Approved: 3-10-94
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on February 28, 1994 in Room 526-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:

Joseph P. Conroy, Kansas Association of Nurse Anesthetists
Michael R. Todd, Health Care Reform Coalition
Keith R. Landis, Christian Science Committee on Publication for Kansas
Terry Larson, Kansas Alliance for the Mentally Ill
Sharon Huffman, Kansas Commission on Disability Concerns
Anne Kimmel, AARP
Steve Whitton, Program Director, Electronic Data Systems

Others attending: See attached list

Action on bills:

SB 547 - Disclosure of birth and death records for specific purposes

Staff briefed the Committee on a balloon of **SB 547,** and noted that the balloon language would suggest that confidential medical and statistical information would not be released, and that fact of death could be disseminated to state and federal agencies administering benefit programs. (Attachment 1)

Senator Walker made a motion to adopt the balloon amendments to **SB 547**, seconded by Senator Ramirez. The motion carried.

Senator Walker made a motion the Committee recommend **SB 547 as amended** favorably for passage, seconded by Senator Ramirez. After Committee discussion, the motion carried.

SB 587 - Funeral and burial expenses of recipients of assistance.

The Chair briefed the Committee on previous testimony on the bill.

Senator Langworthy made a motion the Committee recommend **SB 587** favorably for passage, seconded by Senator Ramirez. After Committee discussion, the motion carried. Senator Walker requested his "No" vote be recorded.

SB 520 - Child health assessment at school entry

The Chair briefed the Committee on previous testimony and proposed amendments. A balloon of the bill was distributed to the Committee which would essentially repeal the original act, and jurisdiction would be returned to local school districts. (Attachment 2)

Senator Walker made a motion to delete on page 1, line 34, "up to the age of nine years", and on line 39, strike "24" months and insert "12" months, seconded by Senator Lee.

Committee discussion related to concerns with mandating, keeping children out of school for lack of assessments, the fiscal note of the bill, and local option of school boards.

Senator Salisbury requested that the motion be divided.

Senator Langworthy made a substitute motion that the balloon amendments which would repeal the original act be adopted, seconded by Senator Hardenburger. After Committee discussion, the motion carried. Senators Walker, Jones and Lee requested their "No" votes be recorded.

Senator Langworthy made a motion the Committee recommend **SB 520 as amended** favorably for passage, seconded by Senator Hardenburger. The motion carried.

Senators Walker, Jones and Lee requested their "No" votes be recorded.

SB 722 - Administration of intravenous sedation and general anesthetics by dentists

The Chair called the Committee's attention to testimony from conferees on **SB 722**, and staff explained a balloon amendment to the bill which was noted as a grandfather clause that would carry in those dentists who are currently engaged and have been for three years prior to January 1, 1994, in providing the practice of intravenous sedation or general anaesthesia in a competent manner. (Attachment 3)

Joseph P. Conroy, Kansas Association of Nurse Anesthetists, addressed the Committee in support of changes to **SB 722**, and noted he had been working with the Board of Nursing on amendments that would make part (b) of the bill consistent with the Nurse Practice Act, where R.N.'s and L.P.N.'s may not administer general or regional anesthesia without being authorized by the State Board of Nursing to practice as a Registered Nurse Anesthetist. (Attachment 4)

After Committee discussion, Senator Langworthy made a motion to adopt the two amendments, the grandfather clause and the nurse anesthetist issue, seconded by Senator Salisbury. The motion carried.

Senator Langworthy made a motion the Committee recommend **SB 722 as amended** favorably for passage, seconded by Senator Salisbury. The motion carried.

SB 198 - HIV/AIDS monitoring and research

Concerns were expressed by some members of the Committee regarding name reporting, as well as using unique identifiers such as is being proposed in Texas. It was noted by staff there is a federal law that prohibits in many cases the use of social security numbers which could be an issue with using unique identifiers. After Committee discussion, Senator Langworthy made a motion the Committee recommend **SB 198** be reported adversely, seconded by Senator Walker. The motion carried.

Continued hearing on SB 521 - State health alliance

Michael R. Todd, Health Care Reform Coalition, addressed the Committee and outlined his concerns with **S B 521.** Mr. Todd noted that his organization supports universal coverage, consumer involvement in all aspects of decision making, choice of providers, and a comprehensive benefit package to all Kansans. (Attachment 5)

Keith R. Landis, Christian Science Committee on Publication for Kansas, addressed the Committee and noted that Christian Scientists rely on spiritual treatment for the healing of bodily injury or illness, that a Christian Science sanitorium is recognized as a "hospital" under Medicare, and requested that a state plan also include similar coverage. (Attachment 6)

Terry Larson, Kansas Alliance for Mentally Ill, appeared in opposition to **SB 521** noting that the plan would not provide universal health care nor address the concerns of mental illness.

Sharon Huffman, for Sharon Joseph, Kansas Commission on Disability Concerns, expressed concern with most of the provisions of **SB 521,** and recommended that three persons with disabilities, or persons representing individuals with disabilities, be appointed to the advisory committee as reference in the bill. (Attachment 7) Ms. Huffman also recommended that persons with disabilities or persons representing individuals with disabilities be included in **SB 816** that would create the health care reform legislative oversight committee

Ann Kimmel, speaking on behalf of Donna Travis, AARP, noted that long term care and prescription drugs are their main concerns and cannot support **SB 521** as written. (Attachment 8)

Action on SB 521

After Committee discussion, Senator Walker made a motion the Committee recommend **SB 521** favorably for passage, seconded by Senator Lee.

Senator Ramirez made a substitute motion the Committee report **SB 521 adversely**, seconded by Senator Langworthy. The motion carried.

