Approved 3/16/87
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 5, 1987 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. Lois Scibetta, Executive Administrator, Kansas State Board of Nursing
Dr. Azzie Young, Bureau Manager, Family Health Services, KDHE
Yo Bestgen, Executive Director, Kansas Assn. of Rehabilitation Facilities
Judy Mohler for Marla Mack, Coordinating Council, Childhood Developmental Services
Aileen Whitfill, SRS
Lila Pasley, Association for Retarded
Ray Petty, Advisory Commission for Handicapped
Jerry Slaughter, Kansas Medical Society
Elizabeth Taylor, Association for Education of Young Children
Joyce Markendorf, KSNO

Others present: see attached list

Dr. Lois Scibetta testified in support of SB-300. Written testimony was presented to the committee March 3, 1987, attachment 9. Dr. Scibetta explained changes in SB-300 stating that they were essential and would allow the board of nursing to define unprofessional conduct by rules and regulations. It was also stated that the Mental Health Association supports SB-300.

Senator Anderson moved to pass out SB-300 favorable. Senator Mulich seconded the motion. The motion carried.

Dr. Azie Young testified and presented written testimony in support of SB-301. (attachment 1) Dr. Young stated that the rationale for collecting this information is to aid in coordinating the services of pre-school children with handicaps throughout the state.

Yo Bestgen provided written testimony and testified in support of SB-301. (attachment 2) Ms. Bestgen stated this bill would insure early identification of diagnosed problems, identify and intervene which would reduce costs and would provide needed information to assist families in planning for services.

Judy Mohler testified for Marla Mack whose written testimony was presented to the committee March 3, 1987, attachment 13.

Aileen Whitfill, SRS, testified and presented written testimony. (attachment 3) Ms. Whitfill stated this data is lacking as to numbers and types of services needed for young handicapped infants and preschool children.

Lila Pasley testified in support of SB-301. Written testimony was presented to the committee March 3, 1987, attachment 11. Ms. Pasley stated she felt that the bill in its present state had addressed the concerns expressed last year when a similar bill was offered.

Ray Petty testified and presented written testimony in support of SB-301.

(attachment 4) Mr. Petty stated that this bill would provide a database enabling agencies responsible for public health and education to develop sounder policy.

Jerry Slaughter testified stating that the Kansas Medical Association was neutral on this bill but were concerned that this is yet another requirement that physicians must report. (attachment 5)

Elizabeth Taylor testified in support of SB-301 stating that the Association For Young Children would like to see the collection of data in order to better provide services.

Dr. Scibetta testified and presented written testimony in support of SB-302. Dr. Scibetta stated that at the present time it is illegal for nurses to instruct lay persons in those nursing procedures which do not require specialized knowledge and judgments. The bill would also permit the board to enter into contracts and accept grant monies. (attachment 6)

Joyce Markendorf presented testimony by Gwendolyn B. Stanley who has been a practicing school nurse for 14 years. In her testimony Ms. Stanely stated the major goal of this bill is to allow delegation of selected nursing procedures to unlicensed persons as it is not possible for a nurse to be at every school at all times. (attachment 7)

Richard Funk presented written testimony in support of SB-302. Mr. Funk stated that this bill would clarify some of the problems currently found in Kansas schools. (attachment 8)

Dennis M. Cooley, M.D. presented written testimony supporting SB-301. Dr. Cooley stated that the reporting of medically diagnosed conditions will be an aid in patient management and the continued development of services for handicapped children throughout the state. (attachment 9)

Gerald W. Henderson presented written testimony in support of SB-302. Mr. Henderson stated lines 65 to 70 exempt performance in school setting for selected nursing procedures. Those procedures involve services to handicapped students and those which are routinely performed by a student or a student's family. (attachment 10)

Terri Rosselot presented written testimony supporting SB-302. (attachment 11) Ms. Rosselot stated that these proposed amendments would allow adoption of regulations related to registered nurses assessing and delegating in appropriate circumstances, health services to be performed by unlicensed personnel.

Written testimony by Dr. Lois Scibetta concerning SB-340 was presented to the committee. (attachment 12) Dr. Scibetta stated this bill would give the State Board of Nursing authority to regulate and discipline Registered Nurse Anesthetists and nurses who are advanced Registered Nurse Practitioners.

Rebecca S. Crenshaw presented written testimony to the committee concerning SB-288. (attachment 13) This testimony addresses the concerns raised by the Board of Behavioral Sciences in their testimony on March 3, 1987.

The meeting adjourned at 11:01 a.m. and will meet March 6, 1987, at 10:00 a.m.

SENATE

PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-5-87

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Paul M. Klotz	Assoc. of CMHCs of Kans., Inc.
Joyce Markendorf	Ks School of Nurse Organ.
Dr. Lois Scheitlin	Ks St Bd of Nursing
Terri Rosselot	Kansas State Nurses Assoc.
Don Strole	Ks Acad. of Phys. Ass'ts
Jerry Slaughter	Ks Medical Society
Gary Robbins	Ks Optometric Assn
Frances Kastner	Ks Physical therapy assn
Connie Hubbell	St. Bd. of Ed.
Sharon Fry Jones	St. Dept of Ed.
Richard Funk	KASB
Theresa Shuart	Kansas NAACP
Jo Bontjes	KARF
Lisa Parlay	ARC/Kansas
Judy Moler	Interagency Coordinating Council
Gretchen Storey	Div. of Budget
Charles F. Hamm	Kans Dept of H+E.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON Senate Bill 301

PRESENTED TO: Senate Public Health and Welfare Committee
March 3, 1987

This is the official position taken by the Kansas Department of Health and Environment on Senate Bill 301.

BACKGROUND INFORMATION:

In June, 1983 Governor Carlin formed a task force on preschool children with handicaps. The thirteen appointees received testimony from citizens and service providers across the state and conducted other research on the needs of preschool children with handicaps and their families. Based on information received, the task force submitted its recommendations to the Governor in March, 1984. In April, 1984 the Governor appointed a Cabinet Subcommittee on Early Childhood Developmental Services that was instructed to implement the recommendations of the task force.

One of the recommendations of the task force was for the development of a statewide strategy for the early identification and follow-up of at risk or developmentally delayed children. The concept of early identification and follow-up was also endorsed by members of the general public who attended six town meetings held throughout the state in September, 1985.

The rationale for collecting this information is to aid in coordinating the services of preschool children with handicaps throughout the state. Sound research clearly shows that early intervention results in significant movement from special education into regular education, and regular education costs less.

