

Approved 2/13/86  
Date sh

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 February 11, 1986 in room 423-S of the Capitol.

All members were present except:

Rep. Waggon, Rep. Pottorff, Rep. Blumenthal, Rep. Neufeld, excused.

Committee staff present:

Bill Wolff, REsearch  
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Representative Sandy Duncan  
Robert C. Harder, Secy. Dept. of SRS  
Representative Denise Apt  
Lyle Eckhart, Director of Emergency Services for Kansas  
Mike Boyer, Administrator of Missing Children Bureau  
Jerry Slaughter, Kansas Medical Society  
Barbara Sabol, Secy. Dept. of Health and Environment  
Dr. John Evans, Wichita, Ks.  
Dr. Ernest McClelland, a patient advocate, Wichita, Ks.  
Mr. William Latimer, Life Flight, Overland Park, Kansas  
Mr. Sandy Rogers, Kansas Air Life, Wichita, Ks.

Visitor's register - Attachment 1

Chairman called meeting to order when quorum was present and recognized Rep. Duncan who gave background on HCR 5031. He spoke to the types of aircraft for emergency service, and explained dedicated aircraft. Asked members to remember that these air craft are not first responder aircraft, in fact are used to transport patient from one hospital to another in most cases. It was brought to attention of members that there is a request from K.U.Med. Center to acquire an aircraft of this type.

Chair then asked members to direct attention to HB 2710, and he invited Dr. Harder to offer his testimony for this bill. Dr. Robert Harder, Secy. of Social Rehabilitation Services spoke in support of HB 2710, and gave hand-out to members, (see Attachment No.2), for details. The purpose of this proposed legislation will authorize the Dept. of SRS to limit general assistance, if fiscally required to persons who are unable to engage in employment and families with dependent children or a pregnant woman who are not eligible for a federally funded program. This helps relieve the current fiscal pressures and provides a source of funding to protect, in part, payments to Aid to Dependent Children (ADC) recipients and the most vulnerable of the general assistance recipients. He then gave SRS recommendations, i.e., the legislation necessary to grant the Secy. authority to limit General Assitance to those unable to engage in employment and to families with children or a pregnant woman or be enacted.

Chairman at this point called attention of committee and Dr. Harder to the fiscal note on HB 2710, (see Attachment No. 3). Fiscal note was discussed, and Dr. Harder answered questions from committee on HB 2710.

Chair noted the Attachment from Topeka Resource Center for the Handicapped, presented by Michael Byington, who was unable to appear in person and asked this testimony be considered. (See Attachment No. 4, for details).

Chair asked attention be directed to HB 2301, and he recognized Rep. Apt. She spoke in support of HB 2301, stating this legislation was proposed last year in the hope that it might help in the location of missing children. She offered an amendment, (see Attachment No.5), for details. Proposed amendment asks for the full hand and foot print impression of the child be recorded on the birth certificate of new born child. She answered questions in regard to how long these impressions are helpful. It was brought out that perhaps those impressions taken from a pre-mature birth would not be very clear for identification purposes later on.

Mike Boyer, as Administrator of Missing Children Bureau of KBI spoke to HB 2301. He stated there was a letter written to Rep. Apt in regard to the request for full hand and foot print perhaps being a better form of identification than a fingerprint.

Unless specifically noted, the individual remarks recorded 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 February 11, 1986

Hearings continued on HB 2301:--

Fingerprints are difficult to do correctly, and a favorable alternative would be to use the full hand and foot print. Any form of identification would be a step forward but the better form would be preferred. He answered questions from members.

Jerry Slaughter, Medical society stated they feel identification of any form would be helpful and the full hand and footprint a good addition to this requested legislation. Although it is difficult to get a good clear reading on a young child, especially a premature infant, it is at least some form of identification.

Barbara Sabol, Secy. of Dept. of Health and Environment spoke to HB 2301, saying any activity that would serve to assist in the return to missing children to their parents is favorable to all. However, she did remind committee that all dermal ridges are poorly developed at such an early age, and that classifying such prints may at times be remote, and in all probability the same would hold true for the hand and foot print taken at this early age. She answered questions from committee members.

