

Approved _____ Date 4-7-83
Date sk

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin Littlejohn at _____
Chairperson

1:00 A.M./p.m. on March 24, 19 83n room 423-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Research Department
Bill Wolff, Research Department
Bruce Hurd, Revisor's office
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Mr. Dick Brock, Insurance Commissioner's Department
Dr. Lois Scibetta, Ks. State Board of Nursing
Ken Schafermeyer, Exec. Dir. of Ks. Pharmacists Association
Bob Stocking, Linn County, Bd. of Dir./Health Systems Agency of NE Kansas
Rebecca Kupper, Kansas Hospital Association
Ron Schmidt/Statewide Health Coordinating Council
Harold Riehm, Exec. Dir. of Ks. Assoc. of Osteopathic Medicine

Visitor's register, (See Attachment No. 1.)

Chairman called meeting to order.

Hearings today on: SB 285, SB 320, SB 341, SB 363, SB 362

Hearings began on SB 285:-

Chair recognized Mr. Dick Brock. See (Attachment No. 2.) for details. He stated his Department is convinced that mandating deductibles or copayment features, precipitous imposition of a health care cost regulatory mechanism will not be productive. Believe there is a need to establish the foundation for a far-reaching study of all aspects of Kansas health care and the health care delivery system. If the current version of SB 285 is enacted, we will be very surprised it is effective he stated. Further, we continue to believe an independent, statutory, commission with the latitude to determine whether some kind of permanent, statutory health care cost, quality and competency control should be established, or some measures taken will give us a chance of finding some answers. The bill in its current form does not give us this chance, he stated.

Mt. Brock answered questions from committee.

Dr. Scibetta, Kansas State Board of Nursing, stated the Board of Nursing is in favor of SB 285, generally. One change however, they suggest is that a nurse will be appointed to this commission. With this addition, the Board of Nursing would recommend SB 285 for favorable passage. See (Attachment No. 3.) for details.

Mr. Ken Schafermeyer, see (Attachment No. 4.) for details. He stated that the Kansas Pharmacists Assoc. supports efforts to control health care costs and feel that the Senate amendments to SB 285 are very positive. Like to see two of these amendments retained in the bill. Redundant language to the sale and purchase of prescription drugs and medical equipment and supplies. Secondly, the composition of the eleven member commission was altered to include legislators and exclude specific health care providers, (special interest) groups. He further stated they support this change and would like to keep this amendment in as well.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
 room 423-S, Statehouse, at 1:00 a.m./p.m. on March 24, 1983

Hearings on SB 285 continue:-

Bob Stocking from Linn County and a Board Member of Directors of Health Systems Agency of Northeast Kansas, (HSANEK). They would like to urge the committee to pass SB 285 with the amendment that the study of health care cost containment be assigned to Statewide Health Coordinating Council. Further, they support passage of an amended SB 285 which would assign the health care cost study to SHCC. See (Attachment No. 5.) for details.

Rebecca Kupper, Kansas Hospital Association, see (Attachment No. 6.) for details. Ms. Kupper spoke to concerns with the composition of the commission. Stated they believe that hospitals and physicians should be represented on such a commission. Suggested amending the bill on line 65, after the word "governor", by adding, "one of whom shall represent the State Hospital Association and one of whom shall represent the State Medical Society". If the hospital industry representation is assured on the commission, then she stated, they could support SB 285. Ms. Kupper answered questions from committee.

Mr. Ron Schmidt of SHICC was not a conferee, but did respond to questions from committee by request from Chair.

Mr. Harold Riehm, Exec. Director of Kansas Association of Osteopathic Medicine stated they, along with the Medical Society agree with the concept of health care costs study, and most of the amendments added by the Senate, but are concerned with the make up of the committee. He would assume the Governor would appoint someone from the Health Care field, and they would hope they could at least be eligible for the opportunity to be chosen, so would like language on line 59, "physicians licensed by the Board of Healing Arts", be changed to "persons". Mr. Riehm also stated other concerns.

Hearings on SB 285 closed.

Briefing on SB 320 by Emalene Correll.

Hearings on SB 320 began:-

Dr. Scibetta presented printed testimony to committee, see (Attachment No. 7.) for details. Stated with some changes the bill would be strengthened. Suggested changes, i.e.- line 0041 changed to read, "dispensing drugs except for controlled substances to", etc. See attachment No. 7. for balloon copy. Further, on page 2, line 0052, we suggest "office" be substituted for "general location". We feel these changes will serve to protect the public. Dr. Scibetta then answered questions from committee.

Ms. Lynelle King, Kansas State Nurses Association made a brief statement that KSNA did not request SB 320. If they had their druthers, they would rather have the pharmacists involved in health care in rural areas, but do understand the situation and understand it is a limited number and a limited time frame. Ms. King answered questions from committee.

Mr. Ken Schafermeyer, see (Attachment No. 8.) for details. Stating, this is an issue we have been working on for a number of years. SB 320 addresses two separate issues, i.e.- a technical clarification of statutory requirements for registration of pharmacy interns, and a strict limitation on physician delegation of authority to dispense prescription drugs. SB 320 agreed to by - Kansas Medical Society and Kansas Pharmacists Association resembles language passed last year, the following have been incorporated into this bill. i.e.- prohibits

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423 S, Statehouse, at 1:00 a.m./p.m. on March 24, 1983

Hearings on SB 320 continue:-

physician's delegation of dispensing to nurses, provides a grandfather clause allowing approximately 13 physicians who were delegating as of 1/1/1982, in towns without a pharmacy to continue delegating. If a pharmacy opens in the town, delegation must cease. Further, nurse dispensing must be done under the supervision of the physician, and here we are asking for the word "office" to be inserted in line 52, rather than "general location", and finally, it is the physician, not his office that is grandfathered.

While we have agreed he commented, with the Medical Society to jointly support legislation addressing only the issue of delegation this year, we feel that we must clearly point out that we have not changed our strong opposition to physician dispensing. After years of disagreement with the Kansas Medical Society, we have both at least agreed on one small part of this issue. We negotiated very hard, at your request, and we hope the committee will support SB 320. Mr. Schafermeyer answered questions from committee and staff.

Definitions were read from statutes on dispensing and administering of medications.

Dr. Jere Matchett, Lawrence, Kansas, of Kansas Pharmacist Association spoke to the issues of SB 320, and to the questions of committee in regard to definitions of dispensing and administering of medications. Further, i.e.- nursing homes, doctor's office, etc.

More questions in regard to specific rural areas and the practices in these situations from committee took place.

