

Approved _____

2/6/86
Date *sh*

MINUTES OF THE NURSE 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 January 29, 1986 in room 423-S of the Capitol.

All members were present except:

Representative Green, excused.

Committee staff present:

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

Conferees appearing before the committee:

Pete McGill, Certified Registered Nurse Anesthetists Assoc.
Ann Rogers, Ks. Assoc. of Nurse Anesthetists
Lois Scibetta, R.N. Ph.D., Executive Administrator of Ks. State Bd. of Nursing
Jerry Slaughter, Kansas Medical Society
Barbara Sabol, Secretary of Department of Health & Environment
Nadine Griffin, member of SHCC
Michele Hinds, Ks. Nurses Assoc.
Deborah Horning, Menninger Foundation
Byron Fry, Art Therapists Assoc.
John Peterson, interested consumer

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

Chairman called meeting to order. He invited Mr. McGill to the microphone in order that a question might be answered before committee. In using the term CRNA, Chairman said, (CERTIFIED REGISTERED NURSE ANESTHETIST), when doing so, it presents a problem in tying it in with the credentialing act, and should HB 2663 be passed, there will be a definite definition of certification. He then read the definition to Mr. McGill, then asked the question, what would be the problem of having a person sign their name as ARNP, and if they choose to use their National Organization title (CRNA), they could place this last.

Mr. McGill stated that he was pleased to introduce Ms. Rogers who will clarify this question and give her testimony for SB 179. Her testimony is the result of a series of meetings held with most known participants concerned with this matter.

Ms. Ann Rogers, Ks. Association of Nurse Anesthetists, presented hand-outs to members, see (Attachment No. 2., a copy of SB 179 in narrative language so that it will be easily followed, and Attachment No. 3., her printed testimony.)

She spoke in support of SB 179, saying it is to ensure a minimum standard of education for the nurse anesthesia provider in order to ensure consumer protection. This bill will provide for mandatory certification and re-certification of nurse anesthetist, restrict their administration to qualified providers, help control malpractice rates, provide means for the Bd. of Nursing and Insurance Departments to know who is a CRNA. If approved, provisions of SB 179 will be administered by Ks. State Bd. of Nursing and will need no new certifying body, there is no fiscal note involved as additional costs to the Board will be covered by additional fees from the Nurse Anesthetists. To the best of her knowledge she said, all are in agreement with suggested revisions. She then explained said revisions section by section as shown in Attachment No. 2. She then respectfully requested the committee adopt the projected amendments and report the bill favorably.

Chair then asked questions of Ms. Rogers, referring to the balloon copy, page 2, line 56, new section 2, subsection (b) should it not read "accredited and approved" rather than "or". She replied that it is the Board that has the option to approve or disapprove licensure. New Sec. 3. where language speaks to temporary certification for one year, she explained that the exam is given only twice a year, and graduates could possibly miss the test due to graduation date conflicting with St. Board Exam. Page 6, renumbering in new section 10, (4) should be (2), after the deletions. Page 7, line 234, date is changed to 1988, and after that time, the Advisory Council would go out of existence, she explained. Chair then asked Ms. Rogers to comment on using the term ARNP and then CRNA after that. She stated that would be no problem, actually when the bill was originally drafted, they used ARNP in the language.

Unless specifically noted, the individual remarks reported herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 /~~a~~m./p.m. on January 29, 1986

Dr. Lois Scibetta was recognized by Chairman to give her testimony on SB 179. She had distributed hand-out, see (Attachment No. 4.) She said their Board is in support of this bill, but did suggest a technical change on Page 6. Suggested it should read "Executive Administrator" in line 196.

Ms. Michele Hinds a member of Kansas Nurses Association spoke in support of SB 179. She gave hand-out of her testimony to members, (see Attachment No. 5.)

Mr. Jerry Slaughter, Kansas Medical Society, said they support SB 179 as it appears before committee, and urged for favorable passage.

Chairman asked at this point if anyone else wished to be heard on SB 179, or had questions. There was a short discussion to the fact that this bill will in no way affect the provisions for dental assistants.

Hearings closed on SB 179

Chair then admonished all present to please limit their testimony to HB 2663 that we will hear next. This bill amends the credentialing act as the result of the Interim Committee and does not speak to any specific discipline, but to credentialing in general. No reference to any specific discipline or any particular bill, other than HB 2663 will be entertained in the following testimony. He thanked all present for their cooperation.

Chair then introduced Secretary Barbara Sabol, H. & E. spoke in support of this bill as to an improvement in the Credentialing process, and she then proposed some minor amendments to HB 2663, i.e., page 7, Sec. 6, sub. (5), add language "the effects of credentialing of the occupation or profession on the cost of health care should be minimal". Sec. 6, sub. (6), add the language, "the effects of credentialing of the occupation or profession on the availability of health care should be minimal". Further that where the word "institutions appears in line 252, perhaps it should be changed to read in-patient facilities to conform with other language used in this definition, and in sub section (3), Page 7, line 250, perhaps it should read, "health care personnel for credentialed or any health care personnel as defined in the act". The rationale for these is:--"Other health care personnel"-- one would assume this means other credentialed health care personnel, such as physicians and nurses, though criterion could apparently be determined to be met if the supervision were by noncredentialed persons. "Institution providing health care services"-- The term "institution" is generally used to refer to inpatient facilities, such as hospitals and nursing homes. In this case, it would include ambulatory surgical centers and home health agencies since these are licensed and have some type of external quality standards established. Private physicians' offices, walk-in clinics, rehabilitation agencies, and public health departments would typically not be defined as institutions. Secretary Sabol also recommended an increase of the fee to \$2500, and there was some discussion on this. With these suggestions, their Department is in support of HB 2663 noted Secy. Sabol. She then answered numerous questions from members. (attachment no. 6)

Ms. Nadine Griffin, then addressed committee, speaking for no group, but for herself as an interested consumer. She expressed concerns, i.e., issue of appointing a full time Technical Committee to serve for a year. The bill speaks to three persons on this Technical Committee be currently credentialed health care personnel. She feels it will be difficult to find currently employed persons who can afford the time away from their job to fill these positions. She spoke to the issue of funding, re-writing the manual, and to look carefully at the wording suggested by Secy. Sabol. She answered questions from Ms. Correll in regard to hearings by the Technical Committee.

