

Approved 3-19-1987  
Date sh

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

1:30 a.m./p.m. on March 18, 1987 in room 423-S of the Capitol.

All members were present except:  
Representative Theo Cribbs, excused

Committee staff present:  
Emalene Correll, Research  
Bill Wolff, Research  
Norman Furse, Revisor  
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Dr. Robert Worsing, Orthopedic Surgeon, Wichita Clinic/Wesley Medical Center, Wichita  
Lyle Eckhart, Kansas Highway Patrol/Emergency Medical Service Council  
Ted McFarlane, Douglas County Emergency Medical Services  
Charlene Abbott, State Board of Healing Arts  
Harold Riehm, Kansas Association of Osteopathic Medicine  
Jerry Slaughter, Kansas Medical Society  
Sherman Parks, Kansas Chiropractic Association

Chairman Littlejohn called meeting to order when quorum was present, calling attention to hearings being held on SB 87 and SB 34.

Hearings began on SB 87:

Dr. Robert Wursing, an Orthopedic surgeon who performed surgery on Chairman Littlejohn recently, thanked committee for opportunity to speak to SB 87. He presently is Chairman of Kansas Medical Society's Committee on Emergency Medical Services. He stated they have a major concern in SB 87, i.e., page 3, section 6. We are uncomfortable he said, with language, "lifting and moving". We feel the patient ought not to be moved unless there is a life threatening situation, i.e., fire, or loss of a limb. The First Responder has only passed a 45 hour course in emergency care, and they feel they should not move the patient. Perhaps language might be added in line 106, page 3, such as, "moving the individual in life or limb threatening situations only". He answered questions, i.e., yes, I feel personally that "stabilization" is ok. If you get too specific, you may run into problems; yes, I feel "certified" in line 102 is well defined.

Lyle Eckhart, Kansas Highway Patrol gave hand-out to members, see (Attachment No.1) for details. SB 87 creates a new level of training for individuals who are typically the first to arrive at scene of a medical emergency or accident. Survival of a patient may depend on their ability to provide essential care. A curriculum has now been established nationally and approved for implementation in Kansas if this bill is passed. There is interest in this program among firefighters and law enforcement personnel. SB 87 will strengthen the EMS system in Kansas and fulfill a need not currently met. The training program is coordinated with other levels of training programs so the trained first responder can continue to assist the ambulance personnel upon their arrival. It should be understood that first responders are not trained ambulance attendants and are not transporters of patients. Their role is to provide lifesaving care until the ambulance arrives. He asked for support of SB 87. He answered questions, i.e., yes, there is a fiscal note of around \$9,440, but revenue generated from the fees from the examinations would total \$7,500, so the fiscal impact would be \$1,940. Yes, the 45 hours training is enough. There is continuing education going on all the time, and these persons will be trained to stabilize only, not to administer other treatment. Yes, we purposely want to limit duties with this group of people.

Ted McFarlane, Douglas County Emergency Medical Services, gave hand-out, (see Attachment No. 2), for details. He gave his credentials and stated he was before this committee to urge for passage of SB 87. He has been asking for legislation of this

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 423-S, Statehouse, at 1:30 /// a.m./p.m. on March 18, 1987.

Hearings continue on SB 87:

type for two years. There is a need for this type of training in many communities. SB 87 would allow people to better utilize local resources because it will allow local law enforcement personal to obtain this training. The EMT course is a 120 hour program and First Responder course is a 45 hour program. The reduction in hours will not materially affect the quality of care provided because it allows more emphasis on critical activities of First Responders and eliminates the portion of the training designed to prepare the student to be an ambulance attendant. There are three very important points to keep in mind, he said, i.e., this is a local option program; minimum qualifications for ambulance attendants are not changed; it is a federally approved training.

Hearings closed on SB 87.

Hearings began on SB 34:

Charlene Abbott, Ks. Board Healing Arts, gave hand-out, (see Attachment No.3), for details. Their Board is opposed to SB 34. She detailed the duties of the executive secretary and general counsel, then explained their Board feels the chief executive office should be an individual who is a member of the Board and should have authority granted to make decisions for the Board in the interim period during the time the Board does not meet. If SB 34 is enacted, it would be a setback to the Board, rather than an enhancement of their ability to fulfill responsibilities. It is their feeling that their ability to function would be better, if the Executive Director was actually a Medical Director and required to be an individual licensed in one of the three branches of the Healing Arts. She answered questions.

