

Approved 2-25-86
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 20, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

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

Conferees appearing before the committee:

Terri Rosselot, Executive Director, KSNA
Ginny Woods, Transplant Co-ordinator, Stormont-Vail Hospital
Dick Hummel, Kansas Health Care Association
Trish Hall, Regional Supervisor for Beverly Enterprises, Goddard, Kansas
Paul Wurth, Vice President of Operations, Mid-America Health Centers, Wichita
John Grace, Kansas Association of Homes for Aging
Marilyn Bradt, Kansans for Improvement of Nursing Homes
Dr. Robert Harder, Secretary, SRS

Dwight Young

Doug Rakestraw

Others attending: See attached list

Terri Rosselot testified and presented written testimony opposing SB-532. Attachment I Ms. Rosselot stated that KSNA is supportive of the concept and health policy considerations of organ donation and transplantation. There are reservations concerning the mandating of organ donation requests. KSNA supports the provision that calls for action on the part of hospital staff to develop guidelines and criteria and believes if this step was mandated there will be a better understanding among health professionals discussing organ donation and family members deciding about such alternatives.

Ginny Woods testified that SB-532 offers some hope in a hopeless situation and it would allow medical professionals to ask. However, KSNA would oppose the bill as it is now written.

Chairman Ehrlich appointed Senator Salisbury, Senator Kerr, Senator Francisco, and Senator Hayden to a sub committee to look at SB-532. Senator Salisbury will chair the sub committee.

SB-588 Dick Hummel testified and presented written testimony. Attachment II This bill would tie together the funding obligation and responsibility of Medicaid with the standards of the Department of Health and Environment. It would assure that nursing home providers will receive their reasonable costs associated with providing care for the medically indigent.

Trish Hall testified that a shortage in the supply of nurses and also increasing demand along with rising costs made it difficult to acknowledge tenure for the help already employed. It might be an error to apply the state average to an urban area.

Paul Wurth testified and presented written testimony in support of SB-588. Attachment III Mr. Wurth stated that he felt the elderly deserve 24-hour nursing care and as a matter of public policy he felt the provider should receive the full cost of increasing services and the payment must come 60 days after compliance.

John Grace testified and presented written testimony in support of SB-588. Attachment IV Mr. Grace stated that he had testified to the House Ways and Means Sub-Committee reviewing the SRS budget that more consideration be given to raising the health care cost center limitation to 95% and to eliminating

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 SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~ on February 20, 1986

the "Total Cost Center Limitation of 75%." KAHA strongly supports the 60 day payment period.

Marilyn Bradt testified and presented written testimony opposing SB-588. It was stated that KINH believes reimbursement provisions should be a matter of rules and regulations rather than statute. Attachment V

There was some discussion by committee members stating that the ruling by the Attorney General prevented Legislators ruling by rules and regulations and therefore SB-588 could be needed.

Dr. Robert Harder testified and presented written testimony on SB-588. Attachment VI Dr. Harder stated that the Kansas Department of Social and Rehabilitation Services supports the concept of 24 hour nursing care in the intermediate care facilities but finds the fiscal impact of SB-588 has written to be prohibitive and impractical.

The Chairman announced due to lack of time, hearings will be held tomorrow on SB-625.

Dwight Young, representing the Kansas Organization of Professional Psychologists stated that the organization had been proceeding through the credentialing process and were at a point where they wanted to introduce a bill. The organization has met with the Association of Community Health Centers and have reached agreement on the format of the bill. SRS was approached and the Commissioner of Mental Health has agreed to have his personnel included in the bill.

Doug Rakestraw introduced the bill which would allow the Masters Level Psychologists in mental health centers and state institutions to be registered as Masters Level Psychologists. Attachment VII

It was moved by Senator Francisco and seconded by Senator Hayden to accept this bill. Motion carried.