Jerry Slaughter, Kansas Medical Society, stating that after a long period of time this compromise has been worked out with the Kansas Pharmacists Association. It really does not completely please either group, but they have made compromises and would like to see it move forward. Do not agree however with the suggested amendments by the Board of Nursing, feeling that it will limit physicians, though certainly the KMS will consider that. At present, he stated, they do agree with the bill as before the committee, and their support, (KMA) of the bill is predicated on that, and they would like to see the bill with the inception of the amendment suggested by Mr. Schafermeyer, changing "general location" to "office". We are in agreement with that he stated.

Mr. Slaughter and Mr. Schafermeyer answered questions from committee.

Ms. Elizabeth Carlson, Board of Healing Arts, spoke to the issue of the date in the bill in regard to physicians coming out of under the Fellowship Program, and into some of the rural areas where there is no pharmacy, they would not be included in this situation, and this causes concern of her people in the Board of Healing Arts.

Hearings on SB 320 concluded.

Briefing on SB 341 by Bill Wolff, stating specifics on language cleanup and language added where necessary for technical changes.

Hearings on SB 341:

Not held, as no conferees present, so hearings on SB 341 closed.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
 room 423-S Statehouse, at 1:00 a.m./p.m. on March 24, 1983

Briefings on SB 362 by Emalene Correll, in regard to policy and technical changes. Clean up and date amended in adding new requirements in continuing education for mental health technicians beginning with calendar year 1986. Paragraph (d) needs to be amended and these suggested amendments have been presented to the Governmental Organization committee, to which this bill has doubly been referred, along with Public Health and Welfare. Further comprehensive explanation of SB 362 continued by Ms. Correll.

Chair noted to committee that this committee cannot act on SB 362 until Governmental Organization committee has taken action on it. Rep. Walker informed committee that Governmental Organization has in fact taken action on these amendments earlier this date. Chairman then commented we would not then also need to take any action on these same amendments.

Hearings on SB 362 began:-

Mr. Keith Landis, see (Attachment No. 9.) for details, requested SB 362 be amended by striking lines 0246-0249 on page 7, and inserting the following: " (c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing". Mr. Landis continued, this is the same language requested for SB 247, which this committee passed on favorably yesterday.

Dr. Lois Scibetta distributed printed statement, see (Attachment No. 10), for details. The Board of Nursing supports the favorable passage of SB 362 as amended.

Hearings closed on SB 362.

Briefings on SB 363 by Emalene Correll, touched on technical cleanup, changes in language, deletions, and amended language.

Hearings on SB 363 began:

Cynthia Barrett, Secretary/Treasurer of Kansas Dental Board presented her printed statement to committee. (See Attachment No. 11.) for details. Ms. Barrett outlined proposed amendments in detail, see attachment for specifics on these proposals.

Mr. Carl Schmitthenner, Exec. Director of Kansas Dental Association spoke in support of SB 363.

Hearings on SB 363 concluded.

Chair called attention to a handout presented on Wednesday March 23, 1983, by Mr. Roby in reference to suggested amendments on SB 11, referred to the Powell case in litigation with SRS that could have some rather far reaching effects. This was discussed with Norman Furse of the Revisor's office and will be pursued further with Dr. Harder.

Action taken on bills as follows:

SB 341

Rep. Niles moved to pass SB 341 out favorably, motion seconded by Rep. Friedeman seconded, and motion carried.

SB 285

Rep. Green moved to table SB 285 until next year's session. Rep. Friedeman seconded. Discussion followed in regard to another study commission being formed and the necessity of it. There is more information needed, but if a year's wait occurs, delays will only compound problems. Further discussion on complexity of SB 285 and the short amount of time left to work on it. Chair asked for voice vote, chair in doubt. Show of hands taken, and the motion lost.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:00 a.m./p.m. on March 24, 1983.

SB 10

Rep. Branson moved to pass SB 10 out favorably. Seconded by Rep. Helgerson, and motion carried.

SB 32

Rep. Wagnon moved to pass SB 32 out favorably. Seconded by Rep. Hassler. Lengthy discussion followed. Voice vote taken and motion carried.

SB 294

Rep. Kline moved to pass SB 294 out favorably. Rep. Cribbs seconded, and motion carried.

SB 320

Rep. Walker moved to pass SB 320 out favorably. Rep. Harder seconded and discussion followed. Question called for, then Chair asked for voice vote, motion passed.

SB 363

Motion by Rep. Blumenthal made to adopt these technical amendments as follows: To strike lines 348 through 350 on page 10. On page 14, line 505, strike word "a", and insert the word "such". This motion was seconded by Rep. Green. Discussion followed. Question called for, voice vote taken and motion carried. Amendments adopted on SB 363.

Rep. Branson then moved to pass SB 363 out favorably as amended. Motion seconded by Rep. Blumenthal, and motion carried.

Chair adjourned meeting at 3:10 p.m. Chair noted to committee, they will convene tomorrow on adjournment of the House.

Date: 3-24-3

GUEST REGISTER

HOUSE

Please Print

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
Dr Lois Rich Siebelta	KSBN	503 Kansas Ave
CYNTHIA BARRETT	Ks. DENTAL BOARD	4301 HUNTOON
CHERYL JERNIGAN	Ks. Hospital Assoc.	100 1263 TOPEKA
FRANCES KASNER	KAPTA	3310 W 7th Topeka Ks
Carl Schmitzhaus	Ks Dental Assn	Topeka
Janne Mullen	Ks Pharmacian	Topeka
Jeze Matchett	Kansas Pharmacist Assoc	Lawrence, Ks
HAROLD E. KREHM	Ks. ASSN. PEDIATRIC MED	TOPEKA
Ken Schafermeyer	KS Pharmacists Assoc	Topeka
Marilyn Bradt	WINH	Lawrence
Lynelle King	KSNA	Topeka
KEITH R. LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	"
Rebecca Kupper	Ks. Hospital Assoc.	Topeka
Cheryl Jernigan	" " "	"
Nickie Stan	KS St. Nurses' Assn.	
Elizabeth Carlson	BHA	+ Topeka
Dick Brock	Ins Dept	Topeka

(Attachment No. 1.)

INSURANCE DEPARTMENT

TOPEKA

As many members of this Committee are aware, Commissioner Bell has been concerned about the costs of health care for a long period of time. He has advanced various ideas to address the problem. Some have been received favorably -- some not so favorably -- but the problem still remains and we still keep trying.

