

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Roy M. Ehrlich at
Chairperson

10:00 a.m./~~p.m.~~ on February 5, 1985 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Conferees appearing before the committee:

Lyle E. Eckhart, Highway Patrol, Bureau of Emergency Medical Services
Dennis J. Rupp, Cardiologist Fellow, K U Medical Center
Lynelle King, Kansas State Nurses' Association
Dick Hummel, Kansas Health Care Association
Marilyn Bradt, Kansans for the Improvement of Nursing Homes
Don Gordon, R.N., Certified Emergency Nurse

Others Attending: See Attached List

Chairman Ehrlich requested that in the minutes of January 28, 1985, page 2, first complete paragraph, the word introduce be struck and request be added.

The motion was made by Senator Ehrlich and seconded by Senator Morris. The motion carried.

It was brought to the attention of the committee that an error in procedure was discovered on January 23, relating to a bill on the advisory committee and food service and lodging and that the bill was not appropriately introduced but was given a number. Therefore, Senator Morris moved to report SB-132 adversely. The motion was seconded by Senator Hayden, and the motion carried.

Following line 26 add: Senator Morris moved that this bill be introduced and Senator Mulich seconded the motion. The motion carried.

Senator Morris moved the minutes for January 28, 29, 30, 31 and February 1 be approved as corrected. Senator Hayden seconded the motion and it carried.

SB-81 - qualified personnel to provide manual cardiac defibrillation in emergencies

Lyle E. Eckhart, Highway Patrol, Bureau of Emergency Medical Services testified and submitted written testimony supporting SB-81. The State Emergency Medical Services Council voted to proceed with legislation. Participation would be voluntary and the program is for the benefit of communities not presently served by paramedic services. Data reviewed presented a 4.8% survival to be discharged from the hospital where EMT defibrillation may have been beneficial. Attachment I

Dennis J. Rupp, Cardiologist Fellow, K U Medical Center testified in support of the bill citing that defibrillation performed immediately will be most successful. Attachment II

Lynelle King, Kansas State Nurses' Association, testified and submitted written testimony which stated: "If this committee wishes to pass out favorably SB-81, KSNA urges that you amend the bill to clarify that the services authorized in this bill are to be done "in the field" in emergencies, as follows: On line 77 add the sentence: Such authorization shall not extend to the performance of cardiac defibrillation in a medical care facility." It was further stated that KSNA could not support a policy of exempting individuals from liability when they are paid to perform a job or professional

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 526-S, Statehouse, at 10:00 a.m./p.m. on February 5, 1985

service (whether these individuals are RNs, MDs or whoever.) Attachment III

Don Gordon, R.N., Certified Emergency Nurse could not appear and Lynelle King, KSNA testified and presented his written testimony stating he felt SB-81 was unnecessary and will result in few if any "true" saves. Attachment IV

SB-90 - establishes central registry of unlicensed former employees of adult care homes and provides confidentiality of certain information.

Dick Hummel, Kansas Health Care Association, testified and submitted written testimony supporting the good intent of this bill but questioned whether or not the "input" of data into the process is administratively cost consciously, legally and justifiably attainable in comparison to the "output" value of this information. It was suggested that another approach would be to limit the reporting by adult care homes only to employees whose discharge was under unsatisfactory conditions. Attachment V

Marilyn Bradt, Kansans for the Improvement of Nursing Homes, testified and submitted written testimony supporting SB-90. A less extensive registry to include employees who have been terminated for reasons which directly bear on the quality of care they provide, was suggested. Attachment VI

Meeting adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-5-85

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Tom Bell
 Ronald Hayes
 Nickie Stejn
 Lynelle King
 B. J. SADDL
~~Harold C. Pitts~~
~~Gil R. Steen~~
 Bob Stamm
 PAT SCHAFER
 Jacie Muttman
 Michael Woolf
 Doris R. Stout
 Lyle Ebbert
~~Bue Munnis~~
 Kay Jones
 WALT DARLING
 Al Dimmitt
 Dennis J. Rupp MD
 Keith R. Landis
 Marilyn Besset
 Elizabeth E. Taylor
 Judith A. Clary
 John Patterson

Ks. Hosp Assn.
 Ks Dept on Aging
 Ks State Nurses' Assn.
 Ks State Nurse's Assn
 KDHE
 TARTA
 I-7-5
 SRS
 DIVISION OF BUDGET
 Sen. Walker Office
 Intera-Son. Nurses
 KDOA - LTC Ombudsman
 KHP
 KAP
 KHP
 DIVISION OF BUDGET
 KUMC
 KUMC
 CHRISTIAN SCIENCE COMMITTEE
 ON PUBLICATION FOR KANSAS
 Kansans for Improvement
 of Nursing Homes
 Ks Assoc for the Educ of Children
 Kans. Assoc for Licensed Child Care
 " " " "

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-5-85

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Mary Matzke Onaga

Pott Co. Ambulance Service

MARCIA WALSH ONAGA

Community Hosp - DNS

Lyle E. Eckhart
2-5-85

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

SENATE BILL 81

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

February 5, 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 instructing 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.