Meeting adjourned at 11:00 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-20-86

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Katharine Clark	intern
Robert C. Hansen	SRS
Brenda Bauman Swank	KHCA
Marilyn Bradt	KINH
John Graves	Ks. Homes for Aging
Bob Bohm	
Ken McNorison	Ks State Fire Marshal Dept
James A. Jodil	Ks State Firefighters Assn
RICHARD MAGINOT	SOLDIER TOWNSHIP FIRE DEPT
Sam Evans	Soldier Township Treasurer
Rick Maursey	KDHE
Harry D. WICKERSON	Augusta Medical Complex
Carol S. Wilkerson	Riverview Manor, OXFORD, KS
Donna Well	KHCA
Marlin Filber	KHCA
Blaine H. ...	KHCA
Louis Allison	KHCA
Shawn Leatherman	KHCA
John R. Binder	KHCA
James H. Mertz	KHCA
John J. ...	Kansas Health Care Association
Dick Anderson	KHCA
Trish Hall	KHCA

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2/20/86

(PLEASE PRINT)

NAME AND ADDRESS

ORGANIZATION

Paul Wurth

KHCA

Dub Rakestraw

Assoc. of Comm. Mental
Health Centers

Dwight Young

Assn. Com. Mental Health Ctrs.

Paul M. Kitz

TD/PAKER

Assn. Com. M H Centers

Lyle Eckhart

KHP-EMS

Ginny Woods RN

Stasmark-Vol/Midwest Organ
Bank
visitor

Dorothy Conaway

Eileen Emmert

interested citizen

Tom Bell

KHA

TERRI ROSSELOT, RN
Executive Director
(913) 233-8638

February 19, 1986

SB 532 ORGAN DONATION

Mr. Chairman, and Committee members, my name is Terri Rosselot and I represent the Kansas State Nurses' Association. KSNA is very supportive of the concept and health policy considerations of organ donation and transplantation. The Kansas Uniform Anatomical Gift Act which provides legal authority for such donation and a legal vehicle, the Kansas Drivers license, for citizens to voluntarily participate in this worthy effort is commendable. KSNA believes that recent public attention through the press and efforts of the Department of Health and Human Services has greatly enhanced public awareness should situations present themselves where individuals and families could make such decisions about organ donation. Organ donation and transplantation has been refined in medicine and pharmaceutical products dramatically with the product cyclosporine released by the FDA in Spring 1983. This product inhibits the bodies response of rejection, which was a real threat to transplant patients. The Federal governments reimbursement policies for end-stage renal disease patients has also contributed to treatment, research and care of individuals that could benefit from transplantation. The dramatic increase in transplantation success stories is quite a success story for modern medicine.

KSNA believes that increased public awareness and education about organ donation is the single most important factor in obtaining consent from individuals and families. KSNA has reservations about mandating organ donation requests.

Attachment 1
2/20/86

S. PH&W

Section 1 (a) of the bill provides that a hospital develop and adopt criteria for organ donation. KSNA supports this provision which calls for action on the part of hospital medical staffs to develop guidelines/criteria. These are necessary to help health care professionals identify potential donors. This is a very important step, identifying a potential donor. There are many chronically ill patients who pass on, and others with certain disease histories that make them unsuitable organ donors. KSNA believes that if this step alone is mandated there will be a better understanding among health professionals discussing organ donation and family members deciding about such alternatives.

Nurses in many hospitals are the acting authorities 16 out of 24 hours Monday through Friday and 48 hours on weekends, thus (line 025)

"the person in charge of the hospital or designated representative of the person in charge of the hospital. . . "

would probably be a registered nurse, probably a supervisor. Registered nurses would bear the brunt of such legislation, particularly in light of the fact that hospital administrators are not generally clinically oriented.

Section 1 (b) provides no documentation requirement for supporting the failure to proceed with family consent (ie: actual notice of decedents contrary intentions.).

Currently in hospitals where autopsies or other post-mortem activity is granted, consent documentation in the medical record is the responsibility of nursing, and is already standard operating procedure. The documentation section of (c) is not necessary in light of the current practice to document such requests and family consent.

Section (d) provides legal direction in an area which is much more sophisticatedly handled than is detailed by this particular terminology.

Section (e) provides Kansas hospitals with wide latitude for non-compliance with this legislation should it pass. Inadequate staff would be a viable excuse under this provision, and without a penalty clause all parties involved are left to good faith for compliance.