Based on Kansas 1984-85 figures, serving a child with a handicap from birth through age 18 is estimated to cost $71,033. The costs are higher when intervention begins at age 3 -- $72,157. The costs accelerate to $79,663 when intervention waits to age 6. The cost difference between beginning at age 3 and waiting until age 6 is $7,507 per child.

When facing a similar proposal, the Colorado legislature asked for an analysis of the financial payoffs. The study displayed amazing results: in three years time, cost savings would begin to be realized. Analysis showed that approximately one-third of the children entering kindergarten each year would no longer need special education. This obviously results in a net savings of tax dollars.

S PH/W
3-5-87
attachment 1

Senate Bill 301 provides for the reporting of information to be used for planning, research and service development by requiring physicians to identify children who have handicaps. Unless parental consent is obtained, no information is collected.

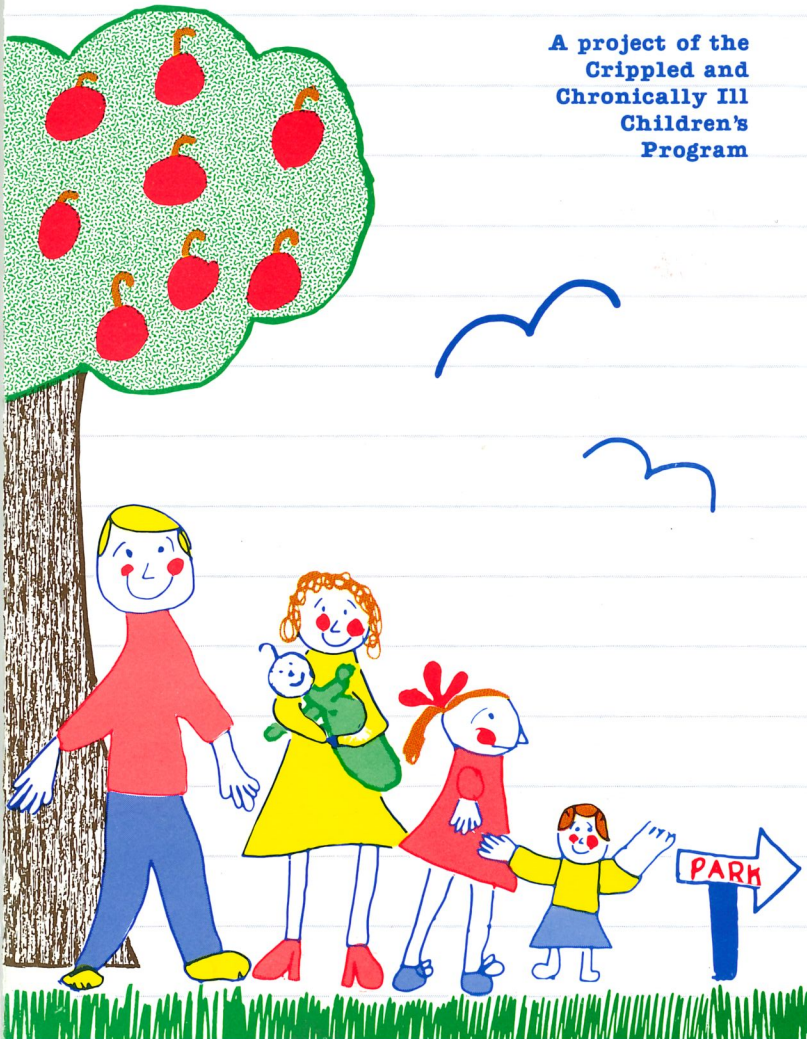
DEPARTMENT'S POSITION:

The Department supports Senate Bill 301 as does the Interagency Coordinating Council on Early Childhood Developmental Services which is comprised of the Departments of Health and Environment, Social and Rehabilitation Services, Education, Administration, and the Board of Regents.

EARLY IDENTIFICATION AND INTERVENTION PROJECT

...building healthier tomorrows

A project of the Crippled and Chronically Ill Children's Program



OUR GOALS

The Early Identification and Intervention Project was developed to prevent or alleviate the development of handicaps in children, to serve children with handicaps and their families, and to gather information to aid long-range planning.

We seek to...

- Identify preschool children who are at risk for or who have mental retardation, a handicapping condition or chronic illness
- Document their specific problems
- Assist doctors and other professionals in referring children and families to appropriate services by operating a toll-free telephone line that has information on services throughout the state
- Follow up to make certain the children are receiving the appropriate services and help eliminate any barriers, if necessary
- Help coordinate the efforts of the various service providers; encourage them to share information
- Evaluate the services being received for cost, efficiency, and effectiveness
- Analyze the need for services for the purposes of long-range planning and future funding

WHICH CHILDREN SHOULD BE IDENTIFIED FOR THE PROJECT?

We encourage doctors to notify us when any of the factors listed below is apparent in a newborn or when a child is determined to have mental retardation, a handicap or chronic illness.

The child's case will be documented only by a formula identification number that includes the following: the child's first, middle and last initials; the month, day and year of the child's birth; the mother's county of residence at the time of the child's birth; child's sex; birth order of multiples or "1", if single; and race.

The child's family will not be contacted nor will the child be identified unless the primary care doctor requests such assistance from the Early Identification and Intervention Project.

The purpose of this reporting is to document need in order to plan and obtain funding for services throughout the state.

- Abnormal neurological exam (hypotonia, hypertonia)
- Apnea—Infant requiring monitoring after discharge for presumed problems in the control of breathing
- Auditory impairment—Infant documented or perceived to be at risk based on factors such as:
  - —family history
  - —prenatal intrauterine infection
  - —congenital malformations involving the head or neck
  - —birth weight < 1,500 grams (approximately 3 lb., 5 oz.)
  - —hyperbilirubinemia at level requiring exchange transfusion
  - —bacterial meningitis
  - —severe asphyxia that is indicated by a five-minute Apgar ≤ 3 and failure to institute spontaneous respiration by ten minutes plus hypotonia persisting to two hours of age
- Birth weight < 1,500 grams
- Central nervous system problems (infections—documented meningitis or encephalitis, intracranial hemorrhage, seizures)
- Congenital anomalies—Defects that develop in utero and which may result in a handicapping condition
- Five-minute Apgar < 7
- Maternal age < 15
- Maternal multipara and age < 20
- Metabolic disorders (hyperbilirubinemia, hypoglycemia)
- Prenatal intrauterine infection (toxoplasmosis, rubella, cytomegalovirus, herpes, syphilis)
- Respiratory distress (CPAP or mechanical ventilation)
- Size inappropriate for gestational age (< 5th percentile, > 95th percentile)
- Visual impairment—Infant documented or perceived to be at risk based on factors such as:
  - —family history of ocular anomalies (congenital glaucoma, congenital cataracts, strabismus, severe refractive error)
  - —birth weight < 1,500 grams
  - —Respiratory Distress Syndrome (Hyaline Membrane Disease)
  - —intraventricular hemorrhage
  - —congenital malformations involving the head
  - —neonatal infections
  - —asphyxia that is indicated by a five-minute Apgar ≤ 3 and failure to institute spontaneous respiration by ten minutes plus hypotonia persisting to two hours of age
  - —meningitis
  - —albinism
  - —prenatal rubella or herpes

WHO IS INVOLVED IN THE EARLY IDENTIFICATION AND INTERVENTION PROJECT?

