

Approved 3-25-86
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 March 19, 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, Revisor of Statutes Office
Clarene Wilms, committee secretary

Conferees appearing before the committee:

Dr. Robert E. Harder, Secretary, Social and Rehabilitation Services
Everett Willoughby, Executive Director, Kansas Board of Pharmacy
Written Testimony, Kenneth Schafermeyer, HB-2729
Written Testimony, John P. Smith, HB-2663

Others attending: See attached list

HB-2710 - An Act concerning social welfare; relating to eligibility for
general assistance;

Dr. Robert E. Harder testified and presented written testimony in support
of HB-2710. Attachment I Dr. Harder stated that he would like to have this
bill passed just as it appears. The bill covers a technical change required
to allow the Department of SRS to continue to provide General Assistance
Unrestricted to families with children or a pregnant woman, in need, but not
eligible for a federally existing program as well as to those individuals who
are unemployed.

HB-2729 - An Act concerning the pharmacy act of the state of Kansas relating
to unprofessional conduct; patient profile records; certain fees;
registration by reciprocity;

Senator Salisbury stated that this bill was a recommendation of the interim
committee. The house committee deleted the necessity of a patient profile
being maintained. It was felt with persons making drug purchases at a variety
of pharmacies it would serve little or no purpose.

Everett Willoughby testified and presented written testimony in support of
HB-2729. Attachment II Mr. Willoughby stated his board had no problem with
the house amendment. Discussion followed with the number of days required
being questioned. Some thought 30 days too long a waiting period. The
qualification of interns was discussed.

Senator Hayden's pages from Lakin, Kansas, were introduced. The "Closeup"
students visiting were recognized, some from Wichita and some from Goodland.

Senator Salisbury moved that SB-2729 be passed out favorable. Senator Mulich
seconded the motion and the motion carried.

Senator Morris moved that HB-2710 be passed out favorable. Senator Kerr
seconded the motion and the motion carried.

Staff continued briefing on HB-2730, HB-2731 and HB-2747.

Staff stated that the committee might want to question whether or not the
changes from Master to Specialist is the way they have been licensing people
because these are the people who are authorized to go out into private practice.
The committee needs to check whether or not this bill would cut out any persons
now practicing. Section 3(h) deals with the temporary permit issue. The bill

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 March 19, 1986

also changes the time of application renewal and brings it into the same time frame that most other licenses in the state are renewable.

HB-2731 - An Act concerning psychologists; authorizing the establishment of specialities within the practice of psychology and providing for endorsement of psychologists in such specialities;

This bill provides an authorization for the behavioral sciences and regulatory board for psychologists to provide for the endorsement of certain psychologists after they have complied with certain requirements.

HB-2747 - An Act concerning the secretary of social and rehabilitation services; relating to the licensing of certain facilities in which one or more mentally ill, mentally retarded or other handicapped persons reside who need assistance in taking of medication;

This bill places homes of less than 8 people who need supervision in taking medication, supervision of daily activities, etc. under SRS by adding "Mentally ill" to the description of residents. The Kansas Department of Health and Environment would license facilities where 8 or more persons reside after approving the facility. The homes did not qualify under boarding houses which come under the food service and lodging act.

Written testimony by Kenneth Schafermeyer, in support of HB-2729 was presented to committee members. Attachment III

Written testimony by John P. Smith on HB-2663 was presented to committee members. Attachment IV

Meeting adjourned at 10:55 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-19-86

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Everett L. Willoughby Topeka

Board of Pharmacy

Theresa Shurtliff

Kansas State Board of Pharmacy

Kenneth K. Lawrence

Board of Pharmacy in the State of Kansas

Steven B. Crichton Ks. City, Ks.

Ks. Respiratory Therapy Society

Sharon E. Howard P. M.D.

State Board of Health

Lyver Benson Com. Board

State Board of Health

Joanna Long Com. Board

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Louis Carr Com. Board

"

Amy Bond Hays

Charity Kansas

Julie Robinson Hays

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Torri Staab Hays

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Pill D. ... Hays

"

Time ... Hays

"

Stelly Winter Hays

"

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Statement Regarding H.B. 2710

Title

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

Purpose

The proposed legislation is a technical change required to allow the Department of Social and Rehabilitation Services to continue to provide General Assistance Unrestricted (GAU) to families with children or a pregnant woman, in need but not eligible for a federally assisted program, as well as to those individuals who are unemployable.

