Approved 3-21-85
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Marvin L. Littlejohn at
Chairperson

1:30 a.m./p.m. on March 20, 1985 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Mr. Lyle Eckhart, Kansas Highway Patrol (Bureau of Emergency Medical Services)
Mr. Al Dimmitt, K.U. Medical Center, Program Director of Emergency Medical Training.
Printed Testimony prepared by Dr. Dennis Rupp, M.D. Cardiology Fellow at Univ. K.Med.Cntr.
Dr. Eric Musser, physician from Phillipsburg, Kansas
Dr. Robert Harder, Secretary of Social Rehabilitation Services
Dr. Bill Albott, Kansas Psychological Association
Ms. Lynelle King, Kansas State Nurses Association

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

Chairman called meeting to order and directed attention to Hearings on SB 81,91,92.

Hearings began on SB 81:

Mr. Lyle Eckhart, Bureau of Emergency Medical Services distributed handout, (see Attachment No. 2), for details. He stated the Emergency Medical Services Council has been considering the advisability of a program to train select EMT's (Emergency Medical Technicians), to defibrillate cardiac arrest patients, and voted at a December meeting to proceed with a request for legislation for a pilot study. This program is voluntary and places no additional requirements on communties who elect not to participate. Forty communities have indicated a desire to take part, and each have reported their ability to finance equipment and training if they are selected. Mr. Eckhart stated the study will be supervised by University of Kansas Medical center and a Dr. David Pugh of the Cardiology department there has agreed to serve as medical director of this project. Uniform training will be offered, and a report will be given on data collected by January 1986 to the Governor, and the Legislature. He then urged committee for favorable consideration of SB 81. He then answered questions from committee members, i.e., protocol, or, order of care between the EMT's and the physicians in the transition time from the emergency vehicle to the medical care facility; liability concerns; there will be 12 emergency services selected, and in addition the director may authorize 12 additional ambulance services to perform electocardiographic monitoring; rural areas will be selected to take part in this program.

Dr. Dennis Rupp, M.D., Department of Cardiology at University of Kansas Medical Center had printed testimony he planned to present in person this date, but was involved in emergency surgery. His testimony was read by Mr. Al Dimmitt who is Program Director of Emergency Medical Training at Med Center. Mr. Dimmett stated at the outset he is not a physician, and was asked by a Dr. Rupp to read this testimony. (See Attachment No 3), for details. Dr. Rupp is a Cardiology Fellow at the University of Kansas Medical Center, and in strong support of SB 81, which he sees as having a pronounced impact on survival from out of hospital cardiac arrest in the State of Kansas. Medical literature has demonstrated that 60-75% of all cardiac arrest victims treated outside the hospital present in ventricular fibrillation or ventricular tachycardia. Most critical time is from the onset of these dysrhythmias to the delivery of the electrical countershock or defibrillation. SB 81 will permit a study to determine the feasibility of training Emergency Medical Technicians to intervene with treatment of those patients en route to the medical treatment centers. Training program consists of 26 hours of instruction, and careful reporting will be utilized. His remarks show that Dr. Rupp feels, if enacted SB 81 can save lives, and he urged committee for favorable consideration of this legislation. Mr. Dimmitt then answered questions.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 ~~a.m.~~/p.m. on March 20, 1985

Hearings continued on SB 81:-

Chair introduced Dr. and Mrs. Eric Musser from Phillipsburg, Kansas, and Dr. Musser gave comments in regard to SB 81 from a rural doctor's prospective. He stated there would be a few cases that could be treated in respect to the SB 81 legislation. He stated that even a few lives saved would make this project worthwhile, and he felt it a worthwhile program, however, it should be noted there are drugs also necessary at this time of patient treatment, i.e., adrenalin injections, and he was concerned that at a later time this legislation may be requested to be expanded to encompass this. He answered questions from committee.

Chair directed attention to SB 91, and hearings began.

Chair recognized Dr. Robert Harder, Secretary of SRS, and hand-out was given to members, (see Attachment No. 4), for details. He stated the proposed legislation would require the issuance of photo I.D. cards for cash and medical assistance recipients. The use of these cards could assist the bank or grocery store in determining if the client pictured on the card was indeed the person trying to cash the warrant. It would also assist medical providers in the same manner. He spoke to the fiscal impact, saying a pilot program project in Kansas City has required the addition of one employee, and part of this cost would be defrayed by the savings in the loss or theft of assistance payments. He urged for favorable passage of SB 91, then answered questions, i.e., programs initially being implemented in Kansas City and Wichita, then if successful would be expanded to Topeka and other areas; a sunset after a year would be agreeable; many older citizens do not have driver's license identification, and SRS believes a welfare identification card is a better way to implement their programs, rather than have two or more types of identification cards for recipients to use. He also requested the bill be returned to original version or not be passed.

