

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Jan Meyers at  
Chairperson

10 a.m./~~pm~~ on February 23, 1983 in room 526-S of the Capitol.

All members were present except:

Senator Bogina, excused

Committee staff present:

Emalene Correll, Bill Wolff

Conferees appearing before the committee:

Richard Morrissey, Department of Health and Environment  
Rebecca Kupper, Kansas Hospital Association  
Dick Hummel, Kansas Health Care Association  
Dr. Lois Scibetta, Kansas State Board of Nursing  
Lynelle King, Kansas State Nurses Association  
Marilyn Bradt, Kansans for Improvement of Nursing Homes, Inc.  
Keith Landis, Christian Science Committee on Publication for Kansas

Others present: see attached list

SB 247 - medication aides required to register with Secretary of  
Health and Environment

Richard Morrissey, Department of Health and Environment, testified in support of SB 247, with the recommendation that New Section 2 be amended to provide authority for the Secretary of DH&E to set fees for initial and renewal registration by Rules and Regulations, with the amount of fees limited to program costs; and with the further recommendation that certain standards be added to New Section 5. Mr. Morrissey distributed testimony stating that this bill would set standards for medication aide performance, establish authority for denying or revoking registration, and establish requirements for continuing education and periodic renewal of registration. DH&E supports SB 247 with the amendments suggested. (Attachment #1).

Rebecca Kupper, Kansas Hospital Association, testified in support of SB 247, and distributed testimony stating that KHA believes the regulation of medication aides is important to protect the patient and enhance the quality of health care in Kansas. KHA also supports a continuing education requirement for medication aides. (Attachment #2).

Dick Hummel, Kansas Health Care Association, testified in support of SB 247, and said this bill provides for the protection of citizens by developing minimum standards for medication aides. It has been proven that medication aides do provide a very important function, and SB 247 is needed to establish standards and controls through a system of registration.

Dr. Lois Scibetta, Kansas State Board of Nursing, was not present to testify, but submitted written testimony stating that KSBN believes regulatory control of medication aides is essential, but that support of this bill does not mean support of the concept of medication aides per se. (Attachment #3).

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 526-S, Statehouse, at 10 a.m./~~pm~~ on February 23, 1983.

Lynelle King, Kansas State Nurses Association, testified in opposition to SB 247, and said that what is actually being proposed is registration of a new category that hasn't been credentialed. KSNA opposes the idea of medication aides because they haven't had the background for the kind of care they will be giving. Ms. King stated that there is no shortage of licensed nurses at the present time. She felt this bill needs more study and that many more things need to be listed under New Section 5 if this bill is passed.

Marilyn Bradt, KINH, testified in opposition to SB 247, and distributed a statement to the committee stating that KINH believes that medications, whether in nursing homes or hospitals, should be administered only by licensed nurses, and that a 1980 Task Force on Comprehensive Recruitment and Training for Adult Care Home Aides recommended a phase-in program which would provide licensed nurses on all shifts. KINH urges the committee to give serious consideration to eliminating the category of medication aide. (Attachment #4).

Senator Francisco questioned the cost of a program to phase-in nurses around the clock. Ms. Bradt replied that she would look into it and provide the information later.

Keith Landis, Christian Science Committee on Publication for Kansas, requested that SB 247 be amended by striking lines 108-111 on Page 3, with new wording inserted, and distributed copies of the proposed amendment to committee members. (Attachment #5).

Senator Vidricksen moved that the minutes of February 22, 1983, be approved. Senator Ehrlich seconded the motion and it carried.

The meeting was adjourned.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-23-83

(PLEASE PRINT)

NAME AND ADDRESS

ORGANIZATION

Dick Morrissey

KDH+E

Michèle Hinds

Legislative Intern

Cherry Kessler

Lynelle King Topeka

KS Opt Assoc

Marilyn Bratt Lawrence

KINH

Gary Petz Topeka

KDOA

Ken Schaefer

KS Pharmacists Assn

Rebecca Kupper Topeka

KHA

Dick Hummel Topeka

KHCA

Robert Bloom Winfield

KHCA

APRIL E. KRAM Topeka

KS Assn of Registered Diet

Nickie Stein Topeka

KS St. Nurses' Assn.

M. Hoover

Cap. Journal

Nancy Zetke Topeka

KDOA

KEITH K LANDIS TOPEKA

CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS

GREGORY P. JOYCE EL DORADO

Self

Larry ARKS TOPEKA

Gary Robbins Topeka

KS Opt Assn

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON SENATE BILL NO. 247

PRESENTED FEBRUARY 23, 1983

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

This is the official position taken by the Kansas Department of Health and Environment on Senate Bill No. 247.

Need For

S.B. No. 247 would establish more complete statutory authority for the regulation of medication aides in Kansas. At the present time, medication aides exist only through an exemption provided in the Nurse Practice Act (K.S.A. 65-1124(i)). There is no statutory authority except that requiring that a person pass a test approved by the Secretary of Health and Environment to be certified.

A total of 5,361 medication aides have been certified since the beginning of the program in 1978. Approximately 2,666 medication aides are employed in that capacity by adult care homes. Currently, all training for medication aides is provided by Junior Colleges and Vocational-Technical Schools.

STRENGTHS: The bill would set standards for medication aide performance, establish authority for denying or revoking registration, and establish requirements for continuing education and periodic renewal of registration.

WEAKNESSES: Medication aides developed as a response to the perceived shortage of nurses to practice in adult care homes. Most health care professionals would agree that their minimal training provides a weak substitute for the skills and knowledge of licensed nurses in providing comprehensive patient care. The enactment of S.B. 247 would set minimal standards necessary if medication aides are to continue to practice in adult care homes.

