

MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:30 p.m. on March 7, 2011, in Room 546-S of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes  
Melissa Calderwood, Kansas Legislative Research Department  
Iraida Orr, Kansas Legislative Research Department  
Carolyn Long, Committee Assistant

Conferees appearing before the Committee:

Representative Kay Wolf  
Connie Hubbell, Kansas Association for the Medically Underserved  
Jason Wesco, Community Health Center of Southeast Kansas  
Debra Billingsley, Kansas Board of Pharmacy  
Chad Austin, Kansas Hospital Association

Others attending:

See attached list.

The hearing on **HB-2182—Concerning mail service pharmacies** was opened by the Chair. Representative Wolf spoke in favor of the legislation as it would allow non-resident pharmacies that were licensed in the state to participate in the Unused Medication Act program.

Connie Hubbell, Kansas Association for the Medically Underserved, supported the statements of Representative Wolf. Her association represents 39 primary care safety net clinics that all share the same mission of providing health care services without regard for the patient's ability to pay. They believe that Kansas should be a state where all individuals should have access to comprehensive, affordable and quality health care and this bill would allow adult care homes, mail service pharmacies and medical care facilities to donate unused medications to safety net clinics so they can distribute these medication to Kansans who are medically indigent (Attachment #1).

Jason Wesco, Community Health Center of Southeast Kansas, stated that his organization is a central repository where donations are made and then redistributed to eligible entities. To date they have distributed medications with a retail value of approximately \$5 million to twenty eligible organizations. s. Opening the program to out-of-state mail order pharmacies could greatly increase the volume and variety of unused medications available to Kansans (Attachment #2).

Written testimony was submitted by Robert Stiles, Primary Care Director, Kansas Department of health and Environment (Attachment #3) and neutral written testimony by Representative Tom Sloan (Attachment #4).

There being no further conferees, the hearing on \_was closed.

The Chair then opened the hearing on **HB 2082—Inspections of medical gas piping systems in hospitals**. This legislation would amend current law regarding the required qualifications of persons who install, improve, repair, maintain, or inspect any medical gas piping system with a county or city. The bill would allow limited maintenance on any medical gas piping system previously installed in a hospital when performed by hospital maintenance personnel. It would also apply to all clinics, long-term care facilities, limited care residential facilities, and joint enterprises for providing health care services that are operated in connection of a medical care facility.

Chad Austin, representing the Kansas Hospital Association, stated that hospitals across the state employ maintenance personnel to care for the hospital building and equipment. They have no interest in installing new medical gas piping systems or conducting extensive work on them, however, there are certain situations where the would be capable of performing routine maintenance (Attachment #5).

## CONTINUATION SHEET

The minutes of the Public Health and Welfare Committee at 1:30 p.m. on March 7, 2011, in Room 546-S of the Capitol.

Written testimony in support of **HB 2082** was also submitted by Mike Connell, Russell Regional Hospital (Attachment #6).

There being no further conferees or discussion, the hearing on **HB 2082** was closed.

The chair then called for final action on **SB 92—State Board of Cosmetology; licensing requirements**. Staff provided explanation of a proposed balloon. Senator Kelly asked if there were any objections to the current proposed legislation by any board members. Mary Lou Davis, Kansas Board of Cosmetology said there were none. There being no further discussion, Senator Reitz moved adoption of the balloon amendment, seconded by Senator Brungardt. Motion passed. It was moved by Senator Reitz, seconded by Senator Brungardt to report SB 92 as a substitute bill and to report the substitute bill out of the Committee favorably. Motion passed.

Final action was then called for **HB 2049—Amending the controlled substances schedule regarding tetrahydrocannabinols and related substances** and **HB 2249—Adding chemical compounds known as “bath salts” to the controlled substances schedule**. As previously requested by the Chair, the language of these two bills was combined and an explanation of the combined bills was provided by staff. After reviewing additional fiscal information, it was moved by Senator Kelsey, seconded by Senator Kelly for a senate substitute bill for HB 2049. Senator Haley moved a substitute motion to maintain separation of the two bills, seconded by Senator Brungardt. Motion failed by a show of hands. The original motion for senate substitute bill for HB 2049 passed favorably. Senator Haley voted in opposition to the motion.

The next meeting is scheduled for March 8, 2011.