Hearings closed on HB 2301

Hearings began on HCR 5031:--

Mr. Lyle Eckhart, Director of Emergency Services, gave hand-out to members, (See Attachment No.6), for details. He explained how regulations were adopted, and that in HCR 5031, a request for modification of statutes to eliminate the requirement that fixed wing air ambulance be dedicated for ambulance use. The council adopted the requirement for dedicated aircraft after holding two meetings with providers and a public hearing. No opposition to this was given at either meeting as these regulations were being developed.

Dr. John Evans, Wichita, a physician from Wesley Medical Center, stated the Kansas ambulance guidelines are the envy of the nation, and he would like to see those standards be maintained. He has great interest in the unborn and newborn, saying that ready equipment is vital to save their lives when transporting them via air to medical treatment. He spoke to necessity of committed personnel, trained personnel, and felt the fixed based operators have this type of staff and ready equipment. He cited 2 specific accidents where aircraft and personnel and patients were all lost. He answered questions from members, i.e., aircraft being equipped for neo-natal care as well as for other medical emergency situations involving patients of all ages; the air crashes, it was determined were due to bad weather conditions; twin engine aircraft is required; pilots are on call, standby, and have no other jobs; calls for average of 50 flights a month.

Dr. Ernest McClelland, spoke today as a patient advocate and he is a physician in private practice. As Medical Director for Sedgwick County and Wichita Emergency Medical Service is responsible for over 20,000 emergency calls per year. He cited specifics in equipment onboard emergency aircraft, and stated when specification regulations began in 1978, there had been many improvements. He does not wish to see us fall backwards now and feels dedicated aircraft vital. He spoke to caring for the patient first, and the aircraft later, and to have the right kind of aircraft modified for emergency transportation of patients is what they use, so the patient is not at risk. He said if HCR 5031 is passed, it would give a stamp of endorsement at a lower level care, and would result in a compromise in what is being expected and currently available for the state of Kansas. He answered questions.

Mr. William Lattimer, Director of Life Lite spoke to HCR 5031, emphasizing dedicated or mission ready aircraft are essentially the same thing. The quality of service and care of patient is vital, so the equipment must certainly meet standards. Such standards have been set down over the years very carefully.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 a.m./p.m. on February 11, 1986

Hearings continue on HCR 5031:--

Mr. Sandy Rogers, Kansas Air Life, Wichita, Kansas gave hand-out to members, see (Attachment No.7) for details. He also read two letters from attachment from St. Francis Hospital and St. Joseph Hospital in support of HCR 5031.

He said that new standards are badly needed in Kansas, however, HCR 5031 is also badly needed to protect the citizens of Kansas. He said the section requiring dedicated aircraft is sheer nonsense. For nearly 10 years Kansas was dominated by one hospital based air ambulance, and the public paid their high charges because they had no choice as there were no other options. Now there are other services available and there is a choice. Our prices he said are reportedly sometimes less than half those charged by big powerful hospital based service. Without your support on this resolution, private enterprise can not survive. He cites credentials and committment of their staff, pilots, and aircraft and equipment, and urged for support of this legislation. He gave a lengthy presentation, and stressed that patient care is vital to their organization, and they boast having highly skilled professionals caring for patients in their aircraft. He spoke to specifics in equipment onboard, and highly trained and skilled professionals as crew employees. He urged for support of HCR 5031.

Chairman adjourned meeting at 3:05 p.m.

GUEST REGISTER

DATE

2/11/86

HOUSE

PUBLIC HEALTH AND WELFARE

Date 2/11/86

NAME	ORGANIZATION	ADDRESS
Eunice Toke	Colwyn Senior Center Inc.	29218 Clifton Wichita
Helen Meyer	AARP # 45	4017 Stearns Ct Wichita
Phelia Hursh	AARP WRTA	2133 Laura Wichita
Janice Casan		125 N. Erie
Verlie Smith	C.S.C. Inc. Foster Grandparent Human Resources	3521 E. Sunningbrook <sup>Wichita</sup>
Jon Ewert	AARP 2476	1592 Peterson Wichita KS
Charles Byers	AARP 2476	1713 S. Mission Wichita
Alice Byers	AARP 2476	1713 S. Mission Wichita
Victor Richey	AARP 2476	32208 Pine Wichita
Bonnie Richey	AARP 2476	32208 Pine Wichita
Carl W. Kelley	AARP 2476	2921 Bennett Wichita <sup>67117</sup>
Dot E. Kelley	AARP 2476	" " "
John Schmeck	SRS	St Off. Bldg.
Ray Kambuff	Midwest Corporate Association	10, Box 8067 Wichita KS 67202
Theresa Shueh	KANSAS JARAL	Trp KA
Hazel Offord	AARP Wichita, Kans.	2400 St. Louis
Mildred Winkelman	Interagency Council on Aging Related Services Wichita, KS	415 S. Lyman
June Spiner	AARP - Valley Center, KS	545 N. Park, Valley Center <sup>67147</sup>
Ellie Pollock	AARP Valley Center KS	415 Hickory Lane 67147 Valley Center
Betty Derby	AARP Valley Center KS	309 N. Colby, V.C. 67147