Attachment I
2/5/85

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 have attached a planning schedule we hope to be able to accomplish. I urge your favorable consideration of this bill.

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


PROPOSED
EMT-DEFIBRILLATION
PLANNING SCHEDULE

December 21	Mail memo and survey <ol style="list-style-type: none">1. Are you interested? <u>Yes</u> <u>No</u>2. Estimate costs3. Develop local support4. Target date for instructor course (March 15)5. Test requirements6. Return of survey by January 157. Notify formal application mailed February 1
January 7	Develop rules and regulations <ol style="list-style-type: none">1. Mail to council for approval on January 252. Ask council for comment prior to council meeting3. Tell council of intent to adopt at March meeting following legislation
January 15	Return of survey <ol style="list-style-type: none">1. Summarize responses Types of services interested2. Identify problems in # of services
January 25	Discuss regulations and get council approval
February 1	Mail regulations to all interested services prior to legislation Send applications to all interested services prior to legislation
February 20	Applications due
March 1	Notify services Target date for legislation
March 8	Council meeting - adopt regulations
March 23-24	Instructor program
April 1	Program approvals due to KUMC
April 15	KUMC approves programs
April 22	Start training
May 20	Finish program
May 20 - June 15	Testing
June 16	Start pilot study and issue certificates of authority

February 5, 1985

I would like to clarify my personal opinion of the amendment on SB 81 concerning restriction of EMT defibrillation in a health care facilities setting. I believe restrictions are not appropriate. If other trained personnel are not present or under their supervision, defibrillatory shock applied by trained EMT personnel could be life-saving when any delay could be detrimental. Therefore restrictions being placed upon EMT personnel I believe are not in the patient's bests interest.

I appreciate your efforts in improving health services in this number one killer of Americans.


Dennis Rupp, M.D.

Attachment II
2/5/85

Lynelle King - KSNA
2-5-85-

KSNA

the voice of Nursing in Kansas

Statement of Kansas State Nurses' Association
by Executive Director Lynelle King, R.N., M.S.N.
Before the Senate Public Health and Welfare Committee
February 5, 1985

RE: SB 81 - Demonstration Project, EMTs performing cardiac defibrillation

Mr. Chairman and members of the Committee, my name is Lynelle King and I represent the Kansas State Nurses' Association, the professional organization for Registered nurses in Kansas.

If this committee wishes to pass out favorably SB 81, KSNA urges that you amend the bill to clarify that the services authorized in this bill are to be done "in the field" in emergencies, as follows:

On line 77 add the sentence: Such authorization shall not extend to the performance of cardiac defibrillation in a medical care facility.

Additionally, KSNA cannot support a policy of exempting individuals from liability when they are paid to perform a job or professional service (whether these individuals are RNs, MDs or whoever.) We have always had the strong position that professionals must be responsible for their acts, judgments and the tasks they delegate to unlicensed individuals. We would contrast this with "good samaritan" situations when an MD or RN - unpaid - assists in an emergency.

Thank you for your attention to these requests and for the opportunity to comment. I will be happy to answer questions.

With me today was to be one of our members, Mr. Don Gordon, RN, a nationally certified Emergency Room Nurse of Coffeyville, KS. The Weather kept him away. His written testimony is attached.

Attachment III

KSNA

the voice of Nursing in Kansas

Statement of Don Gordon, RN, Certified Emergency Nurse
Prepared for presentation before the Senate Public
Health and Welfare Committee
February 5, 1985

RE: SB 81 Demonstration Project, Defibrillation by EMTs

In a time of fiscal restraint when state, local and federal governments are cutting back on essential services with proven good outcomes, I question the implementation of the demonstration project outlined in SB 81.

It is my opinion that it is unnecessary and will result in few if any true "saves".

Some current documentation:

1. Medical Tribune, Vol. 25, #3, January 25, 1984 - Survival rate after cardiopulmonary resuscitation for cardiac arrest - even in the best of circumstances in the hospital, is 5%.
2. Kenneth L. Mattox, M.D., Professor of Surgery, Emergency Department News, Vol. 7, #2, February, 1985 - "Gadgets continue to draw dollars from the EMS budgets. "Anti-shock" garments, mechanical external cardiac compressive devices, automated arrhythmia detectors, defibrillating devices and other complex instruments are sold under the undocumented claim that the use of such devices will save lives. There have been no controlled prospective randomized studies reported using the above expensive gadgets. The small bit of evidence available suggests that their use has either no positive effect or makes the ultimate pronouncement of death more expensive.

" The procedure is now at least 25 years old. Despite its attractiveness especially in cardiac dysrhythmias, as opposed to asystole controversies still exist. Who, what, when, where, how long, when to stop and at what cost are now being germanely asked. Comments such as 'hoax', 'low yield', 'low brain perfusion', and other

Attachment IV

skeptical terms question the over-all effectiveness of CPR. Certainly in asystolic cardiac arrest pre-hospital or for cardiac or traumatic conditions CPR has a very low yield."

