

M I N U T E S

SPECIAL COMMITTEE ON HEALTH AND HUMAN RESOURCES

October 17, 1975

Members Present

Representative Richard B. Walker, Chairman
Senator Elwaine F. Pomeroy, Vice-Chairman
Senator William Mulich
Senator John F. Vermillion
Representative J. Santford Duncan
Representative Norman Justice
Representative Sharon Hess
Representative Anita Niles
Representative Marvin L. Littlejohn

Staff Present

Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes' Office

Others

J.D. Mankin, D.D.S., Department of Health and Environment,
Topeka, Kansas
N.E. Archer, Lawrence, Kansas
Pauline Bork, Department of Health and Environment, Topeka,
Kansas
Gary Caruthers, Kansas Medical Society, Topeka, Kansas
Mary Browne, Kansas Association of Osteopathic Medicine,
Topeka, Kansas
Lucille Cook, Health Planning Council of South Central
Kansas, Wichita, Kansas
Sharon Poindexter, Health Planning Council of South Central
Kansas, Wichita, Kansas
Floyd Hanson, Health Planning Council of South Central Kansas,
Wichita, Kansas
Gerald Boyd, Northeast Institute for Alcoholic Recovery,
Kansas City, Kansas
Ronald Cobb, Northeast Institute for Alcoholic Recovery,
Kansas City, Kansas
Joe Harkins, Department of Health and Environment, Topeka
Kansas
Ray Solee, Department of Health and Environment, Topeka,
Kansas
Dennis Hawver, Department of Health and Environment, Topeka,
Kansas
Jim Scott, Kansas Hospital Association, Topeka, Kansas

The meeting was called to order at 9:20 a.m. by the Chairman, Representative Richard B. Walker, who reviewed the agenda.

School Inspection Bill. Staff reported that after further research, they feel the bond section is not needed.

Staff referred to an Attorney General's Opinion which has been interpreted as giving the State Labor Commissioner the right to inspect schools and noted the Labor Commissioner has apparently been carrying out some inspections of schools. He can require that corrections be carried out. In discussion, it was pointed out the Labor Commissioner is inspecting for the health and safety of employees. The Committee bill mandates inspections for the health and safety of students. The Attorney General's Opinion is based on K.S.A. 44-636 passed in 1925.

It was noted that duplicate inspections could be done by the Labor Commissioner and Department of Health and Environment. In answer to a question, staff suggested an amendment stating the Labor Commissioner is not to duplicate inspections done by the Department of Health and Environment or an amendment changing the definition in K.S.A. 44-636 to exclude schools.

Committee asked that the Attorney General's opinion and a copy of the Education Department's newsletter referred to by staff be attached to the minutes. (Attachments 1 and 2.)

Staff presented a revised draft of the bill considered at the last Committee meeting. (Attachment 3.)

Page 2, lines 29-35, clarify that expenditures from these funds can be used only for those purposes authorized by present statutes. The sentence relative to limitations was not needed so it was deleted.

Page 2, lines 12-25, reflect the committee's intent relative to the hearing procedure after the secretary has made an initial determination. In answer to a question, staff stated "days of service" implies a receipt of the order by some means and covers when the 20 day period begins.

Section 6. The first sentence was modified to reflect the changes in Section 4.

Section 7, lines 19-21, clarifies that there would have to be a hearing before an appeal could be filed. This section also lists conditions under which an appeal could be filed. Times specified comply with those in current statutes.

A motion was made to authorize staff to draft a separate bill to exclude schools from the inspection authority K.S.A. 44-636. Since the Attorney General's Opinion did not specifically mention schools, it was suggested the Committee ask for another Attorney General's Opinion. The original motion was withdrawn. A motion was made and seconded that the Chairman be directed to ask for an Attorney General's Opinion relative to the Labor Commissioner's authority to inspect schools. Motion carried.

A motion was made and seconded to approve the bill for introduction and to recommend to the Coordinating Council that it be introduced as a House bill. The feeling was expressed that some qualification on making the tax levy should be included such as a protest petition. Motion carried.

Health Planning Council of South Central Kansas. Mr. Floyd Hanson, Director, Health Planning Council of South Central Kansas, presented a summary of how their council operates under the present health planning structure, the organizational structure they are developing to qualify as an HSA, and the procedure specified in the federal act and that which is established by their by-laws.

In answer to questions, Mr. Hanson stated he feels the annual implementation plan will have to be very detailed since it must state exactly what is to be done, show what resources will be utilized or developed to implement the goals, how the projects will be carried out, and a time table for getting it done. They are requesting that the VA representative be an additional member (above the maximum of 30) to the HSA Board and that this person have no vote since federal health facilities are not subject to local planning or to coordination with local resources.

Mr. Hanson then reviewed where they are organizationally in Area 3 and steps which have been taken to try to carry out the concept of one man - one vote. A question was raised regarding the funding of the developmental phase. Mr. Hanson stated that by federal regulation the comprehensive health planning budget and staff must be available to help develop the HSA. Staff noted that federal appropriations for this are in conference committee now.

Dennis Hawver, Department of Health and Environment, summarized the status of HSA development in the other areas in the state.

The Chairman recognized Lucille Cook, Health Planning Council of South Central Kansas, to present material relative to Proposal No. 22. A motion was made to pass on to the business at hand since the Committee had decided not to give further attention to this matter. The Chairman emphasized that the final draft of proposed minimum health standards developed by the planning council were to be presented to the Committee only so it can be entered into the record of the Committee and is not to be considered as testimony. Motion lost for lack of a second. Ms. Cook presented the final recommendations requesting it replace the draft presented to the Committee at its last meeting. (Attachment 4.)

Communicable Disease Bill. Staff presented another draft of the proposed bill as requested by the Committee. (Attachment 5.) Staff noted the following changes:

Section 1 - lists potential groups to be included in the definition as requested by the Committee.

Section 4, line 10 - clarifies that the statute applies in cases where the person has a contagious or infectious disease whether or not the disease was the cause of death.

Section 6, lines 30-31 - underlined words are added to accomplish the intent of the section.

A motion was made and seconded to approve the bill for introduction and to recommend to the Coordinating Council that it be introduced as a Senate bill. Motion carried.

Direction for Writing Committee Report on Proposal No. 22. The report is to include:

Background of the proposal and how the Committee proceeded;

Brief summary of the direction the testimony took;

Reasons the Committee decided not to recommend any legislation relative to minimum standards at this time. The Committee referred to page 6 of the minutes of the October 3, 1975 meeting;

Factual data received by the Committee such as updated information regarding status of health departments;

Action taken in response to health departments' requests for funding help i.e., mandating that 80% of the fees collected for adult care home inspections go to the local health department making the inspection.

The following action was taken regarding regionalization: After discussing the review of previous studies and testimony heard by the Committee, a motion was made and seconded that the Committee reject the concept of the state mandating regions in which county health departments must participate for the delivery of health services and that no legislation relative to this concept be introduced. Motion carried.

A motion was made and seconded that the committee recommend that any bills with the intent of carrying out this concept held over from the last session not be adopted by the standing committees to which they are assigned. Motion carried.

The report is to recognize what has been and is being done by counties combining to provide services. The Committee does urge people dealing with health services continually to review and evaluate the quality and the adequacy of the health services delivered in the community and area.

Any statements relative to state funding will be discussed under Proposal No. 23.

Rules and Regulations, HSA's. Staff reported on the proposed rules relative to HSA's which are to be published in the Federal Register today. The following problems were noted: how board members of the HSA's are to be chosen is not clarified; the rules do not state that nominees to the state council must be residents of the state; there is no appeal procedure for the HSA if the SHCC requires changes the HSP; at first, all HSA's will be conditionally approved for one year only so they will not be able to get implementation funds for at least one year. Because the rules and regulations are silent on some issues, many questions may be handled by guidelines which do not require a formal review procedure for adoption and which are often interpreted differently by each regional office.

Rules and regulations for certification of need and other areas of the act are not yet available.

Proposal No. 23. Staff presented a bill draft relating to the structure mandated by P.L. 93-641 as it applies to Kansas. (Attachment 6.) The Chairman noted he had asked staff to present this draft of the bill for discussion only before they had had an opportunity to proof it or to polish it. Therefore copies are marked "For Discussion Only". The bill does not include amendments relating to certification-of-need and the hospital construction and facilities development. These will be presented at the next meeting.

Written comments and recommendations from the Department of Health and Environment were distributed to Committee members. (Attachment 7.)

