

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. on March 22, 1984 in room 526-S of the Capitol.

All members were present except:

Senators Ehrlich, Francisco, Hayden, and Vidricksen, all excused
Senator Bogina, absent

Committee staff present:

Emalene Correll, Legislative Research Department
Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes office

Conferees appearing before the committee:

Elizabeth Carlson, Board of Healing Arts
Kim Dewey, Board of Sedgwick County Commissioners
Kenneth Schafermeyer, Kansas Pharmacists Association
Sister Judith Sutera, Kansas Association of Home Health Agencies
Joan Remmers, Nemaha County Home Health Agency
Diane Bottorff, Kansas State Nurses Association
Pat Breer, RN, Clinicare Family Health Services, Kansas City, Kansas

Others present: see attached list

HB 2784 - Repealing statutes which authorize certain counties to license physicians and surgeons and charge fees therefor

Elizabeth Carlson, Board of Healing Arts, testified in support of HB 2784, and distributed testimony stating that this bill was introduced at the request of the Board, and they recommend that these statutes be repealed or brought up-to-date. Enclosed with her testimony was a copy of the Attorney General's opinion relating to registering licenses of physicians and surgeons in counties over 125,000 population on May 25, 1925. (Attachment #1).

Kim Dewey, Board of Sedgwick County Commissioners, testified in support of HB 2784, and said the administrative cost for processing these forms is \$3,000 per year. He sees no reason to continue this and said it is very unpopular with the physicians.

HB 3024 - Prohibiting home health aides from prefilling insulin syringes

Kenneth Schafermeyer, Executive Director, Kansas Pharmacists Association, testified in support of HB 3024, and distributed testimony stating that insulin can be a very dangerous drug if used improperly. The amount of insulin, type of insulin, and the timing of the injection must be customized for each patient. Because insulin is not a prescription drug, current law does not prohibit under-qualified persons from prefilling these syringes, and KPhA urges support of this bill to prohibit unlicensed persons from prefilling syringes. (Attachment #2).

Sister Judith Sutera, Kansas Association of Home Health Agencies, testified in support of HB 3024, and said that they represent most of the public and private providers of home health agencies in Kansas. She declared that it is important that patients be given the best care by qualified personnel, and currently they do not permit nurse's aides to give insulin. This type of medication is complex and you cannot quickly train someone to do it.

Joan Remmers, Administrator, Nemaha County Home Health Agency, testified in support of HB 3024, and distributed testimony stating that KAHHA continues to strive to raise and maintain the standards of quality of

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10 a.m./~~p.m.~~ on March 22, 1984

home care. Home care is expanding at a phenomenal pace with increased interest of patients and families seeking alternatives to institutionalization. Some agencies are owned by physicians, nurses, businessmen and drug companies, and such diversity creates competition and fosters cost effectiveness, but it also runs the risk of creating substandard care. KAHHA cited three areas of concern in regard to aides prefilling insulin syringes: quality of care, nursing ability, and medicare reimbursement. (Attachment #3).

There was discussion concerning a more precise definition of who is covered by this bill.

Diane Bottorff, KSNA, testified in support of HB 3024, and distributed testimony stating that KSNA has long held the position that medication administration is the function of licensed nursing personnel, and listed several reasons why they feel home health aides should be prohibited from prefilling insulin syringes. KSNA supports this bill because it prohibits unlicensed, minimally trained persons from performing a task for which they are not prepared. (Attachment #4).

Pat Breer, RN, Clinicare Family Health Services, Kansas City, Kansas, testified in support of HB 3024, and distributed testimony stating that she is a diabetic and is insulin dependent. If unlicensed persons are allowed to prefill insulin syringes there are several potential problems that could develop. There are seven types of insulin which are commonly used and different techniques in administering it. Ms. Breer stressed that it is important to pass HB 3024 as it is written. (Attachment #5).

HB 2003 - Political subdivisions, establishment and operation of hospitals

There was discussion concerning the petition policy in HB 2003 and SB 804. In the hospital petition policy a petitioner can withdraw his name three days after it is filed, and in SB 804 it is three days after the time he signs the petition. It was decided to have Norman Furse, Revisor of Statutes office, change the language to conform with SB 804, or allow withdrawal of a name three days after signing.