Deborah C. Horning, Menninger Foundation spoke in support of HB 2663, and also to express her concerns. She distributed hand-out (see Attachment No. 7.) Currently she said the structure is such, that each group is considered for credentialing separately, and this method is expensive. We feel she said that related therapies should be credentialed together under an umbrella regulatory agency making the system more cost effective and more productive. We support HB 2663 she said, because it standardizes the procedure of credentialing, defines duties of Technical Committee and Legislature, criteria of the health care applicant. She urged for favorable passage.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 /a.m./p.m. on January 29, 1986.

Hearings continue on HB 2663:--

Question was asked of Ms. Horning how she viewed the \$2500 fee, and she replied no problem at this point.

Byron Fry, Ks. Art Therapy Association spoke to HB 2663, and gave hand-out, (see Attachment No. 8), to members. In support of HB 2663, Mr. Fry spoke to concerns in the bill, i.e., that fair and objective process with continuity be achieved by amending language that will assign one full time qualified staff to the credentialing process and which requires the Technical Committee to be a 7 member committee appointed for 1 year terms that will include 3 persons credentialed health care personnel; that added definition of "certification"; publication of meetings 30 days in advance for interested groups; amend language to add standard of proof to make it clear that actual serious harm must have occurred in order to support a finding of potential threat to the public of unregulated practice of health care occupation is necessary; to make it clear that registration is appropriate level of credentialing recommended and the exclusive practice of an occupation represented by licensing should be reserved for those instances in which unregulated practice of a health care occupation represents a serious threat to public's health and safety; and to define language that would create a separate umbrella regulatory agency that would handle the credentialing of ancillary health care personnel. This would save tax money, and all these groups could be working together, rather than at cross purposes. He too was asked about the proposed fee, and commented that if all groups could work together on such a proposal, he thought there would be funds available to pay such a fee.

Chair recognized Mr. John Peterson, who stated he was speaking to members today in behalf of no group, just to his own personal concerns. He made the following suggestions.- a new sub section (e)The Technical Committee shall complete hearings and shall file a report for any applicant group that has begun the hearing process. This will dis-allow groups from dropping out and refileing. He likened it to someone in court that might not like a particular jury and would say, lets stop this, and we'll get another jury at another time. Further, Page 7, Sec. 6, sub.(2), line 246, and Page 8, line 268, the new language would read, "practice of the occupation or profession requires an identifiable body of knowledge or proficiency or procedures, or both, acquired through an additional, formal period of advance study and training." He stated perhaps language to consider would be "study, training, or both", but not "and". The same type of change on Page 8, line 268, and have it read, "educational and or training". Page 7. Sub 5 and Sub 6, he agreed with Secy. Sabol's proposed changes. Page 9, line 335, after the word policies, add the word, "standards or criteria". He spoke to concerns in regard to staff providing preliminary findings, and regarded charging of a fee of \$2500 not good public policy. He then answered questions from Chair and members of committee.

Hearings on HB 2663 will continue tomorrow's meeting.

Meeting adjourned 2:55 p.m.

GUEST REGISTER

DATE 1-29-86

HOUSE

PUBLIC HEALTH AND WELFARE

| NAME | ORGANIZATION | ADDRESS |
|---------------------|------------------------------------|-----------------|
| Sandra M. Gill | KANA | Topeka |
| Dorothy Hornoy | Nat'l Assn. for Music Therapy | Topeka |
| Maria Hutchinson | Ks Medical Society | Topeka |
| Michael Hinds, RRT | Kansas Resp. Therapy Society | Topeka |
| Anne Harvey | Ks. Midwives Association | Topeka |
| Tern Rosselot | KSNA | Topeka |
| Michele Hinds | KSNA | Topeka |
| Marilyn Braedt | WINH | Lawrence |
| Rebecca Crenshaw | Prof. Psychologists | Topeka |
| Thomas C. Baniel | Ks. Respiratory Therapy Society | Topeka |
| Kimberly Rodriguez | Ks. Respiratory Therapy Society | Topeka |
| Joe Stange | Ks. Respiratory Therapy Society | Pratt |
| Harold Stechwell | Ks. Respiratory Therapy Society | Emporia |
| Marshall Pitt | Ks. Respiratory Therapy Society | Wichita |
| Jerry Regan | Ks. Respiratory Therapy Society | Wichita |
| Jane Barr | KANSAS RESPIRATORY THERAPY SOCIETY | WICHITA, KANSAS |
| Don Dulaney | Ks Respiratory Therapy Society | Wichita, KS |
| Gene Schalamsky | SRS / ADAS | Topeka |
| Steve A. Topf | Ks Assoc of Nurse Anesthetists | Great Bend |
| Janith A. Mathewson | Ks. Respiratory Therapy Society | Kansas City |
| Homer S. Rodriguez | Ks. Respiratory Therapy Society | Prairie Village |
| John Hester | KANSAS RESPIRATORY THERAPY SOCIETY | Prairie Village |
| Steven E. Curtis | Ks. Respiratory Therapy Soc. | Kansas City, KS |
| Frances Kastner | Ks Assn of Mgmt + Family Therapy | Topeka |
| Joanne Hill | Ks Physical Therapy Assn | Topeka |

| <u>Name</u> | <u>Organization</u> | <u>Address</u> |
|---------------------|--|--------------------|
| Melissa HUNGERFORD | Ks Hosp HSSU | Topoka |
| Andrea Letano | Ks Hosp Assn | Topoka |
| Dr Lois R. Siebella | Ks Bd of Nursing | 503 Kansas One Top |
| Claire Cumber | Health Systems Agency NE. KS | Topoka |
| R. Steven Preston | Kansas Association of Nurse Anesthetists | Topoka |
| Janie Learning | St. Francis Hospital | Topoka |
| Tom Bell | KHA | Topoka |
| Madeline Druffin | | Chilens |
| B.J. SABOL | KDHE | Topoka |
| Nickie Stein, RN | no authority | Topoka |
| Elychod C. Jaylor | KOTA | Topoka |
| Nathy Rooney | KDHE | Topoka |

SENATE BILL NO. 179

AN ACT concerning nurse anesthetists; providing for the certification of certified registered nurse anesthetists; establishing an advisory council on nurse anesthetist certification standards; declaring certain acts to be unlawful and classifying the crime and the penalties therefor; amending K.S.A. 1985 Supp. 40-3401 and repealing the existing section.