Bold, new initiatives, an enlightened public perception of adequate, affordable health care, and a more open mind toward changes in the status quo on the part of health care providers are essential if lasting solutions are to be found. At this point, we have no definitive legislative proposal which would completely and immediately institutionalize or codify a proper mix of these ingredients. We are convinced, however, that mandating deductibles or copayment features, precipitous imposition of a health care cost regulatory mechanism or other "quick fixes" of this kind will not be sufficiently productive. As a result, we believe we need to establish the foundation for a far-reaching, in-depth, professional study of all aspects of Kansas health care and the health care delivery system. Such a study should provide the legislature with credible, reliable information needed to produce the kind of incentives, disincentives and controls to constitute a proper response to the health care cost dilemma. Also extremely important -- the study should lead to a prediction as to the degree of success such response should be expected to attain.

Senate Bill No. 285 as introduced by the Senate Committee on Public Health and Welfare at Commissioner Bell's request was, we believe, a vehicle that could have been used to obtain this guidance. We are not saying the bill was perfect in its original form, but we are concerned with the amended bill which emerged from the committee. Our recommendation would have created a statutory health care commission funded by an assessment on health care providers. The precise makeup of the commission and the method of funding were not at all set in concrete. However, a body with a mixture of interests sufficient to produce informed but independent conclusions with the support and assistance of a full time staff were important ingredients. The commission would have been charged with the responsibility of studying all facets of our health care delivery system and developing recommendations to address the costs, quality, necessity and other facets of health care that have contributed to our current and growing dilemma. We believe, achieving this task would require authorization for the commission to obtain all the information necessary to meet their objective; authorization that was removed by the Senate. Equally important, the commission envisioned by our original proposal would have been comprised of a group that represented a wide range of interests. It would have provided for input by all members of the medical care community but it would not have permitted those with specific interests to

(Attachment
No. 2.)

INSURANCE DEPARTMENT

TOPEKA

-2-

dictate the results. Unfortunately, we do not believe Senate Bill No. 285 as amended will reach this point because it has been stripped of its funding mechanism -- the makeup of the commission has been changed to the extent that any conclusions may or may not be representative of a cross-section of health care interests -- and the commission will have no independent staffing capabilities which means existing personnel in legislative research must shoulder a burden they cannot realistically perform because of their other duties.

I cannot stand here and tell you the commission we proposed would have produced the answer to our problem. I can tell you, however, that if the current version of Senate Bill No. 285 is enacted, we will be very, very surprised if it is effective. In other words, we continue to believe an independent, statutory, commission with the latitude and wherewithal to determine whether some kind of permanent, statutory, health care cost, quality and competency control mechanism should be established -- or some other measures taken -- will give us a chance of finding some answers. The bill in its current form does not, in our opinion, even give us this chance.



KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Marvin Littlejohn, Chairman, and Members of the
House Public Health and Welfare Committee

FROM: Dr. Lois Rich Scibetta, ^{LRS} Executive Administrator

RE: Senate Bill 285

DATE: March 24, 1983

Mister Chairman, and members of the Committee, thank you for this opportunity to respond to Senate Bill 285. I am here today to speak in support of Senate Bill 285.

Generally, the Board of Nursing is in favor of Senate Bill 285. The concept of a health care commission is valid in our judgement.

One significant change which the Board of Nursing would suggest is that a nurse will be appointed to this commission. We believe that nurses, as the largest group of health care providers, should have input into this important commission, particularly as it relates to the second charge to the commission, "... the quality of health care services rendered." With this addition, the Board of Nursing would recommend Senate Bill 285 for favorable passage.

Thank you for this opportunity to comment on this Bill. I will be happy to answer any questions which the Committee may have.

(attachment
no. 3.)



THE KANSAS PHARMACISTS ASSOCIATION

1308 WEST 10TH

PHONE (913) 232-0439

TOPEKA, KANSAS 66604

KENNETH W. SCHAFERMEYER, M.S., CAE

PHARMACIST

EXECUTIVE DIRECTOR

DATE: March 24, 1983

TO: House Public Health and Welfare Committee

FROM: Kenneth W. Schafermeyer, M.S., CAE
Executive Director

SUBJECT: Senate Bill 285 - State Health Care Commission

The Kansas Pharmacists Association supports efforts to control health care costs and we feel that the Senate amendments to SB 285 are very positive.

One of these amendments removed a specific reference to study "statutory cost control measures with respect to the sale and purchase of prescription drugs and medical equipment and supplies". The Senate agreed that this language was redundant, misleading and unnecessary since the commission was already charged with reviewing the reasonableness of charges for health care services. Both Mr. Todd and Mr. Brock of the Insurance Commissioner's office (who requested this bill) agreed to this amendment.

Secondly, the composition of the 11-member commission was altered to include legislators and exclude specific health care provider groups. The Senate felt that this change would improve the validity of the study while allowing the various interest groups to serve as conferees to the commission. We support this change.

The Kansas Pharmacists Association is very concerned about the cost of health care and will be glad to assist in this study. The attached information shows that from 1960 to 1980 all consumer prices have risen by 178.2%, and medical care prices have risen 236.2%. During this same period prescription prices have risen 34.3%. Also, the average prescription price in 1981 was \$8.80 and the average net profit (before taxes) was only 3.2%. Therefore, the average net profit (before taxes) on a prescription averaged only 28¢!

We are convinced that this State Health Care Commission will be impressed by the cost-effectiveness of pharmaceutical services and we welcome the opportunity to work with this group.

KS:lu

(Attachment No. 4.)



AFFILIATED WITH
THE AMERICAN PHARMACEUTICAL ASSOCIATION

1980: Consumer Price Index Again Outpaces Rise in Rx Price Index

John M. Firestone, Ph.D., Professor Emeritus
City University of New York

► Since 1960, all consumer prices have risen 178.2%, and medical care prices (including prescriptions) have risen 236.2%. During this same period, prescription prices have risen 34.3%, according to the U.S. Bureau of Labor Statistics (BLS) or, as measured by the Pharmaceutical Manufacturers Association (PMA), 31.5%. During the period of increased Rx prices (since 1974), all consumer prices and total medical prices have risen more rapidly than prescription prices. This is

very true for every period of comparison.

Since 1978, the period of double-digit inflation in the total economy, prescription price increases have been considerably more modest in terms of percent changes amounting to 7.2% (PMA) or 9.2% (BLS).