New Section 2 of the bill establishes a specific fee for initial registration and a narrow range for renewal fees. This limits the Secretary's ability to set fees in relation to the cost of the program.

DEPARTMENT'S POSITION:

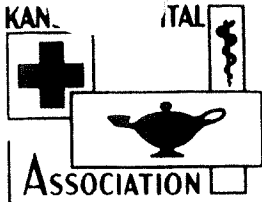
✓ The Department recommends that the Committee amend S.B. No. 247 in New Section 2 to provide authority for the Secretary to set fees for initial and renewal registration by rules and regulations with the amount of fees limited to program costs. Also, the Committee should consider adding the following standards to New Section 5:

- (6) The person assumes duties or responsibilities for which he or she has not been trained.
- (7) the person inaccurately records, falsifies or alters information in a patient or resident's medical record; or

2.

- (8) the person diverts or ingests medication intended for a patient or resident.

PRESENTED BY: Barbara J. Sabol, Secretary  
Kansas Department of Health and Environment



**Donald A. Wilson**  
President

TESTIMONY OF THE KANSAS HOSPITAL ASSOCIATION  
ON SENATE BILL 247

Senate Committee on Public Health and Welfare  
February 23, 1983

The Kansas Hospital Association appreciates the opportunity to express its support for Senate Bill 247, relating to medication aides.

The bill authorizes the Secretary of Health and Environment to regulate medication aides. We believe this is important to protect the patient and enhance the quality of health care in Kansas. Presently, other providers who deal with medications are regulated under the Nurse Practice Act, the Pharmacy Act or Healing Arts Act. We believe that medication aides should also be regulated.

In regard to Section 4, we support a continuing education requirement for medication aides and hope such a program will be reasonable in terms of length and scope.

We, therefore, would encourage this committee to recommend Senate Bill 247 favorably for passage.

*Atch. 2*

2-23-83

#3



# KANSAS STATE BOARD OF NURSING

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

Telephone 913/296-4929

TO: The Honorable Jan Meyers, Chairman, and Members of  
The Public Health and Welfare Committee

FROM: Lois Rich Scibetta, <sup>LRJ</sup> Ph.D., R.N., Executive Administrator

RE: Senate Bill 247

DATE: February 21, 1983

The enclosed testimony is written on behalf of the Board of Nursing, by Dr. Lois Rich Scibetta in support of Senate Bill 247. The Board of Nursing made the point earlier that regulation was essential. Support of this Bill does not mean support of the concept of medication aides per se. The Board believes that regulatory control of medication aides is essential. We believe Senate Bill 247 will facilitate regulatory control. The Bill will also provide for on-going assessment and evaluation.

Thank you for this opportunity to comment on Senate Bill 247.

Atch. 3

2-23-83 #114



*Kansans for Improvement of Nursing Homes, Inc.*

927½ MASSACHUSETTS ST. #1

LAWRENCE, KANSAS 66044

842-3088 — Area Code 913

February 23, 1983

STATEMENT PRESENTED TO THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE REGARDING SENATE BILL 247

KINH has consistently expressed opposition to the category of medication aide; we continue to believe that medications, whether in nursing homes or long-term care units in hospitals, should be administered only by licensed nurses. The 1980 Task Force on Comprehensive Recruitment and Training for Adult Care Home Aides recommended a phased-in program which would, in time, provide licensed nurses on all shifts in Intermediate and Skilled Adult Care Homes. Implementation of that recommendation would make it possible to assure that nurses would be available to administer medications.

In the interest of patient care for our frail elderly in nursing homes, we urge that the Committee give serious consideration to eliminating the category of medication aide.

Atch. 4



# Christian Science Committee on Publication For Kansas

820 Quincy Suite K  
Topeka, Kansas 66612

Office Phone  
913/233-7483

To: Senate Committee on Public Health and Welfare

Re: SB 247

It is requested that Senate Bill 247 be amended by striking lines 0108-0111 on page 3 and inserting the following new wording:

"(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 wording is from The Model Nursing Practice Act prepared by the National Council of State Boards of Nursing. (A copy is attached.)

The word "nursing" which was in our request to this committee regarding SB 26 which was objectionable to the Kansas Board of Nursing has been omitted.

Senate Bill 26 and this bill propose to bring Kansas statutes into agreement with current practices in some hospital long-term care units. We view our request in the same light.

✓ 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.

We do not normally request special bills to resolve our problems but we do request amendments on appropriate bills to resolve problems which have developed or to prevent the development of problems. Today, we are asking for an amendment which will prevent the development of a problem.

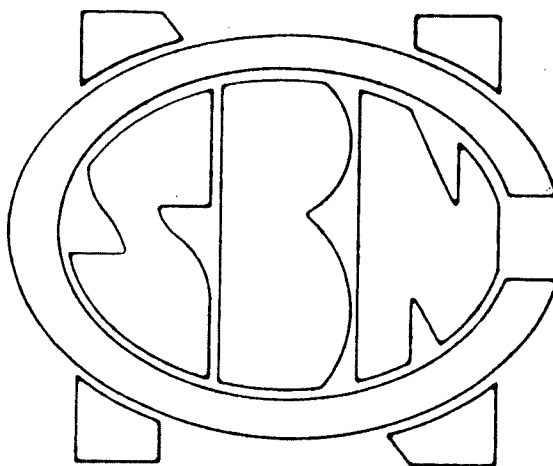
When an amendment is requested, we try to draft it to apply only to our denomination. This is not because we believe ourselves better than others but because we do not feel authorized to prepare amendments which affect the rights of others. If the legislature chooses to include others, we have no objection.

Certainly, I will work with the legislature or other appropriate officials to correct any difficulty which may arise as a result of the enactment of this or any other provision we request.

Atch. 5

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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## A. TITLE 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.