Attachment 1  
2-11-86  
Hs. PHW

GUEST REGISTER

DATE 2/11/85

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
Anne Fry	AARP Valley Center, KS	N. Ash, Valley Center 67147
Marge Zakourk Vaughan	Olvin Senior Center, Inc.	2820 S. Roosevelt 67210
Sanford C. Rogers	KANSAS AIR-LIFE, INC.	6601 S. SWING WICHITA 67207
Rekey Nobbs	Kansas Air Life, Inc.	same ↑
Mary Woodring	AARP Valley Center, Kan	555 N. Dexter, Valley Center, Ks 67147
Kay Leffschel	AARP Valley Center	5317 N. 3rd Valley Center 67147
Grace S. Barrett	AARP Valley Center	7245 N. meridian V Center
James L. Martinson	AARP Valley Center	6945 77 Seneca Wichita, Ks 67204
Iline Allen	" " "	6235 N. Seneca - 67204
Ernest L. McCallan MD	WATCH	440 N. Custer 67208
Tom F. Swartz	WATCH	5828 Pk 67208
Plaine Johannes	NC-FH Area Agency on Aging	2601 Manhattan and 91st 66502
Elisa Rogove	VOCAL	9100 Vaughn Raytown Mo 64133
Ana Ballard	Kansas Air Life	Wichita KS
Jim Ballard	Kansas Air Life	Wichita, KS
Albinitt		Kansas City KS
SRodshu	AP	Topeka
Jim Martin	AIR-MED	POY 1850 Olathe KS 66061

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding H.B./S.B. 2710

Title

AN ACT concerning social welfare; relating to the definition of, and eligibility for general assistance; amending K.S.A. 1985 Supp. 39-702 and 39-709 and repealing the existing sections.

Purpose

The proposed legislation authorizes the Secretary of the Department of Social and Rehabilitation Services to limit general assistance, if fiscally required, to persons who are unable to engage in employment and families with dependent children or a pregnant woman who are not eligible for a federally funded program. This helps relieve the current fiscal pressures and provides a source of funding to protect, in part, payments to Aid to Dependent Children (ADC) recipients and the most vulnerable of the general assistance recipients.

Background

Increasing expenditures in the cash and medical programs necessitate further budget constraints within the current fiscal year. In addition, there continues to be increased pressure on the agency for a substantial increase to the household need standards, especially for the Aid for Dependent Children (ADC) program. The agency cannot afford to continue funding programs at present levels, much less increase the Aid for Dependent Children (ADC) standards within current budget allocations, and must terminate the Transitional General Assistance program, at least for the present.

Currently, an Aid for Dependent Children family is existing on roughly 85% of the established state minimum needs level. This is even after consideration of food stamps, and low income energy assistance payments. Current budgetary constraints will require drastic program reductions in order to maintain this payment level. Our goal is to protect, to the extent possible, the standard of living for these one parent or otherwise disadvantaged families on Aid to Dependent Children (ADC) and families with dependent children or a pregnant woman that are not eligible for a federal program. These groups are more vulnerable than the employable individuals who are now covered by the Transitional General Assistance Program. Similarly this department now has custody of several thousand foster children. It is important to adequately compensate the various group homes, foster parents and other service providers who deal with these children.

The General Assistance Program is a state program providing income assistance to persons who do not qualify for federally funded programs. It is composed of two subprograms: General Assistance Unrestricted (GAU); and Transitional General Assistance (TGA). GAU is designed to meet needs of persons who are unable to engage in employment for reasons such as age or physical or mental condition. TGA is designed to meet the needs of persons who are employable.