Be it enacted by the legislature of the State of Kansas:

New Section 1. As used in sections 1 to 13, inclusive, of this act:

(a) "Certified registered nurse anesthetist" means a licensed professional nurse who holds a certificate as a certified registered nurse anesthetist.

(b) "Board" means the board of nursing.

(c) "Local anesthetic" means infiltration anesthesia, anesthesia produced by direct infiltration of local anesthetic solution into the operative site.

(d) "Regional anesthesia" means the use of local anesthetic solutions to produce circumscribed areas of loss of sensation.

(e) "General anesthesia" means one that is complete and affecting the entire body, with the loss of consciousness.

NEW Section 2. In order to obtain a certificate from the board of nursing as a certified registered nurse anesthetist an individual shall meet the following requirements:

(a) Is licensed to practice professional nursing under the Kansas nurse practice act;

(b) has successfully completed a course of study in nurse anesthesia in a school of nurse anesthesia accredited or approved by the board; and

(c) has successfully completed a certifying examination approved by the board or has been certified by a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding standards established under this act for certification as a certified registered nurse anesthetist.

NEW Section 3. The board may grant a temporary certification in the practice of nurse anesthesia as a certified registered nurse anesthetist for a period of one year to

(a) graduates of an accredited school of nurse anesthesia pending results of the initial

certifying examination, or (b) nurse anesthetists currently licensed in another state pending completion of the application for Kansas certification.

NEW Section 4. Upon application to the board by any licensed professional nurse in this state and upon satisfaction of the standards and requirements established under this act, the board shall issue a certificate to such applicant authorizing the applicant to perform the duties of a certified registered nurse anesthetist. The application to the board shall be upon such form and contain such information as the board may require and shall be accompanied by a fee to assist in defraying the expenses in connection with the issuance of certificates as certified registered nurse anesthetists. The fee shall be fixed by rules and regulations adopted by the board of not more than \$75 for an original application, and not more than \$40 for the renewal of a certificate as a certified registered nurse anesthetist. The original application fee for a temporary certificate shall be fixed by the board by rules and regulations and shall not be more than \$35. The executive administrator of the board shall remit all moneys received pursuant to this section to the state treasurer as provided by K.S.A. 74-1108 and amendments thereto.

NEW Section 5. (a) All certificates issued under this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by rules and regulations of the board. The board shall mail an application for renewal of the certificate to every certified registered nurse anesthetist at least 90 days prior to the expiration date of such person's license. To renew such certificate the certified registered nurse anesthetist shall file with the board, before the date of expiration of such certificate, a renewal application together with the prescribed biennial renewal fee. Upon satisfaction of the following requirements the board shall grant a renewal certificate: (1) Receipt of such application; (2) payment of the designated fee; (3) compliance with the requirements established under this act for renewal of a certificate and in effect at the time of initial qualification of the applicant; and (4) verification of the accuracy of the application.

(b) Any person who fails to secure a renewal certificate prior to the expiration of the certificate may secure a renewal of such lapsed certificate by making application on a form provided by the board. Such renewal shall be granted upon receipt of proof that the

applicant is competent and qualified to act as a certified registered nurse anesthetist, has satisfied all of the requirements for renewal set forth in subsection (a) and has paid the board a reinstatement fee as established by the board by rules and regulations.

New Section 6. A licensed professional nurse engaged in the practice of nurse anesthesia in Kansas immediately preceding July 1, 1986, and who has successfully passed a certifying examination approved by the board, or who holds a certification from a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding standards established under this act for certification as a certified registered nurse anesthetist shall be issued a certificate by the board as a certified registered nurse anesthetist.

New Section 7. (a) Any licensed professional nurse who is certified by the council on certification of nurse anesthetists or its predecessor prior to the effective date of this act or any licensed professional nurse who holds a valid certificate of qualification as an advanced registered nurse practitioner in the category of certified registered nurse anesthetist prior to the effective date of this act shall be issued a certificate by the board to practice as a certified registered nurse anesthetist.

(b) Any licensed professional nurse who has regularly administered anesthesia in this state for a period of not less than three years immediately preceding July 1, 1986, and who by July 1, 1987, is capable of demonstrating sufficient knowledge and competence in the science of anesthesia by means of an appropriate evaluation mechanism, which is recommended by the advisory council and approved by the board, shall be issued a certificate by the board as a certified registered nurse anesthetist.

New Section 8. (a) Each certified registered nurse anesthetist shall:

- (1) Conduct a pre- and post-anesthesia visit and assessment with appropriate documentation;
- (2) Develop an anesthesia care plan with the physician or dentist which includes medications and anesthetic agents;
- (3) Induce and maintain anesthesia at the required levels;
- (4) Support life functions during the peri-operative period;

supervision of the board. All vouchers for expenditures of the advisory council shall be approved by the executive director of the board.

(b) The board shall appoint three registered nurses who are actively engaged in the practice of nurse anesthesia and who are certified registered nurse anesthetists or are eligible for certification under this act to the advisory council, at least one of whom shall be currently involved in nurse anesthesia education. The board shall make appointments under this section after consideration of a list of names submitted by the Kansas association of nurse anesthetists of not less than three times the number of nurse anesthetists to be appointed. The board shall also appoint one voting member who is a board member, a registered nurse, and in active practice. The board shall also appoint one non-voting member who is a board certified anesthesiologist in active practice. The board may make appointments of the board certified anesthesiologist from a list of names submitted by the Kansas society of anesthesiologists. The terms of the members of the advisory council shall expire on the date of expiration of this section under subsection (e).

