Approved: 3-6-96

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 20, 1996 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department

Bill Wolff, Legislative Research Department

Norman Furse, Revisor of Statutes Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Linda Lubensky, Kansas Home Care Association Larry Froelich, Kansas State Board of Pharmacy Bob Williams, Kansas Pharmacy Association Sandy Rogers, Association of Kansas Hospices

Others attending: See attached list

Hearing on SB 631 - Authorizing home health agencies to store and handle certain drugs

Linda Lubensky, Kansas Home Care Association, testified in support of <u>SB 631</u> which would allow pharmacies to place certain drugs with home health agencies. The home health agency would have protocol for dispensing the drugs, which would include prompt notification of the pharmacy when a drug is used. Ms. Lubensky noted that this proposed legislation is patterned after a statute currently in use in Oklahoma. To insure consistency of the language on page 1, line 20 of the bill, she recommended that "controlled drugs" be changed to "legend drugs" and on page 2, line 3, the language "or dangerous" deleted. (Attachment 1) Committee discussion related to maintaining and monitoring drugs by the home health agency.

Larry Froelich, Kansas State Board of Pharmacy, testified in support of the bill noting that the requested legislation is needed to support the increasing transition in our health care delivery system. It was pointed out that this statute is necessary to allow a Kansas licensed home health care agency nurse to possess a limited supply of legend medications for emergency situations. (Attachment 2)

Bob Williams, Kansas Pharmacy Association, expressed support for **SB** 631 stating his organization was very much supportive of the bill.

Sandy Rogers, Association of Kansas Hospices, expressed support for the bill and requested language be added that would include "and/or hospice" where the words "home health agency" are utilized. (Attachment 3)

Written testimony in support of the bill was received from Terri Roberts, Kansas State Nurses Association. (Attachment 4)

Action on SB 631

Senator Walker made a motion the Committee adopt the proposed amendments to SB 631, and that SB 631 as amended be recommended favorably for passage, seconded by Senator Ramirez. The motion carried.

Action on SB 533

Staff briefed the Committee on balloon amendments to **SB 533**. (Attachment 5)

After Committee discussion, <u>Senator Langworthy made a motion to adopt the balloon amendments to the bill, seconded by Senator Hardenburger.</u> The motion carried.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S Statehouse, at 10:00 a.m. on February 20, 1996.

Senator Langworthy made a motion the Committee recommend SB 533 as amended favorably for passage, seconded by Senator Hardenburger. The motion carried.

Action on SB 152

Staff briefed the Committee on balloon amendments to **SB 152**. (Attachment 6)

After Committee discussion, <u>Senator Langworthy made a motion the Committee adopt the balloon amendments to the bill with the language deleted as noted, and the word "procedure" added where applicable on page 3 of the bill, seconded by Senator Harrington. The motion carried.</u>

<u>Senator Langworthy made a motion the Committee recommend</u> <u>SB 152 as amended favorably for passage, seconded by Senator Hardenburger.</u> The motion carried.

Briefing on SB 534

Sherry Duperier, Kansas Board of Hearing Aid Examiners, briefed the Committee on balloon amendments to <u>SB</u> <u>534</u>. (Attachment 7) It was noted by John Peterson, representing the Speech-Language-Hearing Association, that some language may not have been included in the balloon that was discussed at a meeting of the two entities on February 19th. Therefore, no action was taken on the bill at this time.

Adjournment

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

The next meeting is scheduled for February 21, 1996.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 2-20-96

NAME	REPRESENTING		
WES DUPERIER	KAUSAS HEARING AID ASSOC.		
M BAY KAHEMANA	tr a u		
Sherry Do Perier	KSBrd of Hvg Aid Exam		
Melisse Wangeman	Dein Ebert , Weir		
Sandy Rogers	Association of Ks Hospices		
John Redevico	Pete Mibilia Assoc		
Rich Pothic	Health Mideson		
John Brune	Men ARSOC		
LINAA LUBENSKY	KS Home Care assu		
Tarri Robas	KSNA		
Pat Johnson	Board of Wursing		
Sprah Tidusell	Board of Mersing		
Vorocely Zeal	KSBN		
Fal Mc Trelia	KSBN		
Quality Brules	KSBN		
arneotha Warler	KSBN		
Ween Hengon	VS Medical Society		
Amy Praeger	Sen. Moran		
Jan J Gmull	KDAL		

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 2-20-96

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Kansas Home Care Association • 1000 Monterey Way, E2 • Lawrence, Kansas 66049 • (913) 841-8611 Fax (913) 749-5414

To: Senate Public Health & Welfare Committee

From: Linda Lubensky, Kansas Home Care Association

Date: February 20, 1996

Re: S.B. 631, an act concerning pharmacists and pharmacies;

placing certain drugs with home health agencies; protocols

for drug handling and storage.