Harold Riehm, Kansas Association of Osteopathic Medicine, spoke to SB 34, with somewhat mild support. There continues to be a need for someone to directly supervise and manage the staff of the Board of Healing Arts. We are not sure the concept of an Executive Director on the Board will cure all ills. In the past, the Executive has been a rather low key position because that was the choice of the Board. The Board has had its problems in the past, but that is no reflection on the current staff, as they have done an outstanding job. The problems seem to stem from the system from which they operate. The question comes down here to, do you want the spokesperson to be a doctor who may have very little administrative background, or do you want an administrator who may have very little medical background. He answered questions, i.e., the current Board is made up of 5 M.D.'s, 3 D.O.'s, 3 D.C.'s, 1 Podiatrist, 3 persons from general public; no, there would be no fiscal note to this bill. (This is a fee generated Board, and money is turned back to the General Fund each year, however, the more money that is spent, the less is turned back in).

Jerry Slaughter, Kansas Medical Society stated their Society is unequivocally in favor of SB 34. There is a tremendous amount of work that is expected from the Board of Healing Arts, and in recent times there has been some dissatisfaction about the conduct of the Board. This statement in no way is any reflection of those currently on staff or on the Board, it is just that they have a huge responsibility. We do not have an ax to grind. As far as our Society is concerned, the executive director does not have to be a physician. What is needed is a professional who will not be intimidated by professionals, and one who can handle the complex duties and responsibilities of a skilled administrator. There would be no cost to the state. If the Legislature wants a good work product, wants accountability, wants a focus of responsibility so they can call one person and hold them accountable, then SB 34 should be favorably passed. Perhaps if some have problems with an interim study, he would suggest on page 12, line 450 change language to have act take affect July 1, 1988. He answered questions, i.e., yes, Board has the right to grant or take away licenses; yes, our Society feels the Administrator should not be a Board member, we feel it will improve the situation; feels the Executive Board needs to be a policy body; no, we have never had anyone appointed to the Board that we recommended.

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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 /a.m./p.m. on March 18, 1987

Hearings continue on SB 34:

Sherman Parks, Kansas Chiropractic Association spoke in opposition to SB 34. Their Association feels to change things now would be like a patchwork. We wonder, he said, if there is a magic person out there that can handle the administrative duties with the desired administrative skills and medical background. Perhaps this is not the time, in today's economic strain, that if you already have a proper system in existence, to add to the fiscal impact an additional \$50,000 to \$85,000. He would call attention to Page 6, line 220, and offer a conceptional amendment that could read, "this shall not be a person who is or has been licensed by the Board of Healing Arts". He stated SB 34 is unnecessary, and their Association is opposed to it.

Hearings closed on SB 34.

Meeting adjourned.



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

SENATE BILL 87

PRESENTED BY THE KANSAS HIGHWAY PATROL

MARCH 18, 1987

APPEARED IN SUPPORT

The Kansas Highway Patrol supports Senate Bill 87.

This bill creates a new level of training for individuals who are typically first to arrive at the scene of a medical emergency or accident. Survival of a patient may well depend on their ability to provide essential lifesaving care.

Historically, Kansas has depended upon these individuals receiving basic emergency medical technician training to fill their first responder role. There has been a resistance to this practice due to the length of the EMT course. A curriculum has now been established nationally and approved for implementation in Kansas if this bill is passed into law. There is substantial interest in this training program among firefighters and law enforcement personnel.

Passage of this bill will strengthen the EMS system in Kansas and fulfill a need not adequately met at the present time. The training program is coordinated with other levels of training programs so the trained first responder can continue to assist the ambulance personnel upon their arrival in a meaningful way.

It should be understood that first responders are not trained ambulance attendants and are not transporters of patients. Their role is clearly to provide lifesaving care until the ambulance arrives. The State EMS Council has been reviewing the need for this training for over a year and they have concluded that it will improve our system in Kansas. This bill enables firefighters and others to be trained but does not require participation.

The instructor network is already in place since EMT instructor/coordinators are qualified to instruct the entire course. The implementation of the training program should be immediate. Additionally, the Director of Emergency Medical Services intends to utilize trained examiners that are already located around the state to conduct the examination described in the bill.

The Kansas Highway Patrol supports your favorable action on this bill.

*PAW  
Attm #1.  
3-18-87*

DA

# Douglas County

## Department of Emergency Medical Services and Emergency Preparedness

Ted McFarlane, Director

TO: House Health & Welfare Committee  
FROM: Ted McFarlane  
DATE: March 18, 1987  
SUBJECT: Testimony on S.B. 87 (First Responder Bill)

Thank you for the opportunity to give testimony on Senate Bill 87. I am the Director of the Douglas County Department of Emergency Medical Services and Emergency Preparedness. I am also a member of the Governor's Emergency Medical Services Council and Secretary of the Kansas Association of EMS Administrators. I am here before you wearing all three hats and in that capacity I would urge your passage of this bill to the floor of the House.