(c) The advisory council shall:

(1) Act as consultant to the board in matters pertaining to nurse anesthesia education and the scope of nurse anesthesia practice;

(2) Review certification requirements.

(d) Members of the advisory council attending meetings of such council, or attending a subcommittee thereof authorized by such council, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and amendments thereto.

(e) This section shall expire on July 1, 1988.

New Section 11. The board may deny, revoke, suspend, limit or refuse to renew the certificate of a certified registered nurse anesthetist if the person so certified has failed to comply with the requirements established under this act for initial certification or renewal of a certificate, has willfully or repeatedly violated any provision of this act or any rule and regulation adopted under any provision of this act or has committed any of the acts enumerated in K.S.A. 65-1120 and amendments thereto, as applicable. The procedure for denial, revocation, suspension, limitation or refusal to renew a certificate under this

act shall be the same as that provided under the Kansas nurse practice act for the denial, revocation, suspension, limitation or refusal to renew the license of a licensed professional nurse under this act.

New Section 12. On and after January 1, 1987, any person, corporation, association or other entity who engages in any of the following activities shall be guilty of a class A misdemeanor:

(a) Except as otherwise provided in sections 1 to 13, inclusive, for a licensed professional or licensed practical nurse to engage in the administration of general or regional anesthesia without being issued a certificate as a certified registered nurse anesthetist by the board;

(b) employing or offering to employ any person as a certified registered nurse anesthetist with knowledge that such person is not certified as such by the board;

(c) fraudulently seeking, obtaining or furnishing a certificate as a certified registered anesthetist, or aiding and abetting such activities; or

(d) using in connection with one's name the title certified registered nurse anesthetist, the abbreviation C.R.N.A. or any other designation tending to imply that such person holds a certificate from the board as a certified registered nurse anesthetist when such person does not actually hold a certificate from the board as a certified registered nurse anesthetist.

New Section 13. (a) Nothing in this act shall prohibit administration of a drug by a duly licensed professional nurse, licensed practical nurse or other duly authorized person for the alleviation of pain, including administration of local anesthetics.

(b) Nothing in this act shall apply to the practice of anesthesia by a person licensed to practice medicine and surgery, a licensed dentist or registered podiatrist.

(c) Nothing in this act shall apply to the administration of Pudendal Block by the ARNP certified nurse mid-wife.

(d) Nothing in this act shall prohibit the practice of nurse anesthesia by students enrolled in approved courses of study in the administration of anesthesia, while engaged in an approved course of study.

Section 14. K.S.A. Supp. 40-3401 is hereby amended to read as follows: 40-3401. As used in this act the following terms shall have the meanings respectively ascribed to them herein:

(a) "Applicant" means any health care provider;

(b) "Basic coverage" means a policy of professional liability insurance required to be maintained by each health care provider pursuant to the provisions of subsection (a) or (b) of K.S.A. 40-3402 and amendments thereto;

(c) "Commissioner" means the commissioner of insurance;

(D) "Fiscal year" means the year commencing on the effective date of this act and each year, commencing on the first day of that month, thereafter;

(e) "Fund" means the health care stabilization fund established pursuant to subsection (a) of K.S.A. 40-3403 and amendments thereto;

(F) "Health care provider" means a person licensed to practice any branch of the healing arts by the state board of healing arts, a person who holds a temporary permit to practice any branch of the healing arts issued by the state board of healing arts, a person engaged in a postgraduate training program approved by the state board of healing arts, a medical care facility licensed by the department of health and environment, a health maintenance organization issued a certificate of authority by the commissioner of insurance, an optometrist licensed by the board of examiners in optometry, a podiatrist registered by the state board of healing arts, a pharmacist registered by the state board of pharmacy, a licensed professional nurse who holds a certificate as a certified registered nurse anesthetist, a licensed professional nurse who has been granted temporary certification in the practice of nurse anesthesia under section 3, a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by such law to form such a corporation and who are health care providers as defined by this subsection, a Kansas not-for-profit corporation organized for the purpose of rendering professional services by persons who are health care providers as defined by this subsection (f), a dentist certified by the state board of healing arts to administer anesthetics under K.S.A. 65-2899 and amendments thereto, a physical therapist registered by the state board of healing arts, or a mental health center or mental health clinic licensed by the

secretary of social and rehabilitation services, except that health care provider does not include any state institution for the mentally retarded;

(g) "Inactive health care provider" means a person or other entity who purchased basic coverage or qualified as a self-insurer on or subsequent to the effective date of this act but who, at the time a claim is made for personal injury or death arising out of the rendering of or the failure to render professional services by such health care provider, does not have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider;

(h) "Insurer" means any corporation, association, reciprocal exchange, inter-insurer and any other legal entity authorized to write bodily injury or property damage liability insurance in this state, including workmen's compensation and automobile liability insurance, pursuant to the provisions of the acts contained in article 9,11,12 or 16 of chapter 40 of Kansas Statutes Annotated;

(i) "Plan" means the operating and administrative rules and procedures developed by insurers and rating organizations or the commissioner to make professional liability insurance available to health care providers;

(j) "Professional liability insurance" means insurance providing coverage for legal liability arising out of the performance of professional services rendered or which should have been rendered by a health care provider;

(k) "Rating organization" means a corporation, an unincorporated association, a partnership or an individual licensed pursuant to K.S.A. 40-930 or 40-1114, or both sections, and amendments to those sections to make rates for professional liability insurance;

(l) "Self-insurer" means a health care provider who has qualified as a self-insurer pursuant to K.S.A. 40-3414 and amendments thereto;

(m) "Medical care facility" means the same when used in the health care provider insurance availability act as the meaning ascribed to that term in K.S.A. 65-425 and amendments thereto, except that as used in the health care provider insurance availability act such term, as it relates to insurance coverage under the health care provider insurance availability act, also includes any director, trustee, officer or administrator of a

medical care facility;

(n) "Mental health center" means a mental health center licensed by the secretary of social and rehabilitation services under K.S.A. 75-3307b and amendments thereto, except that as used in the health care provider insurance availability act such term, as it relates to insurance coverage under the health care provider insurance availability act, also includes any director, trustee, officer or administrator of a mental health center;