The meeting was adjourned at 2:20 p.m.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: March 7, 2011

NAME	REPRESENTING
Mc Davis	KBOC
Deb Billingsley	KBOB
BOB ANDERSON	Superior Co.
Nancy Smeath	Superior Co.
Shirley Siskel	KGFA
Cornie Hester	KAMC
Jason Wesco	Community Health Center of SEK
Derek Hein	HEIN LAW Firm
Robert S. Hiles	KDHE
Paul Foster	United Health Group
Chad Austin	KFA
Leigh Keck	Capitol Strategies
Mark Coss	GTB
George Skelton	Cerner

**Testimony on:**

HB 2182

**Presented to:**

Senate Public Health and Welfare Committee

**By:**

Connie Hubbell, Director of Governmental Affairs  
Kansas Association for the Medically Underserved

March 7, 2011

**For additional information contact:**

KAMU  
1129 S Kansas Ave., Ste. B  
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Ph: (785) 233-8483  
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Good afternoon Madame Chair and members of the Senate Public Health and Welfare Committee. I am Connie Hubbell, Director of Governmental Affairs for the Kansas Association for the Medically Underserved (KAMU). I appear before you today in support of HB 2182.

KAMU has been the Primary Care Association of Kansas for 22 years. As the Primary Care Association, KAMU, represents 39 primary care safety net clinics that all share the same mission of providing health care services without regard for the patients' ability to pay. KAMU and our members believe Kansas should be a state where all individuals have access to comprehensive, affordable and quality health care. Our 39 member Safety Net Clinics along with their 26 satellite sites provide Kansans a total of 65 access points.

We continue to celebrate and recognize the growth of the number of Kansans served by safety net clinics in Kansas over the years. In 2009 our 39 clinics provided care for over 223,000 underserved Kansans – a 31.6 % increase in patients in just two years (2007 – 2009). With the current economic climate in our state the number of individuals who are uninsured and underinsured will continue to rise. This demand for care has increased so much in just the past year that six new applications are expected for state funding this year through KDHE's Primary Care Grant Program, and the possibility of two more.

HB 2182 is a continuation of an effort that began in 2008 with the passage of HB 2578, titled the "Unused Medications Act." This act allows adult care homes, mail service pharmacies and medical care facilities to donate unused medications to safety net clinics so they can distribute these medications to Kansans who are medically indigent. This program has been wildly successful. You will also hear testimony from Jason Wesco that provides more details about the specifics of the program.

The change we ask for today will allow other mail order pharmacies who are licensed in Kansas, but not located in Kansas, to donate unused medications if they so chose. Current law requires the mail order pharmacy to be physically located in Kansas. HB 2182 strikes the words "located in the state" (page 1, line 25). This change will allow any mail order pharmacy who is licensed in Kansas to participate in the program. We support Section 2 of the bill that clearly defines the criteria that shall be used in accepting unused medications.

Thank you for your time and we ask for your support on HB 2182.

I will be glad to stand for questions.



# Community Health Center of Southeast Kansas

Testimony - HB 2182  
Senate Public Health and Welfare Committee - March 7, 2011

Jason Wesco, Chief Operations Officer

Madam Chairwoman and members of the committee, thank you for allowing me to provide testimony.

HB 2182 proposes to eliminate the requirement that a mail order pharmacy be physically located in Kansas in order to be eligible to donate medications to the Unused Medications Repository. Out-of-state mail order pharmacies would, however, be required to maintain an active Kansas pharmacy license.

The Unused Medications Act, passed in 2008, allows for long-term care organizations, medical facilities and mail order pharmacies to donate unused medications to Kansas safety-net providers who can then make these medications available at low or no cost to uninsured individuals with incomes under 200% of the Federal Poverty Level – the threshold many consider “low income.” The Act allows for donations directly from any of the donating entities to any of the eligible recipient agencies. However, in order to improve program efficiency, the Kansas Department of Health and Environment’s Bureau of Local and Rural Health funded a pilot project in 2009 to create a central repository where donations could be made and then redistributed to eligible entities (primary care clinics for the indigent, Community Health Centers and Community Mental Health Centers). My organization received funds through this pilot project and currently serves as the Unused Medications Repository.

To date, we have distributed medications with a retail value of approximately \$5 million to twenty eligible organizations. We have seventeen donating entities enrolled in the program, though the overwhelming majority of unused medications have been donated by a single mail-order facility – Prescriptions Solutions in Overland Park. My organization employs pharmacists and pharmacy technicians that receive and inspect inventory, in some cases repackage and ship medications to eligible recipient organizations that then, in turn, make those medications available to their patients. This model is necessary because the donations we receive from Prescription Solutions are sizable and would overwhelm any single clinic’s need or capacity to receive and process.