Background

The General Assistance Program is a state program providing income assistance to persons who do not qualify for federally funded programs. It is composed of two subprograms: General Assistance Unrestricted (GAU), and Transitional General Assistance (TGA). GAU is designed to meet the needs of the most vulnerable of the General Assistance population including those who are unable to engage in employment for reasons such as age or physical or mental condition. TGA is designed to meet the needs of persons who are employable and is capped at \$100 for one person and \$175 for a couple.

The Department has provided assistance to families with children or pregnant women under the General Assistance Unrestricted Program due to the vulnerability of these groups. However, in reviewing the existing legislation the agency feels that the present specific wording would require that agency policy be changed to limit GAU coverage to those where all family members are unable to engage in employment. This change would result in decreased assistance to families with children or pregnant women.

Alternatives

1. Modify the existing legislation to allow the Department to continue to provide General Assistance Unrestricted coverage (GAU) to families with children or pregnant women; or,
2. Make no change in the existing statute. This would, in effect, require the Department of Social and Rehabilitation Services to reduce financial assistance to families with children or pregnant woman by moving them to the Transitional General Assistance Program.

Effects of Passage

Present coverage could be maintained for families with children or pregnant women. This is provided for in the existing and proposed SRS budget and does not represent an increase in expenditures.

SRS Recommendation

The Department of Social and Rehabilitation Services recommends modification of the law as proposed in this bill. Such passage would allow the Department to continue to provide for individuals who are unable to work and for families with children or an unborn child when these families do not meet the requirements for federally assisted programs.

Fiscal Impact

This is provided for in the present and proposed SRS budget and does not represent an increase in expenditure.

Robert C. Harder
Office of the Secretary
Social and Rehabilitation Services
296-3271
March 19, 1986

Kansas State Board of Pharmacy

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STATE OF KANSAS



JOHN CARLIN
GOVERNOR

EVERETT L. WILLOUGHBY
EXECUTIVE SECRETARY

LYNN E. EBEL
BOARD ATTORNEY

HOUSE BILL 2729 AS AMENDED

Pharmacy Act

Everett L. Willoughby, Executive Secretary

Kansas State Board of Pharmacy

Mr. Chairman, Members of the Committee, I am Everett Willoughby, Executive Secretary of the Kansas State Board of Pharmacy, appearing on behalf of the Board to speak in favor of the passage of House Bill 2729.

House Bill 2729 will amend portions of the Pharmacy Act and repeal some existing sections. Some changes in terminology have been used to clarify and some existing regulations have been incorporated into the statute by definition. The bill also will give the Board of Pharmacy the authority to charge a fee for certification of grades for pharmacists reciprocating out of Kansas. One section would give the Board the authority to administer a Kansas law examination to pharmacists reciprocating into Kansas.

The first major change occurs on page 5, line 0194. "Unprofessional conduct" presently appears as K.A.R. 68-5-14, "gross immorality" and had been expanded to include intentional falsifying or altering records or prescriptions and unlawful possession of drugs and unlawful diversion of drugs to others.

In support of this expanded definition, we recently had a pharmacist on video tape taking Ritalin 20 mg, a Schedule II drug, from the pharmacy in Wichita where he worked. A drug audit of the pharmacy by our Drug Inspectors proved that nearly 24,000 Ritalin tablets were missing from the pharmacy. The missing Ritalin have a street value of approximately \$20,000. The police department apprehended him with 57 Ritalin tablets on his person. He subsequently was charged with possession and other charges, all misdemeanors. The Board of Pharmacy had, and until the passage of this bill will have, no jurisdiction in the case because we can act only on felony convictions. This bill will allow us to take action to revoke, suspend, or deny renewal of a license due to illegal possession by the pharmacist.