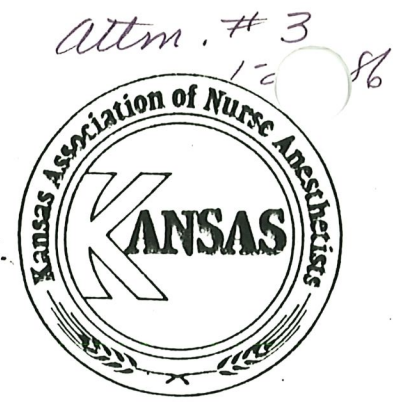
(o) "Mental health clinic" means a mental health clinic licensed by the secretary of social and rehabilitation services under K.S.A. 75-3307b and amendments thereto, except that as used in the health care provider insurance availability act such term, as it relates to insurance coverage under the health care provider insurance availability act, also includes any director, trustee, officer or administrator of a mental health clinic;

(p) "State institution for the mentally retarded" means Norton state hospital, Winfield state hospital and training center, Parsons state hospital and training center and the Kansas neurological institute.

Section 15. K.S.A. 1984 Supp. 40-3401 is hereby repealed.

Section 16. This act shall take effect and be in force from and after its publication in the statute book.

KANSAS ASSOCIATION OF NURSE ANESTHETISTS



January 29, 1986

TESTIMONY OF

ANN ROGERS

KANSAS ASSOCIATION OF NURSE ANESTHETISTS

before the

HOUSE PUBLIC HEALTH & WELFARE COMMITTEE

Thank you Mr. Chairman and members of the committee. My name is Ann Rogers. I am a Certified Registered Nurse Anesthetist from Emporia and appear here today on behalf of the Kansas Association of Nurse Anesthetists in support of Senate Bill 179.

Senate Bill 179 was modeled on the Nebraska Act for mandatory regulation of nurse anesthesia with certain changes to conform with Kansas law and procedures of the Kansas State Board of Nursing. The Nebraska Act has been in effect since August 1981, causing no problems with its administration.

The intent of SB 179 is to ensure a minimum standard of education for the nurse anesthesia provider to ensure consumer protection. SB 179 will #1, provide for mandatory certification and re-certification of the nurse anesthetist; #2, restrict nurse anesthesia administration to qualified providers; #3, hopefully will help control malpractice rates by ensuring qualified providers and #4, provide a means for the Board of Nursing and the Insurance Department to know who is a Certified Registered

Attn. # 3
1-29-86
Hs. PHW

Nurse Anesthetist in the State and eligible to be included in the Health Care Stabilization Fund. Everyone practicing nurse anesthesia in Kansas must be covered by the Fund.

The Certified Registered Nurse Anesthetist presently is certified in 2 ways, either through the voluntary Advanced Registered Nurse Practitioner Act, or through the American Association of Nurse Anesthetists which has no legal status in Kansas. 35 of the 430 Certified Registered Nurse Anesthetists in Kansas are certified through the Advanced Registered Nurse Practitioners. The American Association of Nurse Anesthetists does establish national standards of education, certification, re-certification and practice for nurse anesthetists.

If approved by the legislature, the provisions of SB 179 will be administered by the Kansas State Board of Nursing and will need no new certifying body. There is no fiscal note involved as the additional cost to the board will be covered by additional fees from the Nurse Anesthetists.

There are approximately 430 Certified Registered Nurse Anesthetists in Kansas with a 90% membership in the Kansas Association of Nurse Anesthetists. Nonre-certified Certified Registered Nurse Anesthetists number about 40 in the state. Certified Registered Nurse Anesthetists provide anesthesia in 121 of the 146 hospitals in Kansas without the presence of an anesthesiologist, this accounting for about 200 of the 430 Certified Registered Nurse Anesthetists. Most of that 200 work in the small rural hospitals where there is no other trained anesthesia personnel available. (The Kansas Association of Nurse Anesthetists conducted a survey of all hospitals in Kansas last year and could find only one Registered Nurse in Kiowa, Kansas still giving surgical anesthesia.

Senate Bill 179 passed the Senate on March 28 last year and arrived in your committee after the cutoff date for further committee consideration of bills.

Since that time some oppositions to specific sections of the bill were expressed by the Board of Nursing and the Kansas State Association of Nurses. Kansas Association of Nurse Anesthetists felt we should make an effort to work out a compromise solution to those differences if possible and we have been successful in doing that without changing the original intent of SB 179.

A series of meetings were held with all parties concerned including the Kansas Medical Society. At a meeting on Tuesday, January 21, we met with representatives of the Kansas State Board of Nursing, Kansas State Nurses Association, Kansas Medical Society and Kansas Hospital Association and completed the final work on the amendments I am suggesting to you here today.

To the best of my knowledge, all are in agreement and the suggested revisions as indicated in the ballooned version of the bill that has been distributed to you. I will explain each of them briefly:

Section 1, Subsection b, c and e, Page 1-2, Lines 0031-0047 were deleted since the language here could not be compromised on between the Doctors and the Nurses and essentially made no difference in the intent of the bill. New Subsections c, d & e were added as definitions needed in Sections 12 & 13.

Section 8, Page 4-5, Lines 0148-0171. This entire section was deleted and the duties and functions of the Advanced Registered Nurse Practitioner nurse anesthetist substituted. This brings this bill into compliance with present law and subsequently does not change the nurse anesthetists current practice.

Section 10, Subsection b, Page 5-6, Lines 0202-0213 was included at the request of the KU School of Anesthesia and the Kansas State Board of Nursing to specify that one Certified Registered Nurse Anesthetist member of the advisory council be an educator, and that the Kansas State Board of Nursing have a member on the council.

Section 10, Subsection c, Page 5-6, Lines 0225-0228. Advisory council duties 2 & 3 were deleted as these are presently functions of the Kansas State Board of Nursing anyway.

Section 12, Subsection a, Page 6, Lines 0253 was changed because of the deletion of the definitions of anesthesia in Section 1. This does not change the intent of SB 179.