Continued Hearing on SB 759 - Establishing a program of providing acute care medicaid services through a system of managed care

Michael R. Todd, speaking for Jean Hall, Kansas Association of Centers for Independent Living, spoke in opposition to **SB 759** and noted that the bill appears to give a great deal of authority to the Kansas state employees health care commission and to a newly established task force on Medicaid managed care and not from the people who will be directly affected by the program. (Attachment 9)

Steve Whitton, Program Director, Electronic Data Systems, addressed the Committee and noted his organization currently has the contract with SRS to administer the state Medicaid program and opposes the concept of **SB 759** because it would establish an unfair competitive situation with regard to Blue Cross/Blue Shield of Kansas. (Attachment 10)

The Chair announced continued discussion and hearing on **SB 816** would be held at the next meeting.

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for March 1, 1994.

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE DATE: 2-28-94

NAME	ADDRESS	COMPANY/ORGANIZATION
Anne Kimmel	Topeka	AARP - AAUW
Pat Johnson	Topeka	Board of Nursing
Steve Whitton	Topeka	EDS
Nancy Kindling	Topeka	LWV KS
Dave Cleary	Topeka	HCC
Roger D. Kirkwood	"	AARP
Lyndon Dunn	"	KDOR
Jim Schwartz	Topeka	KECH
Mary Smith	Topeka	Health Benefits
Jeni Ray	Topeka	Senate Staff
Cindy Rocker	"	HCCEAC
Lucille Paris	"	KS Ass for Blind
Linda Lubenesky	Lawrence	KS Home Care Assn
John Peterson	Taylor	N. B. Allstate
John Brunner	Winfield	KAOMS
Taylor Marble	Shawnee	KSOMS
Chip Wheelen	Topeka	KS Med. Soc.

shall furnish to the county election officer of each county, without charge, a list of deceased residents of the county who were at least 18 years of age and for whom death certificates have been filed in the office of the state registrar during the preceding calendar month. The list shall include the name, age or date of birth, address and date of death of each of the deceased persons and shall be used solely by the election officer for the purpose of correcting records of their offices.

(g) No person shall prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act.

(h) Records of births, deaths or marriages which are not in the custody of the secretary of health and environment and which were created before July 1, 1911, pursuant to chapter 129 of the 1885 Session Laws of Kansas, and any copies of such records, shall be open to inspection by any person and the provisions of this section shall not apply to such records.

(i) Social security numbers furnished pursuant to K.S.A. 65-2409 and amendments thereto shall only be used as permitted by title IV-D of the federal social security act and amendments thereto or as permitted by section 7(a) of the federal privacy act of 1974 and amendments thereto. The secretary shall make social security numbers furnished pursuant to K.S.A. 65-2409 and amendments thereto available to the department of social and rehabilitation services for purposes permitted under title IV-D of the federal social security act.

(j) The secretary may direct the state registrar to provide birth information upon request to state agencies for programs notifying mothers of young children about children's health needs. Such information shall not be used for commercial purposes.

(k) ~~*Death record*~~ *information may be disseminated to state and federal agencies administering benefit programs. Such information shall be used for file clearance purposes only.*

Sec. 2. K.S.A. 65-2422 and 65-2422d are hereby repealed.

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

Confidential medical and statistical information will not be released.

Fact of death

Senate PHEC
Attachment #1
2-28-94

SB 547

Session of 1994

SENATE BILL No. 520

By Committee on Public Health and Welfare

1-18

AN ACT relating to health assessments of school pupils; ~~amending~~ repealing K.S.A. 1993 Supp. 72-5214 ~~and repealing the existing section~~.

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

Section 1. K.S.A. 1993 Supp. 72-5214 is hereby amended to read as follows: 72-5214. (a) As used in this section:

(1) "School board" means the board of education of a school district and the governing authority of any nonpublic school;

(2) "school" means all elementary~~, junior high, or high~~ schools within the state;

(3) "local health department" means any county or joint board of health having jurisdiction over the place where any pupil affected by this section may reside;

(4) "secretary" means the secretary of health and environment;

(5) "physician" means a person licensed to practice medicine and surgery;

(6) "nurse" means a person licensed to practice professional nursing;

(7) "health assessment" means ~~a basic screening for hearing, vision, dental, lead, urinalysis, hemoglobin/hematocrit, nutrition, developmental, health history and complete physical examination~~ *a health history, physical examination and such screening tests as are medically indicated to determine hearing ability, vision ability, dental health, nutrition adequacy and appropriate growth and development.*

(b) Subject to the provisions of subsection (d) and subsection (g), on and after July 1, 1994, every pupil *up to the age of nine years* who has not previously enrolled in any school in this state, prior to admission to and attendance in school, shall present to the appropriate school board the results of a health assessment, ~~recorded on a form provided by the secretary~~ *pursuant to subsection (g)*, which assessment shall have been conducted within ~~six~~ *24* months ~~before admission~~ *of school entry* by a nurse ~~or health care provider other than a physician approved by the secretary to perform health assessments~~ *who has completed the department of health and environment training and certification* or by a physician. ~~In~~

Strike all of Section 1.

Senate PH&W
Attachment #2
2-28-94

ments of subsection (b) or (c). A pupil shall be subject to exclusion from school attendance under this section until such time as the pupil shall have complied with the requirements of subsection (b) or (c). The policy shall include provisions for written notice to be given to the parent or guardian of the involved pupil. The notice shall indicate the reason for the exclusion from school attendance, state that the pupil shall continue to be excluded until the pupil has complied with the requirements of subsection (b) or (c) and inform the parent or guardian that a hearing thereon shall be afforded the parent or guardian upon request for a hearing.

~~(j)~~ *(i)* The provisions of K.S.A. 72-1111 and amendments thereto do not apply to any pupil while ~~subject to exclusion~~ *excluded* from school attendance under the provisions of ~~this section~~ *subsection (h)*.

