

Approved _____

Date 4-12-86
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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

2:50 a/m./p.m. on April 8, 1986 in room 423-S of the Capitol.

All members were present except:

Representative Foster, absent

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Larry Buenning, Board of Healing Arts, Disciplinary Counsel
Jerry Slaughter, Medical Society

Visitor's register, (None)

Chairman called meeting to order and invited conferees to speak to SB 753.

Hearings began on SB 753.

Mr. Larry Buenning, spoke in support of SB 753, giving background of numbers on the staff of Board of Healing Arts, and functions of staff with present funding. He also explained the progression of the Board as legislation has expanded their Department over the years. He called attention to the attachments handed out to member this date. In the past their Agency has been looked upon as more of a licensing Agency rather than a regulatory Agency. He noted the number of complaints received per year is around 200, and there are approximately 300 mal-practice petitions filed each year. The addition of two investigators and additional clericals that will be provided, should SB 753 be approved, will enable them to be more effective as an Agency. He spoke of their lack of staff and funding at present and compared it with the additions proposed, they feel it will help greatly. Their work load will be significantly increased because of the legislation passed in HB 2661. (Clerical and paper work loads will greatly increase.)

He answered questions from staff and members, i.e., no, their Agency did not formally request SB 753; yes, there is no doubt that many additional responsibilities will be added to their Agency through the passage of HB 2661, (work load and disciplinary portions of our duties will be expanded significantly, he said.) No, we have never been able to investigate every single mal-practice petition. (Do not have the staff to do so, he said). Yes, he said the addition of clerical and investigative workers will help them to get the work back to the review committee, or panel of experts, or the executive director, who would review after the investigative work has been done. This appears to be a problem area currently, and SB 753 with its provisions for increased budget will allow the Board of Healing Arts to function more adequately. No, he did not see a complete black/white turn around in 2 or 3 months having had an Executive Director added to staff.

Jerry Slaughter, Kansas Medical Society spoke in support of SB 753. We are not unhappy he stressed, with the Board of Healing Arts personnel now or in the past. For a number of years we have been on record as in support of any thing that will help this Board to better regulate and investigate its licensees. We are aware they have not had adequate staff or funding, but the issue here goes deeper than that, i.e., there has not been a central focus in the past, and it is the Society's belief that this would better serve the Agency if such a focus is provided in an Executive Director. Someone with a more clear chain of command, someone who could in effect run a business, which is exactly what needs to be done with this Agency. Someone who is a proven leader in management, and can manage other professionals. This is not our bill, nor requested by our Society, he said, but it is our belief that it would be a good beginning, a turn around perhaps that is needed in the Board of Healing Arts. He pointed out the salary that would be made

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CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 2:50 a/m./p.m. on April 8, 1986

Hearings continued on SB 753:

available to the chief staff person is money generated from license fees, and is not State General Fund money. He stated their Society supports anything that will enable the Board of Healing Arts to better do its job. He asked members to note that the enactment of the Occupational Therapy and Respiratory Therapy legislation will add significantly to the responsibilities of the Healing Arts Board. He answered questions, i.e., the person selected for the executive Director could be a physician, he said, but not necessarily so. He must be the best person for the job, one who as he said earlier, is a proven administrator. Some physicians could certainly qualify for the position, some from outside that profession could qualify as well. Presently we ask many things of the Board, and in the future we will ask more, and many people are frustrated because we are not getting the job done from the Board that is needed. He said they support giving the Board the tools to do the job, and if this doesn't work, then, we may need to change the whole structure.

Chairman had members note at this point, that Senator David Kerr who was Chairman of the sub-committee and sponsor of this bill had been contacted about the Hearing this date on SB 753, but he is unable to appear as a conferee since the Senate is in session.

Chair note attachments given to members, (See Attachment No. 1), for details of sub-committee report of Senate, and (Attachment No.2), for minutes of Senate Public Health and Welfare Committee for April 1, in regard to SB 753. After committee had read and evaluated this information, Chair asked wishes of committee in regard to SB 753. It was noted the Senate PH&W committee passed this bill with a small margin, 6 to 5, but the Senate passed the bill 39 to 0.

There was discussion in regard to the salary that was projected for the position of the Executive Administrator for the Board of Healing Arts, and discussion on the fiscal note in general. It was brought out the salary of persons being added to the staff of the Board was not the general thrust of this bill, and that salary could be defined at a later time. The question arose, who would appoint or hire the key administrator, and it was brought out the position would not be appointed by the Governor, but the person would be hired by the Board of Healing Arts. Number of persons to be added to staff of Agency was discussed; issue not firm that there is definite need of an Executive Director; salary needs to be considered, since there will be a set amount of funding appropriated; more rigorous look from inside would perhaps help resolve some of the mal-practice problems facing our society.

At this point, Rep. Wagnon made a motion to report SB 753 favorable for passage as needed to be amended technically if necessary, seconded by Rep. Blumenthal. Discussion ensued, i.e., since this contains components of the Governor's request, has this bill been discussed with the Governor; approval of SB 753 now could be a good beginning to help the Bd. of Healing Arts, and then take a strong look again down the line to see if there have been improvements enough to satisfy necessary changes to upgrade that Agency; whether or not to sunset this legislation; perhaps it would be more realistic to wait and see if HB 2661 passes or not before authorizing a key administrator for the Healing Arts Board; some felt the need would be even stronger if HB 2661 did not pass.

Vote taken, chair in doubt, show of hands indicated 10 in favor, 7 against. Motion carried.

Chair thanked all members for their cooperation in attending the meeting. Meeting adjourned.

SUBCOMMITTEE REPORT

Agency: Board of Healing Arts

Bill No. 2717

Bill Sec. 7

Analyst: Rampey

Analysis Pg. No.

