

Approved 3-1-88
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at
Chairperson

10:00 a.m./p.m. on February 25, 1988 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research
Clarene Wilms, Committee Secretary

Conferees appearing before the committee:

Lt. Governor Jack D. Walker, M.D.
Michael F. O'Keefe, Director of the Budget (presentation made for Mr.
O'Keefe by Jan Johnson, Senior Budget Analyst

Chairman Ehrlich called the meeting to order and welcomed the nurses who were visiting the Legislature.

The Chairman introduced Lt. Governor Jack D. Walker prior to his presentation on the Governor's Task Force on AIDS.

The Lt. Governor stated that the Task Force members were carefully selected in order to assemble a group of individuals with knowledge and expertise in all areas affected by this new, different and complex health problem. Following the conclusion of the study, the Task Force submitted a report to Governor Hayden entitled "AIDS IN KANSAS - A REPORT AND RECOMMENDATIONS." Dr. Walker presented an Executive Summary of the Governor's AIDS Task Force Recommendations to the committee. Dr. Walker also stated that his personal recommendations to the Kansas 1988 Legislature were to follow the recommendations of the Task Force and the Department of Health and Environment. Attachment 1

Jan Johnson, standing in for Michael O'Keefe, Director of the Budget, presented AIDS testimony concerning the various budget recommendations for 1988 and 1989. Details of funding are shown in the report shown as Attachment 2

Lt. Governor Walker spoke to the committee on SB-656 dealing with exempt licenses for retired physicians which the committee heard February 23, 1988. Dr. Walker stated that the final rules and regulations adopted by the Board of Healing Arts state that the exempt license holder could write prescriptions but not for any drugs listed under the Controlled Substance federal law. In his testimony Dr. Walker stated, "It implies that us old retired senior citizens can no longer be trusted with the large group of drugs under the Controlled Substance Act, even though we have practiced medicine in Kansas for 30 years with never the slightest hint of violation of our medical professional responsibilities or abuse of our prescribing rights." Attachment 3

Chairman Ehrlich introduced the committee members to the audience. The Senator's pages, Meredith Jones and Stacy Dunlap from Lyons, Kansas, were also welcomed to the meeting.

The meeting adjourned at 10:58 a.m. and will meet at 10:00 a.m., Friday, February 26, 1988 in Room 526-S.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE February 25, 1988

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Paula M Schembs 3003 No. 77th St. Kansas City, KS 66109 5413 W. 100th St	Univ. of Kansas School of Nursing
Marcy J Pfeiffer Overland Park, KS 66207 3824 Booth #9	Univ. of Kansas School of Nursing
Judy Miller Kansas City, KS 66103 12918 W 78th Cr	University of Kansas School of Nursing
Kelly Steer Lenexa, KS 66216	Univ. of Kansas School of Nursing
Christine Preheim 3570 Rainbow #607 K.C., KS 66103	"
Tina Armbruster 3932 Adams #23 K.C., KS. 66103	Univ of KS. School of Nursing
Paula Ominski 9912 Wayne K.C. MO 64131	Univ. of Kansas School of Nursing
Vickie Goetz 1919 Olathe Blvd KC, KS 66103	Univ. of Kansas School of Nursing
Michelle Junk 3028 Francis #202 K.C., KS 66103	Univ. of KS. School of Nursing
Julie Colebank 7464 Wall Prairie Village, KS 66208	Univ. of KS. School of Nursing
HAROLD PITS Topeka 9218 W 82nd Terr	
Sylvia Vera OP, KS 66604	Univ. of KS. School of Nursing
Linda Bonnel 320 Woodburn Topeka, KS 66606	KSNPA + Topeka-Shawnee Co. Health Agency
Kay Burey 2727 SW 21st Topeka, KS	VA Medical Center, Topeka
Allyn Hochner Topeka	SRS
Patricia Schoenfeld "	KDHE
Donald P. White "	
Ruth Gogolski RR#1 Box 1038 Paxico KS 66526	Wichita University St. Mary of Plains College Stanton-Vale Campus KSNPA Topeka, KS.
Diane Lorenz 1006 A E. Monroe Pittsburg, KS 66762	Pittsburg State Nursing Dept

