

Approved: March 15, 1994
Date sh

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Joann Flower at 1:30 p.m. on March 9, 1994 in Room 423-S of the Capitol.

All members were present except: Rep. Nichols, Rep. Swall, both 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:

Jerry Slaughter, Executive Director, Kansas Medical Society
Terri Roberts, Executive Director, Kansas Nurses Association
Keith Landis, Christian Science Committee on Publication for Kansas
Dr. Robert C. Harder, Secretary, Department of Health/Environment
Robert Epps, Commissioner, Income Support/Medical Services, Department of SRS

Chair called the meeting to order welcoming all those present. She requested that Rep. Scott introduce his guest today. Rep. Scott introduced Dr. Ron Mace from Junction City, the doctor of the day at the Capitol. He was warmly welcomed.

Chair drew attention to **SB 615**. Chair noted this legislation has been sent back to the House after being passed by the House. **SB 615** has had one of the Committee bills amended into it, therefore, the Chair deems it necessary to appoint a Sub-Committee to begin working on the bill before a hearing is scheduled. She appointed Rep. Samuelson as Chair, with Rep. Freeborn, and Rep. Henry also serving. A meeting time will be announced.

Chair drew attention to Committee minutes for March 7th and 8th and requested if members have any corrections or suggestions, call the secretary by 5:00 p.m. tomorrow, March 10. If no corrections, these minutes will be considered approved as presented.

Chair requested a staff briefing on **SB 577**. Mr. Furse noted **SB 577** would create in the State Treasury the Health Care Database Fee Fund; would enact new law and amend several existing statutes related to the Kansas health care database. Money deposited in the Fund would be expended to supplement maintenance costs of the database, provide technical assistance and training in the proper use of health care data. A performance audit required by statute after three years operation of this program may be paid for from the fund. In a special directive issued, in (c) on page 1, these fees can be credited back to the health care database fee fund. He gave a detailed explanation of all new language proposed; detailed the bill section by section. An overall view, this would expand those required to report information to the database, establishes the health care database fee fund, provides for the technical way to carry out the way the language would direct post audit of the entire operation after three years. Mr. Furse answered questions, i.e., fees would provide that the Secretary would establish by rules a regulations, a system of fees for the data preparation or dissemination.

HEARINGS BEGAN ON **SB 577**.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S
Statehouse, at 1:30 p.m. on March 9, 1994.

Jerry Slaughter, Executive Director, Kansas Medical Society offered hand-out, (Attachment No. 1). The state needs to have a central depository of accurate comprehensive data. The Kansas Medical Society (KMS) believes this will help the legislature and others as there is a move down the road to Health Care Reform. This is a significant expansion, allowing the state to collect data directly from individual providers. There is concern that data be collected in a way that does not create an unreasonable burden on physicians, both in terms of time involved and cost. KMS believes, this is a worthwhile objective and is supportive of **SB 577** in its current form.

Terri Roberts, Executive Director, Kansas Nurses Association spoke in support of **SB 577**. The Kansas State Nurses Association (KSNA) is very supportive of providing the Health Care Governing Board with legal authority to collect the data needed to engage in systematic health data collection and analysis. They recognize adequate funding must be provided to carry out responsibilities of this endeavor, and also support the conservative approach in the confidentiality provision. Last year, when **SB 118** was created the KSNA testified in support of the creation of the Board, and asked this Committee to consider a position on the Governing Board for a Registered Nurse. It is the belief of the KSNA that by adding a nurse with a background in research and informatics, this would add increased breadth to the Governing Board. She drew attention to statistical information in her hand-out (see Attachment No. 2) and noted there are over 25,000 Registered Nurses in the state of Kansas, making it the largest group of health care providers in the state. She drew attention to a balloon amendment that provides language proposing adding an additional member to the Board, to be appointed by KSNA. She urged favorable consideration for her amendment and passage of **SB 577**.

Ms. Roberts answered questions. It was determined that Board members are not paid any compensation. Ms. Roberts agreed that asking for a Registered Nurse to be appointed to this Board is a sensitive issue, but she is convinced it would be beneficial to this program. It is not the intent of KSNA to de-rail **SB 577**, it is an important issue. They commend this Committee for their work on **Substitute HB 2581**, in recognizing that the Health Care Data Governing Board should be the authority that signs off on the pre-admission assessment tool. All of these issues have importance. She stated, their Association also shares in the vision.