Budget Pg. No. 1-193

<u>Expenditure Summary</u>	<u>Agency Req. FY 87</u>	<u>Governor's Rec. FY 87</u>	<u>Subcommittee Adjustments</u>
State Operations:			
Special Revenue Fund	\$ 621,906	\$ 679,098	\$ 2,500
FTE Positions	13.0	15.0	15.0

House Subcommittee Recommendation

10-7

FY 1986. The Subcommittee concurs with the Board's estimate and the Governor's recommendation of expenditures of \$519,825, the amount approved by the 1985 Legislature.

FY 1987. The Subcommittee concurs with the Governor's recommendations, with the following change and comments:

1. Add \$2,500 for an additional peer review committee. There are presently three peer review committees charged with reviewing complaints against licensees and making recommendations to the Board (one committee each for medical doctors, osteopathic doctors, and chiropractic doctors). Each committee consists of three doctors who meet once a month. Information presented by the Board indicates a backlog of cases to be reviewed, consisting primarily of complaints against medical doctors. (At the present time, 56 cases concerning medical doctors are pending, 7 against osteopathic doctors, and 13 against chiropractic doctors.) The Subcommittee's recommendation would provide funding for per diem compensation, travel expenses, and other costs associated with the appointment of an additional peer review committee to deal with cases involving medical doctors.
2. In addition to its recommendation concerning peer review committees, the Subcommittee wishes to comment upon a recommendation of the Governor's with which it concurs. The Governor recommends the addition of five new positions to the Board's staff, positions that will enhance the Board's ability to become more active in its review, investigation, and prosecution of complaints against licensees. The Governor's recommendations are specifically aimed at increasing the Board's ability to handle malpractice complaints. A main component of the Governor's recommendation is the creation of a new position, a full-time physician-administrator, who will manage the Board office. The

*Attn # 1
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Governor includes \$66,026 (salary and benefits) in his budget for this position.

The Subcommittee concurs with the Governor's recommendation for additional staff. In particular, it thinks a greatly-strengthened administrative position could provide the medical expertise the Board needs on a full-time basis to review complaints against licensees. In fact, the Subcommittee is concerned that the money allocated for this position might not be enough to attract a person with the medical background required to do the job. The Subcommittee supports H.B. 2881 that would make the statutory changes to implement the Governor's recommendations and urges that it be passed.

The Subcommittee wishes to convey to the Board of Healing Arts its continued concern that greater effort must be made to protect the public against unqualified licensees. The Subcommittee thinks the Governor and the Legislature have done their part to provide the Board with the staff, the statutory changes, and the expenditure authorization necessary for the Board to vigorously fulfill its charge. It is now up to the Board to demonstrate its responsiveness to the public concerns that surround the malpractice issue and to use the tools at its disposal to actively perform its duties.

House Committee Recommendation

FY 1987. The House Committee concurs with the Subcommittee's recommendations with the following exceptions:

1. Add \$11,664 for partitions to be used in the Board's new office in the Santa Fe Building.
2. At the end of the second paragraph of item 2 above, delete the sentence that reads "The Subcommittee supports H.B. 2881 that would make the statutory changes to implement the Governor's recommendations and urges that it be passed."

The status of the Board's fee fund, taking into account the Committee's recommendations, is shown below:

<u>Resource Estimate</u>	<u>Actual FY 1985</u>	<u>Estimated FY 1986</u>	<u>Estimated FY 1987</u>
Beginning Balance	\$ 414,642	\$ 435,504	\$ 463,998
Net Receipts	407,690	548,319	731,490
Total Funds Available	\$ 822,332	\$ 983,823	\$ 1,195,488
Less: Nonreportable Expenditures	1,678	--	--
Less: Expenditures	385,150	519,825	693,262
Ending Balance	\$ 435,504	\$ 463,998	\$ 502,226

House Committee of the Whole

The House Committee of the Whole concurs with the recommendation of the Committee.

Senate Subcommittee Recommendation

<u>Expenditure Summary</u>	<u>House Adj. FY 87</u>	<u>House Rec. FY 87</u>	<u>Senate Subcommittee Adjustments</u>
State Operations: Special Revenue Fund	\$ 14,164	\$ 693,262	\$ 6,471
FTE Positions	--	15.0	--

The Senate Subcommittee concurs with the recommendations of the House, with the following adjustments and comments:

1. Add \$997 as the result of recalculating KPERS benefits.
2. Add \$1,500 for two computer terminals.
3. The Subcommittee agrees with the Governor and the House that the Board's staff should be strengthened by the addition of a new administrative position to head the Board's office. It was the Governor's recommendation that this position be filled by a physician who would also be a member of the Board. The Governor's recommendations would have been implemented by H.B. 2881, which is presently in the House Judiciary Committee. The salary for this new position as recommended by the Governor and concurred with by the House would be \$66,026 (including benefits).

While agreeing that the new position should be added, the Subcommittee does not think the position should necessarily be filled by a physician, nor does it think the position should be held by a Board member. The primary qualification the Subcommittee envisions is that the person not be affiliated or identified with groups or professional associations of persons who are regulated by the Board. If it is necessary to recruit outside Kansas to find someone with the independence necessary in order to perform the job, the Subcommittee encourages the Board to do so.

The Subcommittee also recommends that the salary and benefits for this position be increased to \$70,000 (an increase of \$3,974 over what is presently in the budget) so that the Board will be able to attract the most qualified applicant.