On behalf of the Kansas Home Care Association, I appreciate this opportunity to testify in favor of S.B. 631. It is legislation needed by my industry and we have worked cooperatively with the Kansas Pharmacists Association and the Kansas State Board of Pharmacy to devise the process and language to meet our collective needs. All three of our boards of directors have reviewed the material and are supportive of the legislation.

For years home care nurses have carried, and agencies stored, certain drugs for emergency purposes. These drugs include sterile water and sterile saline for injection or irrigation, heparin flush solution, diphenhydramine injectable, and epinephrine injectable. Although it has been common practice to purchase these drugs in bulk for the use by home care nurses, this does not technically meet the letter of the law. They are classified as legend drugs, and as such require a specific prescription label for a particular patient. In order to help our nurses comply with current laws and yet be able to have the supplies on hand for emergency situations, we feel that this bill is necessary.

The language before you is patterned after a statute currently in use in Oklahoma. It appears to be working well in that state and we feel that it will also remedy our problems, without placing undue burdens on Kansas pharmacies or home care providers. In essence, the bill allows the pharmacy to retain ownership of the drugs, sets up accountability measures, but still insures their availability for emergency situations.

In order to insure the consistency of the language, we do ask, however, that two small changes be made. On page 1, line 20, "controlled drugs" should be changed to "legend drugs"; and on page 2, line 3, "or dangerous" should be removed.

The Kansas Home Care Association greatly appreciates your consideration and hopes that you will pass this bill favorably, with the two changes indicated above.

Senate Public Health & Welfare Date: 2-20-96
Attachment No. /

Kansas State Board of Pharmacy

LANDON STATE OFFICE BUILDING 900 JACKSON AVENUE, ROOM 513 TOPEKA, KANSAS 66612-1231 PHONE (913) 296-4056 FAX (913) 296-8420

STATE OF KANSAS



GOVERNOR

SENATE BILL 631 SENATE PUBLIC HEALTH AND WELFARE BOARD ATTORNEY TUESDAY, FEBRUARY 20, 1996

MEMBERS

MONTE BAUGHTER, DERBY CHARLOTTE BROCK, STERLING KARLA KNEEBONE, NEODESHA GLEN MATHIS, GIRARD BARRY SARVIS, MANHATTAN MARGARET YOUNG, WICHITA

EXECUTIVE DIRECTOR LARRY C. FROELICH

DANA W. KILLINGER

MADAM CHAIRMAN AND MEMBERS OF THE COMMITTEE, MY NAME IS LARRY FROELICH AND I SERVE AS THE EXECUTIVE SECRETARY TO THE BOARD OF PHARMACY. I APPEAR BEFORE YOU TODAY ON BEHALF OF THE BOARD IN SUPPORT OF SB 631.

THE REQUESTED LEGISLATION IS NEEDED TO SUPPORT THE INCREASING TRANSITION IN OUR HEALTH CARE DELIVERY SYSTEM. THIS STATUTE IS NECESSARY TO ALLOW A KANSAS LICENSED HOME HEALTH CARE AGENCY NURSE TO POSSESS A LIMITED SUPPLY OF LEGEND MEDICATIONS FOR EMERGENCY SITUATIONS. CURRENTLY, THE KANSAS PHARMACY ACT DOES NOT ALLOW FOR THIS PROCEDURE. THE KANSAS HOME CARE ASSOCIATION, THE KANSAS PHARMACISTS ASSOCIATION AND THE BOARD OF PHARMACY ARE IN AGREEMENT WITH THIS LEGISLATION.

OKLAHOMA AND ARKANSAS HAVE A SIMILAR STATUTE AND THIS ALSO FOLLOWS ALONG THE LINES OF THE MISSOURI BOARD OF PHARMACY INTERPRETATION. THIS MEDICATION REMAINS THE PROPERTY OF THE PHARMACY, AND REQUIRES THE PHARMACIST TO CHECK FOR PROPER CONTROL, STORAGE AND EXPIRATION DATE OF THESE MEDICATIONS.

WE RESPECTFULLY REQUEST THE FAVORABLE PASSAGE OUT OF COMMITTEE OF SB 631. THANK YOU.