KSNA commends the bills authors for attention to organ transplantation needs in Kansas. Nurses in Kansas are keenly aware of our chronically ill in need of transplants for sustained life. Nurses are also witness to those tragic accident victims, unexplained suicides and medical tragedies that provide opportunities for organ donation.

KSNA supports mandating the development of protocols and criteria for organ donation--to set the stage for all health professionals to become involved in solicitation in the appropriate setting.

KSNA believes that cooperative efforts by hospital personnel and medical staff members alleviates the need for mandating organ donation requests by statute.

Thank you.

Member of



Care Association

Kansas Health



TESTIMONY PRESENTED BEFORE THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

By

Dick Hummel, Executive Director
Kansas Health Care Association, Inc.

February 20, 1986

SENATE BILL NO. 588

"AN ACT relating to adult care homes;
providing for the reimbursement of
nursing care services."

Mr. Chairman and Members of the Committee:

On behalf of the Kansas Health Care Association, a voluntary nonprofit organization representing over 200 licensed adult care homes (nursing homes) in Kansas, both large and small, and nonproprietary as well as proprietary ownership interests, thank you for this opportunity to present comments on S.B. 588.

Approximately fifty-percent of the 26,000 nursing home beds in Kansas are for the care and treatment of the medically indigent.

Our membership sets aside on average about one-half of their beds for Medicaid recipients. We assume this public responsibility.

We mention this fact in our underlying, strong support for the favorable passage of the bill, which firmly establishes both the Medicaid Program's financial liability for its portion of nursing care costs and the requirement for the prompt payment of these costs.

S.B. 588 sets these parameters:

1. Payment of total, additional, allowable costs for nursing care services in excess of services required under the law.

Attachment II
2/20/86 S. PH&W

"We Care"

SIGNIFICANCE: Nursing homes have been required by the Kansas State Department of Health and Environment to provide nursing services far beyond the minimum requirement, e.g., seven days a week, one nurse per 60-bed nursing unit on the day shift.

The bill will require the payment of these current expenses, now incurred but unmet because of cost center limitations, before the consideration of new and additional costs for 24-hour nursing care.

2. Payment of nursing costs leading to 24-hour nursing coverage. Second, as homes are able to hire additional nurses to build towards around-the-clock coverage, they will be assured the payment for the full Medicaid liability and portion within 60 days of accomplishing this coverage, rather than absorbing the costs for a year, to a year and a half, and then receiving only a portion of the costs.

COST IMPACT: We project the Medicaid cost impact of the bill to be \$2,718,802.32, for the payment of reasonable costs to nursing homes. An average salary of \$6.31 per hour for an LPN was used in our calculations.

It is noted that this cost figure is in addition to the \$1.1 million for 24-hour nursing care contained in the Governor's revised budget recommendation.

We further note that the total costs could be lessened by two factors.

One variable is the number of facilities able to come on-line in meeting the regulatory mandate in the next two years. A waiver is authorized under certain conditions.

The second factor involves an issue being considered by the House Ways and Means Committee which would remove a reimbursement percentile limitation which is unrelated to the reimbursement of reasonable costs to nursing homes. Additional Medicaid funding to do this is proposed, which if done, could impact upon increasing reimbursement and reducing the cost impact of S.B. 588.

Testimony on S.B. 588
Senate Public House & Welfare
February 20, 1986
Page Three

IMPORTANT PUBLIC POLICY: The costs for nursing care and 24-hour nursing coverage are substantial, granted. However, the sponsors of this bill are to be commended for it establishes an important precedence in public policy for the nursing home program in Kansas. Something never done before, it ties together the funding obligation and responsibility of Medicaid with the standards of the Department of Health and Environment.

It assures that nursing home providers will receive their reasonable costs associated with providing care for the medically indigent.

Most important of all, it issues a resounding clarion notice that no longer will any additional, unwarranted costs be shifted onto the shoulders of the nursing home private-paying sector because of the deficit funding of the Medicaid Program.

Your favorable reporting of this bill is your understanding that such practices must be halted.