Keith Landis, Christian Science Committee on Publication for Kansas, stated that Christian Scientists being treated by prayer may receive non-medical physical care at a facility operated in accordance with church teachings. There is no Christian Science care facility yet in Kansas, but if there were, K.S.A. 39-941 would allow such a facility to be exempted from some of the licensing laws and regulations. He believes that an exemption from the reporting requirements of **SB 577** should be provided to "any adult care home conducted in accordance with the practice and principles of the body known as the Church of Christ Scientists". He believes that the data they would receive from those of the Christian Science faith would not be useful the database collection. He requested that they be exempted from the requirements in **SB 577** in respect to data collection. He answered numerous questions, i.e., they do not do a medical diagnosis, therefore the data would not be medical data. It was suggested that if the Christian Science practitioners are included in this legislation, perhaps the Naturepaths should be as well as other groups. Mr. Landis supports the theory that if the information being requested is of no use when received, then why should it be given. It was noted, it is not presently known whether or not the information those Christian Science members might provide would be valid information. It was suggested, a form could possibly be filled out on questions that are applicable, and not filled out on those questions not applicable. Mr. Landis said, they could try this if there was enough leeway but noted their numbers are few, and he wondered if such records would really be beneficial. The less they have to report the better they like it, he said. (See Attachment No. 3).

Secretary Robert Harder, Department of Health/Environment stated support for **SB 577**. (See Attachment No.4). He noted that Mr. Furse had done a thorough and commendable job in his explanation of **SB 577**, so the Secretary would not go through his printed testimony, but would stand for questions. He answered numerous questions, i.e., maximum use of all existing reporting in the state will be implemented; they will be working with other organizations and agencies within state government; they are thinking about a form with a tear sheet perhaps, a form that all reporting can be done with uniformity, however, this is still all in the talking/planning stages. He noted the Board and staff will have access to the information received. With the passage of **SB 577**, including the paragraph on confidentiality, all things specific would be confidential, i.e., names, etc. Statistical information is what they need for compilation. If there is a request for data outside of state government, then a fee would be charged for that information. Any Company that is under ERISA would not be obligated to send in data, however, there may be requests for some exempted groups to voluntarily offer information for the database.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S
Statehouse, at 1:30 p.m. on March 9, 1994.

Lengthy discussion held in regard to certain groups wishing to be exempted. Dr. Harder stated, the Department feels this proposed legislation in **SB 577** is so very important, they do not wish to have it be bogged down with questions raised regarding Christian Science persons being exempted. If the Committee wishes to add an amendment for the exclusion of this group, the Department would find no argument with that effort. In regard to the issue raised by the Kansas Nurses Association, Dr. Harder pointed out they are sympathetic to their wishes about a Board member, however, he pointed out there are two technical Task Forces that work very closely with the Board, doing staff work with the Board, and he would be happy to extend them an invitation to become a part of either one of those Task Forces presently in operation.

Robert Epps, Commissioner, Income Support/Medical Services, Department of SRS spoke in support of **SB 577**. The Department believes the database will be of great value in evaluating the impact of health care reform. The Department of SRS sees itself as being an extensive contributor and user of data for the health care database. (Attachment # 5)

HEARINGS CLOSED ON **SB 577**.

Chair inquired if there was any objection to Committee discussion and possible action being taken on **SB 577**. There was no objection.

Discussion began, i.e., staff members were asked to clarify for members the sections in statutes that refer to unlicensed practitioners. Mr. Furse explained those items appear in the credentialing Act. Mr. Furse, when asked, noted the exemption Mr. Landis requested might be possibly be added as a sub section ,65 6805, perhaps on page 4, line 16.

At this point, in order to address the concerns of Mr. Landis, Rep. Neufeld moved to amend **SB 577** by adding the exclusionary exemption language, motion seconded by Rep. Wagle. No discussion. Vote taken, motion carried.