~~(j)~~ *The provisions of this section shall expire on July 1, 1999.*

~~Sec. 2.~~ Section 1. K.S.A. 1993 Supp. 72-5214 is hereby repealed.

Sec. ~~3.~~ 2. This act shall take effect and be in force from and after its publication in the statute book.

not solicit or advertise, directly or indirectly by mail, card, newspaper, pamphlet, radio, or otherwise, to the general public to construct, reproduce, or repair prosthetic dentures, bridges, plates, or other appliances to be used or worn as substitutes for natural teeth;

~~(f)~~ *(g)* to the use of roentgen or x-ray machines or other rays for making radiograms or similar records, of dental or oral tissues under the supervision of a licensed dentist or physician. ~~*Provided, however,*~~ *except* that such service shall not be advertised by any name whatever as an aid or inducement to secure dental patronage, and no person shall advertise that ~~he~~ *such person* has, leases, owns or operates a roentgen or x-ray machine for the purpose of making dental radiograms of the human teeth or tissues or the oral cavity, or administering treatment thereto for any disease thereof;

~~(g)~~ *(h)* except as hereinafter limited to the performance of any dental service of any kind by any person who is not licensed under this act, if such service is performed under the supervision of a dentist licensed under this act at the office of such licensed dentist. ~~*Provided, however,*~~ *except* that such nonlicensed person shall not be allowed to perform or attempt to perform the following dental operations or services:

(1) Any and all removal of or addition to the hard or soft tissue of the oral cavity;

(2) any and all diagnosis of or prescription for treatment for disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or adjacent structure;

(3) any and all correction of malformation of teeth or of the jaws;

(4) any and all administration of general or local anaesthesia of any nature in connection with a dental operation; *or*

(5) a prophylaxis.

Sec. 2. K.S.A. 65-1444 is hereby amended to read as follows: 65-1444. A dentist shall have the right to prescribe drugs or medicine, perform such surgical operations, administer ~~general or~~ *analgesia*, local anaesthetics and use such appliances as may be necessary to the proper practice of dentistry. *Dentists may be authorized to administer intravenous sedation and general anaesthetics subject to rules and regulations concerning qualifications of such dentists as may be adopted by the board.*

Sec. 3. K.S.A. 65-1423 and 65-1444 are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

Senate Public Health
Attachment #3
2-28-94

On page 2, in line 37 after the period;

Dentists who are determined by the board to have been regularly engaged in the practice of intravenous sedation or general anaesthesia in a competent manner for the three years immediately prior to January 1, 1994, shall have met the education and training requirements for such practice, but such person shall be subject to all other rules and regulations concerning intravenous sedation and general anaesthesic.

Drs. Porch, Schugel and Collier, P.A.
PRACTICE LIMITED TO ORAL AND MAXILLOFACIAL SURGERY

DR. RICHARD C. PORCH
DR. THOMAS J. SCHUGEL
DR. KIRK C. COLLIER
DR. DOUGLAS W. FAIN

3700 WEST 83rd
SUITE 203
PRAIRIE VILLAGE, KANSAS 66208
381-5194

1441 E. 151st
SUITE 2
OLATHE, KANSAS 66062
782-1529

12208 W. 87th ST. PKWY.
SUITE 150
LENEXA, KANSAS 66215
541-1888

February 25, 1994

Sandy Praeger
Chairman of the Senate Committe on Health and Welfare

Dear Ms Praeger;

We wish to express our support for Senate Bill No. 722 and the amendments regarding the administration of anesthesia by a Licensed nurse and the amendment regarding grandfathering of Dentists who have been using IV sedation in their practice.

We feel that this type of anesthesia regulation is important for safegarding the health and welfare of the people of Kansas.

This type of legislation is supported by our national organization, The American Association of Oral and Maxillofacial Surgeons, as well as our Kansas association.

It also is accepted in almost every state and this type of legislation has been enacted by almost every state legislature and we would urge you to consider favorably this bill for Kansas.

Sincerely;

Richard C Porch DDS

Richard C. Porch, D.D.S.
Thomas J. Schugel, D.D.S
Kirk C. Collier, D.D.S.
Douglas W. Fain, D.D.S.,M.D.

3-2

Roger P. Rupp, D.D.S.
2107 East 12th Street
Winfield, Kansas 67156-4101
(316)221-7230

February 25, 1994

To: Senator Sandy Praeger

Reference: S.B. 722 AS AMENDED

I am a general dentist licensed (1969) and practicing in Kansas since 1971. I have included intravenous conscious sedation in my practice since 1971. I have read S.B. 722 including the proposed amendments with regard to the grandfather clause added on page 2 in line 37 and the proposal agreed to with the nurse association and I understand them thoroughly. I am in favor of the amended bill. It is both valid and justified. It is good for Kansas to regulate this area of dentistry through the statutes.

Sincerely,

Roger P. Rupp, D.D.S.

DRS. ALLEY AND BRAMMER, L.C.
ORAL AND MAXILLOFACIAL SURGERY
1030 N. EMPORIA, SUITE 175 WICHITA, KS 67214-2991 (316) 265-0856 FAX (316) 265-0088

JAMES M. ALLEY JR., D.D.S., M.S.D.
JAMES M. ALLEY III, D.D.S.
JOHN A. BRAMMER, D.D.S.
J. PRESTON BRAMMER, PH.D., D.D.S.

February 24, 1994

Ms. Sandy Praeger
Chair: Senate Public Health and Welfare Comm.
State of Kansas

Re: Senate Bill 722

Dear Senator Praeger,

Thank you again for taking my call regarding the resurrection of Senate Bill 722 which would allow the Kansas State Dental Board to regulate anesthesia which is given by dentists. In general, anesthesia related to dental procedures is performed safely and competently, but this standard of care should be codified. This form of public protection is overdue.