Section 13, Subsection a, Page 7-8, Line 0272 was deleted to allow new Subsection c. This is the only major change in these revisions. It will allow the Advanced Registered Nurse Practitioner Certified nurse-midwife, only, to administer Pudental Blocks as this is part of their usual practice.

Section 13, Subsection c, Page 7-8, Line -0278 was added as a clarification.

This concludes my testimony and we respectfully request the committee adopt the suggested amendments and report the bill favorably.

Thank you Mr. Chairman and I will be happy to respond to any questions.



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 179

DATE: January 29, 1986

Thank you Mr. Chairman, and members of the Committee. I am here today on behalf of the Board and speak in support of SB 179.

The Nurse Anesthetist group is to be commended for their fine work during the interim and prior to this legislative session.

The Board has always supported the concept that only certified nurse anesthetists should administer anesthesia. The problem in the past was related to the nurse mid-wives and Board representation on the Council. These concerns have been resolved as they are addressed in SB 179. One minor correction on page 6, should read Executive Administrator.

The Board of Nursing requests that the Committee report SB 179 out favorably.

I will be happy to answer any questions. Thank you.

Attn. #4
1-29-86
H. PHW



*Attn: #5
1-29-*

For Further Information Contact:

Terri Rosselot, J.D., R.N.
Executive Director
233-8638

Mr. Chair, Members of the Committee,

My name is Michele Hinds. I am a member of Kansas State Nurses' Association (KSNA). As KSNA Legislative Chair, I have been asked to present testimony on S.B. 179.

KSNA supports the revisions of S.B. 179 proposed by Kansas Association of Nurse Anesthetists. KSNA has always supported the original intent of S.B. 179 - that is to ensure consumer protection by establishing a minimum educational standard for nurse anesthetists. The revisions proposed by KANA address the concerns KSNA had expressed about S.B. 179. Therefore, the proposed revisions KSNA does support S.B. 179

*Attn #5
1-29-86
H. PHW*

*Attn. #5
1-29-86*

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON H.B. 2663

PRESENTED TO: House Public Health and Welfare Committee, January, 1986

This is the official position taken by the Kansas Department of Health and Environment on H.B. 2663.

BACKGROUND INFORMATION:

The main reason the State of Kansas credentials specific health occupations is to protect the public's health, safety and well-being by assuring quality care, competency, and public accountability. In 1980, the Kansas legislature created the Kansas Act on Credentialing (K.S.A. 65-5001) which requires health care personnel seeking to be credentialed (licensed or registered) by the state to submit an application to be reviewed by a technical committee, the Statewide Health Coordinating Council (SHCC) and the Secretary of Health and Environment. The purpose of the review process is to provide the Legislature with a thorough analysis of the application and to make recommendations on whether there is a need for credentialing and if so, what level of credentialing is appropriate.

As you are aware, H.B. 2663 was developed by the Special Committee on Public Health and Welfare after studying the Act and the review process.

The Kansas Department of Health and Environment supports H.B. 2663 in that it strengthens the credentialing process. The specific strengths of this bill are as follows:

STRENGTHS:

The bill clearly sets out the role of the technical committee, SHCC and the Secretary in the review process. The direction of the recommendations that can be made during the process have been clarified as well as extended in order to assure the public's safety.

WEAKNESSES:

The Department is not sure that it is feasible to have a committee of volunteers to meet over a three to four hour span, twenty times a year, which would be required to review four applications annually. Also, some of the recommended criteria are too restrictive in nature making it almost impossible for a recommendation of credentialing to be made thus, making protection of the public second to other factors. KDHE supports minor revisions to the bill regarding K.S.A. 65-5006. (See attachment.)

*Attn. #6
1-29-86
Hs. PHW*

DEPARTMENT'S POSITION:

KDHE supports the bill as well as revising portions of the bill which pertain to the nine criteria that are applied to the applications during the review process. Also, KDHE would support amending this bill to require a fee of \$2,500 per application to cover a portion of the program costs.

Presented by: Barbara J. Sabol, Secretary
Kansas Department of Health
and Environment

HP/10

House Bill 2663

Section 6(a)(3)

"Other health care personnel" - One would assume this means other credentialed health care personnel, such as physicians and nurses, though criterion could apparently be determined to be met if the supervision were by noncredentialed persons.

"Institution providing health care services" - The term "institution" is generally used to refer to inpatient facilities, such as hospitals and nursing homes. In this case, it could include ambulatory surgical centers and home health agencies since these are licensed and have some type of external quality standards established. Private physicians' offices, walk-in clinics, rehabilitation agencies, and public health departments would typically not be defined as institutions.

committee and the council shall constitute recommendations to the legislature and shall not be binding upon the legislature. The legislature may dispose of such recommendations and reports as it deems appropriate.

Sec. 6. K.S.A. 65-5006 is hereby amended to read as follows: 65-5006. (a) The technical committees committee appointed pursuant to K.S.A. 65-5003 and amendments thereto, the council and the secretary shall apply the following criteria to each credentialing application:

(1) The unregulated practice of the occupation or profession can harm or endanger the health, safety or welfare of the public and the potential for such harm is recognizable and not remote or dependent upon tenuous argument;

(2) the practice of the occupation or profession requires specialized skill and training an identifiable body of knowledge or proficiency in procedures, or both, acquired through an additional, formal period of advanced study and training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability;

(3) if the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or institutions providing health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures;

(4) the public is not effectively protected from harm by certification of members of the occupation or profession or by means other than credentialing;

(5) credentialing of the occupation or profession will not increase the cost of health care to the public;

(6) credentialing of the occupation or profession will not decrease the availability of health care personnel providing services provided by such occupation or profession;

(7) the scope of practice of the occupation or profession is identifiable;

(8) the effect of credentialing of the occupation or profession on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal; and

(9) nationally recognized standards of education and training exist for the practice of the occupation or profession and are identifiable.

~~(5) AMEND: the public is not effectively protected from harm by means other than credentialing.~~

(5) AMEND: the effects of credentialing of the occupation or profession on the cost of health care should be minimal.