Rep. Samuelson stated that last year during hearings, discussions were held in regard to allowing a Registered Nurse being appointed to the Board and it was determined at that time not to do so. She noted further, since Secretary Harder has made the offer to have the Nursing profession become involved in the Task Force, she stands with the decision made last year. However, she would like the Committee minutes to reflect that Committee does view it important that the Nursing profession is involved in the Task Force.

Concerns were expressed in regard to the individual providers in respect to costs incurred regarding the data reporting. Mr. Slaughter was asked to comment. He said, it is a concern, most especially for the rural practitioners. However, this legislation is a first effort, an important effort in the collection of data. The Secretary of Health/Environment is working hard with lots of good faith effort, and we (the KMS) have a shared goal in this effort.

Rep. Rutledge moved to pass **SB 577** out of committee favorably as amended, seconded by Rep. Samuelson.

Ref. Neufeld requested that Rep. Samuelson's comments regarding a Registered Nurse not being appointed to the Board, but being included and involved in the Task Force as offered by Secretary Harder, be recorded in the Committee minutes this date to reflect this is the will of the Committee. Chairperson Flower said, so noted.

Vote taken on **SB 577**, motion carried.

Rep. Rutledge agreed to carry **SB 577** for House debate.

Rep. Samuelson announced there will be a Sub-Committee meeting on **SB 615** Thursday, March 10, 1994, in the West Lounge at 5:00 p.m.

Chair adjourned the meeting at 2:55 p.m.
The next meeting is scheduled for March 10, 1994.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 9, 1994

NAME	ORGANIZATION	ADDRESS
Robert Harder	KDHE	LSOB
Rich Guthrie	Health Midwest	KC.
Larry Buening	Bd of Health Ants	Topeka
Harold Pittel	FAARP-CCTF	Topeka
Joe Fugate	KCA	Topeka
Chip Wheeler	KS Med. Soc.	Topeka
Barb Hinton	Post Audit	Topeka
Senet Noone	Wichita Hosp.	Wichita
Danielle Noe	HIAA	Topeka
Tom Saadi	KDHE	Topeka
ALLEY SLAUGHTER	KNWS	TOPEKA
Armin Sammelon	Retired	Horton
Jayne Phelps	Retired	Wellington
Robert Stuckey	Retired	" "
RZ pp S	SRS	Topeka
KEITH R LANDIS	CHRISTIAN SCIENCE COMM ON PUBLICATION FOR KS	TOPEKA
Katharine Clark CRNA	KS Assoc of RNs Anesthetists	Wichita
Courtney Clark M.D.	U.F.	ICT
TERR ROBERTS	KSNA	Topeka

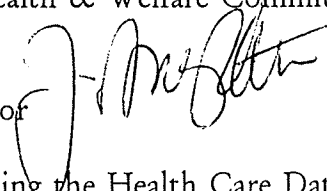


KANSAS MEDICAL SOCIETY

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March 9, 1994

TO: House Public Health & Welfare Committee

FROM: Jerry Slaughter
Executive Director 

SUBJECT: SB 577; Concerning the Health Care Database

The Kansas Medical Society appreciates the opportunity to appear today on SB 577. This bill would expand the list of health care providers who must report cost and other information to the health care database, which was enacted by the 1993 Legislature.

Current law requires institutional providers of care, plus insurance companies, to file information with the Secretary of Health and Environment, as directed by the governing board of the health care database. The expansion contemplated in SB 577 is significant, since it for the first time will require individual providers health care to file information with the secretary. While we do not oppose the reasonable gathering of information necessary to complete the full picture of data needs in our state, many physicians are concerned about how the data will be collected and utilized. There is concern that data be collected in a way that does not create an unreasonable burden on physicians, both in terms of time involved and cost.

Additionally, physicians do not object to participating in the development of a comprehensive database to aid the Legislature in better understanding and planning for health care reform in the coming years, so long as there is adequate system security and confidentiality built in to avoid the chance of the data being used for purposes other than which it was intended. We believe SB 577, as amended by the Senate, contains adequate safeguards.

We appreciate the opportunity to appear today, and would be happy to respond to any questions. Thank you.