To implement its recommendations, the Subcommittee asks that legislation be introduced to create a new administrative position in the unclassified service to strengthen the Board's ability to deal with unprofessional or unqualified practitioners, particularly in the area of medical malpractice. The legislation should not specify that this person be a

Approved _____ Date _____

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at _____
Chairperson

10:00 a.m./~~p.m.~~ on April 1, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research
Norman Furse, Revisors Office
Clarene Wilms, Committee Secretary

Conferees appearing before the committee:

Lyle Eckhart, Director, Bureau of Emergency Medical Services
Olin Tapley, Chairman of Task Force on Air Ambulance Regulations
Larry Bruening, Board of Healing Arts
Charlene Abbott, Board of Healing Arts
Jerry Slaughter, Kansas Medical Society
Written Testimony, Kansas Air Life
Written Testimony, Kansas Department on Aging, SCR-1641

Others attending: See attached List

Discussion on SB-588 started March 31, 1986, continued with Senator Francisco stating that it was his desire to request Ways and Means to place a hold on the implementation of Rules and Regulations requiring mandatory 24 hour nursing until such a time that funds were available to implement and pay for these services. When questioned why a statute was needed rather than leaving it up to Rules and Regulations, Senator Francisco stated that since the Supreme Court ruling statutes were the only way the legislators could have control since they could not speak to Rules and Regulations. Senator Francisco moved that a letter be sent from this committee to Ways and Means expressing the committee's serious concern about the adequacy of the \$1.1 million for 24-hour care, that they look at it, and if they agree, to put the regulatory mandate on hold, but retain the \$1.1 million for the voluntary funding of 24-hour care. Senator Hayden seconded the motion. Senator Kerr commented that last week Ways and Means voted to take the fifth capitation off the nursing homes and that it be implemented throughout the year. Money was also provided to implement the policy. Motion carried.

The minutes of March 24, 25, 26, 27 and 28 were presented for approval or correction. Senator Riley moved that the minutes be approved as presented. Senator Anderson seconded the motion and the motion carried.

SB-753 - An Act concerning the state board of healing arts; relating to members, officers and staff;

Senator Kerr was called on to speak to SB-753 as it came from Ways and Means. He stated that the thrust of the bill was to change from a secretary of the board of healing arts who has limited powers to a strong administrator who would be able to review more rigorously. The bill would enlarge the staff from 10 to 15 with additional investigators. The position of Secretary would be eliminated and the secretary would become an assistant to the administrative officer. During discussion it was asked whether or not this administrator would need to be a person with a medical background and the answer was that a person with strong administrative qualities, independent of any Kansas influence, possibly a person from out of state would be considered. Jerry Slaughter offered comments on the point of view of the Kansas Medical Society. Mr. Slaughter stated that the medical profession does not run the Board of Healing Arts. He also stated that the work of this board was considerable and trying to handle the big business involved with part-time help was very difficult. The board is now overloaded and it was felt that this bill was a step forward. Senator Riley stated that management was the

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CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 526-S, Statehouse, at 10:00 a.m./~~xxxx~~ on April 1, 1986

key, not necessarily large numbers on a board and a large salary for the administrator. Senator Kerr stressed that Kansas is growing and the whole structure needed to be changed to handle the present situations. Senator Kerr moved that SB-753 be passed out favorable with a second from Senator Salisbury. The motion was called and the chair was in doubt. The motion passed 6 to 5. Senator Kerr will carry SB-753 on the Senate floor.

HCR-5031 - A Concurrent Resolution concerning standards for ambulance aircraft and equipment; requesting the modification of K.A.R. 109-4-3, as adopted by the emergency medical services council and filed with the revisor of statutes on November 26, 1985.

Lyle Eckhart testified and presented written testimony on HCR-5031. Attachment I. It was stated that HCR-5031 is necessary to authorize the state council to adopt emergency regulations in order to satisfy the concerns of the joint legislative committee on Rules and Regulations. HCR-5031 would delete the requirement that any air ambulance be dedicated only to ambulance use. The amendment outlined in Attachment I would require that at least one licensed air craft be available for ambulance use within 60 minutes of a call for services.

Olin Tapley testified and presented written testimony stating that the council had reviewed HCR-5031 and other concerns of the Joint Committee on Rules and Regulations, and approved the recommendations of the Air Ambulance Task Force which were as follows: 1) The air ambulance regulations should be amended to delete the requirement that Type I-A aircraft be dedicated. 2) The requirement for dedicated aircraft should be waived upon application until new regulations are adopted. 3) No new regulations should be adopted without a public hearing at which the proposed regulations can be fully discussed. Attachment II

Written testimony, Kansas Air Life was presented. Attachment III

Written testimony, Department on Aging on SRC-1641 was presented. Attachment IV

Meeting adjourned at 10:59 a.m.

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

HOUSE CONCURRENT RESOLUTION 5031

PRESENTED BY THE KANSAS HIGHWAY PATROL

April 1, 1986

Passage of H.C.R. 5031 is necessary to authorize the state council to adopt emergency regulations in order to satisfy the concerns of the Joint Legislative Committee on Rules and Regulations.

On March 14, 1986 the state council authorized the air ambulance task force to revise the air ambulance regulations to remove the requirement for a dedicated aircraft. The proposed emergency regulation would permit air ambulances to be used for routine charters if the operator had at least one licensed aircraft available for air ambulance use within sixty minutes of a call for service.

A copy of the proposed changes is attached. It should be noted that these changes have not yet been approved by the Department of Administration or the Office of the Attorney General. The EMS Council cannot adopt the revised regulations until this approval process has been completed.

According to the supplemental note on H.C.R. 5031 the proposed changes were specific to the expressed concern. The supplemental note to H.C.R. 5031 reads as follows:

Background

The Joint Committee on Administrative Rules and Regulations concluded, after hearing an operator of an air ambulance service and review of K.A.R. 109-4-3, that air ambulance service would not suffer if airplanes used for ambulance services were also used for other purposes provided that backup aircraft were available to perform ambulance services as needed.

- Attachment I
4/01/86

S. PH

Attachment
I

William G. Wolff
March 24, 1986
Page 2

K.A.R. 109-4-1 (b) (3) should be amended as follows: (Each Type I-A service shall)

have at least one licensed aircraft which meets all requirements of K.A.R. 109-4-2 (a) available for ambulance service 24-hours a day, every day of the year. Each Type I-A service may also operate type I-A aircraft as described in K.A.R. 109-4-2 (b)."