Section 2, staff noted those definitions which came from the federal act. Staff also noted that the definition of health provider leaves some question about the person who is an environmentalist; that (d) conforms to usage in the present certificate of need statutes; that (e) may not be needed in this bill; and that (m) may need clarification.

Section 3 is one alternative for designating the state health planning agency. Another alternative would be to speak of the agency as the agency designated under Public Law 93-641. In answer to questions, reference was made to the letter from the Governor indicating his intention to name the Department of Health and Environment as the designated state agency. The need for this section was questioned. Following a suggestion, a motion was made and seconded to amend Section 2(i) to read that "state agency" means the Department of Health and Environment. Motion carried. A motion was made and seconded to strike the first sentence in Section 3 and to fill in the remaining blanks with the words "state agency". Motion carried.

Section 5, staff stated that the federal act mandates that members of the SHCC be appointed by the Governor; no less than 16 members must be from HSAs; the Governor may appoint additional

members as he deems necessary but no more than 40% of the total membership can be other than HSA representatives. The number of members on the council is a policy decision so long as it does not exceed the maximum of 50 established by the federal act. If the size of the council is not designated by statute, the size is at the discretion of the Governor. The preliminary budget of the Department of Health and Environment was based on a 27-member council.

The bracketed material on page 6 is taken from a proposed statute in another state. The question to be decided is whether there is to be legislative input or if it is to be left as in the federal act.

Suggestions discussed were: setting the size of the council at 40; deleting all of the section except for the first paragraph and adding "as provided by Public Law 93-641; deleting (c)(1) and (c)(2); in (a) delete "who are not providers of health care" as this is taken care of in the definition; leaving the section as written to insure more legislative input.

A motion was made and seconded to include the bracketed material on page 6 and to change "may" to "shall" on page 6, line 4. Some Committee members felt the number of legislators should be limited. A suggestion was made to leave appointments to the Governor but mandate the inclusion of the chairperson of the House and Senate Health and Welfare Committees.

A substitute motion was made and seconded to include the bracketed material; to strike (1), (2) and (4) on page 6 and to renumber (3) and (5) which are to be left in. The substitute motion carried by a vote of 4 to 2.

The chair ruled that substantive issues decided at this meeting would be reconsidered only by a motion to reconsider.

Staff was asked to work out the mechanics of setting council membership at 40 and also setting it at the minimum number the federal act requires.

Section 6, the policy decision in this section is whether or not provision is to be made for continuity. A motion was made and seconded to include Section 6 and to add appropriate language specifying that the chairpersons of the Senate and House Health and Welfare Committees serve as long as they are chairpersons or if this poses technical problems exempting them from this section. Motion carried.

Section 7, it was suggested that "at the call of the chairman or a majority of the members" be added. It was pointed out this was an internal matter. By consensus "or" in Section 7, line 1 is to be deleted and "and" inserted in lieu thereof.

Section 8, it was noted that since this board is a policy and an administrative board, payment can be made on a per

diem or an expense basis. A motion was made and seconded to leave Section 8 as written. Motion carried. By consensus the section is to stipulate that meetings of the board are to be held in Topeka.

Section 9, nothing is included in this section which is not mandated by the federal act. Other functions can be added if the Committee so desires. A suggestion was made to simply state "functions as mandated by the federal act". It was pointed out that if someone wants to know what the functions are, it is easier to read it in the state statutes.

Section 11, staff stated they tended to agree with Mr. Hanson's earlier remarks that (a) is the only one applicable to Kansas. In answer to a question, staff stated they felt majority would refer to a majority of the governing board. A motion was made and seconded to amend Section 11 by striking (c) and to further amend it by striking (b) if staff finds that other than nonprofit agencies cannot qualify. Motion carried. By consensus the last sentence of the section is to be left in.

Section 12, (a) is to be deleted on the same assumptions as stated in the previous motion deleting Section 11(b).

A desire was expressed to require sub-area membership to be selected by the same guidelines as those required for HSAs. A question was raised as to whether or not a section was needed to legitimize sub-areas as advisory councils to HSAs and to set out how nominations are to be made to the HSA board.

It was noted that sub-areas referred to by Mr. Hanson are defined only by the by-laws of that HSA. It is not necessarily a universal term. It would be difficult to enforce Kansas statutes relating to sub-areas in the Kansas City area HSA since it also involves Missouri. Also, in Kansas, only a private nonprofit corporation can be an HSA and such corporations are controlled by corporate law. Staff noted there is no provision in the federal act or the rules and regulations for sub-areas or for appointing members of the HSA board. Several states are requesting clarification of these points. A motion was made to include a new section where staff feels appropriate applying language similar to Section 12(b) to sub-areas. Motion was lost for lack of a second.

After a lengthy discussion, the chair ruled that the Committee would pass over this section for now and consider it further at the next meeting. Staff was asked to research the question of sub-areas further and to report at the next meeting.

Section 13, because staff felt some aspects of this section may need changing or clarification, they are to look at it further and report to the Committee at the next meeting.

Section 16, this section is taken from the federal act. Staff stated they felt it was to apply to civil cases only. By consensus staff was instructed to amend the section so it will apply only to civil cases.

Further discussion of this bill was deferred to the next meeting of the Committee which will be at 9:00 a.m., October 31, 1975.

The meeting was adjourned at 4:10 p.m.

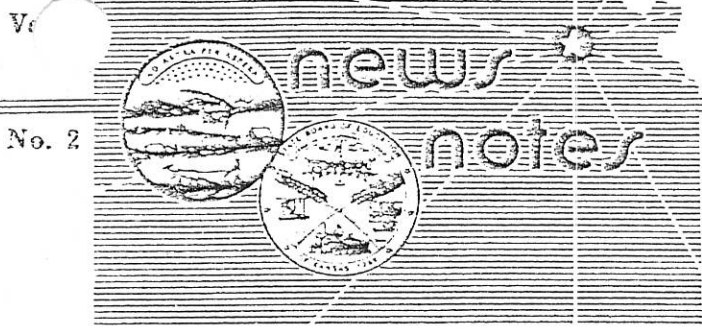
Prepared by Emalene Correll

Approved by Committee on:

10/31/75

Date

from the....



No. 2

Kansas State Department of Education

"News Notes," an official publication of the Kansas State Department of Education, 120 East Tenth, Topeka 66612, is distributed biweekly to chief administrators and board presidents.

Federal Program Consolidation Underway This year will be the transition period for certain federal programs being consolidated under Title IV, ESEA. One half the funds appropriated for FY 1976 will be allocated as categorical funds for programs such as NDEA III, ESEA II, and ESEA III. The other half will be administered under the consolidation concept of Title IV, which has two parts. Part B (Libraries and Learning Resources) funds will be allocated on a formula basis and local districts will have complete discretion to expand these funds in the areas of guidance, counseling, and testing; library-media; or for instructional equipment under NDEA III. Part C (Educational Innovation and Support) will include Title III, ESEA and sections 807 and 808 dealing with health and nutrition and dropout programs.

Local administrators should initiate development of decision-making processes prior to the time that funds are allocated. The amount of funds available under Part B will vary because of certain factors in the distribution formula and may range from \$1.25 to \$2.00 per student. This indicates that in many schools the funds will be spent in only one of the three eligible areas because of the limitation on the total amount available. More details on the application procedures will be available as soon as the annual program plan is approved and the final application deadline for both Parts B and C will probably be January 15, 1976. KSDE anticipates a series of informational meetings in October to orient school personnel on the provisions and procedures applicable to consolidated programs under Title IV, according to *U. H. Budd*, federal programs coordinator (913-296-3128).

ESEA Title II Financial Reports Due Approximately 100 school administrators need to complete their Fiscal 1973 and Fiscal 1974 ESEA, Title II Project reports. No new encumbrances or changes in vendors can be made on those projects, but a request in writing for additional time to complete financial transactions which were already under way prior to June 30, 1975 can be made at this time. If form 26-11-07A—Financial Report for those projects have not been sent to the ESEA, Title II office, please send duplicate copies as soon as possible. Questions concerning Fiscal 1973 or Fiscal 1974 projects should be directed to *Monz Alexander*, Title II consultant (913-296-3434).

Two P.L. 974 Workshops Planned Although Kansas is currently considered to be ineligible for Impact Aid payments for 1975-76, plans have been made to hold two one-day workshops for P.L. 874 districts in September. Proceeding under the assumption that Kansas' eligibility will be re-instated, workshops have been tentatively scheduled for September 18 in Kansas City, Missouri, and September 19 in Topeka. Additional information will be mailed to all P.L. 874 districts as soon as the plans are finalized, according to *Bob Jones*, P.L. 874 and P.L. 815 specialist (913-296-3107).