Dr. Taylor Markle and I, as representatives of the Kansas Association of Oral and Maxillofacial Surgeons, agreed to have the Kansas State Dental Association introduce Bill 722. In fact, we did so at their request. It seemed like a good idea that organized dentistry acted together. It was our clear intent that Bill 722 not become an issue which pitted the oral and maxillofacial surgeons of the state against the general dentists. As is the case with many issues, the Oral Surgeons agreed with the KDA to the withdrawal of the Bill should there be an amendment which significantly altered its intent. No amendment which has been offered thus far would significantly alter the intent of the Bill or the thought underlying the Bill. The request that the Bill not be considered this session was done without consulting Dr. Markle or myself.

The initial concern from the CRNA's and Nurses regarding Bill 722 stemmed from problems with language rather than intent. Their "interests" were clearly justified. The Bill's amendment relating to part b of section 3 of K.S.A. 65-1423, which relates to the roles of licensed nurses in the dental office, has been agreed upon by the CRNA's, the Nurses, and the Oral Surgeons and serves only to clarify the intent of the Bill as it relates to the use of nurses in dental or oral surgery offices.

The attorney general has apparently ruled that the proper place for "grandfathering" of privileges for anesthesia administration be included in statute rather than rules and

regulations (as would be the apparent preference of the KDA). The preliminary rules and regulations which have been discussed and approved with both the Board and the KDA includes a "grandfather clause" so that existing dental (usually general dental) practices will not be disrupted. May I also point out that this "grandfather" provision is clearly "inclusive" in character and meant to assure that the interests of dentists who are safely practicing anesthesia and sedation in their offices continue to be allowed to do so.

As is often the case with such enabling legislation, there has already been considerable thought given to the rules and regulations which would apply to anesthesia administered by dentists. These have been suggested and approved by the membership of the Kansas Association of Oral and Maxillofacial Surgeons (with input from the several general dentists who practice IV sedation in their office). These would address relevant education and training requirements, facilities, staffing, records, etc. These thoughts have been presented informally to the Board as well as the Kansas State Dental Association. May I emphasize that what has been shared with those organizations is **preliminary** and the final language has yet to be agreed upon.

I would appreciate the consideration of you and your committee on this issue.

Sincerely,

John A. Brammer D.D.S.
Immediate past president,
Kansas Association of Oral and Maxillofacial Surgeons

3-5

END

Legislation

(cont'd from page 1, column 3)

alty. After January 1, a $100 penalty would apply.

Licensees who have not renewed by the end of that month will be automatically cancelled.

The KDA requested introduction of legislation, S.B. 722, to permit the Kansas Dental Board to issue rules and regulations concerning the in-office administration of intravenous sedation and general anesthesia by dentists. Please refer to the story on column three of this page for more details.

Other legislation of particular interest to dentists includes S.B. 487, which provides the Commissioner of Insurance with the authority to regulate 'utilization review organizations'. According to the definition in the bill, UROs review the necessity, appropriateness and efficiency of the use of health care services, procedures and facilities.

The legislation was introduced at the request of the Insurance Commissioner and would permit the department to provide regulatory oversight over UROs. If passed, regulations implementing the law could provide dentists with recourse through the Insurance Commissioner's office when claims are unfairly denied or are improperly reviewed. S.B. 487 passed the Senate and awaits House action.

Another bill, H.B. 2618, introduced at the Insurance Commissioner's request, seeks to require insurors to have a reasonable method of calculating usual, customary and reasonable fees. H.B. 2618 has passed the House and awaits Senate action.

Dentists who have questions about these or other legislative issues are urged to call the KDA office.

Kansas Health Reform Takes Incremental Approach

Despite the much bally-hooed comprehensive health reform plan offered by the Roy Commission and a somewhat simpler initiative authored by Dr. Robert Harder, Kansas Secretary of Health and Environment, it appears the Kansas legislature will continue taking small steps toward improving access to health coverage.

Sentiment for a wholesale rewrite of the health care delivery system appears weak at best.

Three Senate bills illustrate that trend. S.B. 566 amends an existing state program that assists uninsurable individuals to obtain health coverage. The bill shortens to 90 days from the current 12 months the exclusion for pre-existing conditions.

S.B. 612 attempts to bring health plans under state regulatory control. Certain health plans that are currently exempt from state insurance regulation. These health plans are currently governed by the federal ERISA statute and as such are beyond the reach of state regulators.

Providing individual employers with the ability to band together for greater bargaining clout in the health coverage marketplace is the goal of S.B. 622. A weakness in the bill is its exemption of such plans from the insurance equality statutes, which are sometimes referred to as degree of provider equivolency.

Anesthesia Legislation Caps Eight-Year Effort

The KDA requested introduction early this month of a bill that provides the Kansas Dental Board with the authority to regulate the in-office use of IV sedation and general anesthesia by dentists.

The bill, S.B. 722, represents eight years of review by three separate *ad hoc* committees as early as 1986 and acceptance by the KDA's governing Executive Council of a "Recommended Procedure" document printed in 1987.

As proposed, the substantive change the bill makes in current law is that *"Dentists may be authorized to administer intravenous sedation and general anesthetics subject to rules and regulations concerning qualifications of such dentists as may be adopted by the [Kansas Dental] Board."*

Under current law, the Board lacks the statutory authority to adopt such regulations.

Once the bill becomes law, the Kansas Dental Board will have the authority to adopt rules and regulations. The KDA plans to be active in developing proposed regulations to present to the Kansas Dental Board in consultation with general practitioners and specialty groups.

The KDA Council on Dental Legislation views the bill as a positive, pro-active step to assure the continued safe administration of IV and general anesthetic agents in Kansas.

Similar legislation is in effect in nearly all the other state dental practice acts.

The measure also has the acceptance of the Kansas Society of Oral and Maxillofacial Surgeons and the Kansas Dental Board.

