

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFAREThe meeting was called to order by SENATOR ROY M. EHRLICH at
Chairperson10:00 a.m./~~p.m.~~ on January 27, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Bill Wolff, Norman Furse, Clarene Wilms

Conferees appearing before the committee:

Others attending: See attached list

SB-90 - An Act concerning adult care homes; requiring reports relating to unlicensed employees of such homes; establishing a central registry and providing confidentiality of certain information.

SB-93 - An Act concerning certain homes for children; requiring reports relating to employees; establishing a central registry and providing confidentiality of certain information.

SB-90 and SB-93 were studied in the interium session and covered under proposal 48 of the report - no legislation to be enacted at this time. Senator Walker moved that SB-90 and SB-93 be reported unfavorable. Senator Vidricksen seconded the motion and the motion carried.

SB-142 - An Act concerning public pools; requiring life-saving personnel and equipment; providing penaltives for violation and declaring certain violations to be a public nuisance.

SB-142 was tabled last year with an interium study requested. No study was assigned. Senator Vidricksen made the motion to report SB-142 unfavorable. Senator Salisbury seconded the motion and the motion carried.

SB-182 - An Act relating to hospitals; prohibiting for a period of two years the construction, modification or establishment of any hospitals.

SB-182 is similar to HB-2627 enacted during the 1985 legislative session. It was moved by Senator Francisco that SB-182 be reported unfavorable. Senator Mulich seconded the motion and the motion carried.

SB-210 - An Act concerning the uniform anatomical gift act; authorizing certain medical technicians to perform eye enucleations...

It was reported that it appeared no further action would be taken to further SB-210. Senator Walker made the motion to report this bill unfavorable. The motion was seconded by Senator Francisco. The motion carried.

SB-273 - An Act relating to adult care homes; authorizing 24 hours a day licensed nursing personnel under certain conditions...

Regulations enacted, also a letter from Secretary Sabol, Department of Health and Environment pertaining to SB-273 were presented to the committee. Attachment I, Attachment II The costs relating to this regulation were discussed at length with some questions being asked of Dick Hummel, Kansas Health Care Association. A motion to report the bill unfavorable was made by Senator Vidricksen with a second by Senator Hayden. After further discussion Senator Vidricksen withdrew his motion and Senator Hayden withdrew his second. Discussion then centered on the fact that a two year time frame had been established before the regulation would become mandatory. Senator Salisbury moved that the bill be reported adversely with a second by Senator Walker. The motion carried. Senator Francisco called for division. The vote was Yes, 3, No, 3; the chair voted for the motion. The motion carried. Senator Francisco and Senator Mulich requested that their NO votes be recorded.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~ on January 27, 1986

SB-275 - An Act relating to dental hygienists; concerning the practice thereof; requiring training in cardiopulmonary resuscitation.....

SB-275 was not an interium bill but a committee bill. It appeared there was no current activity concerning this bill. Senator Walker moved that the bill be reported unfavorable. Senator Salisbury seconded the motion and the motion carried. Senator Francisco and Senator Mulich requested that their NO votes be recorded.

SB-302 - An Act concerning the state medical assistance program; related to reimbursement for multisource prescription drug products..

Staff Member, Emalene Correll, covered the content of this bill and it was decided to check whether or not this problem has been covered. No action was taken.

SB-374 - An Act relating to reporting to the state board of healing arts of information concerning persons licensed, registered or certified by such board;

SB-375 - An Act authorizing the state board of healing arts to assess fines against licensees violating the Kansas healing arts act.

SB-374 and SB-375 have been included in HB-2661. SB-374 has been included in section 39, HB-2661. SB-375 has been included in new section 19, HB-2661. HB-2661 is now in the Judiciary committee which is once more having hearings on this malpractice bill. Senator Mulich moved that SB-374 and SB-375 be reported unfavorable. Senator Vidricksen seconded the motion. The motion carried.