> Senate Public Health & Welfare Date: 2 - 20 - 96 Attachment No. 2

Good Morning. I am Sandy Rogers, Chair of the Governmental Affairs Committee of the Association of Kansas Hospices. I am here to speak on behalf of the Association of Kansas Hospices to support Senate Bill No. 631 with the following changes. The Association of Kansas Hospices asks that hospices be added to the Senate Bill 631 since hospice nurses, who also serve in the patient's home, provide similar clinical services. We ask that the bill be revised to include the words "and/or hospice" where the words "home health agency" are utilized (Page 1: Lines 14, 16, 23, 24; Page 2: Line 1). We ask that hospice be defined to mean an entity required to be licensed under K.S.A. 65-6202 (Page 2: Line 5). The Association of Kansas Hospices is in support of Senate Bill No. 631 which establishes clear protocols for drug handling and storage which protects the consumer.



700 SW Jackson, Suite 601 Topeka, Kansas 66603-3731

913/233-8638 * FAX 913/233-5222

the Voice of Nursing in Kansas

Betty Smith-Campbell, M.N., R.N., Ann President

Terri Roberts, J.D., R.N. Executive Director

February 20, 1996

Written Testimony

S.B. 631 PLACING CERTAIN DRUGS WITH HOME HEALTH AGENCIES

Senator Praeger and members of the Senate Public Health and Welfare Committee, the Kansas State Nurses Association is supportive of the provisions in S.B. 631, which would permit home health agencies registered nurses to carry specific drugs that are used in emergency situations. Currently the pharmacy act prohibits this practice and S.B. 631, modeled after the Oklahoma statues, provides authority for home health agencies to purchase and their licensed nursing staff to possess "legend drugs" to be used in emergency situations. This has been the practice for many years and only recently came to the attention of the home health industry as being in violation of the pharmacy act. Model contracts have already been drafted for use by Pharmacies and Home Health Agencies.

The Kansas Home Care Association is offering two amendments which KSNA supports. One is on page 1, line 20, replacing the word "controlled drugs" with "legend drugs", and the other is on page 2, line 3 deleting "or dangerous."

Thank you.

Terri Roberts JD, RN

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to adversaria for the second

Constituent of The American Nurses Association

Senate Public Health & Welfare Date: 2-20-96 Attachment No.

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failure to render professional services within this state, but in no event shall the fund be obligated for claims against: (A) Nonresident inactive health care providers who have not complied with this act; or (B) nonresident inactive health care providers for claims that arose outside of this state, unless such health care provider was a resident health care provider or resident self-insurer at the time such act occurred;

- (5) subject to subsection (b) of K.S.A. 40-3411, and amendments thereto, reasonable and necessary expenses for attorney fees incurred in defending the fund against claims;
- (6) any amounts expended for reinsurance obtained to protect the best interests of the fund purchased by the board of governors, which purchase shall be subject to the provisions of K.S.A. 75-3738 through 75-3744, and amendments thereto, but shall not be subject to the provisions of K.S.A. 75-4101 and amendments thereto;
- (7) reasonable and necessary actuarial expenses incurred in administering the act, including expenses for any actuarial studies contracted for by the legislative coordinating council, which expenditures shall not be subject to the provisions of K.S.A. 75-3738 through 75-3744, and amendments thereto;
- (8) periodically to the plan or plans, any amount due pursuant to subsection (a)(3) of K.S.A. 40-3413 and amendments thereto;
- (9) reasonable and necessary expenses incurred by the board of governors in the administration of the fund or in the performance of other powers, duties or functions of the board under the health care provider insurance availability act;
 - (10) return of any unearned surcharge;
- (11) subject to subsection (b) of K.S.A. 40-3411, and amendments thereto, reasonable and necessary expenses for attorney fees and other costs incurred in defending a person engaged or who was engaged in residency training or the private practice corporations or foundations and their full-time physician faculty employed by the university of Kansas medical center from claims for personal injury or death arising out of the rendering of or the failure to render professional services by such health care provider;
- (12) notwithstanding the provisions of subsection (m), any amount due from a judgment or settlement for an injury or death arising out of the rendering of or failure to render professional services by a person engaged or who was engaged in residency training or the private practice corporations or foundations and their full-time physician faculty employed by the university of Kansas medical center;
- (13) reasonable and necessary expenses for the development and promotion of risk management education programs and for the medical care facility licensure and risk management survey functions carried out under

subject to the provisions of K.S.A. 65-429 and amendments thereto,

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fund may pay reasonable and necessary expenses for attorney fees incurred in defending the fund against such claim. The fund may recover all or a portion of such expenses for attorney fees if an adverse judgment is returned against the health care provider for damages resulting from the health care provider's sexual acts or activity.