The project has been developed by staff of the Crippled and Chronically Ill Children's Program, located in the Kansas Department of Health and Environment.

The project is also part of the Kansas Network for Young Children, known as "Make a Difference", that involves staff of the Kansas Departments of Health and Environment, Education, Social and Rehabilitation Services, Administration, and the Kansas Board of Regents.

In addition to services offered regularly by these departments, the "Make a Difference" project supports a toll-free information line (1-800-332-6262) where **anyone** can obtain information on services offered throughout Kansas for children with handicaps and their families.

"Make a Difference" also supports four Regional Services Coordinators who work directly with physicians and families to overcome obstacles to the child's treatment and education.

The coordinators and the counties they serve are:

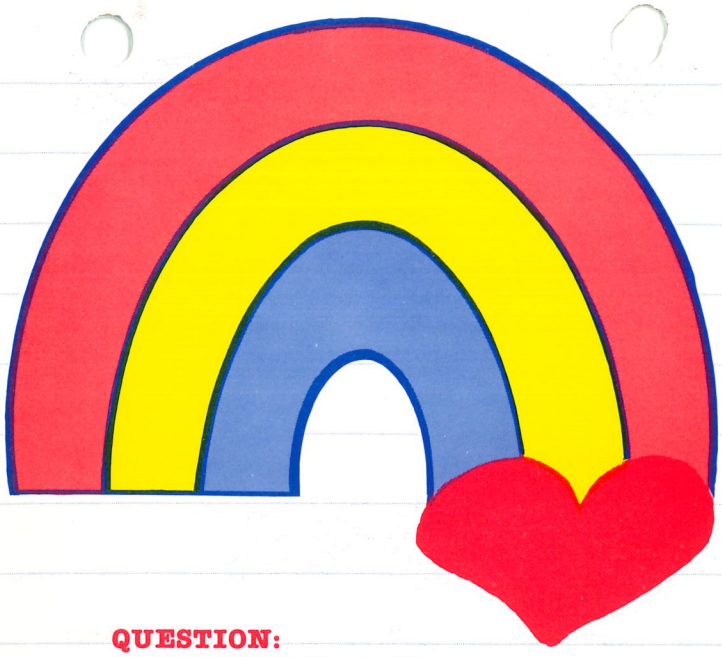
Michele Brungardt, Hays
St. Anthony's Hospital, Hays, Ks. 67601
1-800-332-6262
Serving: Ellis, Norton, Osborne, Phillips, Rooks, Russell, Smith

Sue Harris, Newton
Northview Development Center
14th and N. Duncan, Newton, Ks. 67114
1-800-332-6262
Serving: Harvey, Marion, McPherson, Sedgwick (excluding Wichita)

Sharon Hixson, Colby
Northwest Kansas Educational Service Center
210 S. Range, Suite 126, Colby, Ks. 67701
1-800-332-6262
Serving: Cheyenne, Decatur, Gove, Graham, Logan, Rawlins, Sheridan, Sherman, Thomas, Trego, Wallace

Nancie Linville, Deerfield
U.S.D. 216, Deerfield, Ks. 67838
1-800-332-6262
Serving: Clark, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Lane, Meade, Morton, Ness, Scott, Seward, Stanton, Stevens, Wichita

TOLL-FREE NUMBER STATEWIDE FOR INFORMATION:
1-800-332-6262



QUESTION:
True or false? The earlier a handicap is found and treated, the better the chances that it can be eliminated or reduced, and the lower the human and financial costs, both to those directly affected and to society as a whole.

ANSWER:
True, in most cases. A child who is likely to develop or has a handicapping condition can often be helped more effectively if the condition is discovered in the early years. The Early Identification and Intervention Project works closely with parents, the child's physician, school personnel, and others who care for the child to help locate services, financial assistance...any resources that can aid the child's development.

Anyone may call a toll-free number to obtain information on services, assistance and resources offered in Kansas for handicapped children and their families.

1-800-332-6262

Kansas Association of Rehabilitation Facilities

Jayhawk Tower • 700 Jackson • Suite 802
Topeka, Kansas 66601 • 913-235-5103

TO: SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

FROM: KANSAS ASSOCIATION OF REHABILITATION FACILITIES

RE: SB301 - REPORTING OF CERTAIN HEALTH CONDITIONS OF PRESCHOOL CHILDREN TO SECRETARY OF HEALTH AND ENVIRONMENT

DATE: MARCH 3, 1987

1.0 Position Statement

1.1 Kansas Association of Rehabilitation Facilities supports SB301, Reporting of Certain Health Conditions of Preschool Children to Secretary of Health and Environment.

1.2 Currently there is no requirement for physicians to report children ages 0-5 who have conditions that indicate the existence of mental illness, mental retardation, a handicap or chronic disease. Therefore there is no systematic way to collect information or plan for and make available services to these children and their families.

2.0 Justification

2.1 The system would insure early identification of diagnosed health conditions. If early intervention was available, the impact of certain health conditions could be reduced.

2.2 Early identification and intervention would reduce costs of long term programs or services. Many preschool children would need fewer or perhaps no special education services.

2.3 The reporting system would provide needed information to assist families in planning for services.

2.4 Data and information gathered would also be useful for research purposes and long range planning.

SPHW
3-5-87
attachment 2

STATE OF KANSAS

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

ROBERT C. HARDER, *SECRETARY*

STATE OFFICE BUILDING
TOPEKA, KANSAS 66612-1570

Kansas Department of Social & Rehabilitation Services
Robert C. Harder, Secretary
Testimony
Senate Bill 301
Senate Public Health and Welfare
March 3, 1987

Mr. Chairman and members of the Committee, thank you for allowing me to outline the Kansas Department of Social and Rehabilitation Services support of S.B. 301. This bill was developed in response to the concern of the Coordinating Council on Early Childhood Developmental Services -- which includes SRS -- that data were lacking on the numbers and types of services needed for young handicapped infants and preschool children. Senate Bill 301 will provide Health and Environment with the ability to collect unduplicated aggregate data on handicapped and chronically ill children. This information can be used for planning purposes and is needed to target limited dollars to the development of appropriate services for these young children in Kansas.