The PMA index list not only includes far more drugs than the BLS list, but in many instances the product's price is often measured by a number of the multiple manufacturing sources from which the product is available. This makes for a more accurate reflection of price conditions in the total market than is possible with BLS' sample. $R_x \Rightarrow OTC$

CHANGE IN CONSUMER PRICE INDEXES 1960-1980
(1967=100)

Year	Indexes (1967=100)				Percent change in 1980 since:			
	All	Med.	Rx	PMA Rx	All	Med.	Rx	PMA Rx
1960. . . .	88.7	79.1	115.3	111.8	+178.2	+236.2	+ 34.3	+ 31.5
1970. . . .	116.3	120.6	101.2	101.3	112.2	120.5	53.0	45.1
1974. . . .	147.7	150.5	102.9	105.3	67.1	76.7	50.4	39.6
1975. . . .	161.2	168.6	109.3	112.2	53.1	57.7	41.6	31.0
1976. . . .	170.5	184.7	115.2	116.9	44.8	44.0	34.4	25.7
1977. . . .	181.5	202.4	122.1	121.9	36.0	31.4	26.8	20.6
1978. . . .	195.3	219.4	132.1	128.7	26.4	21.2	17.2	14.2
1979. . . .	217.4	239.7	141.8	137.1	13.5	10.9	9.2	7.2
1980. . . .	246.8	265.9	154.8	147.0				

Table 1 Current trends in pharmacy operations

Averages per Pharmacy	1981 1,750 Pharmacies	1980 2,070 Pharmacies	Amount and Percent of Change
Total sales	\$439,133—100.0%	\$416,161—100.0%	+\$22,972— 5.5%
Cost of goods sold	288,421— 65.7%	273,390— 65.7%	+\$15,031— 5.5%
Gross margin	\$150,712— 34.3%	\$142,771— 34.3%	+\$ 7,941— 5.6%
Expenses			
Proprietor's or manager's salary	\$ 27,983— 6.4%	\$ 26,001— 6.2%	+\$ 1,982— 7.6%
Employees' wages	50,689— 11.5%	49,128— 11.8%	+\$ 1,561— 3.2%
Rent	10,886— 2.5%	10,127— 2.4%	+\$ 759— 7.5%
Heat, light, and power	3,758— 0.9%	3,682— 0.9%	+\$ 76— 2.1%
Accounting, legal, and other professional fees	2,079— 0.5%	1,966— 0.5%	+\$ 113— 5.7%
Taxes (except on buildings, income, and profit) and licenses	6,706— 1.5%	6,254— 1.5%	+\$ 452— 7.2%
Insurance (except on buildings)	4,640— 1.1%	4,539— 1.1%	+\$ 101— 2.2%
Interest paid	3,612— 0.8%	2,901— 0.7%	+\$ 711—24.5%
Repairs	1,974— 0.4%	1,503— 0.4%	+\$ 471—31.3%
Delivery	2,206— 0.5%	1,984— 0.5%	+\$ 222—11.2%
Advertising	4,745— 1.1%	4,590— 1.1%	+\$ 155— 3.4%
Depreciation (except on buildings)	3,886— 0.9%	3,591— 0.9%	+\$ 295— 8.2%
Bad debts charged off	636— 0.1%	556— 0.1%	+\$ 80—14.4%
Telephone	1,588— 0.4%	1,463— 0.3%	+\$ 125— 8.5%
Miscellaneous	11,351— 2.5%	10,702— 2.6%	+\$ 649— 6.1%
Total expenses	\$136,739— 31.1%	\$128,987— 31.0%	+\$ 7,752— 6.0%
Net profit (before taxes)	\$ 13,973— 3.2%	\$ 13,784— 3.3%	+\$ 189— 1.4%
Total income of self-employed proprietor (before taxes on income and profits)	\$ 41,956— 9.6%	\$ 39,785— 9.5%	+\$ 2,171— 5.5%
Value of inventory at cost	\$ 68,768— 15.7%	\$ 67,020— 16.1%	+\$ 1,748— 2.6%
Annual rate of turnover of inventory	4.3 times	4.2 times	
Hours per week pharmacy was open	62	63	- 1

NOTE: These national averages are presented to give a composite picture of the average LILLY DIGEST pharmacy. Comparisons for analysis should be based on the operations of pharmacies of comparable sales and prescription size which appear in one of the 31 arrangements in the "Heart of the LILLY DIGEST."

Table 2 Current trends in prescription department operations

Averages per Pharmacy	1981 1,750 Pharmacies	1980 2,070 Pharmacies	Amount and Percent of Change
Sales			
Prescription	\$239,561— 54.6%	\$212,949— 51.2%	+\$26,612—12.5%
Other	199,572— 45.4%	203,212— 48.8%	-\$ 3,640— 1.8%
Total	\$439,133—100.0%	\$416,161—100.0%	+\$22,972— 5.5%
Value of inventory at cost and as a percent of sales			
Prescription	\$ 26,854— 11.2%	\$ 24,639— 11.6%	+\$ 2,215— 9.0%
Other	41,914— 21.0%	42,381— 20.9%	-\$ 467— 1.1%
Total	\$ 68,768— 15.7%	\$ 67,020— 16.1%	+\$ 1,748— 2.6%
Sales per dollar invested in inventory			
Prescription	\$8.92	\$8.64	+\$ 0.28— 3.2%
Other	4.76	4.79	-\$ 0.03— 0.6%
Size of area (square feet)*			
Prescription	385— 16.0%	385— 15.3%	no change
Other	2,017— 84.0%	2,129— 84.7%	- 112— 5.3%
Total	2,402—100.0%	2,514—100.0%	- 112— 4.5%
Sales per square foot*			
Prescription	\$616.27	\$549.06	+\$ 67.21—12.2%
Other	98.13	94.71	+\$ 3.42— 3.6%
Total	181.24	164.32	+\$ 16.92—10.3%
Number of prescriptions dispensed			
New	13,239— 48.6%	13,447— 49.6%	- 208— 1.5%
Renewed	13,986— 51.4%	13,679— 50.4%	+ 307— 2.2%
Total	27,225—100.0%	27,126—100.0%	+ 99— 0.4%
Prescription charge	\$8.80	\$7.85	+\$ 0.95—12.1%

*Based on averages of pharmacies that reported all data

Average Prescription Charge X Net Profit = Average Profit per Prescription
 $\$8.80 \times .032 = \0.28

HEALTH SYSTEMS AGENCY
OF NORTHEAST KANSAS
TESTIMONY ON
SENATE BILL 285
PRESENTED TO THE
HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
STATE CAPITOL, ROOM 423 S
MARCH 24, 1983

*(Attachment
no. 5.)*

Good afternoon, Mr. Chairperson Littlejohn, and members of the House Public Health and Welfare Committee. My name is Bob Stocking, I am a Grants Administrator for Linn County and member of the Board of Directors of the Health Systems Agency of Northeast Kansas (HSANEK), member of SHCC, member of Mid-America Council on Aging and member of Southeast Kansas Regional Planning Commission. I am testifying today as a member of the Board of Directors of the HSANEK, with which some of you are familiar, for those of you who are not, the HSANEK is non-profit organization with a 50 member volunteer Board of Directors that has health planning responsibilities in the twenty-five counties of Northeast Kansas. Its volunteer Board of Directors has 25 representatives appointed directly by each County Commission and the remaining Board members come from a wide range of rural and urban community groups and organizations.