Sec. 2. K.S.A. 65-429 is hereby amended to read as follows: 65-429. Upon receipt of an application for license, the licensing agency shall issue with the approval of the state fire marshal a license provided the applicant and the physical facilities of the medical care facility meet the requirements established under this act. A license, unless suspended or revoked, shall be renewable annually without charge upon the filing by the licensee, and approval by the licensing agency, of an annual report upon such uniform dates and containing such information in such form as the licensing agency prescribes by regulation rules and regulations. A medical care facility which has been licensed by the licensing agency and which has received certification for participation in federal reimbursement programs and which has been accredited by the joint commission on accreditation of hospitals health care organizations or the American osteopathic association may be granted a license renewal based on such certification and accreditation. The cost of administration of the medical care facilities licensure and risk management program provisions of this act pursuant to K.S.A. 65-433 and 65-4921 et seq., and amendments thereto, shall be funded by an annual assessment from the health care stabilization fund. Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the licensing agency. A separate license is not required for two separate establishments which are located in the same or contiguous counties, which provide the services required by K.S.A. 65-431 and amendments thereto and which are organized under a single owner or governing board with a single designated administrator and medical staff. Licenses shall be posted in a conspicuous place on the licensed premises.

Sec. 3. K.S.A. 65-433 is hereby amended to read as follows: 65-433. The licensing agency shall make or cause to be made such inspections and investigations as it deems deemed necessary. The authorized agents and representatives of the licensing agency shall conduct inspections of each medical care facility not accredited by the joint commission on accreditation of health care organizations or the American osteopathic association at such intervals as the secretary determines necessary to protect the public health and safety and to carry out the risk management provisions of K.S.A. 65-4921 et seq., and amendments thereto. The licensing agency may prescribe by rules and regulations that any licensee or applicant desiring to make specified types of alteration or additions to its fa-

, which assessment shall not exceed \$200,000 in any one fiscal year. The licensing agency shall make an annual report to the health care stabilization fund regarding the use of these funds.

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as a registered nurse anesthetist-; and

SENATE BILL No. 152

By Committee on Public Health and Welfare

1-30

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AN ACT concerning nursing; relating to registered nurse anesthetists; amending K.S.A. 65-1151, 65-1153, 65-1154, 65-1158, 65-1159 and 65-1163 and K.S.A. 1994 Supp. 65-1152 and 65-1162 and repealing the existing sections; also repealing K.S.A. 65-1161. Be it enacted by the Legislature of the State of Kansas: Section 1. K.S.A. 65-1151 is hereby amended to read as follows: 65-1151. As used in K.S.A. 65-1151 to 65-1163 65-1164, inclusive and amendments thereto: "Registered nurse anesthetist" means a licensed professional nurse who is authorized to practice as a registered nurse anesthetist. (b) "Board" means the board of nursing. (c) "Local anesthetic" means infiltration anesthesia or anesthesia produced by direct infiltration of local anesthetic solution into the operative site. "Regional anesthesia" means the use of local anesthetic solutions to produce loss of sensation in circumscribed areas. (e) "General anesthesia" means one that is complete and affecting the entire body with the loss of consciousness. (f) "Active anesthesia practice" means clinical practice and anesthesia related administration, educational and research activities. Sec. 2. K.S.A. 1994 Supp. 65-1152 is hereby amended to read as follows: 65-1152. (a) In order to obtain authorization from the board of nursing to practice as a registered nurse anesthetist an individual shall meet the following requirements: (1) Is Be licensed to practice professional nursing under the Kansas nurse practice act; (2) has successfully completed a course of study in nurse anesthesia in a school of nurse anesthesia accredited or approved by the board; and (3) has successfully completed an examination approved by the board or has been certified by a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding standards established under this act for obtaining authorization to practice

(4) be required to successfully complete a refresher course as defined

- in rules and regulations of the board if the individual has not been in active anesthesia practice for five years preceding the application.
- (b) Accreditation of schools of nurse anesthesia shall be based on accreditation standards specified in K.S.A. 65-1119 and amendments thereto.
- (c) Schools of nurse anesthesia accredited or approved by the board under this section may offer, but shall not be required to shall offer, a masters level degree program in nurse anesthesia.
- (d) For the purposes of determining whether an individual meets the requirements of item (2) of subsection (a), the board by rules and regulations shall establish criteria for determining whether a particular school of nurse anesthesia maintains standards which are at least equal to schools of nurse anesthesia which are accredited or approved by the board. The board may send a questionnaire developed by the board to any school of nurse anesthesia for which the board does not have sufficient information to determine whether the school meets the standards established under this subsection (d). The questionnaire providing the necessary information shall be completed and returned to the board in order for the school to be considered for approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about schools of nurse anesthesia. In entering such contracts the authority to approve schools of nurse anesthesia shall remain solely with the board.
- Sec. 3. K.S.A. 65-1153 is hereby amended to read as follows: 65-1153. The board may grant a temporary authorization to practice nurse anesthesia as a registered nurse anesthetist: (a) For a period of not more than one year to (1) graduates of a school of nurse anesthesia accredited or approved by the board pending results of the initial examination;; or (2) nurse anesthetists eurrently licensed or otherwise eredentialed in another state pending completion of the application for an authorization to practice nurse anesthesia as a registered nurse anesthetist in this state; and (b) for a period of not to exceed 180 days to an applicant for an authorization to practice nurse anesthesia as a registered nurse anesthetist who is enrolled in a refresher course required by the board for reinstatement of authorization which has lapsed for more than five years or for authorization in this state from another state if the applicant has not been engaged in the practice of nurse anesthesia for five years preceding application
- (b) for 180 days for the clinical portion of a refresher course and the temporary authorization may be renewed by the board for one additional period of not to exceed 180 days; and
- (c) for a period not to exceed 60 90 days when a reinstatement application has been made. The 90-day temporary permit may be renewed