SENATE
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ORGANIZATION

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<u>Carol Berger RN</u>	<u>1612 Socony ⁶⁷⁰¹⁰ Augusta</u>	<u>Bi-Co Health Dept Eldorado</u>
<u>Shelly Hirst KUSN</u>	<u>3838 Rainbow Blvd #703 3051 Cranberry ^{K.C., KS} Wichita KS 67226</u>	<u>Univ. of KS School of Nursg.</u>
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<u>Bonnie Hays RN, BSN</u>	<u>403 W Lawrence Spring Hills KS 1201 S. PAIGE #302</u>	<u>KSNA</u>
<u>GINA STADIG BSN, RN</u>	<u>WICHITA, KS 67207</u>	<u>KSNA</u>
<u>CANDA R. Byrne RN, BSN</u>	<u>2507 Monterey Dr. Emporia KS. 66801 Box 85m Rt 1 Milford, KS 66514</u>	<u>KSNA - Newman Hospital Schiefelbusch Instructor</u>
<u>Regina Hopwood RN, BSN, ILTAN</u>	<u>306 So. Howard Pratt, KS. 67124</u>	<u>KSNA - Wichita State Univ Graduate Pratt Regional Medical Center Wichita State University Graduate Program</u>
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<u>Esther Oppiger RN, BSN</u>	<u>3702 E. Kinkaid, Wichita, KS 67218</u>	<u>Wichita State University Graduate Program</u>
<u>Debbie Johnson RN, BSN</u>	<u>4739 Kinkaid Topeka 66617</u>	<u>WSU Graduate Prog.</u>
<u>Mary Cade, RN, BSN</u>	<u>6458 N. Hydraulic Park City 67219</u>	<u>WSU Grad. Nursg. Prog.</u>
<u>Debra Myers MD/BSN Student</u>	<u>1601 N. 60th St., KC, KS. 66102</u>	<u>Univ. of KS. School of Nursg.</u>
<u>Debra Ortmeier RN/BSN Student</u>	<u>6602 W. 50th Place Apt 173 Mission, KS 66202</u>	<u>KU School of Nursg.</u>
<u>Marta Morales BSN Student</u>	<u>6730 Sherwood Ct Topeka KS 66614</u>	<u>KU School of Nursing</u>

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE February 25, 1988

(PLEASE PRINT)
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ORGANIZATION

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SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2/25/88

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

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TESTIMONY PRESENTED TO SENATE PUBLIC HEALTH
AND WELFARE COMMITTEE FEBRUARY 25, 1988

JACK D. WALKER, M.D.
LIEUTENANT GOVERNOR

Thank you for the opportunity to review with you the finding of the Governor's TASK FORCE ON AIDS. As you know, Governor Hayden, as one of his first official acts, asked me to form a group of knowledgeable Kansas citizens to examine the public health problem associated with the Human Immunodeficiency Syndrome (AIDS) in Kansas and report back to him in the late fall of 1987.

The task force membership was carefully selected in an attempt to bring together individuals with knowledge and expertise in the different parameters which would be effected by this new, different, and complex public health problem. The TASK FORCE membership included knowledgeable people in the fields of medicine with special knowledge in Internal Medicine (Infectious Diseases), Pathology, Medical Education; the Legal Profession; the Blood Banking Institutions, organized medicine; the Correctional Institutions; the State Board of Education; the minority community; the insurance industry; the high risk sector of society; the public at large; a member of the Kansas Legislature; a member of the pharmacy industry; and myself as Lt. Governor, as a physician, and at that time Acting Secretary of the Kansas Department of Health and Environment.

The TASK FORCE held 7 public meetings and heard testimony from a wide section of interested parties and heard reports from groups including the latest information from the U.S. Center for Disease Control in Atlanta, Georgia. The final report was presented to Governor Hayden in December 1987. The report is entitled AIDS IN KANSAS - A REPORT AND RECOMMENDATIONS. Copies of this report is readily available to every member of the Kansas Legislature.

The report is lengthy and complex to read. Because of this an EXECUTIVE SUMMARY was prepared which sets forth the major recommendati

Will review quickly the major parts of the EXECUTIVE SUMMARY. The Department Of Health and Environment of the State of Kansas has carefully reviewed the TASK FORCE Report. On February 8, 1988, Mr. Gary Hulett, Under Secretary of the Department of Health and Environment forwarded to Senator Richard Bond a summary, which suggested legislation from the Dept. of Health and Environment which would address the problem of AIDS in KANSAS. His recommendations closely parallel the recommendations of the GOVERNOR'S TASK FORCE. I believe that Sen. Bond chairs a sub-committee of the Senate Public Health and Welfare Committee which is examining the several pieces of legislation which have been introduced concerning the AIDS problem..