Hearings closed on SB 91.

Hearings began on SB 92:

Dr. Robert Harder spoke to SB 92, giving testimony to members, (see Attachment No.5), for details. For several years, he said, there has been increasing inter-action between the Department of SRS and Corrections. They work extensively, he said, with the criminally insane at Larned, Winfield, and Topeka State Hospitals, and it is felt a member of the Advisory Commission on Mental Health and Retardation Services should be selected from the Department of Corrections. This would make the Commission a 13 member group. He urged for favorable consideration of SB 92, then answered questions.

Dr. William Albott, speaking on behalf of the Kansas Psychological Association spoke to SB 92, and gave printed testimony to members, (see Attachment No. 6), for details. He stated their Association supports SB 92, but would like to request adding one more member to this Commission, from the Kansas Psychological Association. They feel, he said, it will provide input from agencies and organizations from which psychologists carry out their research. They will be submitting amended language for SB 92 to implement their request. He then answered questions.

Hearings closed on SB 92.

Chair directed attention again to SB 81, and recognized Ms. Lynelle King, Kansas State Nurses Association. Ms. King stated their Association wishes to propose an amendment on SB 81, (see Attachment No. 7), for details. Changes on line 77 would add, "such authorization shall not extend to the performance of cardiac defibrillation in a medical care facility, except as incidental to transferring a patient to such facility". There was discussion in regard to amendment, i.e., need for clarification in transition of the patient from care of EMT's to hospital staff care; hospitals have own procedures to handle this transition.

Hearings closed on SB 81.

Rep. Bideau asked staff to gather information for committee on liability section and Good Samaritan act for evaluation before action on SB 81. Staff will comply as requested.

Rep. Friedeman moved minutes of March 18, 19th, 1985, be approved as written, seconded by Rep. Pottorff, motion carried.

Meeting adjourned at 3:00 p.m.

GUEST REGISTER

DATE 3-20-85

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
Robert Harder	SRS	St. Off. Bldg.
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	TOPEKA
Al Dimmitt	KUMC	KCKS
Lyle Eckhart	KHP-EMS	111 W 6th St
EJ Mosman	KBEP	Topeka
William Abbott Ph.D	Ks. Psy. Assoc.	Topeka
R Edmundson MD	self.	Phillipsburg Ks
Carolyn Messer	homemaker - School Bd	" "
Chris Barber	AP	Lawrence
Dee McKee	very little ??	Spearville Ks
Karen Elliott	homemaker - League of Women Voters	Topeka

Attm. #1.
3-20-85

Attm. # 2
3-20-85

SUMMARY OF TESTIMONY
BEFORE THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

SENATE BILL 81

PRESENTED BY THE KANSAS HIGHWAY PATROL
Bureau of Emergency Medical Services
(Lyle E. Eckhart)

March 20, 1985

APPEARED IN SUPPORT

The Patrol strongly supports Senate Bill 81 concerning a pilot program for Emergency Medical Technician Defibrillation.

The State Emergency Medical Services Council has been considering the advisability of a program to train select EMT's to defibrillate cardiac arrest patients. At their December meeting, they voted to proceed with legislation for a pilot study.

It is important to understand participation in this program is voluntary and places no additional requirements on communities who elect not to participate. Forty communities have indicated a desire to take part in the pilot study. This program is for the benefit of the communities not presently served by paramedic services.

Last year the data from over 200 ambulance services was reviewed and 868 cardiac arrests occurred where EMT defibrillation may have been beneficial. Of these 4.8% (42) survived to be discharged from the hospital. Other states utilizing EMT-Defibrillation have reported save rates as high as 20% of those in ventricular fibrillation. This translates into many lives saved in this state by the initiating this program.

Several months ago the council requested the Kansas Medical Society to review the data from Kansas and the literature from other states. The Medical Society supports this pilot program to be able to determine lives saved and the cost effect.

Each of the forty interested services have been surveyed to determine local medical and community support. Each have reported their ability to finance equipment and training if they are selected to participate.

The study will be supervised by the University of Kansas Medical Center who will assure its medical validity. Dr. David Pugh of the Cardiology Department has agreed to serve as medical director of the project. The Department of Biometry will assure the statistical validity. Each cardiac arrest occurring during the pilot study will be reviewed for medical compliance to training by the local medical directors as well as staff from the University of Kansas Medical Center.