One of the health planning functions of the HSANEK is to contain the increase of costs in the health care industry, through planning, participation in the Certificate of Need Program, and consumer education (providing information on physician and hospital services charges).

In view of the primary concerns of the HSANEK, I appreciate this opportunity to present testimony on SB 285 concerning the creation of a state health care commission.

The HSANEK would like to urge this committee to pass S.B. 285 with the amendment that the study of health care cost containment be assigned to Statewide Health Coordinating Council.

A brief historical background on the efforts by the Kansas Legislature in tackling this issue will enable us to focus on the importance of the proposed

State Health Care Commission and its functions.

The Kansas Insurance Commissioner is interested in health care cost containment. He has tried to get the Kansas Legislature to give his office the authority to control all insurer's rates, but has not been successful.

Further, the Kansas Legislature has shown concern over health care cost increases in recent years. In its 1980 session, it enacted H.B. 2756, which requires that Blue Cross/Blue Shield devote a reasonable effort to controlling costs. The 1981 Interim Committee on Public Health and Welfare spent a four day session hearing from conferees and discussing the problem of health care cost increases. The Committee concluded that "costs would not be contained in the near future". The year before, 1980, a special committee on health care cost containment heard from representatives of prospective rate review programs in Maryland, Washington, Wisconsin and Indiana. That committee reported out H.B. 2750, which set up a rate review commission to evaluate Blue Cross's rate review and set rates for hospitals not participating in the Blue Cross program. However, the Bill did not pass.

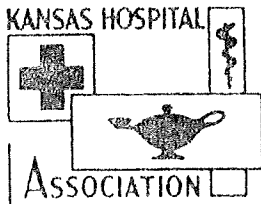
The Statewide Health Coordinating Council (SHCC) has been and continues to be interested in health care cost containment. Over the past four years the State Office of Health Planning (which serves as SHCC's staff) has studied and developed a health care costs plan component to the State Health Plan. Further, it has presented testimony to Senate and House Legislative Committees on the issue of health care cost containment.

Obviously health care costs need to be contained. There is widespread agreement on that point from the purchasers of health insurance (businesses) to the providers of health care (physicians, hospitals). On the other hand, agreement falls apart on how cost containment in the health care industry

should be accomplished. The proposed commission might be able to bring about consensus on health care cost containment solutions. On the other hand, the proposed commission has the disadvantage of being time limited, therefore, will not have sufficient opportunity to monitor, evaluate and revise plans. A time limited organization will not be around over the long term to evaluate and monitor and revise plans.

Currently, the Statewide Health Coordinating Council (SHCC) does very similar work. It is difficult to see how this commission would be different from the SHCC. This committee should seriously think of assigning to the SHCC the study of health care costs along with the authority to get uniform cost information from providers. There may be more incentive to the SHCC to conduct the study if there is a Legislative charge: to address the question of health care costs and to report to the Governor and the Legislature, within a specified period of time. In the past the SHCC has conducted studies for the Legislature on various health care issues. Further, the SHCC has 30 members, (including 2 members from the legislature) appointed by the Governor who represents both consumers and providers of health care. It is the opinion of the HSANEK that the SHCC could serve the function of the proposed commission.

Consequently, the HSANEK supports passage of an amended SB 285, which would assign the health care cost study to the SHCC. I would like to thank you for the opportunity to provide this testimony. I will be happy to respond to any questions you may have.



Donald A. Wilson
President

TESTIMONY OF THE KANSAS HOSPITAL ASSOCIATION
BEFORE THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
March 24, 1983

Senate Bill 285

The Kansas Hospital Association appreciates the opportunity to comment on Senate Bill 285, which creates a state health care commission. Our Association supports the concept of such a study. In fact, we welcome an opportunity to explain the factors that affect health care costs and the complex issues of hospital reimbursement.

The one concern we have is in regard to the composition of the commission. Section 1(b) says that the commission shall be composed of six legislative members and five members to be appointed by the Governor. On lines 58 and 59 of the original bill, representation from the state hospital association and the state medical society was insured. We believe that hospitals and physicians, as the largest sector of the health care marketplace, should be represented on such a commission. We would suggest amending the bill on line 65 after the word "governor" by adding "one of whom shall represent the state hospital association and one of whom shall represent the state medical society." As long as hospital industry representation is assured on the commission, we can support the bill.

*(Attachment
No. 6.)*



KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Marvin Littlejohn, Chairman, and Members of the
House Public Health and Welfare Committee

FROM: Dr. Lois Rich Scibetta, Executive Administrator *RS*

RE: Senate Bill 320

DATE: March 24, 1983

Thank you Mr. Chairman. My name is Dr. Lois Rich Scibetta and I am the Executive Administrator of the Board of Nursing. I appreciate this opportunity to respond to Senate Bill 320. The Board of Nursing was not involved in the discussion between the Medical Society and the Pharmacy Board. With some changes the Board of Nursing would support the passage of Senate Bill 320.

The concern of the Board of Nursing regarding this Bill is that it is too broad and general in terms of the types of drugs "dispensed." We would strongly urge that "except for controlled substances" be added on line 0041 to read; "dispensing drugs except for controlled substances to," etc. (See balloon attached.)

An additional change is also recommended on page 2, line 0052, we suggest that "office" be substituted for general location. (See balloon.) The rationale behind this request is that some physicians may have more than one office, and may in fact have the nurse dispense drugs at other locations. If an emergency should arise, the physician should be available.

We believe this change would strengthen the Bill and serve to protect the public. It should be noted that the settings in which these drugs will be dispensed are for the most part in a rural area, and an area in which the practitioners have minimal supervision. For physicians with more than one office, this presents another problem regarding supervision.