The current State investment in the program is \$156,575 made through grants of \$116,575 through KDHE and \$40,000 through SRS. Opening the program to out-of-state mail order pharmacies, we believe, could greatly increase the volume and variety of unused medications available to Kansans. And while it is difficult to measure with any precision, we do believe that if only one other mail-order pharmacy donated with the same volume as Prescription Solutions that it would overwhelm our current capacity to accept, process and redistribute medications. We would therefore pursue additional resources to expand capacity, either through the current KDHE Primary Care grant program, which includes funds specifically for pharmacy services, or through outside sources.

Thank you. I am happy to stand for questions.





Robert Moser, MD, Acting Secretary

Department of Health & Environment

Sam Brownback, Governor

## **Testimony on House Bill 2182**

### **Presented to Senate Public Health and Welfare Committee**

**By**

**Robert Stiles, Primary Care Director  
Kansas Department of Health and Environment**

**Date March 7, 2011**

Chairwoman Schmidt and members of the committee, I am Robert Stiles, the Primary Care Director in the Kansas Department of Health and Environment. Thank you for the opportunity to provide written testimony on House Bill 2182.

This bill proposes to strike language related to the physical location of a mail-service pharmacy eligible to donate medications through the Utilization of Unused Medications Act, while retaining the requirement that eligible mail-service pharmacies have Kansas licensure. The bill would also remove the requirement that donated medications be in packaging hermetically sealed by the pharmacy while retaining the requirement that it be in tamper evident packaging or in the original or pharmacist sealed unit dose packaging.

Currently, there is one mail-service pharmacy registered with the Kansas State Board of Pharmacy to donate unused medications, Prescription Solutions located in Overland Park, Kansas. Since June, 2009, Prescription Solutions has donated medications through the auspices of the Unused Medications Repository, a pilot project funded through the Community-Based Primary Care Clinic Program at KDHE, with additional funding this year from Social and Rehabilitative Services. The Repository allows eligible entities to donate medications through a central location. These medications are then made available to indigent health care clinics, Federally Qualified Health Centers, and Community Mental Health Centers for use with medically indigent patients. Since this Repository pilot began, more than \$5 million dollars worth of medications (retail value) have been received by low-income, uninsured Kansans. Current funding for the program is \$116,575 from KDHE and \$40,000 from SRS.

Removing the requirement that eligible mail-services pharmacies be physically located in Kansas would allow other mail-service pharmacies with Kansas licensure to donate unused medications. The participation of Prescription Solutions in the Unused Medications Repository has been crucial to the Repository's success. It is hoped that this change in statute will result in participation by other mail-service pharmacies that are not currently eligible to donate medications.

Thank you for the opportunity to provide written testimony to the committee today.

Senate Public Health and Welfare  
Date 3-7-2011  
Attachment 3

STATE OF KANSAS

TOM SLOAN  
REPRESENTATIVE, 45TH DISTRICT  
DOUGLAS COUNTY

STATE CAPITOL, 55-S  
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TOPEKA  
HOUSE OF  
REPRESENTATIVES

COMMITTEE ASSIGNMENTS  
CHAIRMAN: VISION 2020

MEMBER: ENERGY AND UTILITIES  
AGRICULTURE AND NATURAL  
RESOURCES BUDGET  
LOCAL GOVERNMENT  
JOINT COMMITTEE ON ENERGY  
AND ENVIRONMENT

Senate Public Health and Welfare Committee

March 7, 2011

Madam Chairman, Members of the Committee:

I am neutral on HB 2182, though I voted for the bill on final action in the House.

I ask you to consider amending HB 2048 into HB 2182. HB 2048 would require the State Board of Pharmacy to establish a program by which pharmacists may accept and dispose of prescription "narcotic" drugs. Currently, persons are permitted to turn such pharmaceutical products into the local police department. Several Lawrence pharmacists requested permission to properly accept and dispose of such medications in the belief that persons are more likely to bring such medications to pharmacists, rather than to police officers.

HB 2048 requires proper documentation of medications received and pharmacists may charge no more than \$5 per donor for disposal of prescription drugs. This minimal fee is to cover disposal costs and encourage pharmacists to participate in the program.

While this bill was introduced early in the legislative session, the House Committee did not have time to schedule a hearing given other pressing matters. Thus, I bring it to your attention.