Labor Commission's Authority Cleared Under K.S.A. 44-636 the State Labor Commissioner has authority to examine methods of protection from dangers to employees and sanitary conditions in and around all school buildings. If the investigation of these buildings reveals conditions which would be injurious to the health of persons occupying the buildings, he is then required to notify in writing the owner, proprietor, agent, or lessee of such building of the existing conditions. The law requires individuals receiving such notice to use all proper diligence to comply with the recommendations and once completion of the recommendations is made, notification must be made to the State Labor Commissioner's office. Many school districts have been visited by this office and some school officials have questioned the statutory authority for this visit. The attorney general's office clarified the authority in opinion 71-23A stating that the State Labor Commissioner does have such authority.

If problems are encountered in completing the recommended changes, please contact *James A. McCain*, State Labor Commissioner, Department of Labor, 401 Topeka Boulevard, Topeka 66603 (913-232-8261). His office will be most happy to work with school personnel on any such problems. A copy of the statute authorizing the inspections may be obtained from *T. William Goodwin*, KSDE's deputy commissioner (913-296-3201).

[Handwritten signature and notes at the bottom left of the page]



STATE OF KANSAS

Office of the Attorney General

1st Floor, State Capitol Bldg. (913) 296-2215 Topeka, Kansas 66612

October 7, 1971

Mr. Darrell D. Carlton
Commissioner of Labor
401 Topeka Avenue
Topeka, Kansas 66603

Dear Mr. Carlton:

This will acknowledge the receipt of your letter of May 20, 1971. Please excuse the delay but the letter was misplaced and we did not find it until this week.

You present the following question: Does the authority provided to the State Labor Commissioner include "all employees of public agencies of the State and its political subdivisions"?

An examination of K.S.A. 44-636 convinces us that the State Labor Commissioner does have such authority.

The statute provides in part as follows:

The state labor commissioner exercising his functions as state factory inspector, his inspectors, deputies, assistants and special agents, shall have power to enter any factory or mill, workshop, private works or state institution having shops or factories, mercantile establishment, laundry or any other place of business where and when labor is being performed, . . ." [Emphasis supplied.]

We feel that the broad language of the statute, especially the emphasized portion, indicates that the legislature intended the commissioner to have authority over all places where labor is being performed, including agencies of the state and its political subdivisions.

Mr. Darrell D. Carlton

October 7, 1971

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We are aware of the general rule which holds that regulatory statutes do not apply to the state unless the state is explicitly included by appropriate language. 51 C.J.S., Labor Relations, § 5, p. 573, State ex rel. Martin v. Reis, 284 N.W. 580, 230 Wis. 683. It is our opinion, however, that the specific mention of state institutions in K.S.A. 44-636 satisfies the requirement of the general rule, and does, therefore, apply to the state and its political subdivisions.

Yours very truly,

VERN MILLER
Attorney General

DRH:JCJ:sbs

BILL NO. _____

By Special Committee on Health and Human Resources

AN ACT concerning public health; authorizing the secretary of health and environment to establish and enforce standards relating to the inspection of schools for public health purposes.

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

1 Section 1. As used in this act: (a) "School" means all
2 elementary, junior high or high schools within the state, public
3 or private;

4 (b) "School building and grounds" means any building or
5 structure and its grounds operated or used for any purpose by any
6 school;

7 (c) "Secretary" means the secretary of health and environ-
8 ment.

9 Sec. 2. All school buildings and grounds shall be inspected
10 at least once each year as provided by K. S. A. 1975 Supp.
11 65-202, or any amendments thereto. The secretary upon the fail-
12 ure for any reason of the local health officer to perform the
13 inspection required by K. S. A. 1975 Supp. 65-202, or any amend-
14 ments thereto, or upon the verified complaint in writing of any
15 person or upon the secretary's own motion may inspect or cause to
16 be inspected the school buildings and grounds of any school.

17 Sec. 3. The secretary shall adopt rules and regulations
18 establishing standards for the inspection of schools under
19 K. S. A. 1975 Supp. 65-202, or any amendments thereto, and under
20 this act. Such standards shall relate to the method of inspec-

1 tion and to the protection of the health and safety of the stu-
2 dents attending school including but not limited to proper heat-
3 ing, lighting, ventilation and sanitation.

4 Sec. 4. (a) If the secretary determines that conditions
5 exist in any school building or on any school grounds which are
6 in violation of the standards adopted by the secretary pursuant
7 to section 3 relating to the health of students attending school,
8 the secretary shall order the governing body or authority having
9 control of such school building and grounds to remedy such condi-
10 tion. Such order shall become final unless a hearing is
11 requested pursuant to subsection (b) of this section.

12 (b) Any board of education or other governing body or
13 authority of any school aggrieved by an order of the secretary
14 may within twenty (20) days of service of the order request a
15 hearing on the order. Hearings may be conducted by the secretary
16 or by a hearing officer appointed by the secretary. The hearing
17 shall be held within thirty (30) days after receipt of the
18 request, and not less than ten (10) days' written notice of the
19 time and place of the hearing shall be given. A record of the
20 proceedings of the hearing shall be taken. On the basis of the
21 evidence produced at the hearing, the secretary shall make find-
22 ings and conclusions and shall give written notice of such find-
23 ings and conclusions to the party requesting the hearing. The
24 order of the secretary shall be final unless an appeal is taken
25 under section 7.

26 Sec. 5. After a final order is issued under section 4 or
27 section 7, the governing body or authority having control of the
28 school building or grounds shall make the changes required to
29 comply with the order. A board of education of any school dis-
30 trict is hereby authorized to make expenditures to comply with
31 such order from its general fund, if such expenditures are for a
32 purpose for which funds may be expended from such fund under
33 K. S. A. 1975 Supp. 72-7035, or from its capital outlay fund, if
34 such expenditures are for a purpose for which funds may be
35 expended from such fund under K. S. A. 1975 Supp. 72-8804, or

1 said board may issue no-fund warrants in such amounts as are
2 necessary to pay expenses incurred in complying with such order.
3 Said no-fund warrants shall be issued, registered, paid and
4 redeemed and bear interest as provided by K. S. A. 1975 Supp.
5 79-2940, except that the approval of the state board of tax
6 appeals shall not be required. Such warrants shall recite that
7 they are issued by the board of education of the school district
8 under authority of this act. Any board of education issuing war-
9 rants hereunder shall make a tax levy at the same time as other
10 tax levies are made, after such warrants are issued, sufficient
11 to pay such warrants and the interest thereon.

12 Sec. 6. Whenever a board of education receives a final
13 order under section 4 or section 7, the board, after determining
14 that the cost of the changes required to comply with the order
15 would be of such magnitude that the continuing operation of the
16 school would not be justified, may close such school, notwith-
17 standing any of the provisions of K. S. A. 72-8213, and any
18 amendments thereto.

19 Sec. 7. Whenever any board of education or other governing
20 body or authority of any school after requesting that a hearing
21 be held under subsection (b) of section 4 finds that an order of
22 the secretary issued pursuant to such subsection involves a cost
23 in excess of that which the board of education or other governing
24 body or authority of any school finds the school can afford or
25 that the changes ordered are unwarranted or unnecessary, said
26 board or governing body or authority may appeal within thirty
27 (30) days after the order is issued for review of the order to
28 the district court of the county in which the order is to become
29 effective, or if the order is to become effective in more than
30 one county, to the district court of one of such counties. The
31 court may affirm, reverse or modify the order of the secretary.
32 Said order of the court may be appealed to the Kansas supreme
33 court in the same manner as other orders and judgments of the
34 district court may be appealed.

35 Sec. 8. Nothing in this act shall be construed to limit or

1 affect in any way the powers, duties and functions granted by law
2 to the state fire marshal.

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

Attachment



HEALTH PLANNING COUNCIL OF SOUTH CENTRAL KANSAS, INC.
420 Insurance Building/212 North Market Wichita, Kansas 67202 (316) 264-2861

October, 1975

The enclosed material is presented by the Health Planning Council of South Central Kansas. It was developed by the Committee on Community Relations and Mobilization which is charged to deal with public issues, community participation and education, and coordination of planning. We are transmitting it to the Legislative Committee on Health and Human Resources for your consideration in regard to Proposal #22.