Meeting adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 1-27-86

(PLEASE PRINT)
NAME AND ADDRESS

John Grace
Dick Hummel
HAROLD C. PITTS
Marilyn Brast
Tom Bell
Gary Robbins
John Peterson
Charles V. Hamm
KEITH R. LANDIS
Anne Moriarty
Barbara Remert
Ray Petty
Marsh Hutchinson
Marty Kennedy

ORGANIZATION

Ks Homes for Aging
Ks HEALTH CARE ASSN
TARTAN
KINH
KHA
Ks Opt ASSN
Ks Assn of Prof Psychologists
KDH+E
CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS
Natl. Org. of Women
Planned Parenthood
KACEH
Ks Medical Society
Budget

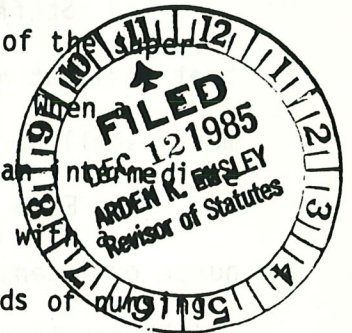
28-39-87. Health services; nursing services standard. (a) Each facility shall provide programs and personnel to meet the nursing needs of the residents.

(b) Supervision.

(1) Skilled nursing home facilities. Immediate supervision of the nursing services staff shall be provided by a director of nursing services who is employed, full time, on the day shift. If the director of nursing services has other institutional responsibilities, a registered nurse shall be designated to serve as the assistant to the director and to act on behalf of the director during ~~absences-of-the-director~~ the director's absence.

(2) Intermediate nursing care facilities. Immediate supervision of the nursing services staff shall be provided by a health services supervisor who is employed, full time, on the day shift. If the health services supervisor has other institutional responsibilities, a licensed nurse shall be designated to serve as the assistant to the supervisor and to act on behalf of the supervisor during ~~absences-of-the-supervisor~~ the supervisor's absence.

If a licensed practical nurse serves as health services supervisor in an intermediate care facility, the facility shall arrange scheduled consultations with a registered nurse. The consultant shall assist in setting standards of nursing practice and in nursing staff development and shall provide consultation regarding nursing functions. The consultations shall take place in the facility and shall be provided for a minimum of four hours per week, during periods when the health services supervisor is on duty.



(3) At least two nursing personnel, one of whom shall be a licensed nurse, shall be on duty at all times in each facility.

(A) An intermediate nursing care facility shall substitute a certified medication aide for a licensed nurse on evening or night shifts if the licensee

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By KG Asst.
12-5-85

DEPT. OF ADMINISTRATION

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Attachment I

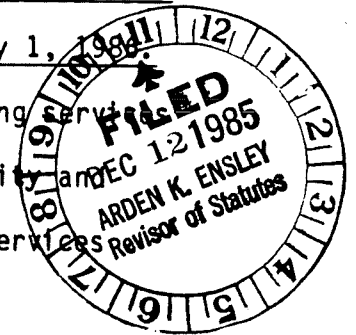
Attachment I
1/27/86
S. PH&W

has been granted a waiver from the requirements found in K.A.R. 28-39-87(b)(3). The licensing agency may grant a waiver if the licensee provides documentation to the licensing agency that it has made and continues to make a good faith effort to hire licensed nurses for each shift for which a waiver is requested. The good faith effort shall include recruitment activities in the area in which the facility is located and a rate of pay of at least the median in the area for licensed nurses with similar responsibilities and schedules.

(B) A waiver granted under this section shall expire on June 30, 1987.

(C) The provisions of section (b)(3) shall be effective July 1, 1988.

~~(3)~~ (4) The health services supervisor or director of nursing services shall have written administrative authority over, and responsibility and accountability for, the functions and activities of the nursing services staff.



(c) Staffing. Each facility shall employ qualified personnel to ensure that resident needs are met 24 hours a day. The following staffing requirements shall be met:

(1) Each facility shall provide, for each nursing unit, a registered nurse or licensed practical nurse on the day shift, seven days a week. The health services supervisor may be included to meet this requirement. In intermediate nursing care facilities, which have been granted a waiver under section (b)(3), there-shall-be a licensed nurse shall be on call for emergencies at any time when a licensed nurse is not on duty in the facility. In skilled nursing home facilities, there-shall-be a licensed nurse shall be on each-shift duty at all times for each nursing unit. A registered nurse shall be on duty during the day shift, seven days a week. If a licensed practical nurse is the only licensed nurse on duty during the evening or night shift, there-shall-be a registered nurse shall be on call to assist if necessary.

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DEPARTMENT OF HEALTH AND ENVIRONMENT

Barbara J. Sabol, Secretary

Forbes Field
Topeka, Kansas 66620
913-862-9360



January 7, 1986

Representative J. Santford Duncan, Chairman
Joint Committee on Rules and Regulations
Statehouse
Topeka, Kansas 66612

Dear Representative Duncan:

The Department of Health and Environment appreciates the Joint Committee's support for the implementation of 24-hour licensed nurse coverage in intermediate adult care homes. We remain firmly committed to the goal of 24-hour licensed nurse coverage to improve the care of the frail elderly in Kansas nursing homes.