In closing, we wish to note and defend against an argument that may be raised against the bill. Since it was drafted and introduced, the Department of SRS has indicated that it will extend a regulation, due to expire in April, that reimburses for 24-hour care. The regulatory payment methodology has two flaws.

First, it allows for reimbursement only after a facility has achieved around-the-clock coverage. There are no considerations for a facility building towards 24-hour coverage.

Second, and major, it authorizes payment for only the difference in salary between a medication aide and an LPN.

We support the bill -- clear cut legislative direction -- rather than regulatory, administrative fiat.

I would be happy to respond to any questions.

2-20-86

DATE: February 20, 1986
TO: Senate Public Health and Welfare Committee
RE: S.B. 588 - Support

Mr. Chairman and Members of the Committee:

My name is Paul Wurth, administrator of Mid-America of Lincoln, a 73-bed ICF in Lincoln, Kansas. Lincoln has a population of 1200, not unlike a majority of the facilities in Kansas.

I am thankful for this opportunity to speak in support of Senate Bill 588. It is my belief that this bill will further ensure that our residents will receive 24-hour nursing.

Mid-America has been voluntarily trying to recruit nurses for the past six months, but four more are needed. To date, I don't know where they all are.

Rural homes are faced with a supply problem which has multiple effects. Our current average wage is roughly \$6.20 per hour, but those nurses have been with us for several years. It is apparent and a matter of simple economics that with all homes competing for a limited supply of nurses that the price per hour will escalate. When I hire a new nurse at a wage higher than \$6.30 per hour I must adjust all my nurses up in order to keep the salary differential the same. My costs will increase to a significant level, because I cannot control the average wage.

Again, I think the elderly deserve 24-hour care, and as a matter of public policy I feel the provider should receive the full cost of increasing services, and the payment must come 60 days after compliance. All residents receive the benefit of 24-hour care, so all residents, private pay and Medicaid recipients, should share the cost.

Attachment III
2/20/86 S. PH&W

Attachment III



The Organization of
Nonprofit Homes and
Services for the Elderly

Kansas Association of Homes for the Aging
One Townsite Plaza
Fifth and Kansas Avenue
Topeka, Kansas 66603

913-233-7443

February 20, 1986

Testimony for the Senate Public Health and Welfare Committee

Re: Senate Bill No. 588

John R. Grace, Executive Director
Kansas Association of Homes for the Aging

Chairman Ehrlich and Members of the Committee.

The Kansas Association of Homes for the Aging is the organization of community, governmental and religious sponsored homes and services for the aging of Kansas. We have 73 members located in all regions of the state.

We support Senate Bill 588.

We believe that Licensed Nursing Care around the clock in intermediate care facilities is a necessary standard for quality care of the frail elderly. Many of our members have had 24 Hour nursing for many years. With the recent impact of the DRG system in hospitals, and the growing frailty of our resident population, we are seeing a more acutely ill resident entering our homes. Therefore, virtually all of our members are making a good faith effort to achieve this standard of nursing around the clock.

Senate Bill 588 requires "such reimbursement shall commence within 60 days from the date the department of social and rehabilitation services receives notification for the intermediate nursing care home of the additional nursing coverage." It is our understanding the Departments current policy that expires in May, is to provide an "add on fee" for the additional cost of the licensed practical nurse versus the cost of the medication aide. We believe that homes should continue to receive this add on fee to offset the costs of the additional staffing and that it should be paid in a timely manner.

Other language in the bill such as "(b) The total additional allowable costs, ...in excess of eight hours a day five days a week..., and reimbursement shall not be subject to cost center percentile limitations or any other limitations" all relate to the reimbursement system for adult care homes.

In a 1985 study conducted by the Special Reimbursement Task Force, in which we were an active participant, the committee found that approximately 100 Homes were affected by the "Total Cost Center Limitation of 75%" or exceeded the 90% percentile limitation in the

Testimony Re: Senate Bill 588
Senate Public Health and Welfare
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health care cost center. Of these 100 Homes, over 50% were nonprofit homes. We have known for a long time that to provide a high quality of care, in many instances it requires more than the state medicaid rate. Therefore, our homes rely upon charitable giving, contributions from foundations, and other forms of fund raising to a large degree to make up the difference.