K.A.R. 109-4-3 (b) (2) should be amended as follows:

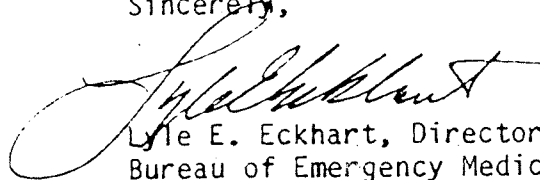
each aircraft shall be mission-ready within 30 minutes of a call. If a service licenses more than one Type I-A aircraft, only one aircraft is required to be mission-ready.

The council approved the recommendation and instructed staff to prepare the regulation for adoption on May 16, 1986.

The task force further recommended the existing regulation should be waived by the council upon the application of any operator until the new regulation is adopted.

The chairman appointed a task force to review all of the Type V regulations which were a general concern of the legislative committee. The council will specify staffing and equipment in the upcoming modification of the Type V regulations.

Sincerely,


Lyle E. Eckhart, Director
Bureau of Emergency Medical Services

dy

C: Col. Moomau ✓
Dave Nachtigal

Attachment I

(a) Permits shall be issued for two classes of air ambulance service. The classes shall be known as type I-A and type IV-A. This regulation shall not prohibit a type V service from providing air ambulance service.

(b) Each type I-A service shall:

(1) Be in compliance with all applicable F.A.R. Part 135 requirements;

(2) provide advanced life support capability as described in K.S.A. 1984 Supp. 65-4306. A type I-A service shall not be subject to public call as defined in K.A.R. 109-1-1 (b);

(3) have at least one licensed aircraft which meets all requirements of K.A.R. 109-4-2-(a) (b) available for ambulance use within 60 minutes of a call for service. Each type I-A service may also operate type IV-A aircraft as described in K.A.R. 109-4-2-(b) (c);

(4) maintain a staff of currently certified mobile intensive care technicians and emergency medical technicians which is adequate to meet all requirements of K.A.R. 109-4-2 (a);

(5) have all patient transports reviewed and approved by an aeromedical physician as defined in K.A.R. 109-1-1 (d) prior to transport, unless the transport is being made in conformance with 109-1-1 (b), and documented on the patient report forms submitted to the bureau of emergency medical services; and

(6) have a method of receiving and transferring calls which ensures that any emergency calls are immediately and properly relayed to the nearest emergency service and that the person making the call is so informed.

(c) Each type IV-A service shall:

(1) Be in compliance with all applicable F.A.R. Part 135 requirements;

(2) provide the level of treatment that currently certified emergency medical technicians are authorized to perform as well as non-emergency transportation for the sick and injured. A type IV-A service shall be prohibited from responding to requests for emergency care;

(3) have at least one licensed aircraft which meets all requirements of K.A.R. 109-4-2 (b). A type IV-A service shall license only type IV-A aircraft;

(4) maintain a staff of currently certified emergency medical technicians adequate to meet all requirements of K.A.R. 109-4-2 (b);

(5) have all patient transports reviewed and approved by a person licensed to practice medicine and surgery prior to transport and documented on the patient report forms submitted to the bureau of emergency medical services; and

(6) have a method of receiving and transferring calls which ensures that any emergency calls are immediately and properly relayed to the nearest emergency service and that the person making the call is so informed.

(Authorized by and Implementing K.S.A. 1984 Supp. 65-4320, effective May 1, 1986.)

109-4-2. Classes of ambulance aircraft.

(a) Licenses shall be issued for two classes of ambulance aircraft. The classes shall be known as type I-A and type IV-A. Each ambulance aircraft operated by a service that has been issued a permit shall be in compliance with F.A.R. Part 135 requirements in its ambulance configuration prior to licensure and shall be licensed in accordance with the provisions set forth in these regulations.

(b) Each type I-A aircraft shall:

(1) Be equipped to provide advanced life support as described in K.S.A. 1984 Supp. 65-4306 and shall be in compliance with all aircraft specifications and equipment requirements set forth in K.A.R. 109-4-3 (a), (b), and (c); and

(2) be staffed with at least two attendants (not including pilot) during patient transport, including at least one currently certified mobile intensive care technician. The second attendant may be either a currently certified mobile intensive care technician or currently certified emergency medical technician. The attendants shall be in the patient compartment during patient transport.

(c) Each type IV-A aircraft shall:

(1) Be in compliance with all aircraft specifications and equipment requirements set forth in K.A.R. 109-4-3 (a) and (c); and

(2) be staffed with at least one currently certified emergency medical technician (not including pilot) who shall be in the patient compartment during patient transport. (Authorized by K.S.A. 1984 Supp. 65-4320; implementing K.S.A. 1984 Supp. 65-4326; effective May 1, 1986.)



109-4-3. Standards for ambulance aircraft and equipment. Each licensed

aircraft shall meet the aircraft and equipment standards which are applicable to that class of aircraft.

(a) Type I-A and type IV-A aircraft shall meet the following specifications:

(1) Fixed wing aircraft shall be multi-engined;

(2) the aircraft design shall not compromise patient stability in loading or unloading the patient, or during flight operations;

(3) the patient compartment shall be configured to provide the attendant adequate access to the patient;

(4) the aircraft heating and cooling systems shall be adequate to provide patient comfort;

(5) the patient litter shall be secured;

(6) all equipment shall be secured; and

(7) the normal white illumination in the patient compartment shall be at least 15 foot candle intensity as measured all along the center line of the clear floor with the door open and all ambient light obliterated. The patient compartment lighting system shall also be capable of providing at least 40-foot candle intensity when measured at any point on top of the patient litter. A reduced lighting level shall also be provided. Blue lights or lenses shall not be used.