KANSAS GOVERNOR'S AIDS TASK FORCE RECOMMENDATIONS
December 14, 1987

EXECUTIVE SUMMARY

Human Immunodeficiency Virus (HIV) is one of the most virulent infectious agents ever encountered and preventing its spread is Public Health's number one priority. This virus, estimated to kill at least half of those infected by causing Acquired Immunodeficiency Syndrome (AIDS), has spread to approximately two million Americans.

Currently there is no safe and effective treatment, nor is there a vaccine. The characteristic of lifelong infectiousness with the virus is a major concern in considering strategies for prevention, control and surveillance. Therefore, policymakers must be made acutely aware of these facts and of the serious impact the AIDS/HIV epidemic will have on our society.

From our knowledge of HIV transmission, further spread of the virus can be prevented by the use of various techniques. The only tools currently available are educational aimed at promoting behavioral change and are dependent upon individual motivation. The combined use of education - motivation -counseling, voluntary serological testing, and partner notification, could eliminate or substantially reduce transmission. Only through a concerted, vigorous, and sustained prevention program which deals frankly with this problem will those individuals at risk be reached and motivated to take personal responsibility to protect themselves, and others.

The serologic test for HIV and appropriate professional counseling are important tools for prevention. Controversy still surrounds testing and its use especially in the areas of confidentiality and discrimination. Maintenance of confidentiality is central to and of paramount importance for the control of AIDS. Information regarding HIV infection, sexual activity and contacts, illegal drug use and diagnostic information regarding AIDS-related diseases are sensitive, private issues that if released could adversely affect the individual's personal and professional life. Discrimination against those with AIDS or HIV infection caused by fear of any health risk they may pose to others in the workplace, housing, school, health care or mortuary services is not justified and should not be tolerated.

As the number of AIDS cases increases, the health care system is making a major commitment to the treatment of AIDS and HIV-related conditions. Since AIDS is a disease that manifests itself in a bewildering variety of clinical presentations, most of which are severe and disabling, patients require extensive and specialized medical care resulting in enormous costs.

The health care system must be prepared to meet the continuum of needs of patients with AIDS and HIV-related conditions with emphasis placed on outpatient, hospice and home care services. State policymakers must be aware of the following issues:

- The enormous expense of treating AIDS in the acute-bed setting.
- The growing number of people who have AIDS or are HIV infected who are medically indigent.
- The absence of appropriate facilities and programs for hospice and home health care.
- The need of adequate funding and reimbursement for treatment in the outpatient setting.

AIDS puts a staggering burden on the state's Medicaid Program, which is already economically troubled, as well as the entire health care system. The situation is becoming critical for public hospitals because they are threatened by inadequate reimbursement for care while providing for a growing number of patients. The Federal Government, the states and third party payers must continue to develop health care strategies which are economical while meeting the needs of patients with AIDS and other manifestations of HIV infection.

AIDS has become a major policy and management issue for prisons and state institutions. In Kansas, as elsewhere, the prison inmate population has a growing incidence of individuals infected with HIV. The majority of infected individuals are IV drug users, from ethnic groups and female. These institutions have the responsibility for the medical care, safety and welfare of their populations and are developing rational approaches to this epidemic, which include; expansion of HIV testing/counseling programs and seeking legislative help in meeting medical, facility, staff and education needs.

Public education about HIV infection is, and will continue to be, the critical public health prevention measure. Education must be vastly expanded and diversified. It must be targeted not only at the general public and our schools and colleges, but at individuals in which significant transmissions can be anticipated because of their high risk behaviors (e.g., sexual and drug use practices). Special attention must be paid to AIDS education for young people in schools and college, the age at which experimentation with sex and drugs begins. Frank discussions of behaviors that do and do not transmit HIV has become an urgent necessity for this and all other populations.

TASK FORCE RECOMMENDATIONS

1. Expansion of AIDS Prevention Education Programs and professional counseling services especially for persons with high risk behaviors and HIV infected individuals.
2. AIDS Prevention Education Programs supported not only by government but also by professional health organizations for:
 - o Public and private schools
 - o General Public
 - o State Employees
 - o Private Workplace (including day care, health care providers, adult care homes and institutions)
3. Expansion of the voluntary testing/counseling services available (provided by county health departments and the Department of Health and Environment) through HIV antibody alternative test site programs especially in high endemic (or at-risk) areas.
4. All HIV testing to be conducted voluntarily with adequate assurances of confidentiality, with pre-and-post test counseling, and in most circumstances with specific informed consent.
5. An active program of surveillance on the prevalence and incidence of HIV infection in the state population by the Department of Health and Environment.
6. Strengthening of antidiscrimination and confidentiality statues and policies for both governmental and private service agencies.