Yes, Mr. Chairman and Members of the Committee, we would like to see more consideration given to raising the Health Care Cost Center limitation to 95% and to eliminating the "Total Cost Center Limitation of 75%". And on Monday of this week, in our testimony to the House Ways and Means Sub-Committee reviewing the SRS Budget, we urged the committee to consider the above items.

In summary, we support strongly the 60 day payment period, and if the department indicates that they will be affirming their current policy with regards to this issue in rule and regulation, we would find this agreeable.

Thank you Mr. Chairman and Members of the Committee.



Kansans for Improvement of Nursing Homes, Inc.

913 Tennessee, suite 2 Lawrence, Kansas 66044 (913) 842 3088

TESTIMONY PRESENTED TO THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
CONCERNING SB 588

February 20, 1986

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

Kansans for Improvement of Nursing Homes approached SB 588 with some sympathy for the problems raised by the temporary nature of the regulations governing the reimbursement of the voluntary 24-hour licensed nursing care program now in effect. Certainly we do not wish to see the present reimbursement regulations expire without suitable replacement. However, we have concluded that SB 588 is probably not the best answer to those problems.

First and foremost, KINH believes that reimbursement provisions should be a matter of rule and regulation rather than statute. We understand that it is SRS's intent to provide permanent regulations to supplant the temporary provisions and we believe that is the proper course to take.

Beyond our concern that reimbursement should not be in statute at all, we see some difficulties in this particular legislation.

Current regulation allows for an adult care home providing 24-hour nursing care to be reimbursed the difference in cost between a licensed nurse and a medication aide. The wording of SB 588, in Sec. 1(b) which provides that the total additional allowable costs incurred for providing licensed nursing personnel coverage shall be reimbursed to the home by the department of social and rehabilitation services, could be interpreted to permit funding a wholly new nursing position if the facility chose to do so. In a year of severe fiscal constraints, however, KINH believes it is essential to achieve the goal of providing 24-hour licensed nursing care at the lowest possible cost, which is certainly the differential in salary costs between a medication aide and a licensed nurse as in current regulations. We simply do not accept as a valid argument KHCA's frequent assertion that nursing homes would have to fire an aide in order to hire a nurse, unless full funding for a new position is provided. The turnover of aides is notoriously high in nursing homes; licensed nurses can easily replace aides by attrition.

Sec. 1(c) provides that the additional nursing services would not be subject to the health care cost center limitation. While KINH believes that the

Attachment V

2/20/86

S. PH&W

Attachment V

initial entry into the program should be outside the cost center, as it is in the current temporary regulations, in order to relieve any financial hardship for the nursing home, it should not be necessary to continue that provision once the program is in place. When all nursing homes are included in the program, the base for the cost center percentile limitations will rise for all homes and there is no reason to continue funding 24-hour care outside the limitation.

Given the problems we see in SB 588, KINH urges you to oppose this legislation and, instead, to give SRS the opportunity to promulgate appropriate regulations.

Marilyn Bradt -

Kansas Department of Social and Rehabilitation Services
Testimony Concerning Senate Bill 588
Robert C. Harder, Secretary
February 20, 1986

In the past two legislative sessions advocates in support of quality care for the elderly and disabled in adult care homes have emphasized the need for licensed nurses on staff at these intermediate care facilities 24 hours a day.

I believe that the point has been well made that there is a definite need for a higher level of care for the increasingly older, more fragile and more complexly ill population who currently reside in such facilities.

The Kansas Department of Social and Rehabilitation Services strongly supports the concept of 24 hour nursing care in intermediate care facilities. We are opposed, however, to Senate Bill 588 as written, for the following reasons:

- 1. In previous legislative discussions it was suggested that reimbursement to facilities for 24 hour nursing be based on the difference between the cost of a medication aid and a licensed practical nurse or registered nurse. SRS and the Department of Health and Environment have estimated that it would cost the state approximately \$1.1 million in FY 1987 to implement reimbursement to facilities based on such a formula. Senate Bill 588 asks for the "total additional allowable costs" incurred by an ICF for providing 24 hour care.