JS:cb

PH+W
3-9-94
attm # 1

FOR MORE INFORMATION CONTACT:
Terri Roberts J.D., R.N.
Executive Director
700 SW Jackson, Suite 601
Topeka, Kansas 66603-3731
913-233-8638
Date: March 9, 1994

S.B. 577 HEALTH CARE DATA GOVERNING BOARD

Chairperson Flower and members of the House Public Health and Welfare Committee my name is Terri Roberts J.D., R.N. and I am the executive director of the Kansas State Nurses Association.

The Kansas State Nurses Association is very supportive of providing the Health Care Data Governing Board with the necessary legal authority to collect the data needed to engage in systematic health data collection and analysis. We support the new language in section 2 (page 2, line 20) which emphasizes the urgent need to provide the information regarding the trends in use and cost of health care services in this state for approved decision making. We also recognize that adequate funding to carry out these responsibilities must be provided to the Department of Health and Environment in order that the goal be realized.

We also support the very conservative approach embodied in the confidentiality provision that appears on line 28, page 3(d). In order to assemble relevant and timely data the cooperation of many involved in the health care delivery system will be necessary. As an initial step, providing protections for the data will promote participation and cooperation from those expected to share data.

The Health Care Data Governing Board as instituted with the passage of Substitute for S.B. 118 in 1993 created a seven member board composed of the following: Kansas Medical Society, Kansas Hospital Association, KUMC, Health Care Insurers, Adult Care Homes, KU Department of Health Services Administration, and a consumer (AARP).

Last year in this committee we testified in support of the creation of the board. We also asked this committee to consider a position on the Governing Board for a Registered Nurse. At the time it was felt that the composition was an emotionally charged issue and that if one provider group was added, then all the others would want a seat as well.

There are over 25,000 RNs in Kansas and we comprise the largest number of health care providers in the state.

Kansas State Nurses Association Constituent of The American Nurses Association

700 SW Jackson, Suite 601 * Topeka, Kansas 66603-3731 * (913) 233-8638 * Fax (913) 233-5222
Carolyn Middendorf, M.N., R.N. -- President * Terri Roberts, J.D., R.N. -- Executive Director

*PH&W
3-9-94
attm #2*

I have attached a listing of the number of licensees per discipline you can see the disparity in licensees.

RNs work in virtually every setting in which any type of health care services is delivered. Several areas where RNs work, that have data gathering implications include schools, home health agencies, public health and hospice. The current Governing Board is representative of the traditional model of health care delivery, within institutions. With the dramatic increase in health services delivery in the community, this too must be captured in data, useful for policy decisions in the future.

Nurses have a unique perspective on health care that focuses on promoting wellness and teaching healthier lifestyles. We also document patient progress and outcomes in all the settings in which we work.

There will be a number of policies developed for data collection especially on outcomes that is directly related to nursing intervention. While the current Board are very astute in their respective fields, we believe adding a nurse with a background in research and informatics would add increased breadth to the Governing Board.

For the above aforementioned reasons we ask your support in adding a Registered Nurse to the Governing Board as an amendment to S.B. 577.

Thank you.

a:94legislation/orange/sb577/1a

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3-9-94
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pg 2 of 4

NUMBER OF LICENSEES PER DISCIPLINE

<u>Discipline</u>	<u>Number</u>
Psychologist	80
Social work licensed baccalaureate	680
Social work licensed master	400
Social work licensed specialist clinical	260
Registered professional counselors	20
Registered master level psychologists	150
Registered marriage and family therapists	1000
Dentists	2100
Hygienists	1300
MD	7500
DO	600
DC	750
DPM	108
Occupational Therapist	700
Occupational Therapist Assistant	110
Respiratory Therapist	1065
Physical Therapist	1065
Physical Therapy Assistant	700
Physician Assistant	230
Optometrists	463
Pharmacists	<u>3275</u>
TOTAL	22,556

REGISTERED NURSES

25,500

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3-9-94
ATTN #2.3
pg 3 of 4

(b) The board shall consist of seven members appointed as follows: One member shall be appointed by the Kansas medical society, one member shall be appointed by the Kansas hospital association, one member shall be appointed by the executive vice chancellor of the university of Kansas school of medicine, one member representing health care insurers or other commercial payors shall be appointed by the governor, one member representing adult care homes shall be appointed by the governor, one member representing the institute associated with the university of Kansas department of health services administration and one member representing consumers of health care shall be appointed by the governor. The secretary of health and environment, or the designee of the secretary, shall be a nonvoting member who shall serve as chairperson of the board. The secretary of social and rehabilitation services and the insurance commissioner, or their designees, shall be nonvoting members of the board. Board members shall not be paid compensation, subsistence allowances, mileage or other expenses as otherwise may be authorized by law for attending meetings, or subcommittee meetings, of the board. The board members shall serve for three-year terms, or until their successors are appointed and qualified.