The law covering General Assistance Unrestricted coverage is also being revised to assure that, in addition to providing coverage to the unemployable, coverage is retained for families with children or an unborn child when those families are not covered by a federal program. This change is needed to allow continued coverage of this group if Transitional General Assistance is eliminated; however, it should made even if TGA is not eliminated in order to codify coverage now being provided to this group.

*AM # 2*

*2-11-86*

*Hs. PHW*

## Alternatives

Alternatives which can be considered include:

1. Authorize the Secretary to limit general assistance to those persons unable to engage in employment, and to families with children or a pregnant woman when those families are not covered by a federal program, as proposed; or,
2. Authorize the Secretary to eliminate the medically needy programs in whole or in part. If done in part, the blind and disabled programs could be eliminated while retaining assistance for the aged or vice versa. Selection of this alternative would mean elimination of the federally funded medicaid program now providing medical assistance coverage for the elderly, blind, disabled or ADC related individuals whose incomes are slightly above cash assistance eligibility levels.

## Effects of Passage

Unless SRS receives additional funding it will be necessary to terminate the Transitional General Assistance Program. This will help ease fiscal pressures and provide a source of funding to help protect, to the extent possible, Aid for Dependent Children payments while continuing to provide for individuals who are unable to work and for families with children or an unborn child when these families do not meet the requirements for federal assistance programs.

## SRS Recommendations

It is recommended that the legislation necessary to grant the Secretary authority to limit General Assistance to those unable to engage in employment and to families with children or a pregnant woman or be enacted.

## Fiscal Impact

Elimination of the Transitional General Assistance Program (TGA) will result in an estimated annual savings of \$4.5m in medical assistance and \$5.3m in cash assistance for a total estimated annual savings of \$9.8m.

Robert C. Harder  
Office of the Secretary  
Social and Rehabilitation Services  
296-3271  
February 11, 1986

Fiscal Note  
1986 Session  
February 6, 1986

Bill No.

4233

The Honorable Marvin Littlejohn, Chairperson  
Committee on Public Health and Welfare  
House of Representatives  
Third Floor, Statehouse

Dear Representative Littlejohn:

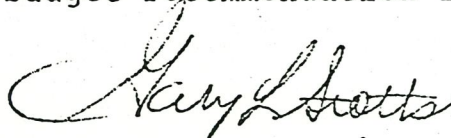
SUBJECT: Fiscal Note for House Bill No. 2710 by Committee  
on Public Health and Welfare

In accordance with K.S.A. 75-3715a, the following fiscal note concerning House Bill No. 2710 is respectfully submitted to your committee.

House Bill No. 2710 amends K.S.A. 1985 Supp. 39-702 and 39-709 to authorize the Department of Social and Rehabilitation Services to restrict general assistance program benefits to persons unable to engage in employment or families with a minor child. The effect of this amendment is to eliminate the current general assistance program referred to as transitional general assistance. The Division of the Budget estimates that continuation of the program in FY 1987 would require State General Fund expenditures of \$9,300,524.

The FY 1987 Governor's Budget Report recommends elimination of the transitional general assistance program for FY 1987. However, the Governor's recommendation does include \$2,353,770 in State General Fund moneys to expand the coverage of the general assistance unrestricted program to include approximately 25 percent of the persons currently eligible for transitional general assistance in FY 1987.

Passage of House Bill No. 2710 will require no adjustments to the FY 1987 Governor's Budget Report. However, if the transitional general assistance program is continued, additional expenditures of \$6,946,754 from the State General Fund will need to be added to the Governor's budget recommendation for FY 1987.



Gary L. Stotts  
Acting Director of the Budget

GLS:REK:sr

Attn. #3

2-11-86

Hs. PHW



#4  
Attn.  
2/11/86



# TOPEKA RESOURCE CENTER FOR THE HANDICAPPED

West Tenth Professional Building  
1119 West Tenth, Suite 2  
Topeka, Kansas 66604-1105

Telephone  
913-233-6323

MITCH COOPER, L.M.S.W.  
Executive Director

February 11, 1986

## TESTIMONY OF MICHAEL BYINGTON

I place this testimony before the House Committee on Public Health and Welfare in my capacity as Outreach Advocate/Case Manager for the Topeka Resource Center for the Handicapped. I am asking the Committee not to define transitional general assistance in a manner which would allow a reduction of payments for that program.