(6) AMEND: the effects of credentialing of the occupation or profession on the availability of health care should be minimal.

in patient facilities

Attn, #7
1-29-86

TO: Public Health and Welfare Committee - 1986

FROM: Deborah C. Horning - Government Relations Committee Representative
for the National Association for Music Therapy

DATE: January 29, 1986

SUBJECT: House Bill Number 2663 Regarding Proposal Number 49

I have reviewed the report on Kansas Legislative Interim Studies to the 1986 Legislature regarding Proposal Number 49 and House Bill 2663. I would like to express my support for the bill, as well as express some items of concern. Additionally, I have included information regarding the National Association for Music Therapy (NAMT) in a fact sheet in the back of this testimony.

I support House Bill 2663 (the credentialing of Ancillary Health Care Providers) for the following reasons:

1. HB 2663 clearly defines the procedure in which health care providers obtain (or not obtain) credentialing.
2. HB 2663 provides clear definitions of the three levels of credentialing.
3. HB 2663 mandates the investigation of each application as cited in lines 0105-0107.
4. HB 2663 clearly structures the Technical Review Committee, whereby it states how many members will serve on the committee, the length of each member's term, and the duties of the committee. The language of the bill indicates the Technical Committee must review credentialing applications as objectively as possible.
5. HB 2663 standardizes the procedures in which a health care organization must follow to obtain licensure.
 - a. The applicant must submit hard evidence and not hypothetical examples that to not be licensed would be harmful to the public as cited in lines 0122-0129, 0165-0167, 0206-0208 and 0242-0242.
 - b. Insures motive for credentialing, whereby the applicant would be protecting the public and not seeking occupational recognition.
6. HB 2663 clearly defines and standardizes the criteria for credentialing.
 - a. The applicant must have advanced training and set educational standards.
 - b. The application must have minimal effect to other health care professions, thereby reducing exclusionary licensure bills.
7. HB 2663 supports the least regulatory means to obtain credentialing (as cited in lines 0279-0286).

A concern that NAMT has is the issue of licensing ancillary health care providers separately. The state of Kansas' current structure is such

Attn. #7
1-29-86
Hs. PHW

Page Two - Memo to Public Health and Welfare Committee

that each group is considered for credentialing separately. This method is tiresome and expensive to the state of Kansas. NAMT feels that related therapies should be credentialled together under an umbrella regulatory agency. NAMT feels this method of licensure would be more cost effective and more productive.

In summary, I am for House Bill 2663, because it standardizes the procedure of credentialing. It clearly defines the duties of the Technical Committee and the Legislature, and it defines the criteria the health care applicant must submit to obtain credentialing. I want to thank the committee for considering the points that I have raised regarding House Bill 2663. NAMT appreciates the opportunity to speak about these important issues.

Respectfully submitted,

Deborah C. Horning, RMT-BC
Deborah C. Horning, RMT-BC



National Association for Music Therapy, Inc.

505 ELEVENTH STREET, S.E. WASHINGTON, D.C. 20003 (202) 543-6864

NAMT FACT SHEET

- I. **MUSIC THERAPY:** Music Therapy is the use of music in the accomplishment of therapeutic aims: the restoration, maintenance, and improvement of mental and physical health. Music Therapists work with children and adults who require special services because of behavioral, social, learning, or physical disorders. Employment may be in hospitals, clinics, day care facilities, community mental health centers, school systems, special service agencies, and private practice.

Music Therapy is one of the Creative Arts Therapies identified in the 1986 Hospital Accreditation Manual of the Joint Commission on Accreditation of Hospitals. Music therapists were also represented in the development of the 1984 edition of standards of the Accreditation Council for Services for Mentally Retarded and other Developmentally Disabled Persons.
- II. **NATIONAL ASSOCIATION FOR MUSIC THERAPY (NAMT):** NAMT was founded in 1950, its purpose the progressive development of the therapeutic use of music in rehabilitation, special education, and community settings. NAMT is committed to the advancement of education, training, professional standards, credentials, and research in the music therapy profession.
- III. **INCORPORATION:** NAMT was incorporated in the state of Michigan in 1954 under Section 501(c)(3) of the U.S. Internal Revenue Code. As a charitable, non-profit association, NAMT is exempt from federal and state taxes and contributions are tax deductible as charitable donations.
- IV. **GOVERNING BODIES:** NAMT is governed by a 14-member Executive Board which consists of both elected and appointed officers. Board meetings are held two or three times each year. Policies are set by an Assembly of Delegates consisting of representatives from each of the Association's eight regional chapters. Ten standing committees represent the areas of: Clinical Training, Education, Registration, Certification, Government Relations, Research, Standards of Practice, Peer Review, Employment Relations, and International Relations.
- V. **MEMBERSHIP:** Membership in NAMT consists of five categories: professional, associate, student, retired, and patron. Approximately 3200 individuals hold current membership for the 1985 fiscal year of January 1 through December 31. Of these, roughly 2500 members are Registered Music Therapists. An additional 850 persons maintain professional registration without the benefit of membership with NAMT.
- VI. **PROFESSIONAL PROGRAMS:** Approximately 70 colleges and universities offer music therapy degree programs which have been approved by NAMT. More than 200 NAMT-approved clinical training programs exist in health and educational facilities which offer a 1040-hour professional internship program. Those individuals meeting the educational and clinical training requirements established by NAMT are eligible to apply for professional registration with NAMT as a Registered Music Therapist. More than 5200 individuals have been granted this status by NAMT since 1958 when the registration program began.
- VII. **CERTIFICATION BOARD:** Individuals meeting NAMT requirements for the Registered Music Therapist status are eligible to take the National Music Therapy Certification Examination which is administered by the Certification Board for Music Therapists, a separately incorporated organization from NAMT. The examination measures the individual's skill, knowledge and ability to engage in professional music therapy practice, qualifying them for the title, Board Certified Music Therapist.