(b) In addition, type I-A aircraft shall meet the following specification:

(1) fixed wing aircraft shall be pressurized;

(2) ~~each aircraft shall be dedicated for ambulance use and shall not be used for other purposes. If a service licenses more than one type I-A aircraft, each additional aircraft need not be dedicated if it is used for fewer than 25% of the total transports the service makes.~~

(c) Any medical device which produces electromagnetic interference on aircraft navigation or communications equipment shall not be used. Medical equipment shall be tested prior to flight to ensure that it does not interfere with aircraft systems and works properly at all altitudes flown.

(d) Type I-A and type IV-A aircraft shall carry the following equipment:

(1) Direct, two-way radio communications capability for dispatch and for patient condition reports to a hospital. This radio system shall conform to 47 CFR part 90, in effect as of July 1, 1985, and K.A.R. 109-2-5 (a).

(2) Safety equipment, including:

(A) One 2 1/2# Halon 1211 fire extinguisher (5BC); and

(B) one battery-operated hand lantern with a power source of at least six volts.

(3) Patient comfort equipment, including:

(A) One elevating head cot with two or more levels; incubator may replace cot for neonatal transfers;

(B) one pillow;

(C) two complete sets of linen;

(D) two blankets;

(E) one waterproof cot cover;

(F) two plastic bags, with closures;

(G) one urinal;

(H) one bedpan;

(I) one emesis basin; and

(J) potable water

(4) Medical equipment, including:

(A) A portable oxygen unit of at least 300 liter storage capacity complete with yoke, pressure gauge, flowmeter, delivery tube and adult oxygen mask. The unit shall be readily accessible to the attendant and patient;

(B) two full 300 liter oxygen storage bottles;

(C) a portable, self-contained battery or manual suction aspirator with an airflow of at least 20 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large bore, non-kinking suction tubing and semi-rigid, non-metallic, oropharyngeal suction tip;

(D) a hand-operated, adult bag-mask ventilation unit. The unit shall be capable of use with the oxygen supply;

(E) a hand-operated, pediatric bag-mask ventilation unit. The unit shall be capable of use with the oxygen supply;

(F) oxygen masks in adult, pediatric and infant sizes;

(G) nasal cannulas in adult and pediatric sizes;

(H) oropharyngeal airways in adult, pediatric and infant sizes;

(I) sterile water; and

(J) blood pressure manometer, adult and pediatric cuffs and stethoscope.

(e) In addition, type I-A aircraft shall carry the following equipment:

(1) Medical equipment, including;

(A) Adult medical anti-shock trousers;

(B) a monitor/defibrillator;

(C) a drug supply as listed in service protocols;

(D) macro-drip and micro-drip administration sets;

(E) D5W, normal saline, lactated ringers IV solutions in plastic bags or plastic bottles;

(F) assorted syringes and 14-22 gauge needles;

(G) endotracheal tubes in adult, pediatric and infant sizes; and

(H) laryngoscope with adult and pediatric blades. (Authorized by and

implementing K.S.A. 1984 Supp. 65-4320; effective May 1, 1986.)

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

HOUSE CONCURRENT RESOLUTION 5031

PRESENTED BY OLIN TAPLEY, EMS COUNCIL
CHAIR, AIR AMBULANCE TASK FORCE

April 1, 1986

The Emergency Medical Services Council has carefully reviewed H.C.R. 5031 and other concerns of the Joint Committee on Rules and Regulations. On March 14, 1986 the council approved the recommendations of the Air Ambulance Task Force, which were as follows:

1. The air ambulance regulations should be amended to delete the requirement that Type I-A aircraft be dedicated.
2. The requirement for dedicated aircraft should be waived upon application until new regulations are adopted.
3. No new regulations should be adopted without a public hearing at which the proposed regulations can be fully discussed.

The council took no position on H.C.R. 5031 but believes these steps are an adequate and proper response to the concerns expressed by H.C.R. 5031.

I would be happy to respond to any questions or concerns of committee members. A chronology of the task force activities is attached for your information.

Attachment II
4/01/86 S. FRANK -

Attachment II

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 adopts regulations

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

1-7-86 Regulations reviewed by Joint Committee on Rules and Regulations.

*** KANSAS AIR-LIFE**

JIM BALLARD
PRESIDENT

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

SANFORD ROGERS
SENIOR VICE-PRESIDENT

APRIL 1, 1986

BEFORE YOU ARE THE NEW AIR AMBULANCE REGULATIONS, ACCOMPANIED WITH A RESOLUTION. NEW REGULATIONS ARE BADLY NEEDED IN KANSAS, HOWEVER, THE ISSUE ADDRESSED BY THIS RESOLUTION IS EXTREMELY BIASED AGAINST PRIVATE ENTERPRISE AND FAVORS EXISTING LARGE HOSPITAL BASED SERVICES.

TO GET TO THE POINT, A DEDICATED AIRPLANE IS NOT NEEDED. BY KANSAS STATUTE, AIRPLANES ARE NOT FIRST RESPONDERS: THE PUBLIC IS NOW SERVED BY SEVERAL AIRCRAFT, ALL PRESENTLY LIENCED BY THE KANSAS E.M.S.

IF THIS RESOLUTION FAILS TO PASS, THEN THE PUBLIC COULD BE FORCED TO UTILIZE THE SAME MONOPOLY THAT ONCE EXISTED. BY NATURE OF THESE NEW REGULATIONS, THE EMPHASIS IS ON THE VEHICLE RESTRICTION. IT IS OUR BELIEF THAT THE EMPHASIS SHOULD BE ON THE QUALITY OF PATIENT CARE.

MR. GEORGE BOYD, KANSAS AVIATION DIRECTOR, HAS ADVISED THE COUNCIL TO ELIMINATE THE DEDICATED AIRCRAFT SECTION. A COPY OF THE LETTER FROM HIS OFFICE IS ONE OF THOSE IN THE PACKET BEFORE YOU.