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for an additional 30 days but not to exceed a combined total of 120 days. Sec. 4. K.S.A. 65-1154 is hereby amended to read as follows: 65-1154. Upon application to the board by any licensed professional nurse in this state and upon satisfaction of the standards and requirements established under this act, the board shall grant an authorization to the applicant to perform the duties of a registered nurse anesthetist. An application to the board for an authorization, for an authorization with temporary authorization, for biennial renewal of authorization, for reinstatement of authorization and for reinstatement of authorization with temporary authorization shall be upon such form and contain such information as the board may require and shall be accompanied by a fee to assist in defraying the expenses in connection with the administration of the provisions of this act. The fee shall be fixed by rules and regulations adopted by the board in an amount fixed by the board under K.S.A. 65-1118 and amendments thereto. The executive administrator of the board shall remit all moneys received pursuant to K.S.A. 65-1151 to 65-1163, inclusive, and amendments thereto, to the state treasurer as provided by K.S.A. 74-1108 and amendments thereto.

Sec. 5. K.S.A. 65-1158 is hereby amended to read as follows: 65-1158. (a) Each registered nurse anesthetist shall be authorized to:

(1) Conduct a pre- and post-anesthesia visit and assessment with appropriate documentation;

(2) develop an anesthesia care plan with the physician or dentist which includes procedures for administration of medications and anesthetic agents plan which includes ordering appropriate medications and anesthetics for pre-operative, intra-operative and post-operative administration;

(3) 5 induce and maintain anesthesia or analgesia at the required levels;

(4) & support life functions during the peri-operative period;

(5) I recognize and take appropriate action with respect to patient responses during anesthesia;

(6) I provide professional observation and management of the patient's emergence from anesthesia; and

(7) participate in the life support of the patient;

(8) (b) Each registered nurse anesthetist may participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, case reviews, patient evaluation and outcome of case statistics; and

(0) participate in the joint reviews and revision of adopted protocols or guidelines.

(b) A registered nurse anesthetist shall perform duties and functions in an interdependent role as a member of a physician or dentist directed health care team.

and K.S.A. 65-1130

and be certified as an advanced registered nurse practitioner

as pi

There shall be no fee assessed for the initial, renewal or reinstatement of the advanced registered nurse practitioner certificate as long as the registered nurse anesthetist maintains authorization.

Upon the order of a physician or dentist requesting anesthesia or analgesia care,

perform and shall assure the following are completed with each anesthetic

a general plan of anesthesia care with the physician or dentist

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(3) select method for administration of anesthesia or analgesia;

(4) select appropriate medications and anesthetic agents;

Undelete (b) (c) A registered nurse anesthetist shall perform duties and functions in an interdependent role as a member of a physician or dentist directed health care team.

New 1d The provisions of V. S.A. 40-3403 (h) shall apply.