In the process of development all County Commissioners, local health department personnel, consultant nurses from the State Department of Health and Environment, health officers of each county, as well as interested citizens were invited to participate. The Associate Councils of HPCSKK participated in each of the 10 counties in our area. In addition, there was representation from Greenwood, Harper, Rice and Reno counties or 14 counties in all. Two or more meetings were held in each of several locations for a single county such as Sedgwick or a combination of counties such as Rice, McPherson, Harvey and Marion. Proposal #22 was passed to the group at these meetings and they were asked to share their ideas to be transmitted to the Legislative Interim Study Committee on Health and Human Resources. Each group met at least twice in order to discuss the subjects fully.

The following is a statement of general consensus; not that everyone agreed with all statements, but that most agreed to accept them as a reasonable compromise. Some counties offer more services than are listed; some do not offer all the services listed, but most agreed that these services are needed and could be provided on a shared basis. For example, Butler County Commissioners did not feel there was a need for VD or Family Planning services, but the point was made that Butler County residents do receive these services at the Sedgwick County Health Department and at the private clinic provided by Planned Parenthood of South Central Kansas which is located in Wichita. There are numerous other examples of people crossing county lines to obtain a service which they feel they need. Some Commissioners stated that they didn't need air pollution controls. It is obvious that air pollution controls are being carried out by a state program with monitoring stations in surrounding counties, thus providing clean air for their county with no action on their part required.

LC:mgf
10/14/75



HEALTH PLANNING COUNCIL OF SOUTH CENTRAL KANSAS, INC.

420 Insurance Building/212 North Market Wichita, Kansas 67202 (316) 264-2861

Basic Health Services which could be provided by governmental entities and should be available to all citizens

- I. Personal Health Services
 - A. Communicable Disease Control 1-8
 - B. Maternal and Child Health Programs 9-17
 - C. Mental Health 18-21
 - D. General Health 22-28

- II. Basic Environmental Health Services
 - A. Mandatory 1-12
 - B. Land use and housing violations on a request basis 13
 - C. Laboratories in support of above 14

- III. Public Education for Health 1-6

LC:mgf
10/2/75



HEALTH PLANNING COUNCIL OF SOUTH CENTRAL KANSAS, INC.

420 Insurance Building/212 North Market Wichita, Kansas 67202 (316) 264-2861

Basic personal health services which could be provided by governmental entities and should be available to all citizens

CONTROL OF COMMUNICABLE DISEASE

1. Data collection and reporting.
2. Monitoring of treatment to (1) prevent further spread, (2) prevent disability.
3. Tuberculosis: identification of source and spread; treatment and follow-up in Regional Clinic; continued follow-up by local nurses.
4. Venereal Disease Clinics available to all counties which may be in open walk-in clinics where all services are available.
5. Immunization services available on a continuing basis at least weekly intervals.
6. Monitoring of immunization levels from reports by schools with feedback to local authorities.
7. Professional consultation, e.g., for epidemiology of communicable disease.
8. Laboratory services for above.

MATERNAL AND CHILD HEALTH

9. Accident Prevention (See Health Education Item #3).
10. Family Planning Clinics available to each county; may be provided on a multi-county basis when local support is inadequate; sliding fee scale recommended.
11. Periodic Health Assessments for Title XIX (done by specially trained nurses or para-medical personnel).
12. Licensing of Child Care Facilities - Standards; inspection - enforcement
13. Dental Examination, demonstration of dental hygiene and assistance in obtaining dental care.
14. School Health Services (See Recommendation).
15. Referral to genetic counseling at regional medical centers; sliding scale might be applied.

16. Peri-Natal follow up.
17. Services for crippled children

MENTAL HEALTH

18. Comprehensive Mental Health services available to all counties (some on a multi-county basis) with hospitalization in local hospitals as psychiatric services are available in a nearby hospital; sliding fee scale recommended.
19. Alcoholism and other substance abuse programs available to all counties.
20. Services for mentally retarded citizens available to every county including (in addition to public schools) training centers for employment, residential centers, and social services on a multi-county basis.
21. Child Protective Services provided by SRS/Juvenile Court with referral and/or consultation as indicated with Health Department staff and Mental Health Clinic staff.

GENERAL HEALTH

22. Licensure of adult care homes - Standards; inspection - enforcement.
23. Licensure of health facilities such as hospitals.
24. Home Health Nursing Services with home health aides, occupational, physical and speech therapy as needed available in each county; sliding fee scale recommended.
25. Fluoridation of all public drinking water supplies.
26. Emergency Medical Services by a coordinated statewide system which insures that help is available to all wherever an emergency occurs; fee-for-service to be applied but not as a qualification for service.
27. Disaster Preparedness Plan developed by cooperative agreement of all public bodies.
28. Nutrition and Dietetic Counseling for specific problems on a one-to-one basis by county health nurses.

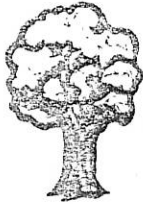


HEALTH PLANNING COUNCIL OF SOUTH CENTRAL KANSAS, INC.
420 Insurance Building/212 North Market Wichita, Kansas 67202 (316) 264-2861

RECOMMENDATIONS

1. That the State Board of Education must assume the mandated responsibility to provide school health services based upon minimum State standards developed by the State Health Department; that local school districts may contract with local health departments to provide services or to supervise/educate school Board employees to carry out services.
2. That the State Board of Education add curriculum for education in health practices to the end that basic education will include healthful living practices.
3. Licensing of both child and adult care homes - Standards are set by State. Inspection should be done by local staff with strong support from State to enforce standards and cooperation from SRS in placement of clients, especially children.
4. Regarding V.D. Control - Item #4: Counties which do not have need for a clinic should establish a method of referral to a physician for diagnosis and treatment with contact interviewing by a public health epidemiologist or referral to a clinic in another county.
5. Emergency Medical Services are now in process of planning coordinated services. There needs to be coordination of all health related agencies including the College of Health Related Professions at WSU to inform the public how to obtain emergency services as well as when to call for help, how to recognize impending heart attacks, etc.
6. Guidelines for the State and local health department personnel defining administrative duties and responsibilities as well as functions of local health officers, to facilitate multi-county sharing of services of technical, administrative, and professional nature.
7. Encourage legislation to lower the age limit on those who can receive family planning services at a family planning clinic, to conform to V.D. legislation.

LC:mgf
10/2/75



HEALTH PLANNING COUNCIL OF SOUTH CENTRAL KANSAS, INC.
420 Insurance Building/212 North Market Wichita, Kansas 67202 (316) 264-2861

BASIC ENVIRONMENTAL GOVERNMENTAL SERVICES

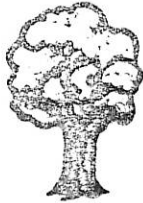
There should be statewide standards on:

1. Air pollution
2. Water
 - a. Pollution control
 - b. Drinking water
3. Sewerage
4. Food and lodging inspection and education
5. Milk production
6. Rabies control
7. Control of rodent and other vectors
8. Solid waste
9. Swimming pools
10. Physical facilities for schools
11. Mobile home parks
12. Meat processing plants
13. Land use/residential housing/nuisance abatement to provide citizen recourse to satisfactory redress of problems such as animals and noise
14. Laboratory services for above

RECOMMENDATION

State should set mandatory standards on #1-12 (guidelines in case of #13) with application by staff at the local or area-wide level. Land and housing problems could be served on a request for service basis. In counties, i.e. rural areas where there is not sufficient need to employ an individual, the State could provide service and charge it to the county, or counties could combine to provide service.

LC:mgf
10/2/75



HEALTH PLANNING COUNCIL OF SOUTH CENTRAL KANSAS, INC.
420 Insurance Building/212 North Market Wichita, Kansas 67202 (316) 254-2861

SUGGESTIONS FOR MINIMUM STANDARDS
FOR PUBLIC EDUCATION FOR HEALTH

1. Every county should have access to an individual who can promote Public Education for Health.

RECOMMENDATION: Counties which have professional health educators might share services and methodologies to develop programs in other counties in addition to professional services, printed materials, and films available from State Health Department.

- 2a. Health education should begin in elementary schools using material appropriate to the age, and every school should be required to offer it.

RECOMMENDATION: Schools should coordinate their health curricula with public health educators in other to utilize the skills as well as materials available.

Workshops should be provided to educate public school teachers about health and how to integrate health knowledge into the curriculum.

- 2b. The second priority is the adult population using all appropriate media.

RECOMMENDATION: Service should include information on how to obtain health services as well as knowledge of what practices promote good health.

Education for all ages should include the following:

3. Programs should include education for accident prevention in the home, on the farm, highway and in recreational activities.
4. The programs must include education on nutrition for all age levels.
5. Every county should have a complete dental health education program including, but not limited to, school-aged children.
6. Every county should include education aimed at reducing use of alcohol, tobacco, and other chemical substances which promote dependency.