Senator Morris moved that this amendment to HB 2003 be adopted. Senator Gordon seconded the motion and it carried.

Senator Morris moved that HB 2003 be reported favorably, as amended. Senator Gordon seconded the motion and it carried.

Senator Morris moved that the minutes of March 21, 1984, be approved. Senator Johnston seconded the motion and it carried.

The meeting was adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-22-84

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Maie Bottorff	KSNA
John Reavley	KSBN
PAT BREER	Clinical Home Health
John Reavley	KANNA - Ks. Assoc Home Health AGENCIES
So. Judith Suter	"
WILMA F. BEATTY	TSCHD.
FRAN SEYMOUR 1615 W. 8th - TOPEKA	TOPEKA-SHAWNEE CO. HEALTH DEPT.
Georgia A. Wagers " " " "	" " " " " "
Dr. Rimmers	ASSN of Home Health Agencies
Tat. Scott, RN Shawnee, Ks.	Ks. Assn. of Home Health Assoc.
Annette Cordova	Ks. Pharm Assoc.
JERRY JACOBSON	KS MEDICAL SOCIETY
Kim C. Dewey	Seabwick Co.
Elizabeth W CARLSON	BD of Healing Arts
Don Strole	" " " "
DICK Hummel	KS Health Care Assn
Marilyn Bradt	KINH
Dean Deller	
Judy Dellinger	
Linda Gley	
Ken Schattemeyer	KS Pharmacists Assoc.

STATE OF KANSAS
BOARD OF HEALING ARTS



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REX A. WRIGHT, D.C., TOPEKA

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

HB 2784

March 22, 1984

HB 2784 was introduced at the request of the Board of Healing Arts after several of the larger counties in Kansas brought to the Board's attention that K.S.A. 19-2226-19-2227 and 19-2229 are very out-of-date. Attached to this are copies of these sections which deal with registering licenses of physicians and surgeons in counties over 125,000 population.

In K.S.A. 19-2226 it speaks to K.S.A. 65-1001, 65-1002, 65-1003, which dealt with the Board of Medical Examiners. This Board is no longer in existence and of course the statutes which are listed have been repealed. These statutes were written in the 1920s.

Also I enclose an Attorney General's Opinion, 76-159, which states that only those counties which had a population of 125,000 on May 25, 1925, needed to register the physician's licenses. Some of these counties were contacted concerning their registration of physicians and the only two counties that are collecting this fee are Wyandotte and Sedgwick. The number of physicians in Wyandotte county are approximately 525. The County Clerk stated that they collect around \$250.00 to \$300.00 each year. The fee for the registration is \$10.00 per license. Sedgwick county has approximately 671 licensees and they do state that they collect approximately \$5,250.00. Sedgwick is interested in having these sections abolished as the Board of Healing is. There is a cost to the County Clerk for mailing out these registration certificates, and also there is a fee for second notices, etc. The fees which are collected from these physicians are given to the libraries at the KU Medical Center and to Wichita State University.

The Board did vote to recommend to the legislature to repeal these statutes. I am therefore, recommending to you that these statutes be repealed -- or brought up-to-date.

The other two counties which would come under such a population of 125,000 would be Shawnee and Johnson counties. Neither of these counties had a population of 125,000 on May 25, 1925. Therefore, neither county is collecting the fee.

I would certainly recommend that these statutes be repealed. If there are any questions, I would be happy to answer them.

Atch. 1

CASE ANNOTATIONS

1. Act construed and held constitutional. *The State v. Wilson*, 101 K. 789, 790, 168 P. 679; *The State v. Mercantile Co.*, 103 K. 733, 734, 737, 176 P. 321.

2. Attempt made to have trading-stamp act construed by suing state. *Purity Oats Co. v. State*, 125 K. 558, 264 P. 740.

3. Unlicensed company requiring purchase of certificates with limited redemption violated section. *State v. Buchman*, 151 K. 998, 999, 1001, 1002, 101 P.2d 885.