3-6

KANSAS ASSOCIATION OF NURSE ANESTHETISTS

SENATE BILL No. 722

The following is proposed language to replace K.S.A. 65-1423, Section 1, sub-section (b) :

Nothing in this act shall apply to the following practices, acts, and operations:

(b) to the performance by a licensed nurse of a task as part of the administration of an anesthetic for a dental operation under the direct supervision of a licensed dentist or person licensed to practice medicine and surgery so long as the anesthetic given under the direct supervision of a licensed dentist is consistent with the anesthetic the dentist is authorized to administer under K.S.A. 65-1444 and amendments thereto and consistent with K.S.A 65-1162, sub-section (a) and K.S.A. 65-1163, sub-section (e).

Please see page 2 for K.S.A. 65-1162, (a), and K.S.A 65-1163, (e).

If there are any questions, please do not hesitate to call me.

Sincerely,

Joseph P. Conroy

Joseph P. Conroy B.A., C.R.N.A., A.R.N.P.
2614 Apple Dr.
Emporia, Kansas 66801
316-342-0856 (home)
316-342-8748 (office)

Senate PHHW
Attachment 4
2-28-94

KANSAS ASSOCIATION OF NURSE ANESTHETISTS

K.S.A. 65-1162, (a):

Except as otherwise provided in K.S.A. 1991 Supp 65-1151 to 65-1163, inclusive, and amendments thereto any licensed professional nurse or licensed practical nurse who engages in the administration of general or regional anesthesia without being authorized by the board to practice as a registered nurse anesthetist is guilty of a class A misdemeanor.

K.S.A. 65-1163, (e):

Nothing in this act shall apply to the administration by a by a licensed professional nurse of an anesthetic, other than general anesthesia, for a dental operation under the direct supervision of a licensed dentist or for a dental operation under the direct supervision of a person licensed to practice medicine and surgery.

KANSAS ASSOCIATION OF NURSE ANESTHETISTS

February 28, 1994

Senator Sandy Praeger
Chairperson, Senate Public Health and Welfare
State Capitol Building
Topeka, Kansas 66612

Senator Praeger and members of the Committee,

My Name is Joseph P. Conroy, a Certified Registered Nurse Anesthetist from Emporia, Kansas, representing the Kansas Association of Nurse Anesthetists. This letter is in reference to Senate Bill 722, relating to the administration of intravenous sedation and general anesthetics for dental operations.

The KANA strongly supports S.B. 722, with the proposed amendments to K.S.A. 65-1423, Section 1., part (b). These amendments will now make part (b) consistent with the Nurse Practice Act, where R.N.'s and L.P.N.'s may not administer general or regional anesthesia without being authorized by the State Board of Nursing to practice as a Registered Nurse Anesthetist.

Our Association believes the changes made in K.S.A 65-1444 where --Dentists may be authorized to administer intravenous sedation and general anesthetics subject to rules and regulations concerning qualifications of such dentists as may be adopted by the board.--, are necessary and important. The drugs and agents we use in anesthesia change constantly. As new drugs are introduced, their benefits may be enormous but so can their potential for harm if administered incorrectly by an inexperienced provider.

The minimum qualifications for nurse anesthesia is 2 years of post-graduate study in an approved school, passage of a national certifying exam, 40 hours of continuing education every 2 years, and authorization by the State Board of Nursing.

In the interest of improving public safety, the Kansas Association of Nurse Anesthetists encourages your support for this bill.

Thank you for your time.

Joseph P. Conroy

Joseph P. Conroy B.A., C.R.N.A., A.R.N.P.
2614 Apple Drive
Emporia, Kansas 66801
316-342-0856

4-3

SENATE COMMITTEE ON
PUBLIC HEALTH AND WELFARE
SENATE BILL No. 521
February 23,1994

testimony by: Michael R. Todd
Health Care Reform Coalition
2011 Miller Dr.
Lawrence, KS 66046
913-843-3438

Thank you, Ms. Chairperson and members of the Kansas Senate Committee on Public Health and Welfare, for allowing me to testify regarding SB 521. I am Mike Todd. I am speaking on behalf of the Health Care Reform Coalition. We presented our Statement of Principles to this committee last Tuesday. With these Principles in mind, we wish to address seven points of this bill.

Sec. 2 outlines who is qualified to serve on the nine member Kansas Health Alliance. Three members are mandated to be from the governor's cabinet. The other six may come from various state, county, and local governments. This section does allow small business owners and employees to serve on the Alliance. We feel the voice of consumers of health care in Kansas, especially those with disabilities, will not be heard by this Alliance, thus they will have little say in its decisions. Because the decisions of the Kansas Health Alliance will have a direct impact on the lives of all Kansans, especially people with disabilities, we feel that there should be more consumers of health care, with no mandated connection to employment, included in the Alliance. We ask that the only requirement for the six at-large members be residency in Kansas, with no employment linkage. The Health Care Reform Coalition's Statement of Principles calls for consumer involvement in the design and implementation of any plan. We feel our suggestion in this area would serve that purpose.

Sec. 3 establishes the advisory committee to the Kansas Health Alliance. We applaud the mandate that at least 51% of the committee's members be consumers of health care. However, we feel that by allowing the committee to have up to 100 members, it would be difficult for the committee to come to consensus on issues and that decisions would be diluted. It is feared that any members with disabilities would not be heard in such a large committee, and thus ignored. We suggest that the size of the committee be smaller, with a significant number of members having a disability. This would allow those who make the most use of health care to have a voice in the decision making process.

Sec. 9(a), lines 17 and 18, list managed care and fee-for-service plans to be part of the health care plan for all Kansans. Our Statement of Principles asks that you mandate total choice of provider in any plan adopted for Kansans. We feel that in all areas of Kansas, and for all Kansans, a fee-for-service option should be available. As a person with a disability, I know it can take years to find a physician to adequately treat a condition. It may also be necessary to cross state lines to do so. Please allow choice of provider for all Kansans.