This bill is before the Public Health and Welfare Committee, not Ways and Means. Thus, this Committee should address issues as to what is proper and necessary public policy for the health and welfare of Kansas citizens. It should not be used as a defining body for purposes of making bad program decisions simply to save money. Transitional general assistance is an extremely small amount of assistance per person, but it is all some Kansans have. To take it away will undoubtedly cause some people to die. If transitional general assistance is going to be cut, then Ways and Means and/or Appropriations should have that responsibility.

Transitional general assistance currently nets people \$100.00 per month and a MediKan card. While this is not enough to assure anyone an adequate lifestyle, it makes the difference between life and death for some people. Reductions in assistance levels have gone far enough. I know this may not be the session to talk of increases, but it is reprehensible to talk of additional reductions below this level.

The population that you of the Committee are told receives transitional general assistance are those who are able to work, should be working, but, for some reason, are not working. While there are undoubtedly a few people on the program who actually meet this definition, I do not think it is very many. Nobody in their right mind sits back and enjoys life on \$100.00 per month. I see transitional general assistance recipients in my practice as a case manager each month. Most of the people I see are chronically mentally ill and are on the program not because they are not disabled enough to qualify for another program, but rather because they have disassociated mentally so badly that they just can not get it together enough to seek treatment. For some of these people, my skills as a case manager make the difference; they get the additional treatment and assistance they need. Others, however, are too oriented away from reality to

Attn. #4  
2-11-86

benefit from my services as well. These are the people you shut out when you cut transitional general assistance.

S.R.S. makes it extremely difficult to qualify for any other program. This is the reason many people are on transitional general assistance. I am attaching to this document a copy of an article which appeared in one of our recent news letters. This shows just how difficult it is to get off of transitional general assistance and on to a program which provides more assistance. The people who can not do this are the people who stand to be hurt by bills like HB2710.

# DISABILITY TIMES

January, 1985

A Newsletter for Residents of Shawnee County  
Interested in Disability Issues

## DISCRIMINATION BY DEFAULT

M. Byington

Discrimination by default occurs at times when disabled people are discriminated against, not out of malice, but as a result of the lack of adequate information. Let us know about your experiences with discrimination by default. We may print them.

This month's subject involves the Income Maintenance Section (IM) of the Kansas Department of Social and Rehabilitation Services (SRS). The concern is in relation to that division's failure to address with dignity the special needs of persons with disabilities. The tools of discrimination in this instance are inflexible, excessively narrow, written policies and non-advocacy oriented workers who follow these regulations in the most restrictive manner.

The basic rule these policies are attempting to implement is as follows: An unemployed person who is physically and mentally able to work may be eligible for \$100.00 per month, some food stamps and a MediKan card. To continue receiving these benefits, the person must be actively seeking employment and be able to prove it to IM. If a person is disabled, and unable to work or look for a job for at least 30 days, and proves this to IM, then that individual does not have to turn in job search records. They also get a little more cash; about \$180.00 instead of \$100.00.

The rule seems clear enough. The difficulty is in proving one's case to IM. They require that a doctor specifically state that the person cannot work. This can be a problem as doctors must be skilled in evaluating medical conditions, but they are not necessarily experts at identifying residual capacities for work.

Additionally, IM requires that the disabled individual do their own leg work for the most

part in securing proofs. This is an apparent contradiction since a person who is capable of running all over town getting the proofs IM needs might as well look for a job anyway.

The result is that many disabled people lose all of their benefits because they cannot secure the documentation IM needs due to limits imposed on them by their disabilities. Three examples are given here to illustrate this problem.

The rules for achieving Supplemental Security Income (SSI) benefits require that a person be more disabled for a much longer period of time than is the case for getting the IM benefits described above. One man with whom the Center works submitted the same information to IM as he turned into the Social Security Administration (SSA) to get SSI. The result was that he was eventually found eligible for SSI, but IM personnel continue to maintain that he never proved adequately that he was disabled for their purposes, because his doctors only provided medical information, not professional judgements as to his ability to work.

Another TRCH consumer told the IM worker responsible for his case that Disability Determination Services (DSS) had information, collected for an SSA determination, which would

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prove he was disabled for IM purposes, but the IM employee never offered the consumer an opportunity to sign a release so the information could be exchanged. They just wanted to send the consumer to yet another doctor at additional SRS expense in order to get the information.