We believe these changes will insure patient health and safety. The rationale supporting these changes is that a registered nurse is not licensed to "dispense" drugs. The registered nurse does not have a DEA number which physicians are required to have to write prescriptions and to dispense controlled substances.

These changes were not considered by the Senate Public Health and Welfare Committee because of a technicality. My written testimony was not seen by the Committee.

Thank you for this opportunity to comment on this important Bill. I will be happy to answer any questions you may have.

*(Attachment
No. 7.)*

SENATE BILL No. 320

By Committee on Public Health and Welfare

2-21

0017 AN ACT concerning the pharmacy act of the state of Kansas;
0018 relating to pharmacy interns; concerning the dispensing and
0019 administering of drugs by certain persons; amending K.S.A.
0020 1982 Supp. 65-1635 and 65-1643 and repealing the existing
0021 sections; and also repealing K.S.A. 1982 Supp. 65-1643a.

0022 *Be it enacted by the Legislature of the State of Kansas:*

0023 Section 1. K.S.A. 1982 Supp. 65-1635 is hereby amended to
0024 read as follows: 65-1635. (a) Nothing contained in the pharmacy
0025 act of the state of Kansas shall prohibit any duly licensed practi-
0026 tioner from purchasing and keeping drugs, from compounding
0027 prescriptions or from administering, supplying or dispensing to
0028 such practitioner's patients such drugs as may be fit, proper and
0029 necessary. Except as provided in subsection (b) or (c), such drugs
0030 shall be dispensed by such practitioner and shall comply with
0031 the Kansas food, drug and cosmetic act and be subject to inspec-
0032 tion as provided by law.

0033 (b) Nothing contained in the pharmacy act of the state of
0034 Kansas shall be construed to prohibit any nurse or other person,
0035 acting under the direction of a duly licensed practitioner, from
0036 administering drugs to a patient.

0037 (c) Nothing contained in the pharmacy act of the state of
0038 Kansas shall be construed to prohibit any registered nurse, acting
0039 under the ~~direction supervision~~ of a ~~person physician person~~
0040 *who is licensed to practice medicine and surgery as of July 1,*
0041 *1982, from dispensing drugs to a patient of the person licensed to*
0042 *practice medicine and surgery such physician's patients of such*
0043 *person so long as the principal office of the person licensed to*
0044 *practice medicine and surgery such physician person is, and as*

Except for controlled substances

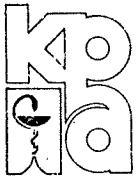
0046 which does not have located within its boundaries a in a city not
 0047 having a registered pharmacy within its boundaries. The provi-
 0048 sions of this subsection (e) shall expire on July 1, 1983. For the
 0049 purposes of this subsection (c), "supervision" means guidance
 0050 and direction of the dispensing of drugs by the ~~physician~~ person
 0051 licensed to practice medicine and surgery who shall be physi-
 0052 cally present in the ~~general location~~ at which the drugs are
 0053 being dispensed.

office

0054 Sec. 2. K.S.A. 1982 Supp. 65-1643 is hereby amended to read
 0055 as follows: 65-1643. On and after the effective date of this act, it
 0056 shall be unlawful:

0057 (a) For any person to operate, maintain, open or establish any
 0058 pharmacy within this state without first having obtained a regis-
 0059 tration from the board. Each application for registration of a
 0060 pharmacy shall indicate the person or persons desiring the reg-
 0061 istration, including the pharmacist in charge, as well as the
 0062 location, including the street name and number, and such other
 0063 information as may be required by the board to establish the
 0064 identity and exact location of the pharmacy. The issuance of a
 0065 registration for any pharmacy shall also have the effect of per-
 0066 mitting such pharmacy to operate as a retail dealer without
 0067 requiring such pharmacy to obtain a retail dealer's permit. On
 0068 evidence satisfactory to the board: (1) That the pharmacy for
 0069 which the registration is sought will be conducted in full com-
 0070 pliance with the law and the rules and regulations of the board;
 0071 (2) that the location and appointments of the pharmacy are such
 0072 that it can be operated and maintained without endangering the
 0073 public health or safety; (3) that the pharmacy will be under the
 0074 supervision of a registered pharmacist, a registration shall be
 0075 issued to such persons as the board shall deem qualified to
 0076 conduct such a pharmacy.

0077 (b) For any person to manufacture within this state any drugs
 0078 except under the personal and immediate supervision of a regis-
 0079 tered pharmacist or such other person or persons as may be
 0080 approved by the board after an investigation and a determination
 0081 by the board that such person or persons is qualified by scientific
 0082 or technical training or experience to perform such duties of



THE KANSAS PHARMACISTS ASSOCIATION

1308 WEST 10TH

PHONE (913) 232-0439

TOPEKA, KANSAS 66604

KENNETH W. SCHAFERMEYER, M.S., CAE

PHARMACIST

EXECUTIVE DIRECTOR

DATE: March 24, 1983

TO: House Committee on Public Health & Welfare

FROM: Kenneth W. Schafermeyer, M.S., CAE
Executive Director

SUBJECT: SB 320

The Kansas Pharmacists Association supports passage of SB 320.

This bill addresses two separate issues:

1. A technical clarification of statutory requirements for registration of pharmacy interns; and
2. A strict limitation on physician delegation of authority to dispense prescription drugs.

Regarding the first issue, there were two bills (SB 783 and SB 761) passed and signed into law which both affected KSA 65-1643. These bills were not in total agreement since the language in SB 320 on lines 134-137 regarding registration of pharmacy interns was included in one bill but inadvertently omitted on the other. SB 320 clarifies this technical error. There will be essentially no change in the way the Board of Pharmacy operates -- only a clarification of existing law.

The second issue - physician dispensing - is more complex and this Committee has discussed this issue at length in previous years. Rather than review the history of this entire issue, I will recap only last year's activities which led up to this bill. I will go into the history if you wish and Dr. Jere Matchett, who is with me today has been thoroughly involved with this issue and can answer questions also.

Last year SB 667 which would have allowed nurses to dispense under the direction of a physician was introduced by Senator Harder at the request of two dispensing physicians in Moundridge. KPhA opposed this bill and it was killed by the Committee only to be resurrected as a floor amendment on SB 783 and amended again in conference committee. The final bill allowed delegation only in those towns where there is no pharmacy until July 1, 1983. At the request of the Legislature, both the Medical Society and Pharmacists Association agreed to work out a compromise on this issue before this year's legislative session. A committee of both KPhA and KMS was set up to work out a compromise. Dr. Matchett served as co-chairperson of that committee.

(Attachment No. 8.)