Sec. 9 allows the Kansas Health Alliance to set the "minimum" package of health care benefits, conforming to federal law, to be offered to all Kansans. We ask that you use all elements of our

Senate P H & W
Attachment #5
2-28-94

Statement of Principles as the minimum benefit package for all Kansans. We have watched other bills being heard in other committees of this legislature and have seen mandates on benefits being eliminated in an effort to keep premiums "affordable." We feel this is the wrong approach. If the benefit package is not comprehensive, the consumer may not seek treatment, requiring more expensive emergency care when their condition worsens. We feel that a minimum plan is worse than no plan at all, for Kansans would pay monthly premiums without receiving the services they need to prevent illness, or to adequately treat their conditions.

On a personal note, I am a retired classified state employee. I kept my health insurance when I retired from Kansas University in 1988. Every year my premiums have risen at several times the rate of inflation. And every year, a benefit is withdrawn or co-payments and deductibles are increased. Some of these benefits that have been lost help to maintain or improve quality of life. For me these include blood-glucose testing strips and prescription lenses. I have been forced to buy my prescription drugs by mail because of the huge increase in co-payments for medications. I have done all I can to save my insurance company money by shopping around to find the least expensive local pharmacy. Now, I am forced to order my prescriptions by mail and depend on the postal service to deliver them. This is costing small businesses in our state a large amount of business.

Sec. 19(c) allows the Kansas Health Alliance to establish the eligibility of participants in the state plan. We point to our Statement of Principles, which state that universal coverage is the only option to ensure the good health of Kansans and bring health care costs down.

Sec. 22 allows the Kansas Health Alliance to contract with a health maintenance organization to provide benefits for some or all eligible participants in the Kansas plan. We, again, wish to stress that a fee-for-service plan be available to all Kansans in an effort to provide total freedom of choice of providers. For most health care consumers this is a matter of preference. For many consumers with disabilities this is a matter of life and death.

Sec. 23 provides for the reporting of the Kansas Health Alliance to the Kansas Legislature. It allows for adjustments in the benefit package to conform to the state budget. We strongly feel that the benefit package should not be cut. This would result in more health care costs to Kansans because of non-treatment of conditions due to non-coverage by the benefit package. Taxes and premiums would go up due to increased Medicaid spending and cost shifting. It would cause a lessening of the quality of life of many Kansans, including those with disabilities. We urge you to mandate that the minimum benefit package to be offered include all points of our Statement of Principles.

We ask you to ensure universal coverage (not access), consumer involvement in all aspects of decision making, choice of provider, and a comprehensive benefit package to Kansans. We ask you to examine any health care reform plan that comes to this committee and compare it to our Statement of Principles. We feel that any plan should incorporate all points of our Statement of Principles to be a truly effective plan for all Kansans.

Christian Science Committee on Publication For Kansas

820 Quincy Suite K
Topeka, Kansas 66612

Office Phone
913/233-7483

February 23, 1994

To: Senate Committee on Public Health and Welfare

Re: SB 521

As you know, Christian Scientists rely on spiritual treatment for the healing of bodily injury or illness. A Christian Science practitioner may be called upon for treatment through prayer. A Christian Science nurse may provide nonmedical physical care to the patient at home or in a Christian Science sanatorium.

Insurance companies may include payment for these services in their group health insurance plans.

When the insurance is under a government plan, it is not always appropriate to include coverage for the spiritual treatment. However, there is an exception when government is acting in its role as an employer providing insurance coverage for its employees. This is reflected in K.S.A. 75-6501 which allows coverage for "nonmedical remedial care and treatment rendered in accordance with a religious method of healing ..." (Page 8, lines 21-24 of this bill).

A Christian Science sanitorium is recognized as a "hospital" under Medicare and it is expected that any new national plan will continue this policy. We request that a state plan also include similar coverage.

Payment for the services of a Christian Science practitioner is not expected under a "government plan." Coverage for Christian Science nursing care is being considered by the church. It is not our intention to breach church-state separation.

I will gladly work with your committee and staff to find suitable wording for this bill.

I am providing an insurance kit to the committee which describes our method of care and treatment and includes a list of some insurance companies who recognize and pay for these services.

Keith R. Landis
Committee on Publication
for Kansas

Senate PH&W
Attachment # 6
2-28-94

KANSAS COMMISSION ON DISABILITY CONCERNS

1430 SW Topeka Blvd
Topeka, KS 66612-1877
(913)296-1722 (V) 296-5044 (TTY) 296-1984 (Fax)

TESTIMONY PRESENTED TO
SENATE PUBLIC HEALTH AND WELFARE

by

Sharon Joseph, Chairperson
February 23, 1994

Senate Bill 521

Madam Chair, members of the committee, thank you for this opportunity to testify today regarding Senate Bill 521. The Kansas Commission on Disability Concerns (KCDC) does not support this bill in it's entirety, but would like to comment on some specific areas that are of particular concern to individuals with disabilities.

KCDC advocates for the rights of individuals with disabilities. In the past few years we, along with other advocacy groups, have been instrumental in securing legislation and administrative changes that have substantially improved the opportunities for full independence for individuals with disabilities. Some of the most recent changes include the 1991 amendments to the Kansas Act Against Discrimination and this year's implementation of a tracking system on the Workers Compensation Dial-up System.

KCDC has aligned itself with a statewide health care coalition that includes over 100 agencies. This coalition believes that a health care crisis indeed exists in this country. On February 17th this committee heard testimony presented by Gina McDonald representing this coalition and you were presented with our Principles of Health Care Reform. I would like to take this opportunity today to repeat a few of the points that she made in her testimony.