7. Expansion of the laboratory support services of the Department of Health and Environment to cover testing for the alternative test sites, tests from physicians, and HIV testing quality control programs.
8. Expansion of HIV testing/counseling, drug testing, treatment facilities and staff education and training for the Department of Corrections and other state institutions.
9. Liberalization of the current Medicaid reimbursement system and programs to follow low-cost case management models.
10. Separate appropriation and accountability of Medicaid Programs for care and treatment of AIDS and HIV-related conditions. The Department of Social and Rehabilitation Services to report quarterly to the Governor's Finance Council and/or Senate Ways and Means and House Appropriation Committees on expenditures and demographics.
11. Promote and fund outpatient services, hospice care, community based home health care and long-term care services for patients with AIDS and HIV-related conditions in Kansas.

For complete copies of this report, call Virginia Lockhart, (913) 296-1216 or write her at Bureau of Local Health Services, Landon State Office Building, Topeka, Kansas 66612-1271.

HIGH POINTS OF THE EXECUTIVE SUMMARY OF THE GOVERNOR'S TASK FORCE
ON AIDS IN KANSAS

1. Aids Education and Professional Counseling.
Department of Education
Department of Health and Environment.
* Governor Hayden has recommended funds for both agencies.
2. Aids Education to be encouraged by groups other than the State Government
3. Expansion of Testing Sites and Counseling Services.
* Governor Hayden has recommended funding.
4. Confidentiality and Anti-Discrimination.
* Health and Environment recommends specific legislation.
5. Increased Surveillance on the prevalence and incidents of HIV infection and AIDS in Kansas thru the Department of Health and Environment.
* Health and Environment recommends specific legislation.
6. Expansion of Health and Environment Laboratory Support Services and Quality Control.
* Health and Environment recommends specific legislation.
7. Expansion of HIV Testing Counseling, Staff education, and treatment facilities at the Kansas Correctional Institutions.
* Governor Hayden recommends funding.
8. Promote and fund out patient services, Hospice Care, Community Care via SRS and the Medicare program.
* Governor Hayden recommends funding.

HIGH POINTS OF THE RECOMMENDATIONS OF THE KANSAS DEPARTMENT OF
HEALTH AND ENVIRONMENT

1. Confidentiality
 - * H&E suggest specific legislation.
2. Anti-Discrimination
 - * H&E suggest specific legislation.
3. Reporting
 - * H&E suggest specific legislation.
4. Liability protection for those required to report.
 - * H&E suggest specific legislation.
5. Quality Control for HIV Testing
 - * H&E suggest specific legislation.
6. Education
 - * H&E recommends extensive education as the vehicle.
 - * H&E opposes mandatory testing.
(H&E does suggest that educational materials concerning AIDS be given to all individual applying for marriage licenses in Kansas by County Clerks)
7. Expansion of HIV Testing, Counseling, Staff Education. Department of Corrections.
 - * Governor Hayden recommends funds (H&E did not address since this would fall within the Dept. of Corrections.)
8. Changes in the Medicaid reimbursement system to provide management for AIDS patients.
 - * H&E did not address this since this would be largely a function of the Department of Social and Rehabilitation Services.

SUMMARY

Kansas has spent time and money on the GOVERNOR'S TASK FORCE ON AIDS IN KANSAS. 16 or more Kansas Citizens gave time and energy and expertise in attempting to formulate a reasonable set of recommendations. The Kansas Dept. of Health and Environment, the State agency mainly responsible for monitoring and protecting the health of the citizens of Kansas, essentially agrees with the TASK FORCE RECOMMENDATIONS.

It is my personal recommendations that the Kansas Legislature in 1988 follow the recommendations of the TASK FORCE and the Dept. of Health and Environment. It is my further recommendation that the Dept. of Health and Environment, The Kansas Department of Education, the Kansas Department of Corrections, the Kansas Board of Regents, and the Kansas Department of Social and Rehabilitation Services be instructed to quarterly report to the Governor and the Legislative Leadership the status of the AIDS problem in Kansas and the activities which are being carried forward in attempt to address the AIDS problem in their respective agencies.

