to think anything else.

We have got to face the truth about this situation and effectively deal with it. We must act now. I appeal to the Kansas Public Health and Welfare Legislative Committee. Please grant a hearing on this matter and consider opening the Board of Healing Art's investigation records. It is something that affects the health and welfare of the entire state of Kansas.

Sincerely,

Charles A. Cozad II

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HOUSE Substitute for SENATE BILL NO. 397

By Committee on Public Health and Welfare

AN ACT concerning hospices; providing that medicare certified hospices may hold themselves out to the public as a hospice or a licensed hospice; exempting medicare certified hospices from certain statutes; providing injunctive remedies for violations; amending K.S.A. 39-923 and 65-5112 and K.S.A. 1993 Supp. 65-425 and repealing the existing sections.

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

New Section 1. (a) Each hospice located in this state which is certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq. and amendments thereto shall be known and may hold itself out to the public as a hospice or as a licensed hospice so long as such hospice is certified to participate in the medicare program.

(b) Prior to January 1, 1996, an agency, organization or other entity which is engaged primarily in providing hospice services but which is not certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq. and amendments thereto may hold itself out to the public as a hospice.

(c) On and after January 1, 1996, no agency, organization or other entity other than a hospice certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq. and amendments thereto shall hold itself out to the public as a hospice or as a licensed hospice.

(d) The secretary of health and environment may file for an injunction against any agency, organization or other entity or person to restrain or prevent any violations of the provisions of this section.

Sec. 2. K.S.A. 39-923 is hereby amended to read as follows:
39-923. (a) As used in this act:

(1) "Adult care home" means any nursing facility,

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intermediate personal care home, one to five bed adult care home and any boarding care home, all of which classifications of adult care homes are required to be licensed by the secretary of health and environment. Adult care home does not mean adult family home.

(2) "Nursing facility" means any place or facility operating for not less than 24 hours in any week and caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves, and for whom reception, accommodation, board and skilled nursing care and treatment is provided, and which place or facility is staffed to provide 24 hours a day licensed nursing personnel plus additional staff, and is maintained and equipped primarily for the accommodation of individuals who are not acutely ill and are not in need of hospital care but who require skilled nursing care.

(3) "Intermediate personal care home" means any place or facility operating for not less than 24 hours in any week and caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves and for whom reception, accommodation, board, personal care and treatment or simple nursing care is provided, and which place or facility is staffed, maintained and equipped primarily for the accommodation of individuals not acutely ill or in need of hospital care, nursing facility care or moderate nursing care but who require domiciliary care and simple nursing care.

(4) "One-to-five-bed adult care home" means any place or facility which place or facility may be a private residence and which place or facility is operating for not less than 24 hours in any week and caring for not more than five individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who by reason of

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aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves and for whom reception, accommodation, board, personal care and treatment and skilled nursing care, supervised nursing care or simple nursing care is provided by the adult care home, and which place or facility is staffed, maintained and equipped primarily for the accommodation of individuals not acutely ill or in need of hospital care but who require domiciliary care and skilled nursing care, supervised nursing care or simple nursing care provided by the adult care home. When the home's capabilities are questioned in writing, the licensing agency shall determine according to its rules and regulations if any restriction will be placed on the care the home will give residents.

(5) "Boarding care home" means any place or facility operating for not less than 24 hours in any week and caring for three or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves and for whom reception, accommodation, board and supervision is provided and which place or facility is staffed, maintained and equipped primarily to provide shelter to residents who require some supervision, but who are ambulatory and essentially capable of managing their own care and affairs.

(6) "Place or facility" means a building or any one or more complete floors of a building, or any one or more complete wings of a building, or any one or more complete wings and one or more complete floors of a building, and the term "place or facility" may include multiple buildings.

(7) "Skilled nursing care" means services commonly performed by or under the immediate supervision of a registered professional nurse and additional licensed nursing personnel for individuals requiring 24 hour a day care by licensed nursing personnel including: Acts of observation, care and counsel of the ill, injured or infirm; the administration of medications and treatments as prescribed by a licensed physician or dentist; and

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other nursing functions requiring substantial specialized judgment and skill based on the knowledge and application of scientific principles.

(8) "Supervised nursing care" means services commonly performed by or under the immediate supervision of licensed nursing personnel at least eight hours a day for at least five days a week including: Acts of observation, care and counsel of the ill, injured or infirm; the administration of medications and treatments as prescribed by a licensed physician or dentist; and other selected functions requiring specialized judgment and certain skills based on the knowledge of scientific principles.

(9) "Simple nursing care" means selected acts in the care of the ill, injured or infirm requiring certain knowledge and specialized skills but not requiring the substantial specialized skills, judgment and knowledge of licensed nursing personnel.