"over"

Attm. # 2
3-20-85

Instructor training will be offered to uniformly qualify local instructors for participation. In this process we plan to evaluate the adequacy of the established training program.

In order to assure adequate data by January 1986 it is important to initiate this program as soon as possible. I urge your favorable consideration of this bill.

The Kansas Highway Patrol and the State Emergency Medical Services Council strongly support this legislation.

Attm #3
3-20-85

Testimony of Dennis Rupp, M.D.
House Public Health and Welfare Committee
March 20, 1985

Mr. Chairman, Members of the Committee: My name is Dennis Rupp, M.D. I am a Cardiology Fellow at the University of Kansas Medical Center. I appreciate the opportunity to testify today in strong support of Senate Bill 81, which I am convinced will have a pronounced impact on survival from out of hospital cardiac arrest in the State of Kansas.

Heart disease continues to be the number one killer in the United States, claiming nearly a million victims per year. American Heart Association statistics show that half of these deaths occur outside the hospital; most within two hours of the onset of symptoms.

The medical literature has demonstrated that 60-75% of all cardiac arrest victims treated outside the hospital present in ventricular fibrillation or ventricular tachycardia. It is also well documented that the most critical determinant of survival in these patients is the time from the onset of these dysrhythmias to the delivery of electrical countershock or defibrillation.

The larger communities in Kansas and around the country have developed EMS systems which utilize MICT or paramedic personnel trained in the recognition and treatment of ventricular dysrhythmias. While 60% of the Kansas population is served by MICTs, this level of care is too expensive and impractical to be implemented in the smaller, rural communities.

Senate Bill 81 permits a study to determine the feasibility of training Emergency Medical Technicians to intervene with electrical countershock in those patients exhibiting ventricular fibrillation or tachycardia. Similar studies in other states have shown that approximately 20% of those patients found in fibrillation or tachycardia can be resuscitated successfully and discharged from the hospital. With the current basic life support available in Kansas five percent of out of hospital cardiac arrest victims survive to be discharged. We expect a dramatic improvement in these statistics simply by training EMTs to recognize and treat these dysrhythmias.

While it may be suggested that this program will produce "vegetables", incapacitated by neurological deficits, I believe the opposite will prove true. By reinstituting a viable cardiac rhythm early, such complications can be avoided. The risk is much less with defibrillation on the scene, than when it occurs after prolonged periods of CPR. We may, in fact, be preventing post resuscitation neuropathy.

The training program for this project consists of twenty-six hours of instruction concentrating on dysrhythmia recognition, cardiopulmonary resuscitation, and use of monitor/defibrillator equipment. During the study period, a careful reporting process will be utilized allowing me and other medical center staff to review each case. Through the use of written reports, cassette recordings of voice and ECG activity, we will be able to reconstruct, with reasonable accuracy, the resuscitation efforts. Combined with the survival data, this information will permit a thorough evaluation of the EMT-D program.

I am convinced that if Senate Bill 81 is enacted, our report to the Governor and Legislature next January will include a significant number of people who will be leading productive, purposeful lives as a direct result of this effort. I therefore urge your early and favorable action on this legislation.

Thank you, again, for the opportunity to testify.

Attm. #3
3-20-85

atm. # 4
3-20-85

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding S.B. 91

Title

AN ACT relating to the Social and Rehabilitation Service; authorizing photograph identification cards for recipients of assistance.

Purpose

Legislation is proposed requiring the issuance of photo ID cards for cash and medical assistance recipients where deemed necessary by the Secretary of the Department of Social and Rehabilitation Services.

2 3900 3
3 11700

Background

An average of 1,039 cash assistance warrants are reported as lost or stolen each year. A large portion of these warrants are eventually found to have been negotiated by individuals not authorized to do so. As the theft is reported to SRS, stop payments are generally issued, although many times the check has already been illegally cashed by an unauthorized person at a bank or grocery store. When the cashed warrant is returned through the banking system to the grocery or bank, a great deal of ill will is created. This has resulted in a decrease of the number of banks and stores willing to cash SRS cash assistance checks. The situation has created hardship on clients who need to have their checks cashed.

The use of the photo ID could assist the bank, or grocery store in determining if the client pictured on the card was the person trying to cash the warrant. It would also assist medical providers determine if the medical recipient pictured on the card was actually the person wanting to receive medical services.