19-2211.

History: L. 1917, ch. 331, § 2; R.S. 1923, 19-2211; Repealed, L. 1957, ch. 177, § 7; April 1, 1958.

CASE ANNOTATIONS

1. Merchant who issues stamps without license guilty of misdemeanor. *The State v. Mercantile Co.*, 103 K. 733, 738, 176 P. 321.

2. Unlicensed company requiring purchase of certificates with limited redemption violated 19-2210. *State v. Buchman*, 151 K. 998, 999, 1000, 1001, 101 P.2d 885.

19-2212, 19-2213.

History: L. 1917, ch. 331, §§ 3, 4; R.S. 1923, 19-2212, 19-2213; Repealed, L. 1957, ch. 177, § 7; April 1, 1958.

19-2214.

History: L. 1917, ch. 331, § 5; R.S. 1923, 19-2214; Repealed, L. 1957, ch. 177, § 7; April 1, 1958.

CASE ANNOTATIONS

1. Unlicensed company requiring purchase of certificates with limited redemption violated 19-2210. *State v. Buchman*, 151 K. 998, 999, 1001, 101 P.2d 885.

19-2215.

History: L. 1927, ch. 167, § 1; L. 1945, ch. 170, § 1; L. 1951, ch. 226, § 1; Repealed, L. 1969, ch. 151, § 1; July 1.

19-2216 to 19-2219.

History: L. 1927, ch. 167, §§ 2 to 5; Repealed, L. 1969, ch. 151, § 1; July 1.

19-2220.

History: L. 1927, ch. 167, § 6; L. 1935, ch. 136, § 1; Repealed, L. 1969, ch. 151, § 1; July 1.

19-2221 to 19-2225.

History: L. 1927, ch. 167, §§ 7 to 11; Repealed, L. 1969, ch. 151, § 1; July 1.

19-2226. Licensing physicians and surgeons in counties over 125,000. In all counties now having a population of more than one hundred twenty-five thousand inhabitants, every physician and surgeon residing therein, and every nonresident physician and surgeon who has an office or

intends to practice in said county, shall, annually, between the first and twentieth days of December in each year, present his certificate issued under the provisions of sections 65-1001, 65-1002 and 65-1003, Revised Statutes of Kansas, 1923, to the clerk of said county, and the said county clerk shall thereupon issue to said physician and surgeon a license attesting that said person is duly recorded as a physician and surgeon in said county for a period expiring on December 31 of the year subsequent to the time when said physician and surgeon presents his certificate for recording: *Provided, always,* That should any physician and surgeon for any reason present his certificate after the month of December in any year, the license issued by the county clerk shall expire on December 31, next ensuing.

History: L. 1925, ch. 204, § 1; May 28.

Research and Practice Aids:

Physicians and Surgeons § 5(1).

C.J.S. Physicians and Surgeons § 6 et seq.

19-2227. Same; annual fees; county medical library fund. The county clerk of said county shall enter the name of every licensed physician and surgeon in a book kept for that purpose, and shall collect from every physician and surgeon for issuing said license, a fee of ten dollars annually; said county clerk shall pay all fees collected under this act to the county treasurer, who shall keep said moneys in a separate and distinct fund to be known and designated as the "county medical library fund," and said moneys shall be expended and used by the board of county commissioners of said county for a medical library in said county, which medical library shall be maintained at the courthouse, or elsewhere, as may be designated by said board of county commissioners, and be available for public use.

History: L. 1925, ch. 204, § 2; May 28.

19-2228.

History: L. 1925, ch. 204, § 3; Repealed, L. 1978, ch. 97, § 1; July 1.

19-2229. Same; penalties. Any person who shall violate any of the provisions of this act, shall, upon conviction, be deemed guilty of a misdemeanor, and shall be subject to a fine of not more than five hundred dollars, or to imprisonment in the county jail not to exceed one year, or to both such fine and imprisonment.

History: L. 1925, ch. 204, § 4; May 28.