BILL NO. _____

By Special Committee on Health and Human Resources

AN ACT relating to public health; concerning infectious or contagious diseases; amending K. S. A. 65-118, 65-122, 65-125 and 65-127 and K. S. A. 1975 Supp. 65-119, 65-123, 65-126, 65-128 and 65-129 and repealing the existing sections.

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

Section 1. K. S. A. 65-118 is hereby amended to read as follows: 65-118. ~~When no physician is in attendance, it shall be the duty of the head of a household or the individual in charge of any other place or premise where persons reside, when any member of the household or anyone residing on the premises~~ Whenever any person licensed to practice the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, licensed dentist, licensed dental hygienist, dental intern, licensed optometrist, registered podiatrist, registered pharmacist, licensed mental health technician, certified psychologist, registered physical therapist, certified physical therapy assistant, registered physician's assistant, licensed professional nurse, licensed practical nurse, licensed social worker, teacher or school administrator knows or has information indicating that a person is suffering from a disease presumably communicable or suspected of being a communicable or has died from an infectious or contagious disease to report, such knowledge or information shall be reported immediately to the county or joint board of health or the local health authority officer all the facts relating to the case, together with the name and address of the person who has or is suspected of having said the infectious or communicable contagious disease, or the name and former address of the

1 deceased individual who had or was suspected of having such a
2 disease.

3 Sec. 2. K. S. A. 1975 Supp. 65-119 is hereby amended to
4 read as follows: 65-119. Any ~~municipal or~~ county or joint board
5 of health or local health officer having knowledge of any
6 infectious or contagious disease, or of a death from such
7 disease, within their jurisdiction, shall immediately exercise
8 and maintain a supervision over such case or cases during their
9 continuance, seeing that all such cases are properly cared for
10 and that the provisions of this act as to isolation, restriction
11 of communication, ~~placarding,~~ quarantine and disinfection are
12 duly enforced. The ~~local~~ county or joint board of health or
13 local health officer shall communicate without delay all
14 information as to existing conditions to the secretary of health
15 and environment. ~~Said~~ The local health officer ~~will~~ shall confer
16 personally, if practicable, otherwise by letter, with the
17 physician person in attendance upon the case, as to its future
18 management and control. The ~~local~~ county or joint board of
19 health or local health officer is hereby empowered and authorized
20 to prohibit public gatherings when necessary for the control of
21 any and all ~~communicable~~ infectious or contagious disease.

22 Sec. 3. K. S. A. 65-122 is hereby amended to read as
23 follows: 65-122. No person afflicted with ~~any an~~ an infectious or
24 contagious disease dangerous to the public health shall be
25 admitted into any public, parochial or private school or licensed
26 child care facility. It shall be the duty of the parent or
27 guardian, and the principal or other person in charge of any
28 public, parochial, private school or ~~Sunday-school~~ licensed child
29 care facility to exclude therefrom any child or other person
30 affected with a disease presumably suspected of being
31 ~~communicable~~ infectious or contagious, until the expiration of
32 the prescribed period of isolation or quarantine for the
33 particular ~~communicable~~ infectious or contagious disease. If the
34 attending physician person licensed to practice medicine and
35 surgery or local health officer finds upon examination that the

1 person affected with a disease, suspected of being infectious or
2 contagious is not suffering from ~~a communicable~~ an infectious or
3 contagious disease, he or she may submit a certificate to this
4 effect to the ~~school authority, who shall readmit the person~~
5 person in charge of the public, parochial, private school or
6 licensed child care facility and such person shall be readmitted
7 to school or to the child care facility.

8 Sec. 4. K. S. A. 1975 Supp. 65-123 is hereby amended to
9 read as follows: 65-123. Funeral services for individuals who
10 have died ~~of a communicable~~ while suffering from an infectious or
11 contagious disease shall be conducted in accordance with rules
12 and regulations of the secretary of health and environment. In
13 diseases requiring quarantine of contacts, a public funeral
14 service may be permitted only if the casket remains closed and
15 those contacts subject to quarantine who attend the funeral are
16 adequately segregated from the public.

17 Sec. 5. K. S. A. 65-125 is hereby amended to read as
18 follows: 65-125. It shall be the duty of every physician person
19 licensed to practice medicine and surgery in attendance upon any
20 person afflicted with any contagious or infectious disease
21 ~~designated in this act~~ to notify the proper local health officer
22 when ~~said~~ the premises are ready for disinfection, so that the
23 ~~same~~ premises may be properly disinfected under the direction of
24 ~~said~~ the local health officer or some other person under his or
25 her authority.

26 Sec. 6. K. S. A. 1975 Supp. 65-126 is hereby amended to
27 read as follows: 65-126. Whenever the county or joint board of
28 health or the local health authorities neglect officer neglects
29 to properly isolate and quarantine ~~communicable~~ infectious or
30 contagious diseases and persons afflicted with or exposed to such
31 diseases as may be necessary to prevent the spread thereof, the
32 secretary of health and environment may quarantine any ~~city~~
33 ~~township or county~~ area in which any of these diseases may show a
34 tendency to become epidemic.

35 Sec. 7. K. S. A. 65-127 is hereby amended to read as

1 follows: 65-127. Any person found guilty of violating any of
2 the provisions of ~~this act~~ K. S. A. 65-118, 65-122, 65-125 and
3 K. S. A. 1975 Supp. 65-119, 65-123 and 65-126, and any amendments
4 thereto, or failing to comply with any requirements thereof shall
5 be ~~upon conviction~~ fined, upon conviction, not less than
6 twenty-five dollars (\$25) nor more than one hundred dollars
7 (\$100) for each offense.

8 Sec. 8. K. S. A. 1975 Supp. 65-128 is hereby amended to
9 read as follows: 65-128. (a) For the ~~better~~ protection of the
10 public health and for the control of ~~communicable~~ infectious or
11 contagious diseases, the secretary of health and environment by
12 rules and regulations shall designate such diseases as are
13 infectious, or contagious ~~or communicable~~ in their nature, and
14 the secretary of health and environment is ~~herewith~~ authorized to
15 ~~make, prescribe and publish rules, regulations and procedures~~
16 adopt rules and regulations for the isolation and quarantine of
17 such diseases and persons afflicted with or exposed to such
18 diseases as may be necessary to prevent the spread and
19 dissemination of diseases dangerous to the public health.

20 (b) As used in K. S. A. 65-118, 65-122, 65-125 and K. S. A.
21 1975 Supp. 65-119, 65-123, 65-126 and 65-129, and any amendments
22 thereto, "infectious or contagious disease" means any disease
23 designated by the secretary of health and environment as an
24 infectious or contagious disease in accordance with subsection
25 (a) of this section.

26 Sec. 9. K. S. A. 1975 Supp. 65-129 is hereby amended to
27 read as follows: 65-129. Any person violating ~~or~~ refusing, or
28 neglecting to obey any of the rules and regulations ~~or procedures~~
29 ~~made~~ adopted by the secretary of health and environment for the
30 prevention, suppression and control of ~~dangerous, contagious,~~
31 infectious or ~~communicable~~ contagious diseases, or who ~~shall~~
32 ~~leave~~ leaves any isolation hospital ~~or quarantined house or place~~
33 area of a hospital or other quarantined area without the consent
34 of the ~~proper~~ local health officer having jurisdiction, or who
35 evades or breaks quarantine or knowingly conceals a case of

1 infectious or contagious ~~infectious or communicable~~ disease
2 shall be guilty of a class C misdemeanor.

3 Sec. 10. K. S. A. 65-118, 65-122, 65-125 and 65-127 and
4 K. S. A. 1975 Supp. 65-119, 65-123, 65-126, 65-128 and 65-129
5 are hereby repealed.

6 Sec. 11. This act shall take effect and be in force from
7 and after its publication in the statute book.

*R. L. ...*FOR COMMITTEE DISCUSSION ONLY

_____ BILL NO. _____

By Special Committee on Health and Human Resources

AN ACT relating to health planning and development; recognizing certain health planning and development agencies and providing for the composition, powers, duties and functions of such agencies; providing for preparation of a state health plan; repealing K. S. A. 1975 Supp. 65-190 to 65-196, inclusive.

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

Section 1. This act shall be known and may be cited as the Kansas health planning and development act.