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- Sec. 6. K.S.A. 65-1159 is hereby amended to read as follows: 65-1159. (a) The applicant for renewal of an authorization to practice as a registered nurse anesthetist shall:
- (1) Shall Have met the continuing education requirements for a registered nurse anesthetist as developed by the board or by a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding standards established under this act;
 - (2) shall be currently licensed as a professional nurse; and
- (3) shall have paid all applicable fees provided for in this act as fixed by rules and regulations of the board.
- (b) Continuing education credits approved by the board for purposes of this subsection may be applied to satisfy the continuing education requirements established by the board for licensed professional nurses under K.S.A. 65-1117 and amendments thereto if the board finds such continuing education credits are equivalent to those required by the board under K.S.A. 65-1117 and amendments thereto.
- Sec. 7. K.S.A. 1994 Supp. 65-1162 is hereby amended to read as follows: 65-1162. (a) Except as otherwise provided in K.S.A. 65-1151 to 65-1163, inclusive, and amendments thereto any licensed professional nurse or licensed practical nurse person 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.
- (b) Any person, corporation, association or other entity, except as otherwise provided in K.S.A. 65-1151 to 65-1163, inclusive, and amendments thereto who engages in any of the following activities is guilty of a misdemeanor:
- (1) Employing or offering to employ any person as a registered nurse anesthetist with knowledge that such person is not authorized by the board to practice as a registered nurse anesthetist;
- (2) fraudulently seeking, obtaining or furnishing documents indicating that a person is authorized by the board to practice as a registered nurse anesthetist when such person is not so authorized, or aiding and abetting such activities;
- (3) using in connection with one's name the title registered nurse anesthetist, the abbreviation R.N.A., or any other designation tending to imply that such person is authorized by the board to practice as a registered nurse anesthetist when such person is not authorized by the board to practice as a registered nurse anesthetist; or
- (4) violation of the Kansas nurse practice act or rules and regulations adopted pursuant thereto.
- (c) Any person who violates subsection (b) of this section is guilty of a class B misdemeanor except that upon conviction of a second or sub-

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sequent violation of this section, the person is guilty of a class A misde-

Sec. 8. K.S.A. 65-1163 is hereby amended to read as follows: 65-1163. (a) Nothing in this act shall:

(a) Prohibit administration of a drug by a duly licensed professional nurse, licensed practical nurse or other duly authorized person for the alleviation of pain, including administration of local anesthetics.

(b) Nothing in this act shall apply to the practice of anesthesia by a person licensed to practice medicine and surgery, a licensed dentist or a licensed podiatrist.

(c) Nothing in this act shall prohibit the practice of nurse anesthesia by students enrolled in approved courses of study in the administration of anesthesia as a part of or incidental to such approved course of study.

(d) Nothing in this act shall apply to the administration of a pudendal block by a person who holds a valid certificate of qualification as an advanced registered nurse practitioner in the category of nurse-midwife;

(e) Nothing in this net shall apply to the administration 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: [or]

(f) prohibit the practice by any registered nurse anesthetist who is employed by the United States government or in any bureau, division or agency thereof, while in the discharge of official duties.

Sec. 9. K.S.A. 65-1151, 65-1153, 65-1154, 65-1158, 65-1159, 65-1161 and 65-1163 and K.S.A. 1994 Supp. 65-1152 and 65-1162 are hereby repealed.

Sec. 10. This act shall take effect and be in force from and after its publication in the statute book.

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(g) prohibit a registered professional nurse from administering general anesthetic agents to a patient on ventilator maintenance in critical care units when under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

A registered professional nurse who obtained authorization from the board of nursing to practice as a registered nurse anesthetist is not required to be certified an advanced registered nurse practitioner in any category of advanced registered nurse practitioner and is not subject to provisions of subsection (b) of K.S.A. 65-1114 and amendments thereto while practicing as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive.

SENATE BILL No. 534

By Committee on Public Health and Welfare

1-25

AN ACT relating to hearing aids; board of examiners for hearing aids; amending K S.A. 74-5801, 74-5802, 74-5803, 74-5804, 74-5805, 74-5806, 74-5807, 74-5808, 74-5809, 74-5810, 74-5810a, 74-5811, 74-5812, 74-5813, 74-5814, 74-5815, 74-5816, 74-5818, 74-5819, 74-5820, 74-5821, 74-5822, 74-5823 and 74-5824 and repealing the existing sections.

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

Section 1. K S.A. 74-5801 is hereby amended to read as follows: 74-5801. There is hereby established the Kansas board of examiners in fitting and dispensing of hearing aids constituted as provided in this act and hereinafter called the "board."

Sec. 2. K.S.A. 74-5802 is hereby amended to read as follows: 74-5802. Within sixty (60) clays after the effective date of this act The governor shall appoint a board of examiners of hearing aid dispensers, consisting of five (5) persons. No person shall be eligible for appointment as a member of sunl the board unless he such person is a resident of Kansas. Three (3) members of such the board shall be members of a Kansas hearing aid association affiliated with a national hearing aid association having affiliations in not less than ten (10) states, shall be certified by a national hearing aid association linving affiliations in not less than ten (10) states healthcare association, and have been engaged in the actual practice of fitting and dispensing hearing aids in this state continuously for the last five (5) years. Two (2) members of such board shall be individuals not engaged in the practice of fitting and dispensing hearing aids in the state of Kansas, and shall not be related to an individual who currently, or previously, is or was employed by a hearing healthcare organization or establishment. Two members shall be appointed for terms of three years; two members shall be appointed for terms of two years; and one member shall be appointed for a term of one year; thereafter successors shall be appointed by the governor for terms of three years. Vacancies shall be filled by appointment by the governor for the unexpired term. The govemor shall have the power to remove from office any member of the board for neglect of duty, incompetency, improper or unprofessional conduct, or when the certificate of a member has been revoked.