- VIII. **QUALITY ASSURANCE:** Music therapists participate in quality assurance reviews of clinical programs within their employing facilities. In addition, NAMT provides several mechanisms for monitoring the quality of music therapy programs. These include established Standards of Clinical Practice, a Code of Ethics, a system for Peer Review and a Judicial Review Board.
- IX. **PUBLICATIONS:** Official publications of NAMT include: *Journal of Music Therapy*, a quarterly publication since 1963; *NAMT Notes*, a bi-monthly member newsletter; *Music Therapy Index* and *Music Psychology Index*, research bibliographies; and *A Career in Music Therapy*, an informational brochure.
- X. **CONFERENCES:** NAMT holds an annual national meeting for the purpose of professional presentations and conducting national business. The conference is held in the fall of each year in a varying location within the U.S.
- XI. **FUNDING SOURCE:** NAMT is funded by annual membership dues, sales of its publications, and by charitable contributions.
- XII. **GRANTS:** In 1979, the first federal grant to NAMT was funded by the U.S. Bureau of Education for the Handicapped (Office of Special Education, Dept. of Education). The purpose was to provide information and in-service workshops for parents, special educators, music educators, and administrators on the value of music therapy in the education of handicapped children and youth. The grant generated two national in-service workshops and fourteen publications documenting the efficacy, cost-effectiveness and uses of music therapy in the school learning environment with children having communication, academic, motor and social problems.
- XIII. **AFFILIATIONS:** NAMT holds organizational membership in: National Health Council, National Commission of Health Certifying Agencies, Coalition for Health Funding, The Committee for Education Funding, National Coalition of Arts Therapy Associations, and National Federation of Music Clubs.

November 1985

*Attn. #8
1-29-86*

TO: Public Health and Welfare Committee -1986
From: Byron M. Fry - President Kansas Art Therapy Association
Date: 30 January 1986
Subject: House Bill Number 2663 Regards Proposal Number 49

I have reviewed the report on Kansas Legislative Interim Studies to the 1986 Legislature regarding Proposal Number 49 and House Bill 2663. I would like to both express my general support for the language of the present bill, as well as some items of concern. But first a few words about the Kansas Art Therapy Association.

The Kansas Art Therapy Association was founded in 1969, the same year the American Art Therapy Association was founded. It was established to assist in the professional growth of its members and to coordinate the orderly development of the field on the State level. Currently there are forty-four (44) members of the Kansas Art Therapy Association, sixteen (16) of which are registered art therapists (ATR's) with the American Art Therapy Association. The American Art Therapy Association now has a membership of over three thousand (3000) nationwide. Most art therapists practice within the structures of human service institutions such as hospitals, schools, clinics, etc. with only a few engaged in private practice. We do anticipate in the future more art therapists will enter private practice as public awareness increases. This has already occurred in many East Coast States. Kansas since 1973 has had both a bachelor's and master's degree training program in art therapy at Emporia State University.

As an ancillary Health Care provider group art therapists support the efforts of the state particularly the Public Health and Welfare Committee in setting forth a procedure and process to review the need for state regulation of applicant ancillary health care provider groups. We believe that this process is necessary and generally support House Bill 2663 because the present language of the bill addresses concerns that we had earlier raised. Specifically, we believe the present bill will more objectively insure that the ramifications of creating an exclusive sphere of practice for applicant groups will be considered. Along these lines we believe that House Bill 2663 will not preclude other providers from practicing occupations for which they have been trained and that it will insure that protection for the Public Health and Welfare for the people of this state is the paramount reason that an applicant group should be regulated by the state, however, we still have some concerns that credentialing will be sought to obtain occupational recognition and/or status rather than protection for the people. We feel the language of this bill goes a long ways in preventing a prospective applicant group from gaining unfair advantage over other ancillary health care provider groups.

*Attn. #8
1-29-86
Hs. PHW*

We believe House Bill 2663 addresses our above mentioned concerns in the following manner:

(1) That a fair and objective process that has continuity across time will be achieved by the amended language that assigns one full time qualified staff position to the credentialing process and which requires the Technical Committee to be seven member committee appointed for one year terms that will include three persons who are health care personnel credentialed under Kansas law.

(2) That the added definition of "certification" which recognizes private and federal credentialing is useful in that it will be sufficient in most cases to "provide protection for the people".

(3) That the publication of notice of meetings thirty days in advance so that interested groups may be heard will provide useful input to the credentialing process.

(4) That the amended language to add a standard of proof to make it clear that actual serious harm must have occurred in order to support a finding of potential threat to the public of unregulated practice of a health care occupation is necessary.

(5) To make it clear that registration is the appropriate level of credentialing to be recommended in most circumstances and that the exclusive practice of an occupation represented by licensing should be reserved for those instances in which the unregulated practice of a health care occupation represents a serious threat to the public's health and safety.

An additional concern that the Kansas Art Therapy Association has that is not thoroughly addressed in House Bill 2663 is the impact of ill-considered licensing of ancillary health care providers on the economics and availability of health care. In this regard we do raise issue with the state regarding the process of separately identifying and credentialing various professional groups within the broad spectrum of health care delivery. Each group now is being considered in a separate process with the proposed creation of separate structures, boards, etc. Kansas Art Therapy Association believes that the State of Kansas should not credential these related health occupations separately, but work more actively on the concept of coordinating the appropriate level of credentialing for all related therapies. We believe the present process of credentialing to be inadequate in that it promotes "status" seekers and is cumbersome, time consuming and costly to the State of Kansas. The people of the State of Kansas are not served by a process which promotes each individual ancillary health care provider to seek some level of credentialing. Some states such as Virginia and Florida seem to have a broader, defined structure with

specific subdivisions. We believe it would be timely to examine these various models if you have not already as you proceed with these matters of credentialing. Furthermore, we would urge the committee to consider much more definitive language in House Bill 2663 that would create a separate umbrella regulatory agency which would handle the credentialing of ancillary health care personnel. The Kansas Art Therapy Association feels that such language would save tax money in that separate boards would not have to be created for each ancillary health care provider. In addition, we believe this language would actually promote numerous ancillary health care providers to work together rather than at cross purposes.

I want to thank the committee for consideration of the points that I have raised regarding House Bill 2663 today. The Kansas Art Therapy Association appreciates the opportunity to have input into the process of credentialing, as well as addressing the human service needs of our state.