Unfortunately, I am unable to be present for your committee as I originally intended. The Budget Subcommittee on which I serve is voting on several state agency budgets today and my presence has been requested by the Committee Chairperson. I apologize for my absence.

Senate Public Health and Welfare  
Date 3-7-2011  
Attachment 4





Tom Bell  
President and CEO

TO: Senate Public Health and Welfare

FROM: Chad Austin  
Vice President, Government Relations

DATE: March 7, 2011

SUBJECT: Testimony in Support of House Bill 2082

The Kansas Hospital Association appreciates the opportunity to appear before the committee in support of House Bill 2082. We had requested the introduction of this legislation to clarify that hospital maintenance personnel could continue to perform limited maintenance on *existing* medical gas piping systems in Kansas hospitals.

KHA understands the premise behind the requirement that the installation of any new medical gas piping system may only be conducted by individuals licensed under the provisions K.S.A. 12-1508 and are certified under the appropriate professional qualifications standard or standards of ASSE Series 6000. While it is our understanding the original intent for such requirement focused on the installation of new medical gas piping systems, current statutes may be interpreted to comprise any maintenance on existing medical gas piping systems as well.

Hospitals across the state employ maintenance personnel to care for the hospital building and the equipment within it. These professionals perform routine maintenance in a variety of areas including on the hospital boiler system, HVAC systems, and the medical gas piping systems. Hospital maintenance personnel do not have any interest in installing new medical gas piping systems nor conducting extensive work on them. However, there are certain situations where hospital maintenance personnel are capable of performing routine maintenance on the existing medical gas piping system. This may be especially the case in many of our rural counties that may have limited access to outside contractors. The limited maintenance work that is conducted by hospital maintenance professionals includes repairing a cracked o-ring in an oxygen wall outlet or changing a filter on a medical air compressor or vacuum pump. Further, Kansas hospitals routinely require hospital maintenance personnel to complete an internal competency assessment prior to conducting any work on an existing medical gas piping system.

Patient safety is always the highest priority for Kansas hospitals and their employees. The changes suggested in House Bill 2082 does not compromise that goal. KHA respectfully requests the passage of House Bill 2082.

I would be happy to stand for any questions.

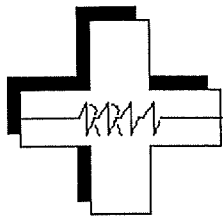
Senate Public Health and Welfare

Kansas Hospital Association • celebrating 100 years of Kansas hospitals

Date 3-7-2011

215 S.E. 8th Ave. • Topeka, KS 66603-3906 • Phone: (785) 233-7436 • Fax: (785) 233-6

Attachment 5



# *RUSSELL REGIONAL HOSPITAL*

TO: Senate Public Health and Welfare Committee

FROM: Mike Connell  
Russell Regional Hospital

DATE: March 7, 2011

SUBJECT: Testimony in Support of House Bill 2082

Madame Chair and the Senate Public Health and Welfare Committee, my name is Mike Connell and I am the Plant Operations Director at Russell Regional Hospital. I am here today representing my hospital and the Kansas Healthcare Engineers' Association in support of House Bill 2082.

The Kansas Healthcare Engineers' Association is an organization of healthcare engineers whose membership exceeds more than 150 individuals from hospitals and healthcare organizations from across the state. Our association is an affiliate of the American Society for the Healthcare Engineers and an allied organization with the Kansas Hospital Association. The main objectives for KHEA include the advancement of effective healthcare maintenance procedures and providing professional, educational and personal development of its membership.

As the Plant Operations Director over the past 18 years for Russell Regional Hospital and at Promise Regional Medical Center prior to that, I have been closely involved in the responsibilities necessary to operate a medical care facility. The duties required in my current role at Russell Regional Hospital include serving as the hospital's safety officer which handles the security, utilities and life safety code issues; manager of the preventative maintenance program of the physical facility and all facility equipment; project manager for all facility improvement and equipment installation; and the liaison to the state and federal agencies as it relates to plant operations.

I would now like to share some information as to how Russell Regional Hospital handles the training and maintenance on our medical gas piping system. Prior to any individual touching our system, our hospital requires that individual to complete a competency assessment. This assessment ensures that our staff has a basic understanding of the system and the knowledge to perform routine limited maintenance. I have attached to my testimony our hospital's competency assessment worksheet.

As an organization, we take great pride in our work and the importance of patient safety. House Bill 2082 would allow us to conduct the work that we are prepared to do. On behalf of the Kansas Healthcare Engineers' Association, we request your support of House Bill 2082. Thank you for your consideration.