The consumer refused to comply with this request, which he viewed as a waste of money caused by conflicting regulations, so his cash assistance and MediKan card were cut off. He was later told that he had to go to a doctor to get information to prove that he was disabled, to waive the job search requirements and continue receiving food stamps. He was told that SRS would not pay for this examination because he had no MediKan card. As he had no cash and no MediKan card to obtain the required proof, now he also has no food stamps.

The third case involved a consumer that had to have a complete hip replacement. She is homebound for a period of at least several weeks, perhaps several months. Her DDS worker, in the presence of a TRCH staff member, told the IM worker that the consumer was clearly disabled for at least 30 days or longer, thus meeting SRS standards.

He sent some medical information over to the IM worker. The IM supervisor in the case ruled that, as the DDS worker is only a qualified Master's Level Rehabilitation Specialist, and as the medical reports provided by DDS report medical findings but do not specifically state that the person cannot work, the information was not adequate.

The consumer did not get her check. The doctor still has to send an additional report. The consumer asked if the check could be speeded up once the extra doctor's information was received, and was told that it could be, but that she would have to come to the IM office, hip replacement and all, to pick the check up in person. No one may do this for her.

IM would do well to acknowledge via regulations that doctors do not possess all of the answers. Other professionals in the community are as qualified, or perhaps more qualified, to say whether an individual can or cannot work. Even the SSA acknowledges this. That is why they have individuals trained in vocational rehabilitation evaluating objective medical findings to determine who is disabled by their standards and who is not.

HOUSE BILL NO. \_\_\_\_\_

By Representative Apt

1 AN ACT requiring a certificate of birth to contain  
2 ~~fingerprints~~ impressions of the child.

full-hand and footprint

3 Be it enacted by the Legislature of the State of Kansas:

4 Section 1. (a) In addition to other information  
5 required by a certificate of birth for live births under the  
6 uniform vital statistics act, the certificate shall contain  
7 suitable ~~fingerprints~~ impressions of the child. The  
8 ~~fingerprints~~ shall be taken and recorded on the certificate  
9 of birth in the manner and in the form prescribed by the  
10 secretary of health and environment by rules and  
11 regulations.

full-hand and footprint  
impressions

12 (b) This section shall be part of and supplemental to  
13 the uniform vital statistics act.

14 Sec. 2. This act shall take effect and be in force  
15 from and after its publication in the statute book.

*Attn. #5  
2/11/86  
Hs. PHW*

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

HOUSE CONCURRENT RESOLUTION 5031

PRESENTED BY THE KANSAS HIGHWAY PATROL

February 11, 1986

The Kansas Highway Patrol has no position on H.C.R. 5031, but would like to explain how these regulations were adopted. Emergency Medical Services regulations are the statutory responsibility of the Emergency Medical Services Council, an eighteen member body appointed by the governor. This council is staffed by the Bureau of Emergency Medical Services, part of the Kansas Highway Patrol.

H.C.R. 5031 requests the modification of K.A.R. 109-4-3 to eliminate the requirement that fixed wing air ambulance be dedicated for ambulance use. The council adopted the requirement for dedicated aircraft after holding two meetings with providers and a public hearing. No opposition to this requirement was given at either provider meeting when the regulations were being developed.

The air ambulance committee of the council which developed these regulations has been directed by the council to review H.C.R. 5031 and present recommendations to the council on possible modifications of K.A.R. 109-4-3. The council will next meet on March 14, 1986.

I have attached a copy of the air ambulance regulations chronology which demonstrates the care and research which went into the development of these regulations.