19-2230. Regu vaccination of dogs exemptions. In ad imposed upon dog commissioners of a lution, levy and coll not to exceed one de harbored or kept in an incorporated city either sex three (3) subject to the lice county commissio every person owni three (3) months o vaccinated against such intervals as d tary of health and tered veterinarian. research work to d mals are hereby ex sions of this act.

History: L. 196 ch. 178, § 1; L. 196 ch. 462, § 15; July

Article 23.—1 DESTRUCTIO

Cross References to Rel
Townships, destructio see ch. 80, art. 12.

19-2301.

History: L. 1907 19-2301; Repealed, March 19.

Source or prior law:

L. 1899, ch. 59, § 1; 1

CASE AN

1. Section cited on que payment of jackrabbit bo County Comm'rs, 122 K

19-2302.

History: L. 1907 146, § 1; R.S. 1923, 1929, ch. 147, § 6; 1

Source or prior law:

L. 1899, ch. 59, § 2.

19-2303 to 19-2

History: L. 1905 1923, 19-2303 to 1929, ch. 147, § 6; 1

19-2306.

History: R.S. 19 L. 1929, ch. 147, § 1



STATE OF KANSAS

Office of the Attorney General

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

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KANSAS STATE BOARD OF
HEALING ARTS

Curt T. Schneider
Attorney General

June 1, 1976

ATTORNEY GENERAL OPINION NO. 76-159

Mr. Michael D. Mance
Assistant City Attorney
8500 Santa Fe Drive
Overland Park, Kansas 66212

Re: Cities--Occupational Taxes--Physicians and Surgeons

Synopsis: K.S.A. 19-2226 *et seq.* applies only to those counties having a population of more than 125,000 on May 25, 1925.

* * *

Dear Mr. Mance:

We have your letter of May 20, 1976, concerning the applicability of K.S.A. 19-2226 *et seq.* to Johnson County and the City of Overland Park.

K.S.A. 19-2226 through -2228 was enacted in 1925, and became effective on May 28, 1925. It applied to all physicians and surgeons residing in or having an office in certain counties, and required each such person annually to file his or her certificate issued by the Board of Healing Arts with the county clerk, who would thereupon issue to the physician a license. For issuing this license, the county clerk is required to collect from each such physician and surgeon a fee of ten dollars annually, and to deposit the proceeds from such fees in a "county medical library fund," to be used by the board of county commissioners for a medical library in the county. A physician and surgeon who pays such a license fee may not be required to pay a license or occupation tax in any city or town in the county in which the license has been issued and paid for, as described above.

Mr. Michael D. Mance

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June 1, 1976

The question has been raised whether the act applies to Johnson County. If it does, the City of Overland Park may not assess and collect an occupational tax from physicians in the community.

As enacted in 1925 and as it reads today, K.S.A. 19-2226 applies

"[i]n all counties *now* having a population of more than one hundred twenty-five thousand inhabitants" [Emphasis supplied.]

In 1925, Johnson County did not have a population of more than one hundred twenty-five thousand persons. Thus, it was not subject to the act at the time of its enactment and effective date.

The question which has been posed a number of times in the past is whether the act applies only to those counties having the requisite population on May 28, 1925, or whether it applies to all counties in which the population has grown past 125,000 since 1925. In an opinion dated February 20, 1968, Attorney General Robert Londerholm reaffirmed his earlier opinion of September 11, 1967, concluding that the act applied only to counties having a population in excess of 125,000 on May 28, 1925. General Londerholm based this opinion, first, on the view that the use of the word "now" restricted its applicability to the circumstances existing at the time the act took effect, and secondly, on legislative history. Reviewing the Journal of the Senate for 1925, he found that the bill was amended in the floor of the Senate in several particulars, one being a deletion of the words "or hereafter attaining" from the first two lines of the bill. He concluded that

"deletion of this phrase by the legislature seems to clearly indicate that the legislative intent was *not* to include within the bill's provisions any counties which might in the future attain the specified population."