SRS also supports this measure as a preventive approach. Studies have shown that early intervention can reduce the need for lengthy and costly services at a later time.

I will be glad to answer any questions regarding SRS support of this measure.

BY: Aileen C. Whitfill
Executive Assistant for
Policy and Program Development

SPHWC
3-5-87
attachment 3

KANSAS DEPARTMENT OF HUMAN RESOURCES

ADVISORY COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED

1430 S.W. Topeka Avenue, Topeka, Kansas 66612-1877
913-232-7828 (V/TDD) 567-0828 KANS-A-N

John Carlin, Governor

Larry E. Wolgast, Secretary

Testimony in support of Senate Bill 301
Presented to the Senate Public Health and Welfare Committee
by Ray Petty, Legislative Liaison, KACEH
March 4, 1987

Senate Bill 301 sets up a reporting mechanism which will enable the department of health and environment to develop a database on disabled children under six years of age. This database will be an invaluable tool in anticipating the needs of these children. With an ever-increasing emphasis on transitional services - a concept which is commonly applied to students aging-out of the school system - an initiative to gain information about the incoming student population fills an obvious void in the planning process.

Senate Bill 301 requires physicians to report children with handicapping conditions to the secretary of health and environment, provided that parental permission has been obtained. The confidentiality of this reported information is thoroughly safeguarded in the bill, and extends to the department of education which is the most obvious consumer of the database. In addition, any research conducted with these data will maintain the same strict confidentiality. The secretary is given authority to develop and adopt rules and regulation necessary to carry out the provisions of the act.

KACEH supports S.B. 301 because it makes good sense to know what the future is bringing. Just like a roadmap, the database will enable the agencies responsible for public health and education (in particular) to develop sounder policy, based more on estimate and less on guesstimate. Since the program will be inexpensive, benefits should outstrip costs almost immediately. Instead of dealing with these children in crisis mode - "What are we going to do now?" or "If we had only known . . . " - we can begin saying: "Mr. or Mrs. Superintendent, you can safely plan on having five preschoolers who are deaf two years from now. Better start considering the availability of interpreters in your district now. You may want to contact . . .". That's the way to run a state.

I encourage this committee to report S.B. 301 favorable for passage and to support it with your votes on the floor.

I am attaching a statement on coordination taken from Toward Independence: An Assessment of Federal Laws and Programs Affecting Persons With Disabilities, a report to the President and Congress of the United States prepared by the National Council on the Handicapped, February 1986. I think you will find it pertinent and interesting.

a:sb301

SPHW
3-5-87
attachment 4

Coordination

As Federal programs seek to promote independence and equal opportunities for people with disabilities, there is an important need that services and programs be coordinated. "Coordinated services" describes the ideal results of a wide range of interactions among persons active in policy and program development. Although these interactions take place every day, their purpose, frequency, and effectiveness vary greatly from community to community, State to State, and from program to program. In the Forums conducted in 1984 and 1985 as part of the Council's background activities leading to this report, disabled people around the country declared that many programs do not mesh well with other available services, and that too often the service delivery system exhibits gaps, inconsistencies, and inequities. It is clear, however, that there is no single or simple solution to the need for better coordinated services. The Council believes that mechanisms should be in place throughout the service delivery system that consistently and purposefully attempt to improve the linkages among the policy makers and programs that serve disabled people.

The Council advocates frequent and purposeful interaction at the national level of all parties involved in policy decisions that affect services to people with disabilities. To that end, the Council pledges to maintain its information base with consumer organizations around the country while strengthening interaction on coordination issues with State, local and national policy actors, private organizations, the Congress, and the Administration. This process will continually identify coordination issues which can best be resolved through specific legislative or administrative actions. In addition to these national level activities, state and local planning by recipients of Federal funding should be fostered in every community.

1. ***Congress should require State and local agencies that receive Federal funds for services for people with disabilities to participate in the development of coordinated service delivery plans.***

A State planning requirement is in place for citizens with developmental disabilities. The Council recommends that a similar planning process should address the needs of all citizens with disabilities and that it should occur at the local as well as the State level. The planning process should seek the involvement and participation of existing planning mechanisms in each State and community. For this reason, lead agency responsibility and a detailed schedule for the creation of such plans should be assigned by the appropriate governor or mayor.

At a minimum, State and local agencies that receive or administer Federal funds for the following benefits and services should participate in the planning process: Veterans benefits and services; Social Security Disability Insurance, health services, long-term care and medical insurance programs; education; mental health, mental retardation, rehabilitation and independent living services; Title XX; Worker's Compensation; employment and training (Job Training Partnership Act); housing and transportation; developmental disabilities planning and services.

In addition, the process should, by requirement and design, substantively involve people with disabilities in the planning process. The planning process should specifically address methods of improving service delivery. Particular attention should be paid to the needs of individuals with disabilities who do not fit neatly into established service categories. For instance, careful planning should prevent persons with disabilities who are declared ineligible for SSDI from being denied vocational rehabilitation services. It should assure that appropriate services are delivered to people with multiple handicaps, such as the estimated 15-20% of mentally retarded individuals who also have emotional problems. In States and local communities, the planning process should lead to improved communications, more integrated services, and better informed policy discussion. No additional Federal costs are associated with this recommendation; if implemented in good faith at the State and local levels, the planning process should lead to improved services at equal or reduced costs. Such cooperative planning will help to engender a Federal, State, local, and private sector partnership in rendering effective and nonduplicative services to enhance the opportunities for equality and independence for persons with disabilities.

KANSAS MEDICAL SOCIETY
1300 Topeka Avenue · Topeka, Kansas 66612 · (913) 235-2383

March 3, 1987

TO: Senate Public Health and Welfare Committee

FROM: Jerry Slaughter
Executive Director

SUBJECT: SB 301; Reporting Preschool Children with Certain Health Conditions

The Kansas Medical Society appreciates the opportunity to comment on SB 301, which would require primary care physicians to report to the Secretary of Health and Environment any preschool children that have mental retardation or a handicap or a chronic health condition, as defined by the act. We have a general concern about SB 301, as it is currently written.

SB 301 requires a physician to obtain permission from a child's parent prior to making the report to KDHE. This requirement is a little awkward in that in most cases the physician will be making a judgment about the nature and severity of the handicapping condition, and in mild or borderline cases, parents may object to the physician's conclusions, and oppose reporting, which will result in incomplete data.