*attm #6.*  
*2-11-86*  
*Hs. PHW*

AIR AMBULANCE REGULATIONS TIMEFRAME

- 11-15-84 Bob McDaneld met with George Boyd, Aviation Director for KDOT, to discuss current Type IV (aircraft) regulations and F.A.A. requirements.
- 12-7-84 Dr. John Evans and Dr. Ernest McClellan addressed the EMS Council with their concerns about air ambulance regulations.
- 12-12-84 Dave Nachtigal named an air ambulance task force consisting of Olin Tapley, chair, Reed Hartford and Dr. Richard Beamon.
- 1-14-85 A variety of materials on air ambulance regulation was sent to task force members.
- 1-25-85 The EMS Council decided to send all air ambulance waiver requests to the task force for review. The task force met for the first time to discuss previously mailed materials.
- 2-25-85 The task force met by conference telephone call to discuss regulations. Olin Tapley agreed to write draft regulations for consideration by task force.
- 3-8-85 R.L. Davis addressed EMS Council. He urged caution in approving any waiver requests by air ambulance services.
- 4-2-85 The task force met by conference telephone call.
- 5-8-85 Bob McDaneld met with George Boyd to discuss cot-mounting problems and other air ambulance issues.
- 5-14-85 Olin Tapley sent draft regulations; they were forwarded to task force members.
- 5-17-85 R.L. Davis addressed EMS Council. Task force met with R.L. and Ray Rowhuff and others after council meeting to discuss Olin's draft.
- 6-3-85 Dr. Ernest McClellan sent his suggestions for air ambulance regulations.
- 6-28-85 Bob McDaneld revised regulations; draft sent to task force members.
- 7-10-85 Draft regulations sent to current air ambulance services; meeting scheduled for 7-19-85.
- 7-17-85 Task force met by conference call to discuss draft regulations and provider meeting.

7-19-85 Task force met with air ambulance service representatives for a thorough discussion of draft regulations.

9-4-85 Task force met with air ambulance service representatives for second meeting.

9-12-85 Task force met by conference telephone call.

9-20-85 EMS Council reviewed regulations.

10-24-85 Draft regulations approved by Department of Administration and Attorney General.

10-24-85 Notification of public hearing.

11-8-85 Public hearing at Pozez.

11-12-85 Proposed changes approved by Department of Administration and Attorney General.

11-15-85 EMS Council adopted regulations

12-15-85 Regulations filed with Revisor's Office.

12-30-85 Regulations reviewed by Joint Committee on Rules and Regulations.





# KANSAS AIR-LIFE

SERVING THE PEOPLE OF KANSAS-NATIONWIDE  
316-522-0089 • 24 HOURS

JIM BALLARD  
PRESIDENT

SANFORD ROGERS  
SENIOR VICE-PRESIDENT

FEB. 11, 1986

STAFF,

BEFORE YOU NOW IS A RESOLUTION FOR THE NEW AIR AMBULANCE REGULATIONS THAT WILL BE PRESENTED TO THIS SESSION OF THE LEGISLATURE.

NEW STANDARDS ARE BADLY NEEDED IN KANSAS, HOWEVER, RESOLUTION #5031 IS ALSO BADLY NEEDED TO PROTECT THE CITIZENS OF KANSAS.

ENCLOSED ARE TWO LETTERS. BOTH ASK THAT YOU SUPPORT THIS RESOLUTION. ONE LETTER IS FROM THE DIRECTOR OF OPERATIONS OF ST. FRANCIS MEDICAL CENTER, IN WICHITA, KS. THE OTHER IS FROM THE ASSISTANT VICE PRESIDENT OF ST. JOSEPH MEDICAL CENTER, ALSO IN WICHITA.

THE SECTION REQUIRING DEDICATED AIRCRAFT IS SHEAR NONSENSE. IT IS WITHOUT ANY FOUNDATION WHAT SO EVER.

FOR ALMOST TEN YEARS KANSAS WAS DOMINATED BY ONE HOSPITAL BASED AIR AMBULANCE. THE PUBLIC PAID THE HIGH PRICES BECAUSE THEY HAD NO CHOICE.

THREE PRIVATELY OWNED SERVICES BASED IN KANSAS ARE IN BUSINESS AND LIENCED BY THE STATE AT THIS TIME. THIS, IN FACT, GIVES KANSANS A CHOICE. OUR PRICES ARE REPORTEDLY SOMETIMES LESS THAT HALF THE PRICE CHARGED BY THE BIG POWERFUL HOSPITAL BASED SERVICE. THE ONLY WAY THEY CAN PROTECT THEIR TURF, IS SEE THAT REGULATIONS ARE PASSED WHICH WILL DRIVE PRIVATE ENTERPRISE OUT OF BUSINESS.

WITHOUT YOUR SUPPORT ON THIS RESOLUTION, PRIVATE ENTERPRISE CAN NOT SURVIVE. WE SIMPLY CAN NOT AFFORD IT. WE DO NOT ENJOY THE BENEFITS OF NON-PROFIT STATIS THAT THEY ENJOYED FOR SO LONG.