AFFILIATED WITH
THE AMERICAN PHARMACEUTICAL ASSOCIATION

After four meetings, it was apparent that the two organizations could not agree on the larger issue of physician dispensing, itself; only the issue of physicians delegating the authority of prescription dispensing to nurses. Both groups are opposed to allowing nurses to dispense prescription drugs. It was felt that a grandfather clause is a "necessary evil".

SB 320, agreed to by both KMS and KPhA resembles language passed last year. The following points have been incorporated into this bill:

1. It prohibits physician's delegation of dispensing to nurses.
2. For practical purposes, it provides a grandfather clause allowing approximately thirteen physicians who were delegating as of July 1, 1982 in towns without a pharmacy to continue delegating. If a pharmacy opens in the town, delegation must cease.
3. Nurse dispensing must be done under the supervision of the physician. *Change "office" in line 52.*
4. Finally, it is the physician, not his office that is grandfathered.

I would like to expound on point number three for just a minute. We would not oppose a suggestion that the word "supervision" be changed to "direction" as long as the meaning of the bill is not changed. We would point out, however, that this bill is not part of the nurse practice act - but the pharmacy practice act. The pharmacy practice act already states that a pharmacist is responsible for the "supervision of supportive personnel and confining the activities of such personnel to non-judgemental functions." The pharmacy practice act also states that a "pharmacist must be on duty at all times during which the pharmacy is open." We do not want a pharmacy operating in the doctor's office when he is out - just the same as a pharmacy can't operate without a pharmacist on duty.

For this reason, we would like to clarify the bill by changing the words "general location" on line 52 to "office". No one knows what "general location" would mean, but "office" was certainly our intent. The Kansas Medical Society also agrees with us on this amendment.

While we did agree with the Medical Society to jointly support legislation addressing only the issue of delegation this year, we feel that we must clearly point out that we have not changed our strong opposition to physician dispensing. We feel that physicians who dispense are in competition with pharmacists today and have a serious conflict of interest. We are certain that only a small but vocal minority of physicians would disagree with this. We also feel very strongly that the Board of Healing Arts must assure proper compliance with the dispensing physician regulations and take appropriate disciplinary action when necessary. KPhA will closely monitor the Board's action (or lack thereof) and KMS has indicated that they may do likewise.

Nevertheless, KPhA and KMS, after years of disagreement have agreed on at least one small part of this issue. We negotiated very hard, at your request, and we hope that you will support this bill. Thank you.

9

Christian Science Committee on Publication For Kansas

820 Quincy Suite K
Topeka, Kansas 66612

Office Phone
913/233-7483

To: House Committee on Public Health and Welfare

Re: Senate Bill 362

We request that Senate Bill 362 be amended by striking lines 0246-0249 on page 7 and inserting the following:

"(c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;"

This proposed language is from the Model Nursing Practice Act prepared by the National Council of State Boards of Nursing. (Copy attached.)

The Senate Committee on Public Health and Welfare included the suggested wording in Senate Bill 247, which also contains this section of the statutes. However, that committee, in the rush to pass Senate Bill 362 before the committee deadline, did not consider adding the amendment to this bill.

The requested change is needed to make clear that the exemption in the law applies not only to Christian Science practitioners, who provide treatment by spiritual means, but also to Christian Science nurses, who provide physical care for patients having treatment by a Christian Science practitioner.

For more than 70 years, Christian Science nurses have been providing physical care to the sick and injured only on cases being treated through prayer by Christian Science practitioners.

Christian Science nurses are professionally engaged in full-time Christian Science nursing after being carefully trained in Christian Science sanatoriums and Christian Science nurses training schools. They are trained to support the prayerful, healing treatment of the Christian Science practitioner while attending to the patient's physical needs for food, cleanliness, and comfort. Their duties may include preparing meals, writing letters, or reading to the patient as well as bathing or moving the patient when necessary. Of course, the usual methods of medical care and treatment are not used on these cases. Each (monthly) edition of The Christian Science Journal contains a directory of these nurses' cards.

K.S.A. 65-1113 defines the activities which constitute the practice of professional and practical nursing. Because the training and practice of a Christian Science nurse are so different from that of a professional or practical nurse, we believe there is no possibility that infringement on the practice or prestige of those engaged in professional or practical nursing will result from the requested change in language.

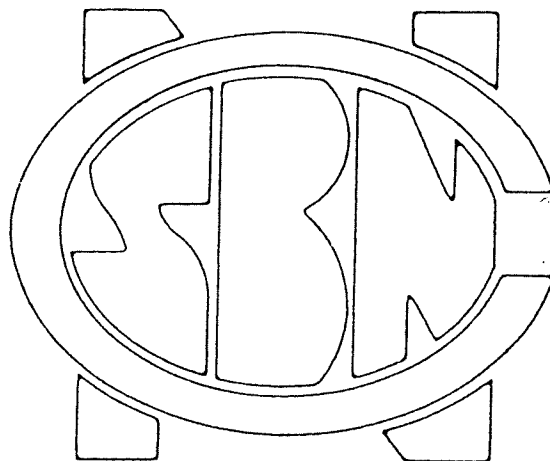
(attachment
No. 9.)

Some concern was expressed in the Senate committee that others might try to use this provision to bypass the requirements of the nursing practice act. Every state has some type of provision by which Christian Science nurses are exempted from the requirements of the nursing practice act. Many states, for several years, have had exemptions using the language now requested. There never has been a case of others trying to use these provisions in any of the states.

We are concerned that Christian Science nurses, thought to be practicing in accordance with the law, will be found to be practicing outside the law if the present wording is retained. The suggested amendment should prevent such a possibility while adequately protecting the public and the practice of professional and practical nursing.

10/8

The Model Nursing Practice Act



National Council of State Boards of Nursing, Inc.
303 East Ohio Street, Suite 2010
Chicago, Illinois 60611
312/329-1282

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ARTICLE XII. EXEMPTIONS

No provision in this Act shall be construed to prohibit:

(a) The practice of nursing that is an integral part of a program by students enrolled in approved nursing education programs leading to initial licensure, or by students enrolled in a Board approved refresher course.

