

Approved _____

Date

3-26-87

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

2:15 2/21 p.m. on March 19, 1987 in room 423-S of the Capitol.

All members were present except:

Donna Whiteman, absent

Committee staff present:

Emalene Correll, Research
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Robert Mullen, Hospital Administrator, Lyons, Kansas
Tom Bell, Kansas Hospital Association

Chairman Littlejohn called meeting to order when quorum was present, calling attention to hearings on SB 154, SB 173.

Hearings began on SB 154:

Mr. Robert Mullen, Hospital Administrator in Lyons, Kansas gave hand-out, (see Attachment No.1), for details. He gave background of bill and explanation of why it was requested, and thanked Senator Ehrlich for introducing the bill. After those persons involved were eager to expand a Hospital District in his area, they asked for an Attorney General's opinion. Following receipt of this opinion, (#86-151), it was determined existing statutes were unclear. Subsequently the proposed wording appearing in lines 27-33 of SB 154 was drafted. This wording specifies a new political sub-division must be located wholly within the county in which the hospital for the district is located, and does not include within its territory, in whole or in part, the taxing area of another hospital. We feel, he said SB 154 will serve to clarify the existing language in KSA 80-2522, and should not create any new problems for other hospital districts throughout the state. The new wording is housekeeping in nature, and should remove any procedural doubts concerning future expansion of hospital districts. He asked for favorable support.

Hearings began on SB 173:

Tom Bell, Kansas Hospital Association gave hand-out, see (Attachment No.2), for details. He stated SB 173 is technical in nature and would solve a problem created by legislation passed during 1986 session. Statutes provide that a patient of a treatment facility, such as a psychiatric hospital has a privilege to prevent that facility from disclosing that the patient has been or is currently receiving treatment. Language in SB 173 would technically prohibit the treatment facility from divulging names of former patients when collection efforts become necessary through collection agencies, or in court. K.S.A. 1986 Supp. 65-5603 contains exceptions to this privilege. Currently there is no exception for proceedings to collect a bill for professional services rendered by the treatment facility. SB 173 would insert that exception into current statutes and allow the treatment facility to pursue collection efforts when necessary. Discussion between staff, members, and Mr. Bell, i.e., perhaps language in proposed amendment is too broad in regard to collection agencies, and could be changed when the bill is worked in committee.

Hearings closed on SB 154 and SB 173.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 2:15 PM/p.m. on March 20, 19 87

Rep. Neufeld moved to amend minutes of March 17th, to read, Rep. O'Neal excused, rather than absent, then minutes to be approved. Motion seconded by Rep. Amos.

Rep. Neufeld moved to approve minutes of March 18th as written, seconded by Rep. Amos, motion carried.

Vice-Chairman Buehler asked it be noted that Rep. O'Neal had not asked to be excused March 17, 1987. Since it is the policy of Chairman and Vice Chairman that one or the other of them be informed when a member wishes to be excused, he as acting Chair that date felt to indicate an absence rather than excuse was appropriate.

Rep. Neufeld admitted fault at not giving Vice Chair the message from Rep. O'Neal.
Rep. Blumenthal stated the minutes this date should indicate fault of Rep. Neufeld.
So noted.....

Meeting adjourned.

HOSPITAL DISTRICT NO. 1 OF
RICE COUNTY, KANSAS

Lyons, Kansas 67554

Phone 316-257-5173

TESTIMONY ON SENATE BILL # 154
before the
HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
March 19, 1987

Ladies and gentlemen of the committee, I am Robert Mullen, Administrator of Hospital District # 1, Lyons and I appreciate the opportunity to testify on Senate Bill # 154.

I will keep my comments on the bill as short and to the point as possible. However, I believe that a brief explanation of the events which lead to the drafting of this bill would be proper for a better understanding of the issue.

Hospital District # 1 of Rice County includes the cities of Lyons and Chase, but not the city of Sterling. Sterling is nine miles south of Lyons, and five miles south of the southern boundary of the hospital district. Since 1974, when the Sterling hospital closed, there has been only one hospital in Rice County.

Two to three years ago, a number of Sterling citizens expressed an interest in joining our hospital district, mainly because our hospital is the primary provider of health care for that community. One of the four family practice physicians on the admitting staff of our hospital resides in Sterling and has an established practice in that community. There has not been a great deal of interest in joining the district expressed by those landowners living in the area between the city limits of Sterling and the boundary of the existing district.

When we began to explore the statutory basis for bringing a new area into the existing district (KSA 80-2522), the question arose as to whether or not a new area had to be physically contiguous with the existing district. It was the opinion of our hospital attorney that the statute was not clear on this issue, primarily because the definition of "attachment" is not clear.

In October of 1986, our county attorney was asked to write to the Kansas Attorney General for an opinion on this issue before pro-

*P. New
Attn #1.
3-19-87*

ceeding any further. The Attorney General's opinion (#86-151) concluded:

" . . . in that the statute contains no territorial limitations on a political subdivision which may wish to petition for attachment to an existing hospital district, a city may petition to be included in a hospital district when no part of the city is contiguous to or adjacent to any boundary of the hospital district."

Following receipt of this opinion, our hospital board and attorney thoroughly discussed the issue. Although the Attorney General had ruled that a new political subdivision does not have to be contiguous to an existing district, it was our conclusion that the statute needed to be clarified for future reference. Subsequently, the proposed additional wording which appears in lines 27 through 33 was drafted. Specifically, the question of whether or not a new area must be contiguous to the territory of an existing hospital district is answered. The wording also specifies that the new political subdivision must be located wholly within the county in which the hospital for the district is located, and does not include within its territory, in whole or in part, the taxing area of another hospital.

I feel that the proposed wording in this bill will serve to clarify the existing language found in KSA 80-2522, and should not create any new problems for other hospital districts throughout the state. The new wording is merely "housekeeping" in nature, and if adopted, should remove any procedural doubts concerning future expansion of hospital districts.

Once again, thank you for your time and consideration of this issue. I would be glad to try to answer any questions that you may have.



Donald A. Wilson
President

STATEMENT
OF THE
KANSAS HOSPITAL ASSOCIATION
CONCERNING SENATE BILL 173, HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

MARCH 19, 1987

The Kansas Hospital Association appreciates the opportunity to comment in support of Senate Bill 173.

Senate Bill 173 is a technical amendment that would solve a problem created by legislation passed during the 1986 session. K.S.A. 1986 Supp. 65-5602 provides that a patient of a treatment facility, such as a psychiatric hospital, has a privilege to prevent that facility from disclosing that the patient has been or is currently receiving treatment. This language would technically prohibit the treatment facility from divulging the name of the former patient when collection efforts become necessary, either through a collection agency or in court.

K.S.A. 1986 Supp. 65-5603 contains exceptions to this privilege. Currently, however, there is no such exception for proceedings to collect a bill for professional services rendered by the treatment facility. Senate Bill 173 would insert that exception into the current statute and thus allow the treatment facility to pursue collection efforts when necessary.

Thank you for your consideration of this legislation.

*PHW
attm. #2
3-19-87*