An alternative to the proposed legislation would be to expend the existing Food Stamp non-photo I.D. system to include at the present time the Food Stamp Program requires the issuance of a simple ID card without the photograph. An alternative to the proposed legislation would be to expand the food stamp non-photo ID system to include cash assistance and medicaid recipients as well as food stamp recipients. This is only reissued if and when the client needs a replacement, not each time the individual makes application.

Effect of Passage

Passage of this legislation would permit the Secretary of the Department of Social and Rehabilitation Services to use discretionary authority to require the use of photograph ID's where it would be cost effective. Each recipient of assistance would be issued a photo ID and such ID would be required to be shown where welfare checks are cashed or medicaid services obtained.

SRS Recommendation

We recommend that discretionary authority be given to the Secretary to require photo ID cards where it is cost-effective to do so to combat fraud and theft. The use of non-photo ID cards will not remedy the problems. While most recipients of cash and medical assistance do hold a valid Kansas driver's license containing their photograph, we can in no way require an individual to hold such. If photo ID's were mandated, that identification would be required to be presented at the time of check cashing and food stamp usage and, more importantly, would be required to be presented to the physician or other medical provider in order to receive medical treatment. The intial results from a voluntary pilot project in Kansas City indicate 1) client acceptance, 2) financial institution acceptance, 3) easier client identification for fraud prevention and prosecution activities.

atm. # 4
3-20-85

Fiscal Impact

Additional staff would be required to operate and maintain the photograph ID system in any area where it was implemented. The pilot project in Kansas City has required the time of one full-time staff member. These costs would, however, be defrayed by savings in the loss or theft of assistance payments and the reduction in staff time currently spend investigating the reported losses.

Robert C. Harder
Office of the Secretary
Social and Rehabilitation Services
296-3271
March 20, 1985

attm #5
3-20-5

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding S.B. 92

1. Title - This bill concerns an amendment to the membership of the Governor's Advisory Commission on Mental Health and Retardation Services as created by the provisions of K.S.A.. 75-3302(d).

2. Purpose - The Governor's Advisory Commission on Mental Health and Retardation Services is created by the provisions of K.S.A. 75-3302(d). An amendment is being proposed which would increase the membership of the commission from 12 to 13 members so that the Governor may appoint to the Commission a member of the staff of the Kansas Department of Corrections.

3. Background - Within the past several years there has been increasing interaction between the Departments of Social and Rehabilitation Services and Corrections. Recent legislative sessions have resulted in the creation of pre-release centers within the Department of Corrections on the grounds of mental health facilities at the Topeka State Hospital and Winfield State Hospital. In addition, there has been an expansion of correctional beds at Larned State Security Hospital. The need for ever increasing cooperation between these two state agencies encourages the addition of a member from the Department of Corrections on the Governor's Advisory Commission on Mental Health and Retardation Services.

4. Effect of Passage - Passage of this bill would provide an additional policy link between the Departments of Social and Rehabilitation Services and Corrections.

5. SRS Recommendation - The Department of Social and Rehabilitation Services supports this bill in an effort to increase understanding and cooperation between it and the Department of Corrections.

Robert C. Harder
Secretary
Social and Rehabilitation Services
296-3271
March 20, 1985

Attm. #5
3-20-5

Attm #6
3-20-85

KANSAS PSYCHOLOGICAL ASSOCIATION

March 20, 1985

Mr. Chairman, members of the committee, my name is Dr. William Albott. I am appearing before you on behalf the Kansas Psychological Association and its President, Dr. Harriet Barrish. The Kansas Psychological Association is the state association affiliate of the American Psychological Association.

We support SB-92 and would request that you consider adding one additional member to the Governor's Advisory Commission on Mental Health and Retardation Services and Community Mental Health Programs and that the new member be from the Kansas Psychological Association. We believe that the purpose of the Governors Advisory Commission on Mental Health and Retardation Services and Community Mental Health Programs is to provide for input from agencies and organizations to insure that program development is the very best it can be for the citizens of Kansas. The Kansas Psychological Association represents psychologists who are employed in the programs, direct such programs, teach in the program content areas, carry out research in both mental health and mental retardation and for this reason we believe we have appropriate contributions to make to such a commission.

We will be submitting to you our specific recommendations regarding amended language for SB-92.

Thank you for your consideration of our request. If I may answer any questions I would be happy to do so.

Attm. #6
3-20-85

atlm. #7
3-20-5

Proposed amendment to SB 81

On line 77 add the sentence: Such authorization shall not extend to the performance of cardiac defibrillation in a medical care facility, except as incidental to transfering a patient to such facility.

Attm. #7
3-20-5