House Bill 2729 As Amended
March 18, 1986

One page 6, Sec. 2.(5), line 0218, the statement, "the registrant has violated a provision of the federal or state food, drug and cosmetic act or the uniform controlled substances act of the state of Kansas," would give the Board the authority to revoke, suspend, place in a probationary status, or deny renewal of a pharmacist's license. Presently, the Board may revoke, suspend, place in a probationary status, or deny renewal of a registration of a pharmacy upon finding that the owner or any pharmacist employed at such pharmacy is convicted of a violation of the Pharmacy Act or the Uniform Controlled Substances Act of the State of Kansas, or the federal or state Food, Drug and Cosmetic Act. This is the pharmacy registration, not the pharmacist involved.

Another change can be found on page 8, Sec. 3(b), line 0298. We are requesting that applicants for examination for the practice of pharmacy file with the Board office the necessary papers at least 30 days before the examination date. Ten (10) days does not allow enough time for the Board office to complete the paper work required and order the required number exams for applicants, whose numbers may vary from 15 to 60. The requested number of days is comparable to other states' requirements.

The Kansas Attorney General's informal opinion of June 14, 1985, states that they do not feel the Board has the authority to administer exams for reciprocity. Therefore, the Board is requesting statutory authority to administer only the Kansas pharmacy law exam for reciprocals into the state. Forty-one states of the 48 that allow reciprocity administer the law exam. The Board feels that familiarity with Kansas pharmacy laws and compliance with the laws is necessary so the public health and welfare can be protected.

K.S.A. 65-1642, Sec. 4, page 10, has been reworded to clarify and to condense the statute to a readable state. The three years required for the keeping of prescription records previous to the passing of the Act in 1982 has been grandfathered in, so that now all prescription records must be kept a minimum of 5 years.

On page 12, line 0434, the Board is requesting authority to charge a fee for certification of grades for Kansas pharmacists reciprocating from Kansas to another state. This is a detailed and time consuming process which, if incorrectly done, could prevent the pharmacist from reciprocating his license to another state.

House Bill 2729 is a good bill, and the Board of Pharmacy respectfully requests that you consider it favorably.

ELW:arb



THE KANSAS PHARMACISTS ASSOCIATION

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TOPEKA, KANSAS 66604

KENNETH W. SCHAFERMEYER, M.S., CAE
PHARMACIST
EXECUTIVE DIRECTOR

TO: Senator Roy Ehrlich, Chairman
Public Health and Welfare Committee

FROM: Kenneth W. Schafermeyer *KWS*
Executive Director

SUBJECT: House Bill 2729 - Regarding the Pharmacy Practice Act

DATE: March 13, 1986

Since I am unable to attend the committee hearing, I did want to provide a few written comments. The Kansas Pharmacists Association supports this bill and hopes that the committee will report it favorably.

This bill was introduced by the Joint Committee on Administrative Rules and Regulations with one amendment by the Board of Pharmacy. The issues covered in this bill were presented originally as proposed regulations and our Association voiced its support of these changes. The bill clarifies some of the duties of the Board of Pharmacy but does not significantly change existing public policy.

Although one important issue regarding a requirement for patient medication profiles was removed by the House committee, the amended bill was passed by the Committee without dissent and passed in the House by a vote of 115-4. If the Committee feels that it is appropriate to report this bill favorably, we would appreciate it very much. Thank you.

KWS:plh



AFFILIATED WITH
THE AMERICAN PHARMACEUTICAL ASSOCIATION

Attachment III
3/19/86 S. PH&W

Attachment III

JOHN P. SMITH
2643 North Pershing Court
Wichita, Kansas 67220
316 681 0509 (Residence)
316 688 2894 (Office)

March 16, 1986

Senator Roy Ehrlich
Chairperson, Public Health and Welfare Committee
Kansas Senate
Topeka, KS 66605

Dear Senator Ehrlich:

I am writing to bring to the attention of the Senate Public Health and Welfare Committee my concerns regarding the proposed amendments to House Bill No. 2663, an act relating to the Kansas act on credentialing. Due to my work schedule I am unable to appear before the committee and respectfully request that my comments be presented to the membership of the committee.