Sec. 2. As used in this act:

(a) "Provider of health care" means an individual:

(1) Who is a direct provider of health care (including a person licensed to practice medicine and surgery, licensed dentist, registered professional nurse, licensed practical nurse, registered podiatrist, or physician's assistant) in that the individual's primary current activity is the provision of health care to individuals or the administration of facilities or institutions (including medical care facilities, long-term care facilities, outpatient facilities, and health maintenance organizations) in which such care is provided and, when required by state law, the individual has received professional training in the provision of such care or in such administration and is licensed or certified for such provision or administration; or

(2) Who is an indirect provider of health care in that the individual:

(A) Holds a fiduciary position with, or has a fiduciary interest in, any entity described in subsection (a)(2)(B)(II) or

subsection (a)(2)(B)(IV); or

(B) Receives (either directly or through his or her spouse) more than one-tenth of his or her gross annual income from any one of combination of the following:

(I) Fees or other compensation for research into or instruction in the provision of health care.

(II) Entities engaged in the provision of health care or in such research or instruction.

(III) Producing or supplying drugs or other articles for individuals or entities for use in the provision of or in research into or instruction in the provision of health care.

(IV) Entities engaged in producing drugs or such other articles; or

(C) Is a member of the immediate family of an individual described in subsection (a)(1) or in subsection (a)(B)(I), (a)(B)(II) or (a)(B)(IV); or

(D) Is engaged in issuing any policy or contract of individual or group health insurance or hospital or medical service benefits.

(b) "Health resources" means health services, health professions, personnel, and health facilities, except that such term does not include Christian Science sanatoriums operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Massachusetts.

(c) "Health facility" means medical care facility, psychiatric hospital, health maintenance organization, skilled nursing home, intermediate nursing care home, intermediate personal care home, home health agency, provider of outpatient physical therapy services including speech pathology services, except that such term shall not apply with respect to outpatient physical therapy services performed by a physical therapist in his or her office or in a patient's home, kidney disease treatment center, including centers not located in a medical care facility, health center and family planning clinic.

(d) "Health facility services" means the health services

provided through health facilities and includes the entities through which such services are provided.

(e) "Outpatient facility" means a medical facility (located in or apart from an inpatient health facility) for the diagnosis or diagnosis and treatment of ambulatory patients (including ambulatory inpatients) which:

(1) Is operated in connection with a hospital, in which patient care is under the professional supervision of persons licensed to practice medicine and surgery in the state, or in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the state; or

(2) Offers to patients not requiring hospitalization the services of persons licensed to practice medicine and surgery, and which provides to its patients a reasonably full range of diagnostic and treatment services.

(f) "Rehabilitation facility" means a health facility which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of:

(1) Medical evaluation and services, and

(2) Psychological, social, or vocational evaluation and services, under competent professional supervision; and in the case of which the major portion of the required evaluation and services is furnished within the facility; and either the facility is operated in connection with an inpatient health facility defined in subsection (c) or all medical and related health services are prescribed by or are under the general direction of persons licensed to practice medicine and surgery in the state.

(g) "Facility for long term care" means a health facility (including a skilled nursing or intermediate care facility) providing inpatient care for intermediate care and related medical services (1) which is an inpatient health facility (other than an inpatient health facility primarily for the care and treatment of mentally ill or tuberculous patients) or is operated in connection with an inpatient health facility, and (2) in which such

care and medical services are prescribed by, or are performed under the general direction of, persons licensed to practice medicine and surgery in the state.

(h) "Medical facility" means a medical care facility, public health center, outpatient medical facility, rehabilitation facility, facility for long-term care, or other facility, as the secretary may designate under public law 93-641, for the provision of health care to ambulatory patients.

(i) "State agency" means the state agency designated as the state health planning and development agency designated under section 1521 of public law 93-641.

(j) "Council" means the statewide health coordinating council as specified in section 1524 of public law 93-641.

(k) "Health systems agency" means an agency designated under section 1512 of public law 93-641.

(l) "Secretary" means the secretary of the department of health, education and welfare of the United States.

(m) "Consumer of health care" means a person who has not been within twelve (12) months preceding appointment under this act a provider of health care.

Sec. 3. The _____ shall be designated as the state health planning and development agency. The _____ shall submit an application to the secretary containing assurances of authority and resources to administer a state administrative program. The _____ shall submit to the secretary for approval a state administrative program for the purpose of carrying out a certificate of need and a health planning and resources development function pursuant to public law 93-641.

Sec. 4. The functions of the state agency shall be:

(a) To conduct the health planning activities of the state and implement those parts of the state health plan and the plans of the health systems agencies within the state which relate to the government of the state.

(b) To prepare, and review and revise an annual prelimi-

nary state health plan which shall be based on the health systems plans of the health systems agencies within the state. The preliminary state plan shall be submitted to the council for approval or disapproval and for use in developing the state health plan.

(c) To assist the council in the performance of its functions.

(d) To serve as the designated planning agency of the state for administering state certificate of need programs which apply to health facility services proposed to be offered, developed or changed within the state.

(e) After consideration of recommendations submitted by health systems agencies respecting health facility services proposed to be offered or changed within the state, to make findings as to the need for such services, and, as appropriate, issue or deny a certificate of need.

(f) To review on a periodic basis, but not less than every five (5) years, all health facility services being offered in the state and, after consideration of recommendations submitted by health systems agencies respecting the appropriateness of such services, make public its findings.

(g) To prepare and administer the provisions of the state medical facilities plan as defined in section 1603 of public law 93-641.

Sec. 5. In order to guide and promote health planning and resources development in response to enactment of section 1524 of public law 93-641, there is hereby created a statewide health coordinating council.

(a) The council shall be composed of no more than _____ members. The majority of the members of this council shall be consumers of health care who are not providers of health care, and not less than one-third of the members who are providers of health care shall be direct providers.

(b) The governor shall appoint four (4) voting members from each health systems agency within the state from a list of at

least five (5) nominees from each health systems agency. At least two of the appointees from each health systems agency shall be consumers of health care.

(c) In addition, the governor may [shall] appoint the following voting members:

[(1) Two (2) persons nominated by the speaker of the house of representatives, at least one of whom shall be a consumer of health care.

(2) Two (2) persons nominated by the president of the senate, at least one of whom shall be a consumer of health care.

(3) The chairpersons of the public health and welfare committees of the senate and the house of representatives.

(4) The director of the division of health.

(5) Other persons, including those from the medically underserved population, and other representatives of governmental units within the state. The number of persons appointed under this subsection may not exceed forty percent (40%) of the total membership, and at least one-half of whom shall be consumers of health care.]

(d) An individual designated by the chief medical director of the veterans' administration shall be a member.

(e) The council shall select its chairperson from among the membership of the council.

[Sec. 6. The length of terms of the first members appointed by the governor shall be as follows: One-third for four (4) years, one-third for three (3) years, and one-third for two (2) years. Initial appointments shall be made within three (3) months of the designation of the health systems agencies. Subsequent appointments shall be for four-year terms, except an appointment to fill a vacancy shall be for the balance of the unexpired term.]

Sec. 7. (a) The council shall meet at least quarterly or as often as necessary to fulfill its duties.

(b) Meetings and records of the council shall be open to the public.

Sec. 8. The members of the council attending meetings of such council, or attending a subcommittee meeting thereof authorized by such council, shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K. S. A. 1975 Supp. 75-3223, or amendments thereto.

Sec. 9. The functions of the council shall be:

(a) To annually review and coordinate the health system plan and annual implementation plan of each health systems agency within the state and report its comments to the secretary.

(b) Guide the state agency in the development of procedures and criteria to be used for integration of the health systems plans into a preliminary state health plan.

(c) Annually prepare, review and revise with the assistance of the state agency the state health plan. In preparing and revising the state health plan, the council shall review and consider the preliminary health plan submitted by the state agency. The council shall conduct a public hearing on the proposed state health plan and shall give interested persons an opportunity to submit their views orally and in writing. Thirty (30) days prior to such hearing the council shall publish notice of its consideration of the proposed plan in at least two (2) newspapers of general circulation in the state. The notice shall include the time and place of the hearing, the place or places at which copies of the proposed plan are available for review and the period during which written comments may be submitted to the council.

(d) Review annually the budget of each health systems agency and report its comments to the secretary.

(e) Recommend a uniform format and methodology for the development of a health systems plan to facilitate incorporation into a preliminary state health plan.

(f) Advise and consult with the state agency in carrying out the state medical facilities plan.

(g) Review applications submitted by health systems agencies for grants under section 1516 (operational grants) and section 1640 (area health service development fund grants) of

public law 93-641 and report its comments to the secretary.