We also understand the concern for allowing adequate time for homes to recruit qualified nurses to meet the new requirement. Our primary objective has been to establish a date certain when each resident of an intermediate care home in Kansas will benefit from improved nursing coverage.

The Joint Committee's recommendation that waivers be allowed until July 1, 1988 meets the objective of establishing a definite time frame for assuring statewide implementation of improved nurse coverage in intermediate care homes.

We will proceed immediately to promulgate and file the necessary change in KAR 28-39-87 to implement the July 1, 1988 expiration date for waiver authority.

We appreciate your committee's support and advice on this important issue.

Sincerely,


Barbara J. Sabol
Secretary

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1/27/86

Attachment II
S. PH&W

(2) Nursing personnel shall be assigned duties consistent with their education and experience. All nurse aide trainees who provide direct, individual care to residents shall be under the direct, onsite supervision of a licensed nurse. Each nurse aide trainee shall complete requirements for and obtain certification as a nurse aide within six months of employment. Nursing personnel shall not be assigned housekeeping duties.

(3) Direct care personnel shall wear identification badges to distinguish among the different levels of staffing as follows:

(A) Each trainee enrolled in part I of the training program shall wear a badge imprinted with name and the title "trainee: level I."

(B) Each trainee who has completed part I of the training program wear a badge imprinted with name and the title "trainee: level II."

(C) Each person who has completed the requirements for certification shall wear a badge imprinted with name and the title "certified nurse aide."

(D) Each aide certified to pass medications shall wear a badge imprinted with name and the title "certified medication aide."

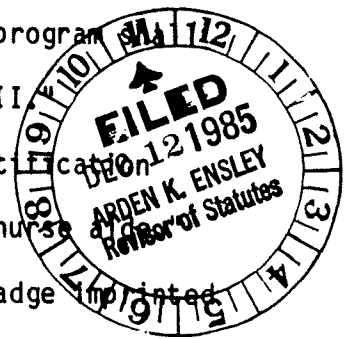
(E) Each licensed practical nurse shall wear a badge imprinted with name and the letters "LPN."

(F) Each professional nurse shall wear a badge imprinted with name and the letters "RN."

(4) Each staffing schedules shall be maintained and kept on file in the facility for 12 months and shall include the hours actually worked and the classification of nursing personnel who work in each nursing unit on each shift.

(5) Personnel shall be immediately accessible to all residents to assure prompt, necessary action in case of injury, illness, fire, or other emergency.

(6) Direct, individual resident care shall be provided by nursing personnel,



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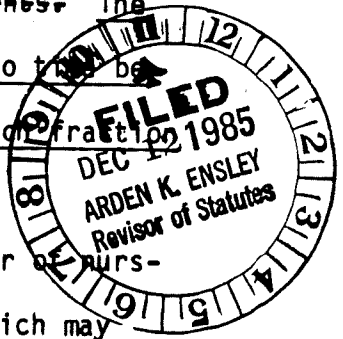
APPROVED BY JDK

the activities director, and the social services designee in accordance with the following minimum requirements per resident per 24-hour period.

(A) Skilled nursing home facilities: A weekly average of 2.0 hours per resident per nursing unit per 24 hours and a daily average per nursing unit of ~~not~~ no fewer than 1.85 hours during any 24-hour period.

(B) Intermediate nursing care facilities: A weekly average of 1.75 hours per resident per nursing unit per 24 hours and a daily average per nursing unit of ~~not~~ no fewer than 1.60 hours.

(7) ~~Two nursing personnel, one of whom shall be a licensed nurse or a certified medication aide, shall be on duty at all times. The ratio of nursing personnel to residents at no time shall be fewer than one nursing staff member for each 20 residents or for each fraction of that number of residents.~~ The ratio of nursing personnel to residents per nursing unit shall at no time be fewer than one nursing staff member for each 30 residents or for each fraction of that number of residents.



(8) The licensing agency may require an increase in the number of nursing personnel above minimum levels, under certain circumstances, which may include location of residents, locations of nurses' stations, and the knowledge that residents' needs for welfare, health, and safety are not being met.