This reporting requirement would add to the growing list of conditions which physicians must already report. There are currently about 15 separate statutes under which physicians are required to report dozens of conditions, including venereal disease, other communicable diseases, congenital abnormalities in children, gunshot wounds, victims of sexual offenses, certain industrial diseases, neglect of children, abuse of children and adults, violations of professional ethics and the standard of care by other physicians, and certain causes of death, to name just a few. Earlier this session, a requirement to report abortions was also added. We are generally opposed to adding additional reporting requirements of physicians unless there is a compelling public health need for such information.

However, our position is essentially neutral on the bill, but we would ask your consideration in finding a suitable alternative. One option you may want to consider instead of reporting would be to have the Department of Health develop an informational brochure of the services it offers, and then ask physicians to cooperate by distributing the information to the parents of children who may be in needed of those services. The decision to report the condition, and take advantage of the services available then rests with the parent.

JS:nb

SPHW
3-5-87
attachment 5

KANSAS STATE BOARD OF NURSING

BOX 1098, 900 SW Jackson, Room 551-S
TOPEKA, KANSAS 66601
Telephone 913/296-4929

TO: The Honorable Roy M. Ehrlich, Chairman and
Members of the Senate Public Health and Welfare Committee

FROM: Dr. Lois Rich Scibetta, Executive Administrator

DATE: March 3, 1987

RE: Senate Bill 302

Thank you Mr. Chairman for the opportunity to respond to SB 302. The Board is grateful to the Committee for the introduction of this Bill.

What you have before you are recommended changes in the Nurse Practice Act, recommended by the Practice Act Committee of the Board, and our legal counsel.

Most of the changes requested are related to language, and clean-up type material. There are however, some changes in lines 0047-0050 and 0065-0070. These sections refer to procedures in the public schools. It would allow the Board nurse licensees to track "selected" nursing procedures which do not require specialized knowledge and judgments from the biological, physical and behavioral sciences. The Kansas Nurse Practice Act and the Board of Education have supported these changes.

Another change recommended by our legal counsel will enable the Board to enter into contracts (lines 0193-0194).

Another section will enable the Board to accept grant monies and will create a grant fund. This section will enable the Board to apply for and receive monies for research. It will allow the Board to initiate appropriate studies related to licensure. These monies might be used to assist in the purchase of equipment.

Thank you for your consideration. The Board of Nursing recommends that SB 302 be reported out favorably for passage.

I will be happy to entertain any questions which you might have.

LRS:vmd

SPH&W
3-5-87
attachment 6

Gwendolyn B. Stanley
Home Address:

6909 Stonegate Lane
Wichita, Kansas 67206
(316) 683-6435

Work Address:
Wichita High School North
1437 Rochester
Wichita, Kansas 67203
(316) 264-7351 Ext. 45

Chairman Ehrlick and Committee Members:

My name is Gwen Stanley. I have been a practicing school nurse for fourteen years and currently represent Kansas school nurses as President of the Kansas School Nurses Organization. The major goal of this group is the promotion of the health and safety of school children through high standards of nursing practice. Its membership consists of school nurses from both rural and urban areas.

The Kansas School Nurses Organization supports this amendment to K.S.A. 65-1124, an amendment that is specific to nursing in the school setting. It is the result of four months of work by committees representing both the nursing profession and the education profession. Among the participants were representatives from the Board of Nursing, the Kansas State Nurses Association, the State Board of Education, the Department of Health and Environment, the United School Adminstrators, the Kansas Association of School Boards and the Kansas School Nurses Organization. The final document is one of compromise. The ideal situation for school nurses would consist of a nurse in every school and responsible for nine hundred or less children. Obviously, the ideal is impractical. Some nurses are responsible for the school children in the

SPHHW
3-5-87
attachment 7

in the entire county, many are responsible for three or four elementary schools, some are responsible for only one school, but have 2500 or more students. Staffing patterns are developed within the fiscal constraints experienced by each school district. This amendment is designed to allow the registered professional nurse to delegate selected nursing procedures to unlicensed persons. It is necessary for the safety of our children.

PL 94-142 and the "Tatro" decision have necessitated the expanded role of the school nurse. In the early 1970's, we dealt primarily with well children, screening for visual, hearing and dental deficits, occasionally administering medications, providing health education in the classroom, health counseling in the office, and, of course, emergency care in the event of an accident or acute illness. Students requiring more complex care were at home, some were in institutions, some in special schools. They are now in the mainstream of society, and that includes our public school system. Advancements in medical treatment have necessitated that medically restricted students have more care during the school day. The foremost example of this is the changes in the treatment of diabetes. Not too many years ago these youngsters received one injection of insulin a day, tested urine samples twice a day at home and went to the doctor's office for blood sugar tests. These same children are now taking insulin injections three or four times a day, testing their blood sugar themselves a number of times a day and some students are being treated electronic insulin pumps. It is necessary for these procedures, and more, to be performed in the course of the school day and in the school setting. The nurse cannot always be present when it is time to administer medications, supervise blood sugar testing, suction a child with a

tracheostomy, help change a colostomy appliance. As the law now reads, the nurse may not delegate any nursing procedures to unlicensed personnel. Many procedures cannot wait for the nurse to come from a different school. For the safety of these youngsters, the nurse must have the option of delegating selected nursing procedures, that are routinely done in the home, to appropriate school personnel.

I would urge you to vote afffirmatively for this bill.

KANSAS ASSOCIATION OF SCHOOL BOARDS

5401 S. W. 7th Avenue Topeka, Kansas 66606
913-273-3600

TESTIMONY ON S.B. 302

by

Richard Funk, Assistant Executive Director
Kansas Association of School Boards

March 3, 1987

Mr. Chairman and members of the committee, we appreciate the opportunity to testify today on behalf of the 302 members of the Kansas Association of School Boards. KASB supports the provisions found in S.B. 302. We feel that, if enacted, the amendments to the Nurse's Practices Act will clarify some of the problems currently found in Kansas schools. It will make the operations of the schools smoother and be a public relations benefit to local school boards.

This bill will go a long way to modernize the interaction and operation of school nurses and local schools. We ask you to favorably report S.B. 302 favorably for passage.

SPHaw
3-5-87
attachment 8

March 4, 1987

Members of Senate Public Health &
Welfare Committee
Room 526 South
State House
Topeka, KS 66612

Dear Senators:

This is a letter of support for Senate Bill No. 301. I am a member of the Executive Committee of the Kansas Chapter of the American Academy of Pediatrics and also a member of the Medical Council of the Kansas Perinatal Care Program. Both groups have endorsed this bill. I am also a private practice pediatrician so this bill will have an impact on me. I want to heartily support this bill personally. The reporting of medically diagnosed conditions will be an aid in patient management and the continued development of services for handicapped children throughout the state.