A contrary conclusion was reached in a lengthy and well-researched opinion dated February 5, 1968, by Mr. Chipman, then Johnson County Counselor, who relied upon a number of decisions of the Kansas Supreme Court in which the term "now" had been interpreted to refer not merely to the date on which a statute took effect, but to some time in the future contemporaneous with some condition occurring in the future. Two of these cases are departures from the general rule that "[t]he

Mr. Michael D. Mance
Page Three
June 1, 1976

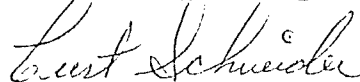
word 'now' as used in a statute ordinarily refers to the date of its taking effect." *See State ex rel. Brewster v. City of Lawrence*, 101 Kan. 225 at 226 (1917).

In its ordinary acceptation, the word "now" does refer, in my judgment, to circumstances in existence at the time the term is used: in this instance, the time the law became effective. This is so absent countervailing suggestions of a legislative purpose that the term should apply to a time in the future contemporaneous with some other identifiable event. General Londerholm has pointed out that in the enactment of this bill, the legislature expressly deleted language which would have broadened the application of the bill to all cities which at any time after 1925 reached the requisite population. By deletion of the words "or hereafter attaining," the legislature explicitly restricted the application of the law to those counties as defined by conditions existing on May 28, 1925.

In short, I concur fully with General Londerholm's conclusions stated in his opinion of February 20, 1968, that K.S.A. 19-2226 *et seq.* does not apply to Johnson County and that it does apply only to those counties having a sufficient population as of May 28, 1925.

Accordingly, physicians and surgeons residing in the City of Overland Park, and those residing elsewhere but having offices therein, are not exempt from the occupational taxes of that city under K.S.A. 19-2228.

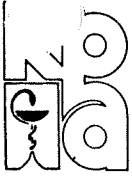
Yours very truly,



CURT T. SCHNEIDER
Attorney General

CTS:JRM:kj

#2 - 3-22-84



THE KANSAS PHARMACISTS ASSOCIATION
1308 WEST 10TH
PHONE (913) 232-0439
TOPEKA, KANSAS 66604
KENNETH W. SCHAFERMEYER, M.S., CAE
PHARMACIST
EXECUTIVE DIRECTOR

STATEMENT TO THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

March 22, 1984

SUBJECT: House Bill 3024 - Prefilling of Insulin Syringes by
Home Health Aides

Madam Chairman and Members of the Committee:

I am Ken Schafermeyer, Executive Director of the Kansas Pharmacists Association, an organization representing approximately 80% of the practicing pharmacists in the state of Kansas. Thank you very much for the opportunity to address you on HB 3024 which would prevent home health aides from prefilling insulin syringes.

We urge your support of this bill. Although insulin may be purchased without a prescription, it can be a very dangerous drug if used improperly. Often a patient may be required to mix two different types of insulin in the same syringe. A patient may also have two insulin injections daily using one type of insulin in the morning and a different type, or quantity, in the evening.

The amount of insulin, the type of insulin and the timing of the injection is extremely important and must be customized for each patient. Too much insulin can result in a severe reaction known as "hypoglycemia," or "insulin shock." Insulin shock is a serious emergency and may result in brain damage, stroke and even death if



AFFILIATED WITH
THE AMERICAN PHARMACEUTICAL ASSOCIATION

Attch. 2

untreated. Too little insulin can result in "hyperglycemia" which can also be dangerous.

Insulin is classified as an over-the-counter (OTC) drug, not because it is not dangerous, but because it must be readily available to diabetics who need it. Because insulin is not a prescription drug, current law does not prohibit under-qualified persons from prefilling these syringes. It is too easy to contaminate the sterile solution, the syringe or the needle. It is too easy to fill a syringe with the wrong type or amount of insulin. Diabetics are trained to administer injections to themselves but home health aides, who may know nothing about diabetes, insulin or patient care, cannot be expected to keep each patient's individual medication needs in mind. He or she cannot be expected to realize the inherent dangers in preparing these medications.

Therefore, Madam Chairman and members of the Committee, I urge your support of HB 3024 which would prohibit unlicensed persons from prefilling insulin syringes. Thank you.