(h) Advise the state agency on the performance of its functions and in the setting of priorities.

(i) Review annually and approve or disapprove any state plan or any application submitted to the secretary as a condition to the receipt of any funds under allotments made to states under public law 93-641, the community mental health centers act (42 U.S.C. 2681) or the comprehensive alcohol abuse and alcoholism prevention, treatment and rehabilitation act of 1970 (42 U.S.C. 4571).

Sec. 10. In conformance with public law 93-641, there is created in each health service area a health systems agency for local health planning and development activities. The health systems agencies shall be those agencies that have entered into agreement with the secretary of health, education and welfare in accordance with the requirements of section 1515 of public law 93-641.

Sec. 11. A health systems agency for a health service area shall be:

(a) A nonprofit private corporation which is incorporated in the state in which the largest part of the population of the health service area resides, which is not a subsidiary of, or otherwise controlled by, any other private or public corporation or other legal entity, and which only engages in health planning and development functions; or

(b) A public regional planning body if (1) it has a governing board composed of a majority of elected officials of units of general local government, or it is authorized by state law, in effect before the date of enactment of the National Health Planning and Resources Development Act of 1974, to carry out health planning and review functions as described in section 1513 of public law 93-641 and (2) its planning area is identical to the health service area; or

(c) A single unit of general local government if the area of the jurisdiction of that unit is identical to the health service area.

A health systems agency shall not be an educational institution or operate such an institution.

Sec. 12. (a) A health systems agency which is a public regional planning body or unit of general local government shall, in addition to any other governing body, have a governing body for health planning, which is established in accordance with section 13 which shall have the responsibilities of governing bodies, and which has exclusive authority to perform for the agency the functions described in section 1513 of public law 93-641.

(b) A health systems agency which is a nonprofit private corporation shall have a governing body composed, in accordance with section 13, of not less than ten (10) members and not more than thirty (30) members, except that the number of members may exceed thirty (30) if the governing body has established an executive committee composed of not more than twenty-five (25) members of the governing body and has delegated to that executive committee the authority to take action other than the establishment and revision of the health systems plans and annual implementation plans.

Sec. 13. The members of the governing body or the executive committee of an agency shall meet the following requirements:

(a) A majority, but not more than sixty percent (60%) of the members shall be residents of the health service area served by the entity who are consumers of health care and who are broadly representative of the social, economic, linguistic and racial populations, geographic areas of the health service area, and major purchasers of health care.

(b) The remainder of the members shall be residents of the health service area served by the agency who are providers of health care and who represent (1) physicians, particularly practicing physicians, dentists, nurses and other health professionals, (2) health facilities, particularly medical care facilities, long-term care facilities and health maintenance organizations, (3) health care insurers, (4) health professional schools and (5) the allied health professionals. Not less than

one-third of the providers of health care who are members of the governing body or executive committee of a health systems agency shall be direct providers of health care.

(c) The membership shall (1) include, either through consumer or provider members, public elected officials and other representatives of governmental authorities in the agency's health service area and representatives of public and private agencies in the area concerned with health, (2) include a percentage of individuals who reside in nonmetropolitan areas within the health service area of which the percentage is equal to the percentage of residents of the area who reside in nonmetropolitan areas, and (3) if the health systems agency serves an area in which there is located one or more hospitals or other health care facilities of the veterans' administration, include, as an ex officio member, an individual whom the chief medical director of the veterans' administration shall have designated for such purpose, and if the agency serves an area in which there is located one or more qualified health maintenance organizations, include at least one member who is representative of such organization.

(d) If, in the exercise of its functions, a governing body or executive committee appoints a subcommittee of its members or an advisory group, it shall make its appointments to any such subcommittee or groups in such a manner as to provide approximately the representation of such subcommittee or group described in this subdivision.

Sec. 14. (a) The governing body (1) shall be responsible for the internal affairs of the health systems agency, including matters relating to the staff of the agency, the agency's budget, and procedures and criteria applicable to its functions; (2) shall be responsible for the establishment of the health systems plan and annual implementation plan; (3) shall be responsible for the approval of grants and contracts made and entered into under section 21 concerning functions; (4) shall be responsible for the approval of all actions taken pursuant to sections 27 and 28; (5) shall (A) issue an annual report concerning the activi-

ties of the agency, (B) include in that report the health systems plan and annual implementation plan developed by the agency and a listing of the agency's income, expenditure assets, and liabilities, and (C) make the report readily available to the residents of the health service area and the various communication media serving such area; and (D) shall reimburse its members for their reasonable costs incurred in attending meetings of the governing body; (6) shall meet at least once in each calendar quarter of a year and shall meet at least two (2) additional times in a year unless its executive committee meets at least two (2) times in that year; and (7) shall (A) conduct its business meetings in public, (B) give adequate notice to the public of such meeting, and (C) make its records and data available upon request to the public.

(b) The governing body and the executive committee, if an executive committee has been established, of a health systems agency shall act only by vote of a majority of its members present and voting at a meeting called upon adequate notice to all of its members and at which a quorum is present. A quorum for a governing body and executive committee shall not be less than one-half of its members.

Sec. 15. (a) A health systems agency shall have a staff which provides the agency with expertise in at least the following: (1) administration, (2) the gathering and analysis of data, (3) health planning, and (4) development and use of health resources. The functions of planning and of development of health resources shall be conducted by staffs with skills appropriate to each function. The size of the professional staff of any health systems agency shall not be less than five (5), except that if the quotient of the population, rounded to the next highest one hundred thousand (100,000) of the health service area which the agency serves divided by one hundred thousand (100,000) is greater than five (5), the minimum size of the professional staff shall be the lesser of (1) such quotient or (2) twenty-five (25). The members of the staff shall be se-

lected, paid, promoted and discharged in accordance with such systems as the agency may establish, except that the rate of pay for any position shall not be less than the rate of pay prevailing in the health service area for similar positions in other public or private health service entities.

(b) If necessary for the performance of its functions, a health systems agency may employ consultants and may contract with individuals and entities for the provision of services. The responsibility for plan development, review, and comment rests with the health systems agency.

Sec. 16. No individual, as a member or employee of a health systems agency, by reason of his or her performance of any duty, function or activity required or authorized to be undertaken by the health systems agency under this act, shall be liable for the payment of damages under any law of this state or political subdivision thereof, if he or she has acted within the scope of such duty, function or activity, has exercised due care and has acted, with respect to that performance, without malice.

Sec. 17. No health systems agency may accept any funds or contributions of services or facilities from any individual or private entity which has a financial, fiduciary or other direct interest in the development, expansion or support of health resources, unless, in the case of an entity, it is an organization described in section 509(a) of internal revenue code of 1954 and is not directly engaged in the provision of health care in the health service area of the agency. For the purpose of this paragraph, an entity shall not be considered to have such an interest solely on the basis of its providing, directly or indirectly, health care for its employees.

Sec. 18. Each health systems agency shall:

(a) Make such reports, in such form and containing such information, concerning its structure, operation, performance of functions and other matters that may be from time to time required, and keep such records and afford such access to the secretary and the council in compliance with the provisions of

this act and public law 93-641.

(b) Provide for such fiscal control and fund accounting procedures as may be required to assure proper disbursement of and accounting for amounts received to the council under the general provisions of this act and public law 93-641 concerning planning and development grants.

(c) Permit state and federal representatives to have access for the purpose of audit and examinations to any books, documents, papers, and records pertinent to the disposition of amounts received under the general provisions of this act and public law 93-641.

Sec. 19. A health systems agency may establish subarea advisory councils representing parts of the agency's health service area to advise the governing body of the agency on the performance of its functions. The composition of a subarea advisory council shall conform to the requirements of section 13.

Sec. 20. Each health systems agency for the purpose of (a) improving the health of residents of a health service area, (b) increasing the accessibility, including overcoming geographic, architectural and transportation barriers, acceptability, continuity and quality of the health services provided the residents, (c) restraining increases in the cost of providing them health services and, (d) preventing unnecessary duplication of health resources shall have as its primary responsibility the provision of effective health planning for its health service area and the promotion of the development within the area of health service, manpower and facilities which meet identified needs, reduce documented inefficiencies and implement the health plans of the health systems agency.

Sec. 21. (a) In providing health planning and resources development for its health service areas, a health systems agency shall:

(1) Assemble and analyze data concerning the status and its determinants of the health of the residents of its health service area.

(2) Analyze the status of the health care delivery systems in the area and the use of that system by the residents of the area.

(3) Analyze the effect of the area's health care delivery system on the health of the residents of the area.