WITHOUT YOUR SUPPORT, JET AIR AMBULANCE WILL BE ELIMINATED IN KANSAS. REMEMBER, THE HOSPITAL BASED SERVICE, DOES NOT GO BY THESE RULES. THEY HAVE THEIR OWN REGULATIONS THAT ALLOW THEM TO USE A JET THAT IS ALSO USED FOR CHARTER. WE CAN NOT DO THAT UNLESS YOU SUPPORT THIS RESOLUTION.

IT IS SO OBVIOUS THAT THIS SECTION IS DESIGNED TO ELIMINATE THEIR COMPETITION.

*PHM #7*

*2-11-86*

PAGE 2.

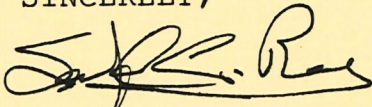
I DO ASK THAT YOU SEARCH YOUR HEARTS AS TO WHAT WILL BENEFIT THE CITIZENS OF KANSAS. DO WE LET THE HOSPITAL BASED COMPANY MONOPOLIZE AGAIN? DO WE TAKE AWAY THE CHOICE THAT KANSANS NOW HAVE?

WE BELIEVE THAT EVERYONE, THE RICH AND THE POOR SHOULD HAVE THE RIGHT TO THE SAME MEDICAL ATTENTION.

YOU CAN HELP KEEP THE HIGH COST OF AIR AMBULANCE TRANSFERS FROM GETTING HIGHER. PRIVATE ENTERPRISE DOES PROVIDE GOOD QUALITY SERVICES FOR MUCH LESS COST TO THE PATIENT. COMPETITION WILL HELP KEEP PRICES LOWER; AND THAT'S A FACT. ELIMINATE COMPETITION AND YOU LOSE LOWER PRICES.

WE ALL NEED YOUR VOTE IN SUPPORTING RESOLUTION #5031. I THANK YOU AND THE CITIZENS OF KANSAS THANK YOU.

SINCERELY,

A handwritten signature in black ink, appearing to read "Sanford C. Rogers". The signature is stylized with a large, sweeping "S" and "R".

SANFORD C. ROGERS  
SR. VICE PRESIDENT



JOHN R. ROEDER  
Executive Vice President & Chief Operating Officer  
ST. FRANCIS REGIONAL MEDICAL CENTER

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February 10, 1986

Representative Marvin Littlejohn, Chairman  
House Public Health and Welfare Committee  
Room 425-S  
Capitol Building  
Topeka, Kansas 66612

Dear Representative Littlejohn:

I am writing this letter in support of the House Concurrent Resolution No. 5031.

At a time when a great effort is being expended to reduce rising medical expenses, requiring a full time dedicated aircraft will drive the cost of air ambulance transportation even higher.

For several years, we have been using air ambulance services that use the aircraft for both charter and air ambulance purposes. We have had no problems with this system and the public has had the choice of paying the higher cost of the dedicated aircraft, or the lower cost of the non-dedicated aircraft.

We ask you to support this resolution so the public will continue to have a choice of services. We also urge your support in the interest of controlling the rising costs of this service.

Thank you for your consideration in this matter.

Sincerely,

John R. Roeder  
Executive Vice President and  
Chief Operating Officer

JRR/pa



**St. Joseph Medical Center**

3600 East Harry/Wichita, Kansas 67218/(316) 685-1111

February 10, 1986

Marvin Littlejohn  
Chairman  
Public Health & Welfare Committee  
Kansas House of Representatives  
Room 4255  
State Capital  
Topeka, Kansas 66612

Dear Representative Littlejohn:

I am writing you to express my support for House Concurrent Resolution #5031 concerning standards for ambulance aircraft and equipment. The Resolution strikes the language stipulating aircraft cannot be used for purposes other than emergency services. Because air ambulances are not first responders to medical emergencies, there is no need for the aircraft to be dedicated to ambulance use.

A system whereby aircraft can be used for both air ambulance and air charter has been successful in other states. St. Joseph Medical Center currently leases a fixed-wing ambulance aircraft which can also be used for air charter. This arrangement has presented no problems for St. Joseph Medical Center and allows for the program to be financially sound.

Sincerely,

Mark Steadham  
Assistant Vice President - Clinical Services

MS/tms

**First in Wichita. First in family care.**