FOR FURTHER INFORMATION CONTACT:

Howard McClain, Jr., Chief, Drug Control Section, Drug Enforcement Administration, Washington, D.C. 20537. Telephone: (202) 833-1366.

SUPPLEMENTARY INFORMATION: A notice was published in the Federal Register on July 28, 1982 (47 FR 32549) proposing the removal of loperamide and its salts from Schedule V of the Controlled Substances Act (21 U.S.C. 812(c) Schedule V(c), 21 CFR 1308.15(c)). All interested persons were given until September 27, 1982, to submit their objections, comments or requests for a hearing regarding the proposal. No comments or objections were received nor were there any requests for a hearing. In view thereof and based upon the investigations of the Drug Enforcement Administration and upon the scientific and medical evaluation and recommendation of the Secretary of the Department of Health and Human Services, received pursuant to 21 U.S.C. 811(b), the Acting Administrator finds that loperamide hydrochloride has a currently accepted medical use in treatment in the United States and does not have sufficient potential for abuse to justify its continued control in any schedule of the Controlled Substances Act.

Therefore, under the authority vested in the Attorney General by Section 201(a) of the act (21 U.S.C. 811(a)) and delegated to the Acting Administrator of the Drug Enforcement Administration by regulations of the Department of Justice (28 CFR Part 0.100), the Acting Administrator hereby orders that 21 CFR 1308.15 be amended by removing paragraph (c).

Pursuant to 5 U.S.C. 605(b), the Acting Administrator certifies that removal of loperamide from control under the Controlled Substances Act is a deregulation action which will have no adverse impact upon small businesses or other entities whose interests must be considered under the Regulatory Flexibility Act (Pub. L. 96-354).

In accordance with the provisions of 21 U.S.C. 811(a), this final rule to remove loperamide from Schedule V is a formal rulemaking "on the record after opportunity for a hearing." Such proceedings are conducted pursuant to the provisions of 5 U.S.C. 556 and 557 and as such have been exempted from the consultation requirements of Executive Order 12291.

List of Subjects in 21 CFR Part 1308

Administrative practice and procedure, Drug traffic control, Narcotics, Prescription drugs.

PART 1308—[AMENDED]

§ 1308.15 [Amended]

Accordingly, 21 CFR Part 1308 is amended as follows:

§ 1308.15 [Amended]

Section 1308.15 is amended by removing paragraph (c).

Dated: October 25, 1982.

Francis M. Mullen, Jr.,
Acting Administrator, Drug Enforcement Administration.

[FR Doc. 82-30284 Filed 11-3-82; 6:46 am]

BILLING CODE 4410-09-M



Testimony in Support of HB3024

Presented by: Joan Remmers
Administrator of the Nemaha Co. Home Health Agency

Kansas Association of Home Health Agencies

State organization whose primary purpose is to provide one state wide organization of home health agencies. Continues to strive to raise and maintain the standards of quality of home care.

Population Served by Home Health Agencies

The elderly, infirmed and disable in their homes that have a condition or conditions that require the need for nursing care, physical, speech or occupational therapies or aide services in their home. Agencies are expanding services, professional and non-professional, to meet the needs of the growing aged population.

Home Cares Changing Role

Primarily home care in Kansas has been provided by voluntary non-profit organization and health department based agencies. Home care is expanding at a phenomenal pace with increased interest of patients and families seeking alternatives to institutionalization. With the trend toward early hospital discharge to reduce the high cost of hospital care, agencies are seeing sicker patients and providing increase varieties of services. Medicare certified home care providers must meet criteria and regulations defined by both state and federal government. Medicare certification is not mandatory and agencies can operate with no requirments on standards of care. Some agencies-whether chains or single agencies-are owned by physicians, nurses, businessmen and drug companies. Such diversity creates competition and fosters cost effectiveness but it also runs the risk of creating substandard care.