(10) "Resident" means all individuals kept, cared for, treated, boarded or otherwise accommodated in any adult care home.

(11) "Person" means any individual, firm, partnership, corporation, company, association or joint-stock association, and the legal successor thereof.

(12) "Operate an adult care home" means to own, lease, establish, maintain, conduct the affairs of or manage an adult care home, except that for the purposes of this definition the word "own" and the word "lease" shall not include hospital districts, cities and counties which hold title to an adult care home purchased or constructed through the sale of bonds.

(13) "Licensing agency" means the secretary of health and environment.

(14) "Skilled nursing home" means a nursing facility.

(15) "Intermediate nursing care home" means a nursing facility.

(b) The term "adult care home" shall not include institutions operated by federal or state governments, hospitals or institutions for the treatment and care of psychiatric patients, boarding homes for children under the age of 16 years,

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day nurseries, child caring institutions, maternity homes, hotels ~~or~~, offices of physicians or hospices which are certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq. and amendments thereto and which provide services only to hospice patients.

(c) The licensing agency may by rule and regulation change the name of the different classes of homes when necessary to avoid confusion in terminology and the agency may further amend, substitute, change and in a manner consistent with the definitions established in this section, further define and identify the specific acts and services which shall fall within the respective categories of facilities so long as the above categories for adult care homes are used as guidelines to define and identify the specific acts.

Sec. 3. K.S.A. 1993 Supp. 65-425 is hereby amended to read as follows: 65-425. As used in this act:

(a) "General hospital" means an establishment with an organized medical staff of physicians; with permanent facilities that include inpatient beds; and with medical services, including physician services, and continuous registered professional nursing services for not less than 24 hours of every day, to provide diagnosis and treatment for patients who have a variety of medical conditions.

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

(c) "Person" means any individual, firm, partnership, corporation, company, association, or joint-stock association, and the legal successor thereof.

(d) "Governmental unit" means the state, or any county, municipality, or other political subdivision thereof; or any department, division, board or other agency of any of the

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foregoing.

(e) "Licensing agency" means the department of health and environment.

(f) "Ambulatory surgical center" means an establishment with an organized medical staff of one or more physicians; with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures; with continuous physician services during surgical procedures and until the patient has recovered from the obvious effects of anesthetic and at all other times with physician services available whenever a patient is in the facility; with continuous registered professional nursing services whenever a patient is in the facility; and which does not provide services or other accommodations for patient to stay more than 24 hours. Before discharge from an ambulatory surgical center, each patient shall be evaluated by a physician for proper anesthesia recovery. Nothing in this section shall be construed to require the office of a physician or physicians to be licensed under this act as an ambulatory surgical center.

(g) "Recuperation center" means an establishment with an organized medical staff of physicians; with permanent facilities that include inpatient beds; and with medical services, including physician services, and continuous registered professional nursing services for not less than 24 hours of every day, to provide treatment for patients who require inpatient care but are not in an acute phase of illness, who currently require primary convalescent or restorative services, and who have a variety of medical conditions.

(h) "Medical care facility" means a hospital, ambulatory surgical center or recuperation center, but shall not include a hospice which is certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq. and amendments thereto and which provides services only to hospice patients.

(i) "Rural primary care hospital" shall have the meaning ascribed to such term under K.S.A. 65-468 and amendments thereto.

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(j) "Hospital" means "general hospital," "rural primary care hospital," or "special hospital."

(k) "Physician" means a person licensed to practice medicine and surgery in this state.

Sec. 4. K.S.A. 65-5112 is hereby amended to read as follows:
65-5112. The provisions of this act shall not apply to:

(a) Individuals who personally provide one or more home health services if such persons are not under the direct control and doing work for and employed by a home health agency;

(b) individuals performing attendant care services directed by or on behalf of an individual in need of in-home care as the terms "attendant care services" and "individual in need of in-home care" are defined under K.S.A. 65-6201, if the individuals performing such services are not under the direct control and doing work for and employed by a home health agency;
or

(c) any person or organization conducting a home health agency by and for the adherents of any recognized church or religious denomination or sect for the purpose of providing services for the care or treatment of the sick or infirm who depend upon prayer or spiritual means for healing in the practice of the religion of such church, religious denomination or sect;
or

(d) a hospice which is certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq. and amendments thereto and which provides services only to hospice patients.

Sec. 5. K.S.A. 39-923 and 65-5112 and K.S.A. 1993 Supp. 65-425 are hereby repealed.

Sec. 6. This act shall take effect and be in force from and after its publication in the Kansas register.

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