As a member of the Kansas EMS Council I helped draft the bill. The Council supports this bill as a necessary step in improving the EMS system in the state. As a director of a local paramedic ambulance service I have been asking for this legislation for two years. We have a real need for this training level in our community. This bill will allow us to better utilize our local resources because it will allow us to train our local law enforcement personnel using the First Responder Course instead of the EMT course. The EMT course is a 120 hour program and the First Responder course is a 45 hour program. However, this reduction in hours will not materially affect the quality of care provided because it allows more emphasis on the critical activities of first responders and eliminates the portion of the training designed to prepare the student to be an ambulance attendant.

There are three important points to keep in mind.

- 1) this is a local option program,
- 2) this does not change the minimum qualifications for ambulance attendants, and
- 3) this is a federally approved training curriculum.

*PHed  
attn #12  
3-18-87*

In conclusion, I urge your support for this bill.

Ambulance Service Division  
225 Maine Street  
Lawrence, Kansas 66044  
(913) 843-7777

Emergency Preparedness Division  
Judicial and Law Enforcement Center  
111 East Eleventh  
Lawrence, Kansas 66044  
(913) 841-7700 Extension 259

TESTIMONY TO THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

RE: SENATE BILL NO. 34

PRESENTED BY: KANSAS STATE BOARD OF HEALING ARTS

The State Board of Healing Arts is opposed to SB 34. A telephone poll was conducted relative to this Bill on January 26 and 27, 1987. The Board at its meeting in December adopted a position in opposition to this Bill. The results of the telephone poll conducted were 12 members in favor and 2 opposed as to whether the Board should ratify the position which it took at its meeting in December. (The other member of the Board was out of town and could not be reached.)

PRESENT STATUS OF BOARD OPERATION.

The executive secretary is in charge of day-to-day administrative duties and the general supervision of all board staff. The executive secretary reviews all applications for licensure, registration and reinstatement of such. Any applications which cause concerns to the executive secretary are then presented to the board secretary for a review.

The general counsel provides legal advise to the board, including the secretary and the board staff and also responds to various inquiries of a legal nature. The general counsel also attends all meetings of the board and its various subcommittees and advisory councils. Rules and regulations authorized by the board are prepared and submitted through the various channels by the general counsel. At present, the general counsel is also in charge of all disciplinary matters not under the jurisdiction of the disciplinary counsel.

The disciplinary counsel is in charge of all complaints involving 3 branches of the healing arts - M.D.s, D.O.s and D.C.s. This involves the review of all complaints, the direction of all investigation and the initiation and prosecution of adjudicative proceedings against the licensees involved.

The board secretary is employed on a part-time basis. The current procedure is that the secretary is in the board office on Fridays, during which time interviews are conducted and work sessions held with executive secretary, general counsel and disciplinary counsel. Also, the secretary is contacted by various board staff on a daily basis as issues or concerns arise. The secretary is also a member of and attends meetings of all advisory councils (PT, OT & RT) and usually serves as a member of subcommittees appointed on specific issues. Many of these meetings are in the evenings or on Saturdays. In essence, the secretary is an extension of the Board upon whom the Board has placed its trust to act on its behalf when it is not in session. The Kansas State Board of Healing Arts meets bi-monthly. The secretary reviewed and made recommendations for determinations on approximately 139 cases which had been previously reviewed by various review committees from October 1 through December 31, 1986. Further, exclusive of those individuals which may have been interviewed as a result of review committee action, the secretary also interviewed an additional 63 individuals during calendar year 1986. Each of these interviews involved possible problems relating to the past conduct of an applicant for registration or licensure or the conduct of a present registrant or licensee of the Board.

*P. H. W.  
Attn. #3  
3-18-87*

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BOARD POSITION ON SB 34.

It is felt by the Board that the chief executive office should be an individual who is a member of the board and can be vested with authority to make decisions for the board in the interim period during which the board is not meeting. Should SB 34 be adopted in its present form and an executive director appointed who has no license in any of the 3 branches of the healing arts, it is felt that the board will be denied a valuable tool it now uses extensively in dealing with licensing and disciplinary matters. This could serve as a setback to the board rather than an enhancement of the boards ability to fulfill its responsibilities.

The Senate Public Health & Welfare Committee in dealing with SB 35 in its original form has concluded that an interim study of the board should be conducted and has recommended that the board be restructured to separate the regulatory responsibilities of licensed practitioners and registered allied health care providers. It is felt that the changes proposed by SB 34 would be appropriate for interim study so a detailed and cohesive restructuring could be accomplished. If SB 34 is acted upon during this session the board feels its ability to function would be better enhanced if the Executive Director was actually a Medical Director and required to be an individual licensed in one of the three branches of the healing arts.

Thank you for the opportunity to appear before you today. Please feel free to ask any questions that the committee members might have.

LTB/sl