(d) Charge person nurse. At all times there shall be a charge person nurse, designated by the health services supervisor or director of nursing, who shall be responsible for supervision of all nursing activities in the facility during the assigned shift. If a facility has been granted a waiver under section (b)(3), there shall be a charge person to act in lieu of a charge nurse for all shifts a licensed nurse is not assigned. ~~In skilled nursing home facilities, there shall be a charge nurse who is a registered nurse or~~

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~~licensed-practical-nurse-for-each-shift.~~ The health services supervisor or director of nursing may serve as a charge nurse in facilities with average daily occupancies of 60 residents or fewer.

(e) Restraints. There shall be a signed physician's order for any restraint, including justification, type of restraint, and duration of application. A resident shall not be restrained unless, in the written opinion of the attending physician, it is required to prevent injury to the resident or to others and alternative measures have failed.

(f) Resident care and hygiene. The facility shall provide supportive services to maintain the residents' comfort and hygiene as follows:

(1) Residents confined to bed shall receive a complete bath every other day or more often as needed.

(2) Incontinent residents shall be checked at least every two hours and shall be given partial baths and clean linens promptly when the bed or floor is soiled.

(3) Pads shall be used to keep the resident dry and comfortable.

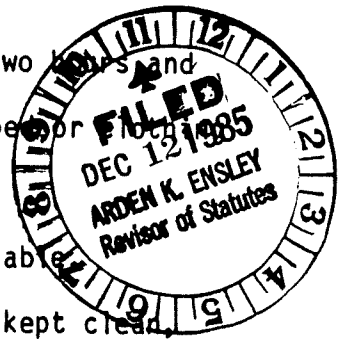
(4) Rubber, plastic, or other types of protectors shall be kept clean, completely covered, and not in direct contact with the resident.

(5) Soiled linen and clothing shall be removed immediately from the resident's room to prevent odors.

(6) There shall be available fresh water for all residents. For all nonambulatory residents, fresh water or other fluids shall be available at the bedside at all times unless fluids are restricted by physician's order.

(7) Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be taken to prevent dry, cracked lips.

(8) There shall be a written ongoing program for skin care implemented as follows:



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(A) Bony prominences and weight-bearing parts, such as heels, elbows, and back, shall be bathed and given care frequently to prevent discomfort and the development of pressure sores.

(B) Treatment for pressure sores shall be given according to written physician's orders.

(C) The position of residents confined to bed shall be changed at least every two hours during the day and night.

(D) Residents shall be positioned in good body alignment.

(E) Precautions shall be taken to prevent foot drop in bed residents.

(g) Oxygen.

(1) Precautions shall be taken during administration of oxygen in the facility to ensure the safety of residents and staff.

(2) Oxygen shall be administered only upon the written order of the attending physician.

(3) The health services supervisor or director of nursing shall be responsible for ensuring that the staff administering oxygen are trained and competent to do so and that equipment is properly functioning.

(4) Oxygen shall be administered in private or semiprivate rooms only.

(5) A sign shall be posted on the corridor side of the door which reads "Oxygen - no smoking."

(6) Before oxygen is put into use, all smoking materials, matches, lighters, or any item capable of causing a spark or flame shall be removed from the room.

(7) Oxygen containers shall be anchored to prevent them from tipping or falling over.

(h) Supervision of resident nutrition.

(1) Nursing personnel shall monitor food and fluid intake of residents and shall assist, when necessary, in the feeding of residents.

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(2) Procedures shall be established to inform the dietetic services department of physicians' diet orders and of residents' dietetic problems.

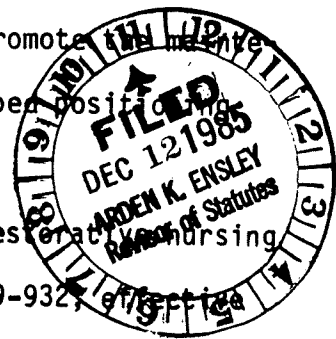
(3) Food and fluid intake of residents shall be observed, recorded, and reported to the charge person.

(i) Restorative nursing care.

(1) The facility shall have a written program of restorative nursing care which shall be an integral part of nursing services. ~~and~~ The written program shall be directed toward assisting the resident to achieve and maintain an optimal level of self-care and independence.

(2) There shall be evidence of regular staff development training sessions, for all nursing personnel, in restorative nursing techniques to promote ambulation, to aide in activities of daily living, to assist in activities, to assist in bladder and bowel retraining, to encourage self-help, to promote maintenance of normal range of motion, to ensure correct chair and bed position, and to prevent or reduce incontinence.

(3) Written records shall be maintained regarding all restorative nursing services performed. (Authorized by and implementing K.S.A. 39-932, effective May 1, 1982; amended May 1, 1984; amended May 1, 1986.)



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