STATE OF KANSAS
DEPARTMENT OF ADMINISTRATION
MIKE HAYDEN, Governor
MICHAEL F. O'KEEFE, Director of the Budget
Room 152-E, Capitol Building
(913) 296-2436

MEMORANDUM

TO: Senate Committee on Public Health and Welfare
FROM: Michael F. *mok* O'Keefe, Director of the Budget
DATE: February 25, 1988
SUBJECT: AIDS Testimony

Mr. Chairman, members of the committee, I appear before you today to discuss the Governor's budget recommendations on the subject of AIDS. As you know, several months ago Governor Hayden appointed a task force to develop recommendations for a state response to the growing threat presented by AIDS. The task force has completed its work, and has made recommendations in three broad areas. The first calls for a massive educational effort to inform Kansans about how the AIDS virus is transmitted and the precautions to take to avoid contracting the disease. The second recommends an expansion in voluntary testing for the HIV antibody to monitor the prevalence and incidence of HIV infection in the state. And the third calls for further examination into ways that the cost of caring for AIDS patients can be reduced through development of outpatient services, hospice care, community care and long-term care.

The Governor's budget proposals respond to those recommendations, with AIDS-related expenditures appearing in his budget recommendations for four agencies -- including the

departments of Education, Social and Rehabilitation Services, Corrections, and Health and Environment. AIDS expenditures in FY 1988 total \$967,190 from the State General Fund and \$1,540,531 from all funds. The FY 1989 recommendations total \$3,267,190 from the State General Fund and \$4,930,782 from all funds.

Department of Education

The Governor's FY 1989 recommendations for the Department of Education include \$1.5 million from the State General Fund to implement the task force proposal for expanding AIDS education efforts in our public schools, as well as to meet the State Board of Education mandate requiring that school districts offer courses in human sexuality and AIDS. The Board has adopted a regulation requiring that such courses be offered after September 1, 1988. Funding recommended by the Governor provides approximately \$3.75 per student to finance the required courses; funds will be distributed among school districts on a per capita basis.

Rules and regulations adopted by the State Board of Education set criteria for human sexuality programs developed by school districts. Each program shall: include instruction at the elementary and secondary levels; require that teachers and administrators have appropriate academic preparation on the subject matter; require that after September 1, 1992 only teachers who hold appropriate certification in teaching courses in human sexuality and AIDS will be allowed to teach courses; and include procedures that allow parents to withdraw their children from the program without

penalty. Within those guidelines, each local board will determine the content of the human sexuality courses to be offered and the grades to which they will be taught.

Department of Corrections

The Governor's FY 1989 recommendations for the Department of Corrections include \$350,000 from the State General Fund to expand the department's AIDS testing program and to provide for medical treatment of inmates. Expenditures will be made in three broad areas: inmate and staff testing; counseling and related contract staffing; and medical treatment.

Testing will be done on a voluntary basis, and will be offered to both inmates and staff. The targeted group among inmates will be those who have engaged in high-risk behavior, such as homosexuals and intravenous drug users. Approximately \$90,000 is estimated for initial and follow-up testing of inmates and staff. The Governor's proposal does not include any new staff positions for the Department of Corrections, but does include approximately \$100,000 for contract staff to be used primarily in counseling of inmates. And, \$160,000 is included for medical treatment of inmates who have contracted the virus and who require care that cannot be provided through institutional infirmaries.

Department of Social and Rehabilitation Services

The Governor's recommendations for the Department of Social and Rehabilitation Services include specific AIDS-related expenditures

of \$156,438 in FY 1988 and \$1,850,000 in FY 1989. The State General Fund share is \$78,219 in FY 1988 and \$831,390 in FY 1989. All expenditures appear in the agency's Medical Assistance program to cover the costs of treating AIDS victims who meet the program's eligibility requirements. The amounts given for FY 1988 are those explicitly budgeted for purchase of prescription drugs, primarily AZT. Actual expenditures will be greater than this, however, because the agency will incur costs for hospitals, physician care, and other medical services provided to AIDS patients.

The FY 1989 expenditures assume that 140 patients with AIDS will receive Medical Assistance program benefits throughout the year. Budgeted expenditures include \$1,200,000 for inpatient hospital care; \$55,000 for outpatient hospital care; \$350,000 for prescription drugs; and \$245,000 for services designed as alternatives to the more expensive inpatient hospital care. In order to shift more of this program's expenditures from inpatient hospital care to alternative services, the Governor has directed appropriate state agencies to pursue the task force recommendation to examine ways for increasing the use of outpatient services, hospice care, community care and long-term care.