I feel that the two potential problems that can arise from such legislation have been accounted for. The first is confidentiality of information, which will be guaranteed. The second is the right of the primary care physician to be in charge of the patient's management. Anyone who has dealt with handicapped children knows the difficulty in managing the many facets of care that these patients require. This bill will help the primary care physician in organizing these various disciplines and, in the long run, will benefit the child.

Im summary, I urge you to support Senate Bill No. 301.

Sincerely,

Dennis M. Cooley, M.D.

SP&HW
3-5-87
attachment 9

SB 302

Testimony presented before the Senate Committee
on Public Health and Welfare
by Gerald W. Henderson, Executive Director
United School Administrators of Kansas

March 3, 1987

Mister Chairman and members of the committee.

The United School Administrators of Kansas appreciate this opportunity to speak in support of SB 302.

Our interest lies in that portion of the bill in lines 65 through 70 which exempt performance in the school setting of selected nursing procedures. Those procedures involve services to handicapped students and those which are routinely performed by a student or a student's family.

In many of our Kansas schools a nurse is not available at all attendance centers at all times. To meet the needs of children, boards of education have established policies which require that teachers, school administrators, or school secretaries perform such tasks as the dispensing of prescribed medication which has placed school people in violation of the law.

The provisions of this bill will allow school nurses to train unlicensed people to perform those nursing procedures defined in the bill.

We would ask that you make school people legal by recommending SB 302 favorable for passage.

GWH/ed

SPHW
3-5-87
attachment 10

KSNA
the voice of Nursing in Kansas

FOR MORE INFORMATION CONTACT:

Terri Rosselot, J.D., R.N.
Executive Director
(913) 233-8638
March 3, 1987

SB 302 Nurse Practice Act

Chairmen Ehrlick and members of the Senate Public Health and Welfare Committee, my name is Terri Rosselot and I am registered nurse representing the Kansas State Nurses' Association. In June of 1986 the American Nurses' Association adopted a resolution that encourages state nurses' associations to pursue legislative activities which clarify the role of the school nurse in providing health care services.

In the spirit of that resolution, the Kansas State Nurses' Association has been working with the Health Services Medication Task Force subcommittee within the Kansas Department of Education attempting to address nursing services in the schools. KSNA has actively participated in drafting the amendments beginning on line 065 Page 2 of S.B. 302. This language and proposed regulatory language for K.S.A. 65-1124 new (k) and (l) is a compromise between the following groups concerned about health services in the school districts: Kansas State Board of Nursing, Kansas State Nurses' Association, Kansas School Nurse Organization, Kansas Association of School Boards, Kansas Department of Education-special education and health services divisions, United School Administrators, and the Kansas Department of Health and Environment-School Nurse Consultant.

BACKGROUND

Congress enacted Public Law 94-142, the Education of Handicapped Children Act in November, 1975. This law seeks to guarantee the availability of a free appropriate education for all handicapped students in the least restrictive environment. In order for many of these children to derive optimal benefits from this educational opportunity, special assistance and certain support services are necessary. Consequently, the rules and regulations for P.L. 94-142 specify a number of services which must be available in conjunction with educational programs for handicapped youth: transportation, recreation, counseling, speech pathology, audiology, and psychological services. In addition, provision must be made for early identification and assessment of disabilities including medical services for diagnostic or evaluative purposes. School health services from nurses and other qualified personnel, social work services, and parent counseling and training are also authorized in the rules and regulations as further types of special assistance which must be available for handicapped students.

SPHaW
3-5-87
attachment 11

S.B. 302
Testimony
March 3, 1987

There are four areas of screening that are currently mandated in Kansas in the educational setting: Hearing, Vision, Immunizations and Dental.

In the spring of 1986 there was a Board of Nursing Practice Committee meeting where issues related to nursing in the educational setting were discussed. Several nurses around the state had questions regarding medication guidelines and the provision of nursing services without the appropriate manpower in the school setting. The Board of Nursing responded with a letter to Harold Blackburn of the Kansas Department of Education indicating the need to discuss the delivery of nursing services in the education setting by qualified personnel. Dr. Harold Blackburn response is Attachment #1.

A Health Services Medication Task Force was set up to address the issues identified by the Board of Nursing and school nurses. Reviewing other states activities and identification of issues in Kansas were the initial major focus. Statutory, Regulatory revisions for nurses, accrediation requirements for schools providing health services are two of the items agreed upon by the Task Force to address the many issues surrounding health services in the educational setting.

KSNA will continue to work on this issue to assure that qualified and competent individuals are deliverying health services in the schools. The American Nurses' Association adopted Standards of School Nursing Practice in 1983 and will have a nationally recognized certification exam by 1988 for the School Nurse Speciality.

KSNA supports increased health services in the schools, health prevention through education for a healthier society. Optimumly, KSNA supports the employment of School Nurses by each school district to provide such services. Recognizing financial restraints and the geography of school districts in Kansas, the presence of a school nurse is not always feasible.

The proposed amendments to the Nurse Practice Act will allow the Board of Nursing to adopt regulations related to registered nurses assessing and delegating in appropriate circumstances health services to be performed by unlicensed personnel. Such delegation will require an initial assessment and ongoing supervision by a licensed health professional to assure that the health services are being delivered in a safe and competent fashion.

Kansas State Department of Education

Kansas State Education Building
120 East 10th Street Topeka, Kansas 66612-1103

August 29, 1986

Dr. Lois Rich Scibetta
Executive Administrator
Kansas State Board of Nursing
Box 1098
503 Kansas Avenue, Suite 330
Topeka, KS 66601

Dear Dr. Scibetta:

Thank you for your letter of August 11, 1986. I appreciate being alerted to the concerns of the Kansas State Board of Nursing. I have similar concerns and interest in the issues that are generally described in your letter. You indicated that the Board of Nursing would like responses to three questions. I am responding as follows:

(1) **Is the State Department of Education prepared to communicate the concerns of the Board of Nursing to Kansas public schools and certified school nurses?**

Yes. The letter will be discussed at the Council of Superintendents meetings. The Council of Superintendents is a group of about 40 administrators who meet monthly at the Kansas State Department of Education and then go back to their various regions within the state for discussion of pertinent issues. In addition, the letter will be discussed with representatives of United School Administrators and the Kansas Association of School Boards. The approrpriate school nurses association leadership also will be advised.

(2) **Can the State Board of Education provide any assurance to the Board of Nursing that Kansas public schools will avoid or cease unlawful delivery of nursing services?**

Since the public schools are under the control of locally-elected boards of education, the State Board is not at liberty to provide such a sweeping assurance as is proposed in your letter. However, I am sure the State Board of Education will start to work promptly and diligently to identify suitable options to eliminate the concerns in this area.