As a member of the Statewide Health Coordinating Council and a practicing medical technologist, I support continuation of the program for credentialing of health care personnel. This program has attracted much national interest since several states are observing our experience with the intentions of initiating similar programs. Now that five years have elapsed since the start of the program and the Council has gained experience in administering the credentialing program, it is time to review and revise where necessary. The Special Committee on Public Health and Welfare has suggested several amendments that will clarify the program. However, it has also included several provisions that are vague, inappropriate or confusing which will increase the work of the Council in carrying out the credentialing program. My comments on the amendments proposed in HB 2663 follow.

Section 1.(b): The provision of a definition for "Certification" is a welcome addition to the act and will clarify and place this term in proper perspective along with licensure, registration and credentialing.

3/19/86

Attachment IV

S. PH&W

Attachment IV

Section 3. Lines 0079 - 0108: The proposed amendment would restrict those health care professionals who serve as members of the technical committee only to those who are **currently credentialed under the laws of this state**. This is too restrictive and if this had been in effect during the first years of the act, would have prevented several health care personnel from serving as members of technical committees. Only physicians, dentists, pharmacists, nurses, physical therapists, mental health technicians and chiropractors are now credentialed under the laws of Kansas. Many health care personnel are credentialed by nationally recognized certification and these individuals should not be prevented from serving as members of technical committees. A suggested revision of this section might be: "**Three members of the technical committee shall be health care personnel credentialed under the laws of this state or holding certification as health care personnel as defined in this act.**"

Section 3.(e)lines 0141-0162: The proposed amendment would require that all the criteria established by law or rules and regulations for credentialing be met. This wording appears throughout the bill. My objections to these amendments are two fold: (1) Requiring all applicant groups to meet all criteria is too stringent. Some of the criteria may not be appropriate or applicable for certain health care personnel who practice in a limited area of health care. The experience to date with the credentialing program clearly demonstrates that requiring each applicant group to meet all of the criteria is too rigid. (2) Requiring that the applicant groups meet all rules and regulations for credentialing effectively requires compliance to rules and regulations before we know what they may require since the rules and regulations have not been written. Spurious rules and regulations may kill serious consideration of applicant groups for credentialing. In summary, I strongly recommend deletion of the requirement that all criteria be met and deletion of the requirement that compliance with rules and regulations that are to be written after the act has been amended be deleted throughout HB 2663.

Section 6.(3)lines 0261-0266: Recommend striking this criteria as it is vague and subject to much interpretation. Furthermore, practice of a health occupation or profession in inpatient facilities does not prevent harm from occurring to the public who receive health care in those facilities. Those who direct inpatient facilities do not always have the specific knowledge, expertise and experience to determine if those who are employed by the inpatient facility are competent health care providers. Credentialing would assist those who direct inpatient facilities and the public that competent health care providers are employed. The current malpractice problems demonstrates that those who direct inpatient facilities have difficulty in determining who is competent to practice within their facilities!

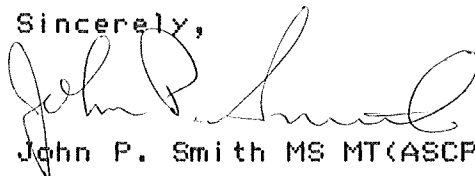
Section 6.(5)(6)lines 0270-0276: Delete the addition of these two new criteria. Concern with cost or availability of health care personnel should not take precedence over assuring provision of health care by competent personnel. Somehow we have our priorities confused if we allow this type of criteria to be placed into law.

Section 6.(8)lines 0279-0281: Delete. This is self serving to those health care providers who are already credentialed and is anticompetitive.

Section 6.(9)lines 0282-0284: I applaud the addition of this criterion. This criterion would assist the technical committee, statewide health coordinating council and the Secretary of Health and Environment in evaluating the validity of the applicant group as a bonified health occupation of profession.

In summary I strongly support the continuation of the credentialing program and portions of the proposed amendments. However, the Public Health and Welfare committee should delete the proposed amendments that would create confusion and future problems. Thank you for allowing me to provide the Committee with my comments.

Sincerely,



John P. Smith MS MT(ASCP)SM CLS(NCA)