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uncomfortable loudness levels to determine the selection of the best fitting arrangement for maximum hearing aid benefit.

- (6) Middle ear assessment by air conduction and bone conduction comparisons, sereening tympanometry or other technologically appropriate tests.
- (b) A hearing assessment as described in subsection (a) shall be valid for six months.
- (c) Audiometric tests listed in subsection (a) that cannot be performed due to the mental or physical condition or disability of the client may be excluded, except that documentation shall be maintained by the dispenser for three years that supports the exclusion of the specific audiometric tests.
- (d) The board shall establish a list of otologic conditions detectable through a hearing assessment as set forth in subsection (a) for which prepurchase medical evaluation shall be required. Such list shall take into account the otologic conditions referred to as "red flags" in the U.S. food and drug administration 1977 regulations on hearing aid devices or subsequent otologic conditions to remain consistent with FDA regulations. When such otologic conditions are detected, a hearing aid shall not be fitted until medical clearance is obtained for the condition noted. If a consumer provides the required medical clearance and the condition noted, if treatable, is no longer observable, a hearing aid may be fitted.
- (e) In addition, a consumer shall not be required to obtain medical clearance for the repurchase of a hearing aid once a medical evaluation and clearance has been obtained for certain otologic conditions that are permanent and will be reidentified at each hearing assessment. At a minimum, such conditions shall include the following:
 - (1) Visible congenital or traumatic deformity of the ear.
 - (2) Hearing loss as a secondary condition as established by the board.
- (3) Unilateral or asymmetric hearing loss, assuming no change in thresholds!
- (4) Audiometric air-bone gap equal to or greater than 15 decibels (dB) average at 500 Hertz (Hz), 1000 Hz and 2000 Hz.
 - (5) Bilateral hearing loss of greater than 90 dB.

Any person with a significant difference between bone conduction hearing and air conduction hearing must be informed of the possibility of a medically treatable condition.

(f) The board may inspect the premises of any licensee in order to determine the state of compliance with the provisions of this section, the applicable rules and regulations and may enter the premises of a licensee and inspect the records upon reasonable belief that a violation of this act is being or has been committed or that the licensee had failed or is failing to comply with the provisions of this act.

Any client complete who cannot the audiometric tests as listed in subsection A shall be referred to a person licensed practice medicine preferably a person who in diseases of the ear, specializes evaluation and examination. Such person must present medical clearance prior the purchase of a hearing aid.

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(g) No hearing aid can be sold or distributed through the mail to the ultimate consumer unless the consumer provides to the mail order company a written hearing assessment as set forth in subsection (a).

Sec. 9. K.S.A. 74-5808 is hereby amended to read as follows: 74-5808. No person shall engage in the sale of or practice of dispensing and fitting hearing aids or display a sign or in any other way advertise or hold himself oneself out as a person who practices the dispensing and fitting of hearing aids unless he the person holds a current, unsuspended, unrevoked license issued by the board as provided in this act, or unless he the person holds a current, unsuspended, unrevoked certificate of endorsement pursuant to K.S.A. 74-5814 and amendments thereto. The license or certificate required by this section shall be kept conspicuously posted in his the person's office or place of business at all times.

Sec. 10. K.S.A. 74-5809 is hereby amended to read as follows: 74-5809. Any person who practices the fitting or dispensing of hearing aids shall deliver to each person supplied with a hearing aid, by him or at his such person or by such person's order or direction, a bill of sale which shall contain his the typed or printed name and his signature of such person and show the address of his the regular place of practice and the number of his the person's license, together with a description of the make and model of the hearing aid furnished and the amount charged therefor. The bill of sale shall also reveal the condition of the hearing device and whether it is new, used or rebuilt. Records of hearing aid purchase and corresponding hearing assessment shall be maintained by the hearing aid specialist for at least three years except in the case of the death of the purchase!

Sec. 11. K.S.A. 74-5810 is hereby amended to read as follows: 74-5810. This act shall not apply to a person while he is engaged in the practice of fitting hearing aids if his such practice is part of the academic curriculum of an accredited institution of higher education or part of a program conducted by a public, charitable institution or nonprofit organization, which is primarily supported by voluntary contributions: Provided. This. Such an organization does shall not sell hearing aids or accessories thereto.

This act shall not be construed to prevent or limit any person who is a practitioner of the healing arts licensed by the state board of healing arts in treatment of any kind or in fitting hearing aids to the human ear.