A quotation from an article in the July 7, 1985 edition of the Lawrence Journal World indicates that the nursing home industry says that "24 hour care could cost, as much as \$10 million to implement." We estimate in actuality between \$5 and \$6 million would be needed to implement reimbursement if total additional allowable costs were mandated to be paid.

- 2. Additionally, Senate Bill 588 asks for facilities to be reimbursed for all nursing care extending beyond 5 days per week, 8 hours per day. Clearly, existing regulations already require coverage for 7 days per week, 8 hours per day.
- 3. SRS would not be in favor of reimbursing for 24 hour care after the first year, beyond the established cost center limitations. After the first year, costs for 24 hour nursing care would be built into the base formula.

Again, the Kansas Department of Social and Rehabilitation Services supports the concept of 24 hour nursing care in ICF's but finds the fiscal impact of Senate Bill 588 as written to be prohibitive and impractical.

SENATE BILL NO. _____

By _____

AN ACT concerning the practice of psychology; relating to the registration of master's degree psychologists working in licensed community mental health centers or state institutions.

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

Section 1. As used in this act: (a) "Practice of psychology" means the application of established principles of learning, motivation, perception, thinking and emotional relationships to problems of behavior adjustment, group relations and behavior modification, by persons trained in psychology. The application of such principles includes, but is not restricted to, counseling and the use of psychological remedial measures with persons, in groups or individually, having adjustment or emotional problems in the areas of work, family, school and personal relationships; measuring and testing personality, intelligence, aptitudes, public opinion, attitudes and skills; the teaching of such subject matter, and the conducting of research on problems relating to human behavior, except that in all cases involving the care of the sick and ill as defined by the laws of this state, the primary responsibility devolves upon those licensed under the Kansas healing arts act.

(b) "Board" means the behavioral sciences regulatory board created by K.S.A. 74-7501 and amendments thereto.

(c) "Registered master's level psychologist" means a person registered by the board under the provisions of this act.

Sec. 2. (a) Any person who is registered under the provisions of this act shall have the right to practice in a licensed community mental health center or one of its contracted affiliates or a state institution and use the title registered

master's level psychologist and the abbreviation, RMLP. No other person shall assume such title, use such abbreviation or any work or letter, signs, figures or devices to indicate that the person using the same is registered as such under the provisions of this act.

(b) Any violation of this section shall constitute a class C misdemeanor.

Sec. 3. (a) Any person who desires to obtain a certificate of registration shall apply to the board in writing, on forms prepared and furnished by the board. Each application shall contain appropriate documentation of the particular qualifications required by the board and shall be accompanied by the required fee.

(b) The board shall issue a certificate of registration as a registered master's level psychologist to any person who pays a fee prescribed by the board under section 6, which shall not be refunded, and who has satisfied the board as to such person's training. Any person paying the fee must also submit evidence verified under oath and satisfactory to the board that such person: (1) Is at least 21 years of age; (2) has received at least a master's degree in clinical psychology based on a program of studies in psychology from an educational institution having a graduate program in psychology consistent with state universities of Kansas or has received a master's degree in psychology and during such graduate program completed a minimum of 12 semester hours or its equivalent in psychological foundation courses such as, but not limited to, philosophy of psychology, psychology of perception, learning theory, history of psychology, motivation, statistics and 24 semester hours or its equivalent in professional core courses such as, but not limited to, two courses in psychological testing, psychopathology; two courses in psychotherapy, personality theories, developmental psychology, research methods, social psychology; and 750 clock hours of supervised practicum or, in substitution of, 1,500 clock hours of postgraduate, supervised work experience; and (3) is in the

employ of a Kansas licensed community mental health center, or one of its contracted affiliates, or a state institution and whose practice is a part of the duties of such person's paid position and whose practice is performed solely on behalf of the employer.

(c) Until July 1, 1988, the board shall waive the educational or degree and supervision requirements, or all such requirements, under subsection (b) of this section and section 4, so long as the person applying for a certificate of registration as a registered master's level psychologist has a master's degree and has been employed for at least three years as a psychologist by a Kansas licensed community mental health center, or one of its contracted affiliates, or a state institution.