(3) **Will the State Department of Education take steps to organize a forum for study of the issues, with an objective to recommend a long term solution for this continuing problem?**

Yes. Meetings to identify the issues and suggest alternative solutions will be scheduled. I am confident these meetings will identify options that can be implemented to solve the problems in this area.

Your letter and my response are being forwarded to the State Board of Education members for their information. Thank you for writing.

Sincerely,

Harold Blackburn
Commissioner of Education

rr

American Nurses' Association, Inc.
2420 Pershing Road, Kansas City, Missouri 64108
(816) 474-5720

Margretta M. Styles, Ed.D., R.N., F.A.A.N.
President

Judith A. Ryan, Ph.D., R.N.
Executive Director

Washington Office:
1101 14th Street, N.W.
Suite 200
Washington, D.C. 20005
(202) 789-1800

AMERICAN NURSES' ASSOCIATION HOUSE OF DELEGATES

Resolution: 17
(A-86)

School Nursing

WHEREAS, Today's school-aged population is facing an increasing number of complex, actual, and potential health problems; and

WHEREAS, There are increasing numbers of chronically ill children within the school system requiring specialized services; and

WHEREAS, School nurses possess the necessary knowledge and skills to positively influence the health status of this population; and

WHEREAS, Current laws do not clearly identify the role of school nurses in providing health care services, nor do they require that school districts employ school nurses; therefore be it

RESOLVED, That the American Nurses' Association encourage state nurses' associations to pursue legislative activities which clarify the role of the school nurse in providing health care services, and be it further

RESOLVED, That such legislation be consistent with the American Nurses' Association's Standards of School Nurse Practice.

HR:CAG:pm:23
3/26/86
5/05/86
7/01/86

Public Law 94-142 and the School Nurse—A Nurse's Point of View

by Susan Boos, BSN, RN
Head Nurse USD #489 Health Services

THE goal of a public school district Health Services is to aid all students and staff to reach and maintain their full potential of wellness through education and periodic regular check-ups and treatment when necessary. Those with chronic health problems are urged to set realistic goals to maximize their chance of success in society and to achieve an optimal quality of life. To this end, health education, various screenings, counseling, referrals and other support are offered. Students are encouraged to assume a growing responsibility for their own health needs and care through education and personal positive action in the areas of nutrition, hygiene, exercise, normal growth and development, environmental safety, body systems, immunizations and illness, and other general health matters.

Health services are provided on a daily basis in Kansas on many levels from walk-in clinics to only mandatory screenings. Ideally, a middle road approach is used to meet the needs of a particular school district. Some factors used to determine the level of care to be provided are medical facilities within the community, wants and needs of the community, qualifications and availability of certified school nurses, budgets, and the school population to be served.

With the passage of Public Law 94-142 in 1975, the last factor has caused more changes in the scope of school nursing practice than any other single event in recent years. Although nursing services were not originally delineated by the law, the fact that a free and **appropriate** education must be provided to every child regardless of handicapping condition necessitates that many mental, emotional and physical problems of school age children be managed within the public school setting. Who better to coordinate the medical and physical care than the school nurse?

To be an effective member of a school team responsible for identification, evaluation, and program development as well as placement, the school nurse must be knowledgeable about many handicapping or chronic physical conditions. In addition, the nurse must be able to manage these conditions thoroughly and competently within an educational framework rather than a medical framework. Medical knowledge and training are unique in a school system.

An interesting component to the special education mandate is that the educational process must take place in the least restrictive environment for the child. This is interpreted to mean that many handicapped children will be served in regular education classrooms while receiving additional support services. Handicapped children can be separated from normal children only when the merging can't be educationally beneficial or achieved satisfactorily. Because of the wide range of services that are provided, children with handicaps such as mental retardation, physical disability, sensory impairment, emotional disturbances, learning disabilities or language barriers are being taught in regular classrooms, resource rooms, self-contained classrooms, at home, and in hospitals or other institutions.

Many medical misconceptions exist which can result in undue anxiety and fear among school personnel. By adequately instructing teachers, teachers' aides and other school employees about conditions such as epilepsy, diabetes, genetic disorders, muscular dystrophy or other chronic or degenerative diseases, the nurse allows education to proceed so that every child may achieve his maximum potential. The emphasis among school personnel is too often focused on the problems of the children rather than expanding their horizons for growth and development. School nurses can help accentuate the intrinsic abilities, learning needs and wants of the special student, socialization with peers, and integration effective into a "normal" world.

The school nurse is the school adaptation expert! This person alone has an overall view of the child's physical condition and capabilities. Recommendations for specific equipment and its use, as well as adaptation in the classroom and the entire school facility (restrooms to lunchrooms to playground equipment), falls within the realm of the school nurse. The handicapped child and his parents must also be instructed in the use of school facilities such as buses available, physical education equipment, and the hall network within the school.

School health nurses are responsible for educating not only school children, but the teachers as well.

For many parents, this is the first time their handicapped child has gone into the world on his/her own. Parent's feelings of apprehension and loss of control may cause ambivalent feelings which may be manifested in an overly protective and sometimes hostile attitude toward school personnel. The nurse can help to alleviate these concerns by assuring the parents that the child's medical needs ranging from safe administration of medication to treatments of other prescribed therapies, as well as how to deal with emergencies that could arise, are met in a competent and professional manner. Coping skills, both for the child and his parents, will aid his educational progress by realistically assessing his skills and limitations.

An indirect result of Public Law 94-142 is that normal children are now directly involved in the integration of handicapped children into society. Through health education given by the school nurse, normal children should grow to adulthood with more realistic and medically correct information regarding their role and responsibilities toward the handicapped population.

As medicine has advanced, many children who 20 years ago would not have been in school at all are now able to complete their education and take their places in society. The school nurse is in a key position to have a direct impact on the lives of all students, but the influence on the educational, emotional and physical growth and development of these special students is rapidly expanding the role of today's professional school nurse.

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KANSAS NURSE
MARCH 1986 4-5

Public Law 94–142 and the School Nurse— An Educator's Point of View

by Nola Fields, MA
Director of the Hays West Central Kansas Special Education Cooperative

THE passage of 94–142 in 1975 changed many things for many people in education. Specifically, it changed education for the handicapped in a positive way. Many students were brought out of their homes, private facilities and state schools and into the public schools.

This forward step for handicapped children involved a very important staff person in most schools, the school nurse. As stated by Mrs. Boos, many medical misconceptions existed among school personnel. School nurses have played a vital role in dissolving the misconceptions and in the re-education of staff.