Sec. 12. K.S.A. 74-5810a is hereby amended to read as follows: 74-5810a. (a) The Kansas board of examiners in fitting and dispensing of hearing aids is hereby authorized to adopt rules and regulations fixing the amount of fees for the following items and to charge and collect the amounts so fixed subject to the following limitations:

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License application — not more than

, unless persons making such a sale are licensed under this act

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1	Temporary license permit — not more than	25 75
2	Temporary license permit renewal — not more than	100 200
3	Certificate of registration or endorsement — not more than	50 175
4	Certificate of registration or endorsement renewal - not more than	50 175
5	Certificate of registration or endorsement late renewal — not more	
6	than	100 150
7	Certificate of registration or endorsement extended late renewal — not	
8	more than	200 300
9	Duplicate certificate of registration or endorsement — not more than	25
10	Examination, written — not more than	100 75
11	Examination, practical — not more than	150

Sponsor's application — not more than

Verification of training program completion — not more than (b) Whenever the board shall determine that the total amount of revenue derived from the fees collected pursuant to this section is insufficient to carry out the purposes for which such fees are collected, the board may amend such rules and regulations to increase the amount of the fee, except that the amount of the fee for any item shall not exceed the maximum amount authorized by this section. Whenever the amount of fees collected pursuant to this section provides revenue in excess of the amount necessary to carry out the purposes for which such fees are collected, it shall be the duty of the board to shall decrease the amount of the fee for one or more of the items listed in this subsection by amending the rules and regulations which fix such fees. Fees collected by the board are nonrefundable.

(e) Until the effective date of any rules and regulations adopted by the board in accordance with the provisions of subsection (b) which fix the amount of the fee for any item specified in subsection (a), the board shall charge a fee for such item in an amount equal to the maximum amount authorized for such item by subsection (a).

Sec. 13. K.S.A. 74-5811 is hereby amended to read as follows: 74-5811. An applicant for a license shall pay the license application fee provided for in K.S.A. 74-5810a and amendments thereto and shall show to the satisfaction of the board that such applicant:

- (a) Is a resident of this state;
- (b) (a) Is 18 21 years of age or older;
- (e) (b) has an education equivalent to a four-year course in an accredited high school or has continuously engaged in the practice of fitting and dispensing hearing aids during the three years preceding the effective date of this act; and. On and after July 1, 2001, the applicant shall have graduated from an accredited college or university with an associate degree, bachelor's degree, or equivalent, or an approved higher or professional education program as determined by the board; and

or approved

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Sec. 14. K.S.A. 74-5812 is hereby amended to read as follows: 74-5812. (a) An applicant for a license who is notified by the board that such applicant has fulfilled the requirements of K.S.A. 74-5811 and amendments thereto shall appear at a time, place and before such persons as the board may designate, and shall present a current driver's license or other government issued photo identification, to be examined by written and practical tests in order to demonstrate that such applicant is qualified to practice the fitting of hearing aids:

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(b) An applicant who fulfills the requirements of K.S.A. 74-5811 and amendments thereto and who has not previously applied to take the examination provided under this section may apply to the board for a temporary license who also establishes to the board that the applicant holds: (1) A current, valid certification from the national board for certification in hearing instrument sciences; (2) a current, valid certificate of clinical competence award by the American speech language hearing association; (3) graduated from an accredited curriculum in hearing instrument sciences; or [(4)] a valid, current license as a hearing aid specialist or its equivalent from another state and has been actively practicing in such capacity for at least 12 of the last 15 months, shall be immediately eligible to take the licensure examination. Any applicant who fulfills the requirements of K.S.A. 74-5811 and amendments thereto, but who cannot establish that the requirements set forth in subsection (b) of KSA 74-5812 and amendments thereto have been met must apply for and obtain a temporary permit and must complete a training program as set forth by the board as a condition of eligibility to take the licensure examination. The training program shall include a minimum number of hours of course work, observation, practical experience and a procedure for verifying the completion of the course work, the observation and the practical experience.

(e) Upon receiving an application provided under subsection (b) of this section, accompanied by the temporary license fee provided for in K.S.A. 74 5810a, the board may issue a temporary license which shall entitle the applicant to practice the fitting and dispensing of hearing aids for a period ending thirty (30) days after the conclusion of the next examination given after the date of issue.

(d) (c) No temporary lieense permit shall be issued by the board under this section unless the applicant shows to the satisfaction of the board that such applicant is or will be employed by a supervised and trained person trained and supervised by a person who holds a valid license or

a current, valid audiology license in the state (3) a valid Kansas temporary license in audiology or is participating in a clinical fellowship year in the state;

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