According to the United States census bureau, there are more than 49 million Americans with disabilities. Of those, 34% are not covered by private health insurance. Of people who experience significant disabilities, 43% have no private insurance. That is far above the 25% of all Americans that are not covered. Although I do not have figures regarding the number of Kansans with disabilities that have no private insurance, I can share a few census bureau figures for our State. In the age group of 16 to 64 years, 34% have mobility or self-care limitations. In this same age group 31.5% are prevented from working. In the age group over 65 years 22% have mobility or self-care limitations. It is imperative that these individuals are given the same opportunities to access the health care system that many others in this State have taken for granted for years.

In his Remarks Concerning Health Care Reform that Dr. Harder presented to this committee in January of this year the following statement was made: "Work needs to be done on

Senate PH&W
Attachment #7
2-28-94

community rating, matters of adverse selection, and the elimination of the mechanism wherein pre-existing conditions eliminates a person from getting health insurance. These are all important items but need to be handled as separate legislation." KCDC, along with the health care coalition agree with Dr. Harder and would like to stress the need for universal and lifetime coverage with no exclusions for pre-existing conditions. We also believe that without direct consumer involvement in all phases of development and implementation of health care reform these dreams may never become a reality.

Senate Bill 521 proposes that an advisory committee be formed to help the Kansas health alliance study health care efforts. Dr. Harder has prepared an excellent list of suggested consumer members that you can find in New Section 3(b)(2)(A) on page 3 of the bill. Although we support the idea of consumer involvement on this advisory committee, we would like to point out that the actual policy-makers will be the members of the Alliance, none of which under the proposed plan will necessarily be representative of people with disabilities, and certainly none of which will represent consumers of health care that are not employed. If this Alliance will indeed be ordained with the task of developing a health care plan for all Kansans, including those with disabilities, we believe people with disabilities need to be directly involved in more than just an advisory capacity.

KCDC proposes the following amendment to New Sec. 2, subsection (b) which outlines the requirements for the six members of the Kansas health alliance appointed by the Governor:

page 1, line 38: a person must be representative of one or more of the following, *including at least three persons with disabilities or representing individuals with disabilities:* (This would truly allow for direct input from our population who have disabilities.)

Thank you for your consideration of these important matters. I would be glad to answer any questions you might have at this time.

PRINCIPLES OF HEALTH CARE REFORM

Reflecting the Needs of People with Disabilities and All Citizens

Whereas one in every six Americans experiences a disability; and

Whereas the needs of people with disabilities provide a litmus test for the effectiveness of the health care system; and

Whereas the health care needs of people with disabilities are not currently being met;

We, the undersigned, *being organizations that advocate for the needs of people with disabilities* and/or groups with similar needs, do hereby declare our solidarity on the following basic principles that must be included in health care reform:

- Universal and lifetime coverage, with no exclusions for pre-existing conditions, no caps on services, and portability.
- Comprehensive coverage to include: long term care; acute and preventative services; community-based services; prescription drugs; habilitative services and equipment; personal assistance services; mental health coverage; and durable medical equipment.
- Cost containment, affordability, and community rating
- Choice of physicians
- Quality assurance
- Simplicity and efficiency
- Consumer involvement in all phases of development and implementation

Signed this 7th day of February, 1994.

Kansas Commission on Disability Concerns	Kansas Alliance for the Mentally Ill
Kansas Association of Centers for Independent Living (KACIL)	Families Together, Inc.
Kansas Rehabilitation Services	Topeka AIDS Project
Kansas Planning Council on Developmental Disabilities	Kansas Association of Rehabilitation Facilities
Kansas Association for the Blind and Visually Impaired	Independence, Inc.

Helen Keller Program

Families U.S.A.

Southeast Kansas
Independent Living, Inc.

Accessing Southwest
Kansas, Inc.

Independent Living Center of
Southcentral Kansas, Inc.

The Whole Person, Inc.

Living Independently in
Northwest Kansas, Inc.

AARP

Bringing lifetimes of experience and leadership to serve all generations.

KANSAS STATE LEGISLATIVE COMMITTEE

CHAIRMAN
Dr. Wilbur Billington
6435 Outlook Drive
Mission, KS 66202
(913) 722-1433

VICE CHAIR
Mrs. Donna Travis
1709 N. Kessler
Wichita, KS 67203
(316) 943-1883

SECRETARY
Dr. Arris Johnson
2714 Hillcrest Drive
Hays, KS 67601
(913) 625-6680

CAPITAL CITY TASK FORCE COORDINATOR
Mr. Frank Thacher
215 SE Willow Way
Topeka, KS 66609
(913) 862-4833

TESTIMONY ON S.B.521, TO ESTABLISH A KANSAS HEALTH ALLIANCE

Donna Travis, Vice Chair of AARP Kansas State Legislative Committee

The Kansas State Legislative Committee is committed to promote meaningful health care reform. Three years ago we were encouraged by and supported the efforts of Senator Doug Walker's proposed health care reform. Our committee also has been active with the work of the Kansas Commission on the Future of Health Care.

The Kansas S L C believes that Kansas should and can be a leader in health care reform. Dr. Walter H. Crockett covered very well our concerns regarding health care reform.

I wish to concentrate on two areas: Long term care and prescription drugs. Long term care is for people of all ages--all Kansans. It includes home care, community based programs, as well as nursing home care. Many of our costs could be eliminated if we had more home care programs available. We already have some pilot programs which could be expanded.

Prescription Drugs--Drug companies need to examine their profits and reduce the huge marketing expenses. Their profits are four times greater than other businesses. They could still do research and make a profit just by reducing their huge marketing expenses.

Without health care reform, health care costs will double in the next decade. We have already lost much valuable time, and I urge you to take action now.

We applaud Dr. Harder's efforts to keep health care reform in this legislative session but cannot support this bill.