NOT ONE STATE IN THE UNITED STATES REQUIRES THE AIRPLANE TO BE DEDICATED. IT SERVES NO PURPOSE WHAT-SO-EVER; EXCEPT TO POSSIBLY MAKE THE AIRPLANE UNAIRWORTHY, ELIMINATE PRIVATE ENTERPRISE, AND TO PROTECT THE TURF OF THE LARGE, POLITICALLY STRONG HOSPITAL BASED OPERATIONS.

LET ME GIVE YOU AN EXAMPLE OF WHAT COULD HAPPEN. OUR LEAR JET AND OUR CITATION JET ARE BOTH LEASED FROM OTHER COMPANIES. IF YOU HAVE TO BE TRANSFERED FROM A HOSPITAL IN TOPEKA TO A HOSPITAL IN HOUSTON FOR A SPECIAL SURGERY, THE JET MAY BE NEEDED TO REDUCE THE TRAVEL TIME.

Attachment III

4/01/86

DIVISION OF BALLARD FLIGHT SERVICE P.O. BOX 17053 WICHITA, KANSAS 67217

Attachment II

AS IT IS NOW, THERE ARE AT LEAST THREE (3) JETS AVAILABLE TO THE PUBLIC. IF THIS RESOLUTION FAILS TO PASS, THIS WILL BE REDUCED TO ONLY ONE (1); THE HOSPITAL'S. THEY DO NOT HAVE TO GO BY THESE REGULATIONS. THEY HAVE THEIR OWN SET OF RULES. THEIR JET IS NOT DEDICATED TO AIR AMBULANCE. IT IS ALSO USED FOR AIR CHARTER; BUT WE WOULD NOT BE ABLE TO DO THIS.

WE CAN LIVE WITH THE DISCRIMINATION. WE HAVE BEEN FOR NEARLY TWO YEARS. NOW WE ARE MAKING A PLEA IN BEHALF OF THE PUBLIC. "PLEASE DON'T LET THESE REGULATIONS PUT US OUT OF BUSINESS." PLEASE DON'T LET THE PUBLIC SUFFER BY REDUCING THE SERVICES NOW AVAILABLE.

WHY DO YOU THINK THE SPECIAL INTEREST GROUPS ARE SO UPSET WHEN THESE RULES DON'T EVEN APPLY TO THEM? THE ONLY WAY TO STOP THEIR COMPETITION IS TO USE THEIR INFLUENCE TO MAKE THE REGULATIONS SO DIFFICULT THAT PRIVATE ENTERPRISE CAN NOT SURVIVE.

KANSAS AIR-LIFE'S FLIGHT CREW IS SECOND TO NONE. MR. BALLARD HAS OVER 14,000 HOURS FLIGHT EXPERIENCE, MR. HINMAN HAS OVER 4,000 HOURS, MR. LARSON HAS OVER 8,000 HOURS, AND MYSELF OVER 9,000 HOURS FLIGHT EXPERIENCE.

KANSAS AIR-LIFE IS ACCIDENT AND INCIDENT FREE.

OUR MEDICAL STAFF CONSISTS OF "OFF DUTY" PARAMEDICS FROM SEDGWICK AND BUTLER COUNTIES AND THESE PEOPLE ARE SOME OF THE BEST. THEY ARE HIGHLY TRAINED AND EXPERIENCED. OUR NURSES ARE TRAINED IN EITHER TRAUMA, INTENSIVE CARE, OBSTETRICS, PEDIATRIC INTENSIVE CARE, OR NEONATAL INTENSIVE CARE.

OUR MEDICAL DIRECTOR; DR. LARRY LAY, IS NOT ONLY IN PRIVATE FAMILY PRACTICE IN WICHITA, BUT IS ON THE EMERGENCY ROOM STAFF AT ST. FRANCIS HOSPITAL. ALSO, DR. LAY IS A SENIOR F.A.A. MEDICAL EXAMINER, AND WAS ONE OF THE FINALISTS ON THE ASTRONAUT PROGRAM. IN ADDITION TO BEING A PHYSICIAN, HE IS AN AEROSPACE ENGINEER. HE HOLDS AN AIRLINE TRANSPORT RATING PILOT CERTIFICATE, A CURRENT CERTIFIED FLIGHT INSTRUCTOR AND HAS OVER 4,000 HOURS FLIGHT EXPERIENCE. DR. LAY WAS ALSO A FLIGHT TEST ENGINEER PILOT FOR BOTH BEECH AND CESSNA AIRCRAFT.

AIR-LIFE HAS A GOOD, SOUND MEDICAL DIRECTOR. NO FLIGHT IS MADE WITHOUT HIS SUPERVISION.

ABOUT OUR TRACK RECORD. IN YOUR PACKET ARE SEVERAL LETTERS FROM CUSTOMERS, HOSPITALS; EVEN A GOVERNMENT HOSPITAL. I INVITE YOU TO READ THEM LATER.

OUR COMPANY WAS STARTED BECAUSE OF THE DESPERATE NEED OF THE PUBLIC. WE HAVE SURVIVED THE CRITICISM, THE SLANDER, THE FALSE STATEMENTS AND THE INTENTIONAL MISSTATEMENTS OF FACT.

THE WAY WE HAVE SURVIVED IS BY GOOD, DEPENDABLE, HONEST, HARD WORK. WE ARE ABLE TO OFFER THE PUBLIC AN ALTERNATIVE TO OTHER SERVICES, AND THATS WHAT THE PUBLIC DESERVES,..... A CHOICE.

WE ASK YOU IN BEHALF OF THE CITIZENS OF KANSAS, PLEASE SUPPORT THIS RESOLUTION. THIS IS OUR PLEA.

THANK YOU,

A handwritten signature in black ink, appearing to read 'S.C. Rogers', written over a horizontal line.