(4) Analyze the number, type, and location of the area's health resources, including health services, manpower, and facilities.

(5) Analyze the pattern of utilization of the area's health resources.

(6) Analyze the environmental and occupational exposure factors affecting immediate and long-term health conditions.

(b) In carrying out this section, the agency shall use existing data and coordinate its activities with the cooperative system provided for under section 306(e) of the public health services act.

Sec. 22. (a) Health systems agencies shall, after consideration of national health guidelines, develop a health systems plan which shall establish, annually review, and amend as necessary a health systems plan. The health systems plan shall include a description of a healthful environment and a health system directed toward achieving quality health services which are available, accessible, of reasonable cost, responsive to the unique health needs and resources of the area and which assures continuity of care to residents of the area. Health systems plans shall be submitted to the state agency annually.

(b) Before establishing or amending a health systems plan, a health systems agency shall conduct a public hearing on the proposed plan or amendments and shall give interested persons an opportunity to submit their views orally and in writing. Thirty (30) days prior to such hearing the health systems agency shall publish notice of its consideration of the proposed plan or amendments in at least two (2) newspapers of general circulation in the health service area. The notice shall include the time and place of the hearing, the place at which copies of the pro-

posed plan or amendments are available for review and the period during which written comments may be submitted to the health systems agency.

Sec. 23. Health systems agencies after consideration of goals developed in the health systems plan shall establish objectives and priorities which achieve these goals. The priorities shall be based upon the maximum improvement of the health of the residents in the health service area in relation to the cost involved, the benefits obtained and the special needs of the area. The annual implementation plan shall be forwarded to the council each year.

Sec. 24. Each health systems agency shall submit to the state agency a health systems plan and an annual implementation plan.

Sec. 25. The health systems agency in accordance with the priorities established in the annual implementation plan shall make grants to public and nonprofit private entities and enter into contracts with individuals and public and nonprofit private entities to assist them in planning and developing projects and programs which the agency determines are necessary for the achievement of the health systems described in the health system plan. Such grants and contracts shall be made from the area health services development fund of the agency established with funds provided under grants made under section 1640 of public law 93-641. No grant or contract under this section may be used to pay the cost incurred by an entity or individual in the delivery of health services or for the cost of construction or modernization of medical facilities. No single grant or contract made or entered into under this paragraph shall be available for obligation beyond the one-year period beginning on the date the grant or contract was made or entered into. If an individual or entity receives a grant or contract under this section for a project or program, such individual or entity may receive only one more grant or contract for such project or program.

Sec. 26. Each health systems agency shall coordinate its

activities with the following: (a) each professional standards review organization designated under section 1152 of public law 92-603, amendments to the social security act; (b) entities referred to in paragraphs (1) and (2) of section 204(a) of the demonstration cities and metropolitan development act of 1966 and regional and local entities the views of which are required to be considered under regulation prescribed under section 403 of the intergovernmental cooperation act of 1968 to carry out section 401(b) of such act; (c) other appropriate general or special purpose regional planning and administrative agencies; and (d) any other appropriate entity in the health systems agencies' health service area. The agency as may be appropriate, shall secure data from such organizations and entities for use in the agency's planning and development activities, enter into agreements with such organizations and entities which will assure that actions taken by such organizations and entities which alter the area's health systems will be taken in a manner which is consistent with the health system plan and the annual implementation plan in effect for the area, and to the extent practicable, provide technical assistance to such organizations and entities.

Sec. 27. Each health systems agency shall review and approve or disapprove each proposed use within its health service area of federal funds appropriated under the public health service act, as amended by public law 93-641, the community mental health centers act (42 U.S.C. 2681), the comprehensive alcohol abuse and alcoholism prevention, treatment and rehabilitation act of 1970 (42 U.S.C. 4571), for grants, contracts, loans or loan guarantees for the development, expansion or support of health resources.

A health systems agency shall not review and approve or disapprove the proposed use within its health services area of federal funds appropriated for grants or contracts under title IV, VII, or VIII of the public health services act unless the grants or contracts are to be made, entered into, or used to support the development of health resources intended for use in the

health service area or the delivery of health services. In the case of a proposed use within the health systems agency of federal funds described in this section by an Indian tribe or intertribal Indian organization for any program or project which will be located within or will specifically serve a federally reorganized Indian reservation, a health systems agency shall only review and comment on such proposed use.

Each health systems agency shall provide each Indian tribe or intertribal Indian organization which is located within the agency's health service area information respecting the availability of the federal funds described in this section.

Sec. 28. (a) Each health systems agency shall review on a periodic basis, but at least every five (5) years, all health facility services offered in its health service area and shall make recommendations to the state agency with respect to the appropriateness of such services. A health systems agency shall complete its initial review of existing health facility services within three (3) years after the date of the agency's designation by the secretary.

(b) Each health systems agency shall review and make recommendations to the state agency with respect to the need for new health facility services to be offered or developed in the health service area of such health systems agency. Each health systems agency shall submit its findings to the council for purposes of review.

Sec. 29. Each health systems agency shall annually recommend to the state agency:

(a) Projects for the modernization, construction and conversion of medical facilities in the agency's health service area which projects will achieve the health systems plan and annual implementation plan of the health systems agency, and

(b) Priorities among such projects.

Sec. 30. A health systems agency shall submit annually to the council the budget for purposes of review and approval; and all applications for planning and development grants, and area

health services development funds, for purpose of review.

Sec. 31. Each health systems agency shall review and make recommendations to the state agency on application for certificate of need submitted for entities within its health service area.

Sec. 32. K. S. A. 1975 Supp. 65-190 to 65-196, inclusive, are hereby repealed. *change to reflect title*

The passage of the National Health Planning and Resources Development Act of 1974 (PL 93-641) necessitates examination of existing Kansas statutes in: 1) Health Planning, 2) Certificate of Need, 3) Hospital and Medical Facilities Survey and Construction, and 4) Hospital Licensing, Inspection and Regulation.

The Department of Health and Environment has reviewed these statutes with regard to the state level activities required under the new health planning system and makes the following comments and recommendations:

Options

There are three options available for development of the health planning function at the state level:

1. Full designation of a State Health Planning and Development Agency, as provided in Section 1521(b)(1).

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2. Designation of a State Agency on a conditional basis as provided in Section 1521(b)(2).

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3. Make no designation for a State Agency at this time in which case Section 1521(d) would apply.

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Analysis

If option 3, as provided for in Section 1521(d), is selected the State would then have up to June 30, 1980 to designate a State Agency.

The penalty for not having full designation at that time would be the loss of federal funds listed in Section 1521(d). These funds include hospital and nursing home construction funds; community mental health center funds; drug and alcohol abuse funds. However, this option would mean sacrificing federal support for state level planning activities for the four year period beyond July 1, 1976. This would represent a loss of approximately \$200,000 per year.

If state level planning activities are to continue beyond June 30, 1976, then the State must apply for designation of a State Agency to become effective no later than July 1, 1976. This can be accomplished by either full designation or designation on a conditional basis.

Full designation of the State Agency by July 1, 1976 (option 1) would require enabling state legislation during the 1976 session. This could involve extensive modification to the existing Kansas health planning statutes to assure that the State Agency has the authority to fulfill all the functions required of a State Agency (see Section 1521 (b)(1)(B)).

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The designation can be made on a conditional basis (option 2) as described in Section 1521(b)(2). Conditional designation can be obtained under present Kansas laws. If conditional designation is obtained, the State Agency would then have up to two years (June 30, 1978) to obtain full designation. Thus, there would be up to three legislative sessions (1976, 1977, 1978) in which to develop adequate

enabling legislation. During this time, federal support for state
(see Miscellaneous and Transitional Provisions Sec. 5(a)
level planning activities would continue to be available/ At the end
of this period (July 1, 1978), all federal funding for state planning
activities and resource development (hospital construction, com-
munity mental health centers, etc.) would be lost to the state if full
designation is not achieved.

Position

The Department recommends that the State Agency be designated on a conditional basis (option 2). To facilitate this, Kansas state law needs to be altered in the most simple fashion if at all in 1976 to meet the requirements of PL 93-641 and the regulations which have not yet been issued. The Department, therefore, will not develop a detailed position paper or suggest specific changes in the law until HEW regulations have been received. At that time, the Department will develop recommendations for the smallest revision in the K.S.A.'s that would be consistent with PL 93-641. The Department would then use the next year thoughtfully to prepare a detailed position, after wide consultation with the important provider and consumer groups, and be able to make suggestions, if needed, for substantive changes in Kansas law for consideration by the Legislature in 1977.