(d) The board shall issue a temporary permit to practice as a master's level psychologist to any person who meets all the requirements in subsection (b) of this section but not the supervision requirement of section 4 and who is employed by a Kansas licensed community mental health center, or one of its contracted affiliates, or a state institution. A temporary permit shall be effective from the date of its issuance and shall expire (1) two years and 90 days after its issuance or (2) when the person to whom the temporary permit has been issued receives a certificate of registration as a registered master's level psychologist, whichever comes first. A temporary permit may be renewed.

Sec. 4. (a) The master's level psychologist must, for the first two years of practice, provide services under the supervision of a qualified treatment team member.

(b) Qualified treatment team members shall include: (1) A physician licensed by the state of Kansas, (2) a psychologist certified by the state of Kansas, (3) a clinical specialist social worker licensed by the state of Kansas, (4) a psychiatric nurse having a master's degree in psychiatric nursing and registered by the state of Kansas, and (5) a master's level psychologist registered by the state of Kansas.

(c) Supervision shall consist of not less than one hour of supervision for every 40 hours of direct services provided.

(d) The plan of supervision and written documentation of its occurrence must be submitted to the board at the time the person applies for registration.

Sec. 5. Any person registered as a master's level psychologist shall be required to complete 25 hours of continuing education per two-year period.

Sec. 6. The following registration fees shall be established by the board by rules and regulations in accordance with the following limitation: Application or renewal fee for a registered master's level psychologist shall be not less than \$10 nor more than \$50.

Sec. 7. (a) All certificates of registration shall be effective upon the date issued and shall expire at the end of 24 months from the date of issuance.

(b) Registration may be renewed by the payment of the renewal fee and the execution and submission of a signed statement, on a form provided by the board, attesting that the applicant's registration has been neither revoked nor currently suspended and that the applicant has met the requirements for continuing education set forth in this act.

(c) The application for renewal shall be made on or before the date of the expiration of the registration.

(d) If the application for renewal, including payment of the required renewal fee, is not made on or before the date of the expiration of the registration, the registration is void, and no registration shall be reinstated except upon payment of the required renewal fee, plus a penalty equal to the renewal fee, and proof satisfactory to the board of compliance with the continuing education requirements. Upon receipt of such payment and proof, the board shall reinstate the registration, except that no registration shall be reinstated if such payment and proof is received more than one year after the date of the expiration of the registration.

(3) A duplicate certificate of registration shall be issued by the board upon receipt of a \$20 fee.

Sec. 8. Nothing contained in this act shall be construed:

(a) To prevent qualified members of other professional groups such as, but not limited to, ministers, Christian Science practitioners, social workers, sociologists and certified psychologists from doing work of a psychological nature consistent with their training and consistent with any code of ethics of their respective professions so long as they do not hold themselves out to the public by the title, registered master's level psychologist;

(b) in any way to restrict any person from carrying on any of the aforesaid activities in the free expression or exchange of ideas concerning the practice of psychology, the application of its principles, the teaching of such subject matter and the conducting of research on problems relating to human behavior if such person does not represent such person or such person's services in any manner prohibited by this act;

(c) to limit the practice of psychology or use of official title on the part of a person in the employ of a federal, state, county or municipal agency, or other political subdivision, or a duly chartered educational institution or a not-for-profit corporation insofar as such practice is a part of the duties of such person's paid position, and insofar as such practice is performed solely on behalf of such person's employer, or insofar as such person is engaged in public speaking with or without remuneration;

(d) to limit the practice of psychology or services of a student, intern or resident in psychology pursuing a degree in psychology in a school, college, university, or other institution, with educational standards consistent with those of the state universities of Kansas if such practice or services are supervised as part of such person's degree program. Nothing contained in this section shall be construed as permitting such persons to offer their services as registered master's level

psychologists to any other person and to accept remuneration for such psychological services other than as specifically excepted herein, unless they have been registered under the provisions of this act;