3. Darrel Torphy, M.D., Michael G. Minter, M.D., Bruce M. Thompson, M.D., "Cardio-Respiratory Arrest and Resuscitation in Children", American Journal of Diseases of Children, December 1984, Vol. 138, #12, p 1099-1102. Shows a very low recovery rate from children resuscitated by paramedics (3 out of 40 cases) and their review of hospital records show that about 60% of resuscitated children had severe neurological outcomes.

SB-90 Hummel
2-5-85-

Member of



Kansas Health Care Association

TESTIMONY PRESENTED BEFORE THE
SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

By
Dick Hummel, Executive Director
Kansas Health Care Association

February 5, 1985

SENATE BILL NO. 90

"AN ACT concerning adult care homes; requiring reports relating to unlicensed employees of such homes; establishing a central registry and providing confidentiality of certain information."

Mr. Chairman and Members of the Committee:

On behalf of the Kansas Health Care Association, representing 250 licensed adult care homes, large and small as well as tax-paying and non-proprietary facilities, thank you for this opportunity to appear before the committee.

We support the good intentions behind this bill, that is, the availability of a central registry of the names and employment background of unlicensed nursing home personnel, but must present some questions as to whether or not the "input" of data into the process is administratively, cost-consciously, legally and justifiably attainable in comparison to the "output" value of this information.

INPUT: The names, addresses, social security numbers, names of previous employers, addresses of previous employers, length of service with previous employers and reasons for leaving the previous employment must be submitted on all unlicensed personnel. Upon termination of an employee a report must be made as to whether or not the employee was in "good standing" at termination.

This presents some questions:

1. Unlicensed personnel in adult care homes include aides, orderlies, social service designees, activity directors, housekeepers, dietary staff, etc., representing in total approximately 14,000-15,000 (plus) employees.

Turnover in this category varies anywhere from 15-20%, (activity directors) to 40-50% (nurses aides).

"We Care"

2/5/85
Attachment V

We point this out to show that a sizeable number of employees would be affected, although we'd probably be able to furnish the data subject to time and expense limitations.

2. Reasons for Leaving Employment. It would have to be reported as to whether or not the employee was in good standing at the time of termination, and if known, the reason for termination.

Considering the many liabilities an employer is exposed to today in hiring and discharge practices, we'd support an "hold harmless" amendment to the reporting section.

AFTER LINE 0033, ADD: No person who makes any report pursuant to this act, or who testifies in any administrative or judicial proceeding arising from such report shall be subject to any civil liability on account of such report or testimony, unless such person acted in bad faith or with malicious purpose.

CONCLUSION: We support the good intentions of this bill, and the interests of its sponsor to ensure quality care for our nursing home residents through a system where "problem" employees won't be entrusted to provide care and services to our elderly.

We are aware of difficulties homes have had in hiring persons where previous nursing home employment was unsatisfactory (discharged for resident abuse, drug pilferage, etc.); the person didn't report the previous employment to the new employer; and the new employer ends-up with a problem employee on their hands.

However, these are the exceptions rather than the rule and considering the merits of this bill, perhaps another approach would be to limit the reporting by adult care homes only to employees whose discharge was under unsatisfactory conditions.

I'd be happy to respond to any questions.



Kansans for Improvement of Nursing Homes, Inc.

913 Tennessee, suite 2 Lawrence, Kansas 66044 (913) 842 3088

TESTIMONY SUBMITTED TO
THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
CONCERNING SB 90

February 5, 1985

Mr. Chairman and Members of the Committee:

The problem SB 90 addresses is a very real one. It is a simple matter for an employee who has been dismissed from a nursing home for whatever reason, including incompetence or patient abuse, to find employment at another nursing home -- still incompetent, no less abusive. KINH is fully in agreement that the problem must be solved.

We suggest, however, that the mechanism in SB 90 may be more sweeping and cumbersome than need be and that possibly a less extensive registry of employees who have been terminated for reasons which directly bear on the quality of care they provide the patients might be more appropriate than a registry of all employees of all nursing homes. The turnover of nursing home personnel is very high; the agency might well find it both difficult and costly to maintain a full, up-to-date, and accurate registry of all nursing home personnel. We understand that SRS does maintain a central registry of verified abusers; perhaps it would be possible to adapt that list for the purpose of identifying known abusers as is the intent of SB 90.

We understand, too, that Secretary Sabol has proposed legislation that would authorize the Department of Health and Environment to decertify nurse aides for cause. That authority would also help to remove incompetent or unsuitable aides from nursing home employment, since certification is required for continued employment of certified aides or medication aides. We would support such a bill as a part of the total effort to control the quality of nursing home employees.

Whatever difficulties may be found in this specific bill, we hope you will find a way to assure a workable solution to the problem it seeks to solve. KINH supports the concept of SB 90.

2/5/85
Attachment VI

Marilyn Bradt
2-5-85