- Nation wide approximately 17,000 home care providers.
- Approximately 4,500 are Medicare certified.
- Two percent of total Medicare bill is for home care services.
- Important role of home care is to encourage clients independence when possible. Help family and clients to

be educated in that individuals disease process and how they can take responsibility for their care.

KAHHA's View On Aides Prefilling Insulin Syringes

Three areas of concern:

- ✓ 1) Quality of Care
 - a) State law disallowing this practice would make this a nursing function if client, family member, another person of clients choice can't provide this safely.
 - b) Family member has only one person to provide this service to and will learn all they can about diabetes and effects of insulin. A home health aide as multiple clients all with different disease processes and medications to deal with daily.
 - c) A nurse performing this act will be assessing the patient general condition, making judgements concerning the adequacy or lack of the present dosage of insulin, offering advice and encouragement to the patient regarding the importance of the diet that must balance the dosage and determining whether the medication is in any way contaminated or out of date.
- ✓ 2) Nursing liability
Nurses are legally liable for the actions of the home health aide she supervises.
- ✓ 3) Medicare reimbursement
Generally, home health agencies in Kansas choose to send a nurse to perform this task. Medicare reimbursement for those visits is made as if the visit were performed by a home health aide.

KSNA

the voice of Nursing in Kansas

Statement of Kansas State Nurses' Association
by Diane Bottorff, R.N., Assistant Director
before the Senate Public Health & Welfare Committee

March 22, 1984

In strong support of HB 3024 Prohibiting Home Health Aides from
Prefilling Insulin Syringes

Sen. Meyers and members of the committee, I am Diane Bottorff, an Assistant Director of the Kansas State Nurses' Association. KSNA speaks in strong support of HB 3024. Having over six years of experience in home health nursing, part of that time as a supervisor of home health aides, I feel well qualified to address the content of this bill.

KSNA has long held the position that medication administration is the function of licensed nursing personnel. In relating that position to the content of this bill, we believe that prohibiting home health aides from prefilling insulin syringes is necessary for several reasons.

First, home health aides are not required by all home health agencies to have completed a nurse aide course. Thus, some have had no formal training in the care of the sick and disabled. Even those who have taken a formal course have no training related to drugs. Home health agencies are not permitted by Medicare regulations to allow aides to administer medications to clients in their homes. Permitting home health aides to prefill insulin syringes is at best risky due to their lack of preparation for such a responsibility.

A second point is that while the Nurse Practice Act allows for delegation of tasks by licensed nurses to auxiliary nursing personnel under their supervision, in the home setting the aide and the nurse are seldom present at the same time. No one would be observing to make sure that the home health aide was accurately filling the insulin syringes. Yet the licensed nurse would be liable for any error which might occur.

Finally, insulin is a potentially dangerous drug. Putting too much or too little insulin in the syringe can lead to severe complications or could even be fatal. In addition, management of

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of a diabetic client entails more than just filling syringes. The licensed nurse also assesses the diabetic's overall status as it relates to diet, exercise, the response to insulin and other drugs being administered, and the effects other disease states may have on the diabetes. The home health aide would not have the knowledge base to do an assessment of this type and certainly would not be expected to have the judgment to determine when the insulin dose is no longer appropriate. The diabetic who needs insulin syringes prefilled is most vulnerable due to failing eyesight, poor coordination or both. This person may be living alone and dependent on outside sources to assess his condition and detect possible complications.

In summary, KSNA speaks in support of HB 3024 because it prohibits unlicensed, minimally trained persons from performing a task for which they are not prepared. It keeps issues dealing with medications within the scope of practice of licensed persons and ensures that clients particularly the most vulnerable will be managed by those who are best qualified to do this.

in Pat Brewer

Diabetic - Insulin dependent - 8 years

R.N. in Home Health - 5 years

Of unlicensed person prefills

Insulin syringes

Potential problems

I - Confusion due to:

1 Types of Insulin (commonly used)

2 strengths

6 Different syringes

Different dose for each person

II Techniques

Bubbles

Sterile

Mixing Insulins

Hospital procedure

III Reaction to even 2 units

Too much / Too little

IV Important to pass HB 3024
as it is written