one member shall be appointed by the Kansas State Nurses Association,

(d) The board shall develop policy regarding the collection of health care data and procedures for ensuring the confidentiality and security of these data.

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TERRI ROBERTS, J.D., R.N.
EXECUTIVE DIRECTOR

9-9-94
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Christian Science Committee on Publication For Kansas

820 Quincy Suite K
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Office Phone
913/233-7483

March 9, 1994

To: House Committee on Public Health and Welfare

Re: SB 577

Christian Scientists who are being treated by prayer may receive nonmedical physical care at a facility operated in accordance with church teachings.

At the present time, there is no Christian Science care facility in Kansas; however, consideration has been given to the possibility of locating such a facility here.

Payment for care received may be made by individuals, insurance companies or from contributions to the facility by members and others.

A facility operating in Kansas would be recognized in statutes as an adult care home. K.S.A. 39-941 allows such a facility to be exempted from some of the licensing laws and regulations.

We believe that an exemption from the reporting requirements of this bill should be provided to "any adult care home conducted in accordance with the practice and principles of the body known as the Church of Christ, Scientist."

We appreciate your consideration of this request.



Keith R. Landis
Committee on Publication
for Kansas

PKW
3-9-94
Attn #3

State of Kansas

Joan Finney, Governor



Department of Health and Environment

Robert C. Harder, Secretary

Testimony presented to

House Public Health and Welfare

by

The Kansas Department of Health and Environment

Senate Bill 577

The amended version of Senate Bill 577 provides for a fee fund to be established in the state treasury for the health care database established by Supp. 65-6601-6808. The bill provides an account into which fees, charges or grant monies can be deposited and then subsequently used by KDHE to supplement costs of maintenance, provision of technical assistance and dissemination of information from the database. The legislation is necessary because current administrative procedures do not allow agencies to access user fees necessitating the establishment of a specific fee fund.

Currently, Supp. 65-6805 requires health care data to be collected from the medical care facilities and third party payors. Amended Senate Bill 577 extends that collection to physicians, other health care personnel, adult care homes, pharmacies and laboratories. The extension of this data collection would provide a complete view of the health care system activity that would otherwise not be available to the database. Without the additional data collection, the information available for policy making would be seriously deficient.

As previously mentioned, amended Senate Bill 577 broadens the scope of health care data collection and will provide a better view of the utilization patterns, costs, quality and quantity of health care services in the state. It subsequently, entrusts health care data collection to the Health Care Data Governing Board. However, it also places some limitation on the Board's sharing of the data with policy makers and researchers that could significantly impact the use of the data for future health-related decisions.

Nevertheless, we support this bill and believe it will assist the Governing Board in developing a more comprehensive health care database.

Testimony presented by: Robert C. Harder

Secretary,

Kansas Department of Health and Environment

March 9, 1994

P.H.W.
3-9-94
Attn # 4

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

House Public Health and Welfare Committee
Testimony on Senate Bill 577
Creation of Statewide Health Care Data Base

March 9, 1994

The SRS Mission Statement:

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

Madam Chairman, members of the committee, on behalf of Secretary Whiteman, I thank you for this opportunity to address you in support of Senate Bill 577.

SRS strongly supports the creation of the statewide health care data base and believes that the enactment of Senate Bill 577 will contribute to the data base being a viable resource for the legislature, state agencies and other entities interested in health care policy matters. SRS sees itself as being an extensive user of data from the health care data base as we strive to predict and control Medicaid expenditures. SRS will also be a major contributor to the data base as we currently finance the delivery of health care services to approximately ten percent of the State's population. We also believe that the data base will be of great value to the State in evaluating the impact of health care reform. .

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

PHW
3-9-94
Attn #5