

Approved _____ 2-11-86 _____
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 February 4, _____, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Clarene Wilms

Conferees appearing before the committee:

Tom Bell, Kansas Hospital Association

Others attending: See attached list

Minutes for January 28 and 29, 1986, were presented for approval. It was moved by Senator Hayden and seconded by Senator Anderson that the minutes be approved as presented. Motion carried.

SB-327 An Act concerning free-standing health care centers, providing for the licensure thereof as medical care facilities;...

Tom Bell, Kansas Hospital Association, told the committee that it appeared the expected proliferation of centers had not occurred, consequently the legislation was not necessary at this time.

A statement passed out to the committee from Barbara J. Sabol's office, Kansas Department of Health and Environment, stated that a need to regulate these centers had not been established at the present time. Attachment I

Senator Morris made the motion to report SB-327 adversely. Senator Walker seconded the motion and the motion carried.

Meeting adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE February 4, 1986

(PLEASE PRINT)
NAME AND ADDRESS

Dr Lois R Scibeltas
Ken Schuler

ORGANIZATION

KS St Bd of Nursing
KS Pharmacists Assoc

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON SENATE BILL 327

PRESENTED TO THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

FEBRUARY 4, 1986

This is the official position taken by the Kansas Department of Health and Environment on Senate Bill 327.

BACKGROUND INFORMATION:

During the past few years there has been a proliferation of walk-in medical care centers located in shopping centers and other commercial areas near residential developments. These centers are usually staffed by a physician and licensed nursing personnel and provide the same type of first-line ambulatory health care services provided in traditional private physicians' offices. Some of these walk-in centers have advertised their ability to treat "minor medical emergencies." The department assumes that this is the model addressed in this bill and referred to as a "freestanding health center."

Although we have no current inventory of such centers operating in the state, we are aware that a number of them are operated by hospitals. Others are operated on both a proprietary and nonproprietary basis; however, there seems to be a national trend toward proprietary chain ownership of such walk-in centers.

ISSUES:

The definition of a "freestanding health center" in the bill is vague. As defined, a center could range from the model described above through county health departments, weight-loss centers, and aerobic fitness centers. It appears unlikely that such a broad definition would be desirable.

The exemption in Section 2 would clearly exempt a private practitioner's office from the licensure requirement imposed by the bill. However, the language of the exemption would also exempt any "freestanding health center" that employed a physician at that location on a full-time basis.

The amendment included in Section 3 of the bill appears to be unnecessary. If the intent of the amendment was to minimize redundancy or conflict between state licensure regulations and other regulations that hospitals are required to meet, that goal is already addressed. For example, the statutes already authorize the department to recognize accreditation by the Joint Commission on Accreditation of Hospitals in lieu of conducting separate licensure inspections. The department has been implementing this authority for a number of years and JCAH-accredited hospitals are not routinely inspected for licensure purposes.

DEPARTMENT'S POSITION:

Ambulatory health care centers are staffed by licensed health care providers, such as physicians and nurses, whose practices are regulated by existing statutes. Patients in these centers generally receive direct services from these professionals and the equipment and facilities needed are minimal. Further, it is difficult to differentiate these centers from other ambulatory health care settings that would not be regulated.

The need to further regulate ambulatory health care centers, as proposed in Senate Bill 327, is not established at the present time.

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