The Kansas citizens deserve your best efforts to provide for them health care reform that will put into place basic health care for all citizens.

Senate P & HW

Attachment # 8
2-28-94

Testimony to
Senate Public Health and Welfare
Senator Sandy Praeger, Chairperson
February 23, 1994

Thank you for the opportunity to testify today regarding Senate Bill 759. My name is Jean Hall and I am representing the Kansas Association of Centers for Independent Living (KACIL). The Executive Director, Gina McDonald was unable to be here, so I am speaking on her behalf.

The Kansas Association of Centers for Independent Living (KACIL) represents ten Centers for Independent Living who work together with people with disabilities all around the state. Many of our constituents are Medicaid eligible, and depend on a medical card to assist with paying for acute care needs.

KACIL understands the need to reduce spending in the Medicaid budget and further recognizes the need for more creative ways to efficiently deliver quality services to people with disabilities and to older Kansans. From information presented to the House subcommittee reviewing the S.R.S. Medicaid budget, KACIL is aware that community based services only account for about 10% of the cost of the Long Term Care budget, yet we continue to exercise efforts to reduce the costs on the community side. This institutional bias is why Kansas continues to remain so high nationally in the number of people warehoused in institutions.

KACIL has a major concern related to this bill. The bill is extremely vague and appears to give a great deal of authority to the Kansas state employees health care commission, and to a newly established task force on Medicaid managed care. Neither of these entities has representation from the people who will be directly affected by the program. People who use Medicaid services now must be included in the planning and evaluation of this proposal. The bill indicates that there MAY, not SHALL, be an advisory committee appointed, and that one of the members of that committee shall be a member of the task force.

There should be substantial representation by consumers of the services in the planning, implementation and evaluation of this proposal. You will be making decisions that directly affect the quality of life for people on this program. They will be able to tell you how your ideas will impact. They will have suggestions for cost effectiveness, if you will listen. You would not establish a program for any other minority group without involving members of that group, why can you consider it for people with disabilities and for seniors? Are we not equal?

The bill does not address what services should be available, nor for what population. Who will make these decisions? Will consumer satisfaction be addressed? Will there be "report cards" by people with disabilities and seniors? It is very likely that a plan may satisfy the needs of state employees and fail to meet the needs of Medicaid recipients. How will that be

Senate PH&W
Attachment #9
2-28-94

addressed? The bill indicates that a report will be given to the legislature from the Kansas state employees health care commission. What will be reported? Is the legislature interested in the quality and satisfaction by citizens in this program? If you are, can we include that as part of the bill?

Managed competition has concerns for people with disabilities. If the primary care physician is not knowledgeable about a disability, and many are not, there can be some costly mistakes. Costly not only in terms of human suffering, but in additional dollars spent to repair mistakes.

Further, the premise behind managed care is one of cost containment. Many people with disabilities require no more acute care services than anyone else. But those who do have more needs are more at risk under managed care, because the theory is to keep costs low, and therefore to cut corners when possible.

In summary, KACIL request that there be substantial consumer representation at all levels of this proposal. The terms "consumer empowerment" and "consumer control" are the buzz words these days. Let your actions show that these are not just hollow phrases.

Thank you for your time, I'd be happy to stand for questions.

State of Kansas
Senate Committee on Public Health and Welfare

SB 759

Honorable Members of the Committee on Public Health and Welfare:

My name is Steve Whitton and I am with Electronic Data Systems (EDS). We have the contract with the Department of Social and Rehabilitation Services (SRS) to administer the state Medicaid program. We have served the state in this capacity for the past 15 years. My current position is Program Director, responsible for this contract and other EDS state and local government business in Kansas. Throughout the country, we administer Medicaid programs in 17 other states. EDS is the largest supplier of information technology and health care administration services in both the public and private sectors of the US.

My comments before you today pertain to certain provisions of SB 759. In principle, EDS supports the State's movement towards the delivery of acute care Medicaid services in a state-wide managed care program. We recognize the benefits that can be achieved through an effective managed care delivery system in the areas of cost control, quality of care, and access to primary care services. Before this bill moves out of committee, however, I wanted to point out certain concerns we have with the current wording of the bill which we believe are not in the best interests of the State of Kansas.

In it's current form, SB 759 establishes an unfair competitive situation with regard to Blue Cross/Blue Shield of Kansas. The following specific provisions of the bill are barriers to the establishment of a "level playing field" among all insurance carriers, third party administrators and other qualified firms competing for contracts resulting from SB 759.

- Blue Cross Blue Shield of Kansas is the only insurance carrier selected for representation on the task force on Medicaid managed care established under the provisions of SB 759.

- The negotiating process for contracts awarded by the Kansas State Employees Health Care Commission shall be developed by the task force on Medicaid managed care. As a member of the task force, BCBS of Kansas would potentially have an unfair competitive advantage by having knowledge of, or influence on, the negotiation process for any contracts awarded by the Kansas State Employees Health Care Commission.

- Contracts entered into under the provisions of SB 759 are not subject to the competitive bid requirements of K.S.A. 75-3739 and amendments thereto.

We believe that all insurance carriers, third party administrators and other qualified firms should be permitted to compete on an equal/non-preferential basis for contracts awarded under the provisions of SB 759. In order to do so, we make the following recommendations:

- Establish provisions that would preclude any carriers or firms serving on the Medicaid managed care task force from being awarded contracts by the Kansas State Employees Health Care Commission to provide services covered by SB 759.

- Do not name BCBS of Kansas or any other carrier or firm to the task force. These firms are always available to be called on for testimony should the task force need the appropriate industry expertise.

Thank you for the opportunity to provide these comments this morning. I will be happy to answer any questions at this time or I can be reached later in my office at (913) 273-5707.

Senate PHEW
attachment #10
2-28-94