Senate Public Health and Welfare  
Date 3-7-2011  
Attachment 6

# COMPETENCY ASSESSMENT

DEPARTMENT: Maintenance Department – Russell Regional Hospital

Attachment No. 1 to 950-006

Employee Name: _____					Job Title: _____																	
<b>Standard</b> Specific skills and knowledge required to perform the job based on established criteria.	<b>Level of Proficiency</b> 1. Little or no experience 2. Some experience 3. Competent N/A Not applicable				<b>Learning Options</b> A. Review policy and video. B. Practice with competent person. C. Other (specify) D. None required				<b>Assessment Method</b> A. Demonstration B. Post-Test C. Interview													
<b>Standard</b> All Maintenance Employees except secretary position.	<b>Initial Assessment (Level of Proficiency)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 5%;">2</td> <td style="width: 5%;">3</td> <td style="width: 5%;">N/A</td> </tr> </table>				1	2	3	N/A	<b>Validated By (Initial)</b>	<b>Date</b>	<b>Selected Learning Option</b>	<b>Follow-Up Assessment (Level of Proficiency)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 5%;">2</td> <td style="width: 5%;">3</td> <td style="width: 5%;">N/A</td> </tr> </table>				1	2	3	N/A	<b>Assessment Method</b>	<b>Validated By (Initial)</b>	<b>Comments</b>
1	2	3	N/A																			
1	2	3	N/A																			
Doctor Strong Procedure																						
Lock Out / Tag Out																						
* Code Grey (Severe Weather)																						
* Code Orange (Bomb Threat)																						
* Code Pink (Infant Abduction)																						
* Code Red Procedure (Fire)																						
* Proper use of a Fire Extinguisher																						
* Resetting Fire Alarm Devices and Panel																						
Testing Fire Alarm Devices & Panel																						
* Location of Sprinkler Shutoff Valves																						
Weekly testing of Fire Pump																						
* Fire Pump Operation																						
* Sprinkler System Booster Pump																						
Switching on-line Boilers																						
Switching Boiler from gas to oil																						
* High & Low Water Boiler Safety Controls																						
Boiler Testing for Chemicals																						
Softener Operation and Testing																						
* Medical Vacuum Pump Operation																						
Air Compressor Operation																						
* Control Air Compressor Operation																						
* Location of Medical Gas Shutoff Valves																						
* Bulk Oxygen System Operation																						
* Nitrous Oxide System Operation/Change Bottles																						
* Medical Alarm Panel Operation																						

6-2

# COMPETENCY ASSESSMENT – (Cont.)

Page 2

DEPARTMENT: Maintenance Department – Russell Regional Hospital

Employee Name:										Job Title:				
Standard Specific skills and knowledge required to perform the job based on established criteria.	Level of Proficiency 1. Little or no experience 2. Some experience 3. Competent N/A Not applicable				Learning Options A. Review policy and video. B. Practice with competent person. C. Other (specify) D. None required				Assessment Method A. Demonstration B. Post-Test C. Interview					
Standard All Maintenance Employees except secretary position.	Initial Assessment (Level of Proficiency)				Validated By (Initial)	Date	Selected Learning Option	Follow-Up Assessment (Level of Proficiency)				Assessment Method	Validated By (Initial)	Comments
	1	2	3	N/A				1	2	3	N/A			
* Medical Gas Outlet Repair														
* Location of Domestic Water Shutoff														
* Booster Pump Operation														
* Location of Natural Gas Shutoff Valves														
Fire Wall Penetration Repair														
* Start / Stop HVAC Chillers														
* Trane, Carrier, Westinghouse														
Trane System Computer														
* Start / Stop Semco Rooftop Unit														
* Start / Stop Surgery Rooftop Unit														
* Start / Stop ER Unit														
Basic blueprint reading														
Basic Line Drawings (Elect. Distribution)														
* Emergency Generator Operation														
Electrical Transfer Panel Operation														
* Jeron Nurse Call Operation														
* Elevator Rescue Procedure														
On Call Procedures														
New Equipment Inspection / Doc.														
* PA System Operation														
* Sewer Snake Operation														
* Domestic H.W. Operation														
Measuring F.O. Tanks														
* Patient Bed Operation														
* Television Programming														
* Proper use of Ice Melt														

6-3

6-4

6-4

6-4

Date \_\_\_\_\_