Educators are trained to facilitate students' academic and vocational progress. They may feel confused, untrained and even frightened when asked to perform or monitor medical functions. Special education teachers are made aware of various physical disorders which accompany some handicapping conditions, however, most do not receive extensive training in medical needs.

Generally, special education and regular education staff welcome the knowledge of school nurses. In the district's efforts to serve children in their lease restricted environment, the school nurses become valuable Individual Education Plan team members. In addition to providing mandated vision and hearing screening, they also administer medications, perform and supervise catheterizations, and assist with physical and occupational therapy. All of the aforementioned are services which most educators deem medical rather than educational. The school nurse's contributions during staffings and team meetings with parents are vastly improving programming for special education students.

We are bridging the gap between educational and medical services for students. The school nurse's education and expertise make the transitions smoother for students and educators alike.

About the Authors

NOLA FIELDS is director of Hays West Central Kansas Special Education Cooperative. She holds a master's degree in Special Education from Central State University in Edmund, Oklahoma, and a Special Education Administrator's Certificate from Kearney State College, Kearney, Nebraska. She has been active in Special Education for 20 years, 15 as an administrator.

SUSAN BOOS, RN, is head nurse for USD #489 Health Services. She has a BA in Zoology from Fort Hays State University, and a BSN in Nursing, also from Fort Hays State University. She has been active in school nursing for 13 years, five as head nurse. She holds a Kansas School Nurse Certificate from the State Department of Education.

KANSAS STATE BOARD OF NURSING

BOX 1098, 900 SW Jackson, Room 551-S
TOPEKA, KANSAS 66601
Telephone 913/296-4929

TO: The Honorable Roy M. Ehrlich, Chairman and
Members of the Senate Public Health and Welfare Committee

FROM: Dr. Lois Rich Scibetta, Executive Administrator

DATE: March 3, 1987

RE: Senate Bill 340

Thank you Mr. Chairman for the opportunity to respond to Senate Bill 340. The Board thanks the Committee for introducing this important bill.

The bill gives the Board the authority to regulate and discipline Registered Nurse Anesthetists, and nurses who are advanced Registered Nurse Practitioners. When Senate Bill 179 passed last session, no provisions were made for disciplinary matters. Under the health stabilization fund, the responsibilities of the Board have increased a great deal, and modifications in the Nurse Practice Act are necessary. New Section 6 was recommended by our legal counsel. The section was modified from the Healing Arts Act. A procedure does exist in the statutes now, for this type of regulatory oversite.

The Bill, relates to disciplinary matters and the authority of the Board, it changes and it updates the language related to disciplinary matters. The word licensee is used in a general sense, rather than Registered Nurse or Licensed Practical Nurse.

Thank you for your consideration. I will be happy to respond to questions.

LRS:vmd

SPHHW
3-5-87
attachment 12

LAW OFFICES
CARPENTER, HEIN, CARPENTER & WEIR, CHTD.
5425 SW 7TH
P.O. BOX 4287
TOPEKA, KANSAS 66604

EDWIN P. CARPENTER
RONALD R. HEIN
DAVID C. CARPENTER
STEPHEN P WEIR
MICHAEL B. MYERS
REBECCA S. CRENSHAW

TELEPHONE
AREA CODE (913)
273-4170

MEMORANDUM

TO: SENATE PUBLIC HEALTH & WELFARE
FROM: Rebecca S. Crenshaw, Kansas Organization of Professional Psychologists
DATE: March 5, 1987
RE: SB 288

Dear Senators:

We felt in the interest of time we should address the concerns of the Board of Behavioral Sciences in the form of this memo. We have addressed the concerns in the same order as they were addressed in the Board's testimony. Therefore, you can reference their testimony while reading this memo.

1. Exclusion of Not-for-Profit Organizations - This exclusion exists due to a concern that 2 master's level psychologists could possibly form a not-for-profit organization and then offer services which might compete with the private sector. However, there is a possibility that a few hospitals might be affected by this exclusion. If the Senate committee wishes to include the not-for-profit organizations, the master's level psychologists will not oppose the inclusion.

2. Accreditation - There is no national organization for master's level psychologists and therefore no national accreditation is possible. It is for that reason that the educational requirements will be codified. These educational requirements have their origin in the criteria established by mental health centers for employment of master's level psychologists. Our experience has been that schools are capable of bringing their graduation requirements into line with the established criteria. We feel that the codification of the criteria should address the Board's concern.

3. Continuing Education - The 25 hour continuing education requirement was established by the Ph.d.'s and the master's level psychologist as sufficient. It is true that social workers and licensed psychologists are required to complete significantly more continuing education hours than the 25 hours set out in this bill. However, it should be noted that the master's level psychologists will not be in private practice as are the two professions which the Board used as their examples. Should the Senate committee wish to raise the continuing education requirement, the master's level psychologists would not attempt to oppose such a change as long as it did not appear unduly burdensome.

S Pub Hlth & W
3-5-87
attachment 13

4. Application and Renewal Fees - The master's level psychologists would not oppose increasing the application and renewal fee, but would ask that such fee not exceed $100. We recall that the application fee was established at $50 because of the limited number of applications which would have to be reviewed. We believed, perhaps mistakenly, that the $50 would cover the costs the Board would incur to review such applications.

5. Renewal of Registration - The master's level psychologists do not oppose providing evidence of employment at the time of renewal, nor filing of the renewal fee and continuing education documents 30 days prior to expiration.

6. Temporary Permits - The master's level psychologists feel Section 7 has been incorrectly interpreted by the Board of Behavioral Sciences. The necessity of retaining Section 7 as it presently exists is primarily to allow post-doctoral employee or post graduate employees to continue to be called master's level psychologists as they are at the present time. Should Section 7 be changed in the way the Board is suggesting, we believe these employees will no longer be allowed to use the title, master's level psychologists, and reimbursement will become more difficult.

7. Board Shall Accept Committees Recommendations - The purpose for the master's level psychologists and the Ph.d. psychologist in creating a committee to review applications was to eliminate the problem of adding a master's level psychologists representative to the Behavioral Science Board. It should be noted that the proposed committee will be appointed by the Board of Behavorial Sciences. It was felt that continuing to expand the size of the Board will eventually make it so unwieldy as to make it unworkable. We, therefore, respectively disagree with the Board's recommendation.

8. Rules and Regs. - We believe that the exclusion of enabling the Board to adopt and enforce rules and regulations was an oversight and we apologize for that.

One last point we wish to reiterate is that the title "master's level psychologist" is the title presently being used by all concerned parties. We respectively request that this title remain in the bill and that all efforts to change this title be rebuffed.