(b) The rendering of assistance by anyone in the case of an emergency;

(c) The incidental care of the sick by members of the family, friends, domestic servants or persons primarily employed as housekeepers, provided that such care does not constitute the practice of nursing within the meaning of this Act;

(d) Caring for the sick in accordance with tenets or practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;

(e) The rendering of nursing services on a free-for-service basis, or the reimbursement for nursing services directly to a Registered Nurse or Licensed Practical Nurse rendering such services by any governmental program, commercial insurance company, hospital or medical services plan, or any other third-party payor;

(f) The establishment of an independent practice by one or more nurses for the purpose of rendering to patients nursing services within the scope of the license to practice nursing;

(g) The practice of any currently licensed Registered Nurse or Licensed Practical Nurse of another State who is employed by the United States government, or any bureau, division or agency thereof, while in the discharge of official duties;

(h) The practice of any currently licensed Registered Nurse or Licensed Practical Nurse of another State who is employed by an individual, agency or corporation located in another State and whose employment responsibilities include transporting patients into, out of, or through this State. Such exemptions shall be limited to a period not to exceed () hours for each transport;

(i) The practice of any currently licensed Registered Nurse or Licensed Practical Nurse of another State who is presenting educational programs or consultative services within this State for a period not to exceed () days;

(j) Auxiliary patient care services performed by nurse aides, attendants, orderlies and other auxiliary workers in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine, surgery or dentistry, or under the supervision of a Registered Nurse, provided that such care does not constitute the practice of nursing within the meaning of this Act;

(k) The practice of any other occupation or profession licensed under the laws of this State.

Only students in programs leading to initial licensure or students enrolled in refresher courses are exempted. All other students, namely those in graduate or certification programs, should be expected to seek licensure in the jurisdiction where enrolled in the program; licensure is required to ensure that their practice meets safe minimal standards and can be a basis for continuing study.

It should be noted that no exemption is made for care without compensation. Standards for safe and effective care are expected to apply to all care providers regardless of whether or not it is provided free of charge.

Registered Nurses and Licensed Practical Nurses may practice nursing within the scope of their respective license in a wide variety of settings, including independent practice in a nursing clinic. They also may receive compensation for their services in many ways, such as wages paid by an employer, fees charged to patients or clients, or monies obtained through third party payors. This exemption is included to clarify that such practices and methods of reimbursement are within the parameters of the legal practice of nursing.

States may wish to require that persons permitted by this exemption to practice without a license be required to inform the Board of their names, practice locations and jurisdictions of current licensure before commencing practice and when they leave the state.

This exemption allows for short-term nursing care by nurses in the state on a transient basis. Time limitations should be reasonable but restrictive enough to uphold the mandatory nature of the Act.



KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Marvin Littlejohn, Chairman, and Members of the
House Public Health and Welfare Committee

FROM: Dr. Lois Rich Scibetta, ^{RS} Executive Administrator

RE: Senate Bill 362

DATE: March 24, 1983

Thank you Mister Chairman and members of the Committee. My name is Dr. Lois Rich Scibetta and I am the Executive Administrator of the State Board of Nursing. I am here today speaking in support of Senate Bill 362 as amended by the Senate Public Health and Welfare Committee.

The Bill updates the Nurse Practice Act by removing "good moral character," as a condition for licensure, as was suggested by Legislative Post Audit in the Sunset Report. The Board concurred with this recommendation.

The Bill also updates the Licensed Mental Health Technicians Act and changes the annual registration to biennial. The amended changes were requested to give the Board adequate time to draft the appropriate regulations. Implementation is planned for 1984.

The Board of Nursing supports the favorable passage of Senate Bill 362, as amended.

Thank you for your attention. I will be happy to answer any questions which the Committee may have.

(Attachment
no. 10.)

ROGER F. P. D.D.S. //
PRESIDENT
2107 E. 12TH
WINFIELD, KANSAS 67156
TELEPHONE NO. (316) 221-7230

STATE OF KANSAS



BUSINESS OFFICE
KANSAS DENTAL BOARD
4301 HUNTOON, SUITE 4
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TELEPHONE NO. (913) 273-0700

AUBREY A. GENTRY, D.D.S.
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TELEPHONE NO. (913) 677-1509

BOARD OF DENTAL EXAMINERS

MARIANNE SPANO
OFFICE SECRETARY

CYNTHIA G. BARRETT, R.D.H.
SECRETARY-TREASURER
3115 W. 20TH
TOPEKA, KANSAS 66604
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March 24, 1983

BOARD ATTORNEY
H. PHILIP ELWOOD
215 E. 8TH
TOPEKA, KANSAS 66603
TELEPHONE NO. (913) 233-0541

NORMAN G. GIEBLER, D.D.S.
BOARD MEMBER
3003 HALL
HAYS, KANSAS 67601
TELEPHONE NO. (913) 825-1117

Chairman Littlejohn and Members of the Committee:

My name is Cynthia Barrett; I am the Secretary-Treasurer of the Kansas Dental Board and I am speaking in support of Senate Bill 363.

ROBERT L. STEPHENS
BOARD MEMBER
2701 W. 6TH
LAWRENCE, KANSAS 66044
TELEPHONE NO. (913) 841-4500

Two years ago the Board addressed the issue of approving dental schools and the statute was brought in line with the Gumbhir vs. Board of Pharmacy Court decision. The proposed amendment to K.S.A. 65-1426 (Section 1) would allow the graduate of a foreign dental school not approved by the Board to qualify for licensure by the successful completion of a refresher or remedial course of instruction in an approved school.

The intent of the proposed amendments to K.S.A. 65-1428 and 65-1429 (Sections 2 and 3) is to update the examination and licensure procedures. The language has been modified to encompass all examinations given by the Board and those conducted by national and regional organizations. Further, it would allow the Board the authority to require the completion of additional training after two failures of the clinical examination.

The proposed amendment to K.S.A. 65-1431 (Section 4) clarifies the criteria for retired and medically disabled status of licensure. The requirements are subdivided and the obligation that the practitioner be licensed for twenty-five years in Kansas has been deleted.

K.S.A. 65-1434 (Section 5) has been rewritten to allow the Board to consider for licensure a dentist or dental hygienist licensed in another state based on the applicant's qualifications rather than on a reciprocal agreement between states. The qualifications are specifically defined within the proposed amendment for both dentists and dental hygienists.

The proposed amendment to K.S.A. 65-1436 (Section 6) substantially modifies and expands the authority of the Board relating to disciplinary actions. Also the amendment is rewritten to more clearly separate and set out the numerous grounds upon which action can be taken with respect to a license.

In the existing statute, there are restrictions on advertising by dentists which are unconstitutional and unenforceable. The proposed amendment to K.S.A. 65-1437 (Section 7) which was amended by the Senate, deletes obsolete language and brings the current statute into compliance with recent Court decisions.

*(Attachment
No. 11.)*