Department of Health and Environment

The Governor's FY 1988 recommendations for the Department of Health and Environment include \$135,800 from the State General Fund and \$521,921 from all funds for AIDS-related program expenditures. In FY 1989, the amount recommended from the State General Fund is \$585,800 and from all funds, \$1,230,782. The FY 1988 amounts contain only one adjustment to amounts previously approved by the

Legislature -- a total of \$65,689 in expenditure of federal grant funds is included for the purchase of AZT for use in treatment of AIDS victims. Of the amounts recommended for FY 1989, approximately \$135,800 from the State General Fund and \$309,000 from federal grant funds can be considered to be base funding levels.

X Funding enhancements in FY 1989 of \$450,000 from the State General Fund and \$336,000 from a projected increase in federal grant receipts will be used to develop and implement a public information program on AIDS prevention, and to increase voluntary HIV testing among high-risk groups. Approximately \$471,000 would be used for public education and \$315,000 for expanded testing and related activities. The expanded testing program will involve additional resources for counseling at the local level, for laboratory testing, for epidemiological work, and for voluntary contact tracing of individuals who have or might have been exposed to the virus. The Governor's recommendation does not include additional staff for the Department of Health and Environment, but anticipates that much of the educational, counseling and related activities will be contracted with local health departments and other appropriate groups.

MFO:sr

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TESTIMONY ON SENATE BILL 656

FEBRUARY 25, 1988

LIEUTENANT GOVERNOR JACK WALKER

In the 1987 Legislative Session, the Kansas Medical Society submitted a bill which would create an exempt license for retired physicians in Kansas. I learned of this action only after the bill had passed through all of the legislative hurdles and had been signed into law. Only at that time did I become aware of this possibility for a so called exempt license which would allow those of us who are retired Kansas physicians to: (1) Contribute medical services on a voluntary basis (not for pay) to groups who are constantly asking for free medical service—and (2) to write prescriptions for family, selected former long standing patients, perhaps poor people and sometimes for selected friends and relatives.

This action on the part of the 1987 Legislature sounded good to me for I immediately felt that I would be interested in obtaining such an exempt license because I am often called upon to do just those things including prescriptions at times for some of you on the Senate Public Health and Welfare Committee or staff. At the present time I am unable to do that anymore because I am unwilling to commit myself to the five or six thousand dollars worth of malpractice premiums that would be required for me to hold a regular license in Kansas.

The legislation passed last year exempted two areas. (1) Continuing Medical Education and (2) Exempted participation in Health Provider Malpractice Insurance Program.

The 1987 amendment stipulated only that the Healing Arts Board "shall adopt rules and regulations establishing appropriate CME requirements for exempt licensees to become regular licensees again".

The board was slow in implementing this legislation. In the fall of 1987 they submitted rules and regulations to establish the so called exempt license. The rules and regulations they submitted at that time said—the holder of such an exempt license could not prescribe

drugs. This action was greeted with disbelief, and literally stripped the exempt license from at least one-half of its reason for existence. It was an insult to every retired physician in Kansas who might wish to avail himself of such a license including myself. It was like saying to auto mechanic, we like you, we recognize your long honorable contribution to Kansas medicine and we are going to let you work on a few cars, but we are not going to give you the basic tools to work with.

There was strong opposition by KMS and by me and by others to this unbelievable rule. It was unbelievable because it just did not make sense but also technically I considered it to be illegal since the Healing Arts Board was not told or even given authority by the amendment passed in 1987 to make this type of stipulation as it related to this new type of exempt license.

The Healing Arts Board agreed to reconsider the action and in December of 1987 came up with new rules and regulations. This time they said that the exempt license holder could write prescriptions but not for any drugs listed under the Controlled Substance federal law.

This was an even worse slap in the face for any of us who might consider applying for such a license. It implies that us old retired senior citizens can no longer be trusted with the large group of drugs under the Controlled Substance Act, even though we have practiced medicine in Kansas for 30 years with never the slightest hint of violation of our medical profession responsibilities or abuse of our prescribing rights.

There are five classes of drugs under the Controlled Substance Law. They range all the way from the very hard narcotics, morphine, demerol, cocaine, etc. to a large group of relatively safe, widely prescribed drugs such as ASA with codeine, cough preparations containing codeine, mild tranquilizers, lomotil for diarrhea, etc. Personally, I don't think I have ever prescribed morphine or demerol or any of the substances in that class on an outpatient basis and would see no need to do so under an exempt license. Most of the time when physicians prescribe that class of controlled substances it occurs within the hospital setting. However, it is