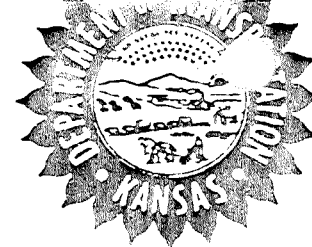
SANFORD C. ROGERS
SENIOR V. PRESIDENT, DIRECTOR

KANSAS DEPARTMENT OF TRANSPORTATION

STATE OFFICE BUILDING—TOPEKA, KANSAS 66612-1568

JOHN B. KEMP, Secretary of Transportation

JOHN CARLIN, Governor



January 7, 1986

MEMORANDUM TO: MR. LYLE ECKHART, DIRECTOR
BUREAU OF EMERGENCY MEDICAL SERVICES
KANSAS HIGHWAY PATROL

SUBJECT: REVISION OF EMS REGULATION (AIR AMBULANCE)

1. I wish to commend you and your staff for doing a fine job in a very difficult arena. The public opportunity for input is an example of outstanding public service.
2. As I noted in our discussion during the hearings in Room 514, State Capitol, on 7 January 1986, the following recommendations are made for your information:
 - a. Recommend removal of the requirement for dedicated aircraft. This appears to be prohibitive for the small operator who may be limited with respect to aircraft availability.
 - b. Recommend that the word "rotary" wing aircraft be included so that should a provider elect to fly helicopters they would know exactly what the requirements are for providing that service.
3. Thank you for asking me to participate in the deliberations concerning air ambulance and for your support of aviation in Kansas.


GEORGE N. BOYD
DIRECTOR OF AVIATION

GMB:jw

cc: Mr. John B. Kemp

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

March 20, 1986

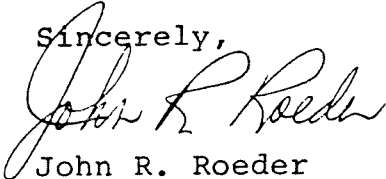
To Whom It May Concern:

St. Francis Regional Medical Center in Wichita, Kansas, has had the pleasure of working with Ballard Flight Service - Kansas Air Life for both executive flights and patient transport services.

We have found Jim Ballard, Sandy Rogers and others in their organization to be professional, friendly and easy to work with. The services they have provided to St. Francis Regional Medical Center have been performed without incident. We have been very pleased with our association from every standpoint.

Based on our experience, we highly recommend Ballard Flight Service - Kansas Air Life for the variety of services they provide.

Sincerely,



John R. Roeder
Executive Vice President &
Chief Operating Officer

JRR/pa

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

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.

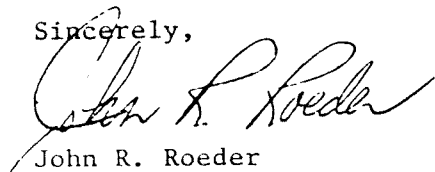
At a time when a great effort is being expended to reduce rising medical expenses, requiring a full time dedicated aircraft will drive the cost of air ambulance transportation even higher.

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 E. HARRY
WICHITA, KANSAS 67218

TO WHOM IT MAY CONCERN,

This is a brief note to state that I have worked with Kansas Air-life over the past 1 1/2 years and have found them to be extremely amiable and dependable. The company is headed by Jim Ballard and his assistant Sandy Rogers. The two of them have been extremely helpful in aiding me in the establishment of a neonatal transport system. I have not had any problems with promptness, expertise nor with the business side of any agreement. I would recommend this company to anyone who is considering setting up an air ambulance system.

Yours faithfully

W. A. Whiteside

Howard Whiteside, M.D.
Director of Neonatology
St. Joseph Medical Center, Wichita



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,

A handwritten signature in black ink, appearing to read 'Mark Steadham'.

Mark Steadham
Assistant Vice President - Clinical Services

MS/tms

First in Wichita. First in family care.



**Veterans
Administration**

March 24, 1986

In Reply Refer To: 452/136

Kansas Air Life
6601 S. Seneca
Wichita, KS 67217

Attn: Sandy Rodgers, Director

To Whom It May Concern:

The Wichita Veterans Administration has utilized the Kansas Air Life Patient Charter Service for approximately four years. During this period of time, Kansas Air Life has provided fast, efficient and professional air charter service.

They have gone out of their way to be flexible to our last minute needs and adjust as necessary, even enroute to designated destinations.

We highly recommend their service.

A handwritten signature in cursive script, appearing to read 'Marvin Judson'.

MARVIN JUDSON
Chief, Medical Administration Service

"America is #1—Thanks to our Veterans"

RALPH D. SHIELDS, R.R.T.
1126 W. 42nd Street South
Wichita, Kansas 67217

March 30, 1985

TO WHOM IT MAY CONCERN:

I am a Registered Respiratory Therapist with six years of experience in the health care field. I have had considerable experience with neonatal to geriatric age patients and since the founding of Kansas Air Life, I have gained experience in the airborne transport of these types of patients.

In my observation in working with Kansas Air Life, they are very professional and very well managed in their air ambulance service. They are 100% dedicated to the best possible professional patient care.

I have found in my association with Mr. Sanford Rogers that he is a very dynamic individual, an excellent pilot and very professional in his business - Director of Kansas Air Life. He has always stressed to myself and to the other medical attendants that good professional patient care is the utmost concern of his.

I have come to respect his judgment and decision making ability highly and I would and have recommend him and Kansas Air Life to anyone in need of such a service.

SINCERELY,

Ralph Shields R.R.T.

RALPH SHIELDS, R.R.T.

We appreciate your choosing our ambulance service. In order for us to improve our service to our customers, we would appreciate you taking a few minutes of your time to let us know how we are doing. Comments from our customers are very important to us.

Please fill out the questions below and mail back to our company.