(e) to prevent the employment, by a person, association, partnership, or a corporation furnishing psychological services for remuneration, of persons not registered as master's level psychologists under the provisions of this act to practice psychology if such persons work under the supervision of a psychologist or psychologists certified by the state of Kansas and if such persons are not in any manner held out to the public as master's level psychologists registered under the provisions of this act;

(f) to restrict the use of tools, tests, instruments or techniques usually denominated "psychological" so long as the user does not represent such user to be a registered master's level psychologist,

(g) to permit persons registered as master's level psychologists to engage in the practice of medicine as defined in the laws of this state, nor to require such registered master's level psychologists to comply with the Kansas healing arts act as amended;

(h) to restrict the use of the term "social psychologist" by any person who has received a doctoral degree in sociology or social psychology from an institution whose credits in sociology or social psychology are acceptable by a school or college as defined in this act, and who has passed comprehensive examination in the field of social psychology as a part of the requirements for the doctoral degree or has had equivalent specialized training in social psychology;

(i) to restrict the practice of psychology by a person who is certified as a school psychologist by the state department of education so long as such practice is conducted as a part of the duties of employment by a unified school district or as part of an independent evaluation conducted in accordance with K.S.A.

72-963 and amendments thereto, including the use of the term "school psychologist" by such person in conjunction with such practice;

(j) to permit persons registered as master's level psychologists to engage in the practice of optometry as defined in the laws of this state; or

(k) to prevent the practice of psychology by a master's level psychologist while under supervision as described in this act.

Sec. 9. (a) The behavioral sciences regulatory board created by K.S.A. 74-7501 and amendments thereto shall establish a master's level psychologist registration committee consisting of three members appointed by the chairperson of the board.

(b) All members of the committee shall be registered master's level psychologists. Each member of the committee shall be a citizen of the United States and resident of this state.

(c) Each member of the committee shall serve for three years except that the terms on the committee first appointed shall be as follows: One member shall be appointed for a one-year term, one member shall be appointed for a two-year term and one member shall be appointed for a three-year term. The chairperson of the board shall designate the term for each member first appointed to the committee. No member of the committee shall be appointed for more than two successive terms. Upon the expiration of a member's term on the committee, the chairperson shall appoint a qualified successor. Each member shall serve until a successor is appointed and qualified. Whenever a vacancy occurs in the membership of the committee prior to the expiration of a term, the chairperson of the board shall appoint a qualified successor to fill the unexpired term. The chairperson of the board may remove any member of the committee for misconduct, incompetency or neglect of duty.

(d) The committee shall organize annually at its first meeting subsequent to June 30 and shall select from its members a chairperson. Other meetings shall be held as the committee

designates. Two members of the committee shall constitute a quorum for the transaction of business.

(e) The committee shall receive all applications for registration as a master's level psychologist; review the applications for compliance with this act; and make their recommendations for acceptance, rejection or other actions to be taken by the board. The board shall accept and act on the committee's recommendations so long as the recommendations are in compliance with this act.

(f) The board shall make support staff available to the committee.

(g) Members of the committee attending meetings of the committee authorized by the board shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223 and amendments thereto.

Sec. 10. (a) The confidential relations and communications between a registered master's level psychologist and such person's client shall be the same as provided by law for those between an attorney and the attorney's client. Nothing in this act shall be construed to require such privileged communications to be disclosed except:

(1) When the person is a child under the age of 18 years and the information acquired by the registered master's level psychologist indicated that the child was the victim or subject of a crime, the registered master's level psychologist may be required to report the suspected crime and to testify fully in relation thereto upon any examination, trial or other proceeding in which the commission of such a crime is a subject of inquiry, or

(2) when the person waives the privilege by bringing charges against the registered master's level psychologist but only to the extent that such information is relevant under the circumstances.

(b) Nothing in this act shall be construed to prohibit any registered master's level psychologist from testifying in court

hearings concerning matters of child abuse, child neglect or other matters pertaining to the welfare of children or from seeking collaboration or consultation with professional colleagues or administrative superiors, or both, on behalf of the client.

Sec. 11. This act shall take effect and be in force from and after its publication in the statute book.