PATIENT'S NAME Mary O'Connor AGE 62

YOUR NAME Cindi Muller RELATIONSHIP daughter

YOUR ADDRESS 7045 Sorcey Dallas Texas 75249

1. How would you rate our service (circle one)

Excellent

Good

Fair

Poor

Other

2. Was our medical attendant friendly, courteous? Yes No
3. Was our Pilot friendly & courteous? extra Yes No
4. Did the medical attendant appear qualified? Yes No
5. Was the medical attendant dressed appropriately? Yes No
6. Was the pilot dressed appropriately? Yes No
7. Was the air ambulance clean? Yes No
8. Did it have the proper medical equipment? Yes No
9. Did the weather seem good? Yes No
10. Was the ride smooth? Yes No
11. If the need arose, would you use us again? Yes No
12. Did you compare our price with other services? Yes No
13. Was our price comparable with the others? Yes No
14. Was the patient comfortable during his/her trip? Yes No
15. Were you satisfied overall? Yes No

16. Comments Sandy Rogers was very helpful, kind and a considerate person. A good pilot too!

Rw# 60203

People Helping People

Wichitans Came to Rescue

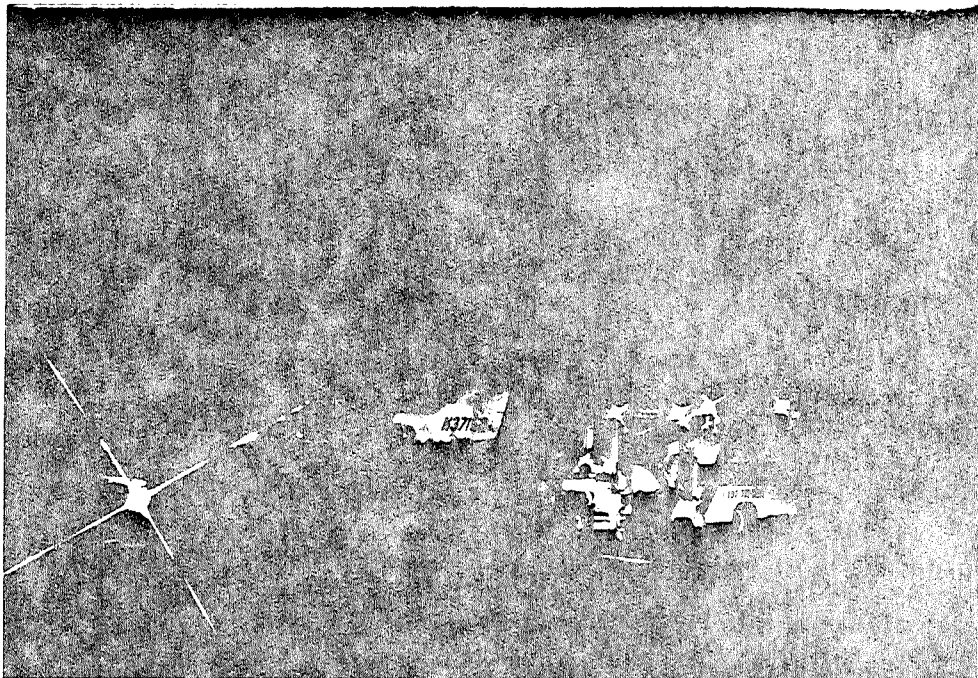
Recently, while we were house guests of the Porter Emmonses, my husband suffered a severe stroke. It is unbelievable the way their friends and the Wichita community rallied to our support. Within three minutes, Emergency Medical Service responded to our frantic call. The staff at St. Francis Regional Medical Center, from the emergency room and Dr. Bert Carson to Medical Unit Intensive Care and Dr. V.D. Schwartz, professionally and with solicitude took over. Gordon Perry of Cessna Aircraft spent much time and effort obtaining an air ambulance to return us to Houston. Flight members from Ballard's Flying Service and Sharrie Stephenson, R.N., who accompanied us, were supportive and efficient throughout the flight. Pilot Sandy Rogers and his delightful sense of humor helped in keeping our spirits up.

I am unable to adequately express the depth of gratitude I feel for all these fine people who have offered me, a perfect stranger, love and support during the most difficult experience of my life.

Send the \$3 to the Loyal Doers Class of Hillside Christian Church.

Mrs. Elene Sprong
Houston, Texas

If you know someone who has gone out of the way to help another, the Eagle-Beacon would like to know about it. If the story is published, we'll send \$3 to your designated charity. Send your letters to People Helping People, P.O. Box 820, Wichita, Kan. 67201.



Testimony Regarding
SCR 1641 - Education for Professionals

Before the
Public Health and Welfare Committee
Kansas State Senate
April 1, 1986

Senator Ehrlich and members of the Senate Public Health and Welfare Committee, the Kansas Department on Aging endorses SCR 1641 and urges its adoption.

The six month study by the Task Force discovered a need to educate all professionals who work with victims of Alzheimer's disease and related disorders and their families.

The need for education of professionals was one of four needs most often expressed at the public hearings. Education of health professionals would help ensure that family members and victims receive accurate diagnosis, readily available medical care and information about supportive services and behavioral management techniques that they need.

A nurse testifying in Overland Park emphasized the need for education and information being available to doctors. She told of a patient undergoing alcoholism treatment. The doctors failed to recognize Alzheimer's was present until he was finally examined by a neurologist.

A discharge planner at a Kansas regional medical center stated, "I have observed physicians diagnosing Alzheimer's disease without an intense diagnostic procedure to eliminate other possible causes. Also families are not provided a definition of this disease of specific future expectations."

Professionals play a major role in helping families deal effectively with their afflicted loved ones. The availability of trained professionals often determines whether the family is overwhelmed by the disease or copes successfully.

Authorizing basic and continuing education courses on Alzheimer's disease and related disorders as options within each health profession would help ensure that victims and family members throughout Kansas have available to them professionals with the most up-to-date knowledge.

I feel that Senator Ehrlich and the other Task Force members have given us reasonable proposals which can and should be approved by the 1986 Kansas Legislature.

MH:rd

- Attachment IV -
4/01/86 C. BRY

Attachment IV