

Approved 3-22-88
Date

MINUTES OF THE SENATE COMMITTEE ON SENATE PUBLIC HEALTH & WELFARE

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

10:00 a.m./~~p.m.~~ on March 16, 1988 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

- Emalene Correll, Legislative Research
- Norman Furse, Revisors Office
- Clarene Wilms, Committee Secretary

Conferees appearing before the committee:

- William C. Rein, Bureau of Adult and Child Care, KDH&E
- Delora Donovan, RNA, Kansas Association of Nurse Anesthetists, Wichita
- Terri Roberts, Executive Director, KSNA
- Chip Wheelen, Kansas Medical Society

William C. Rein appeared in support of HB-2642. This bill was introduced following an interim study of Proposal 29 following the 1987 legislative session when it was concluded that it is inappropriate for an agency, (The State Board of Healing Arts) that has no regulatory authority over a health care provider to be vested with authority to assess a civil fine against such a provider. Attachment 1

Senator Hayden introduced his grandchildren, Amber Wood, Healthier Barker and Andy Joyce, who were paging today. He also introduced other family visiting the committee.

Senator Ehrlich introduced his daughter and son-in-law, Karla and Jon Patten, who were visiting the committee.

Delora Donovan appeared in support of HB-2653. The possible need for an amendment was raised when it was pointed out that present wording implies that the care plan for each anesthetic administered by a nurse anesthetist should include a listing of all possible drugs which could be administered during any given anesthetic. Since a complete listing was not feasible it was suggested that the word "may" be inserted and delete the letter "s" from "includes" in item (2) as shown in Attachment 2 and Attachment 3.

Terri Roberts appeared in support of HB-2653 stating that additional language was needed to correct an oversight in the original SB-179. The new language would enable the board of nursing to pro-rate fees for RNA's authorization and reduce the time for the authorization from a 2 year period to align with the RN renewal period. Ms. Roberts stated KSNA had no objection to changes in the statutory language requested by the nurse anesthetists. Attachment 4

Chip Wheelen appeared with an amendment to HB-2653 which would take the place of the one requested by the nurse anesthetists. This amendment would simply insert "procedures for administration of" following "includes" in 65.1158 (2). Attachment 5

Senator Morris moved adoption of the amendment as suggested by Chip Wheelen, Kansas Medical Society, with a second by Senator Mulich. The motion carried

Senator Morris moved adoption of the technical amendment with a second by Senator Mulich. The motion carried.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S Statehouse, at 10:00 a.m./~~p.m.~~ on March 16, 1988

Senator Mulich moved to pass out favorable HB-2653 as amended. Senator Morris seconded the motion and the motion carried. Senator Mulich will carry HB-2653.

Senator Hayden moved that HB-2642 be passed out favorable for passage. Senator Mulich seconded the motion and the motion carried. Senator Hayden will carry HB-2642.

The motion was made by Senator Hayden to suggest an interim study for HB-2716. Senator Morris seconded the motion. Discussion including the possibility of providing, through a petition process, seat belts for school buses. Senator Hayden, with the approval of Senator Morris, withdrew his motion.

Senator Morris moved to table HB-2716. Senator Hayden seconded the motion. The chair was in doubt. A second count revealed 5 YES votes and 4 NO votes. The motion carried. Senator Mulich requested his NO vote be recorded.

Senator Salisbury made a motion to direct the chairman to write a letter to the Co-ordinating Council requesting an interim study to consider the whole gamut of seat belt issues. Senator Bond seconded the motion and the motion carried

Senator Bond made the motion to re-insert the language stricken on page 2 lines 58-73 of SB-725. Senator Morris seconded the motion. Senator Bond stated a wish to re-insert only the language to provide for the protest petition when the 2 mill levy was to be exceeded. In deference to the fact that Senator Francisco was not present, further action was delayed until March 17. The meeting adjourned at 10:50 a.m. and will meet at 10:00 a.m. in Room 526-S on March 17, 1988.

STATE OF KANSAS



DEPARTMENT OF HEALTH AND ENVIRONMENT

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Mike Hayden, Governor

Stanley C. Grant, Ph.D., Secretary

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TESTIMONY PRESENTED TO

SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

BY

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

House Bill 2642

Background

House Bill 2642 was introduced by the Special Committee on Public Health and Welfare which conducted an interim study of Proposal No. 29 following the 1987 legislative session. House Bill 2642 makes only one substantive change in current law. Pursuant to KSA (1987 Supp.) 65-28,121, medical care facilities licensed by the Secretary of Health and Environment must notify the State Board of Healing Arts whenever such facilities have any information that any person licensed to practice healing arts has committed an act which may be grounds for disciplinary action or has been subject to termination, suspension, or restriction of professional privileges relating to professional competence. If a facility does not report it as required by law within 30 days, the State Board of Healing Arts, after proper notice and hearing, may assess a civil fine not to exceed \$1,000 for each day thereafter that the incident remains unreported.

During the special committee's interim study, testimony was received on the issue of whether the State Board of Healing Arts or the Secretary of Health and Environment, as the licensing agency for medical care facilities, should assess civil penalties. On page eight of the special committee's report concerning Proposal No. 29, the committee concluded that "it is inappropriate for an agency that has no regulatory authority over a health care provider to be vested with authority to assess a civil fine against such provider." As a result, House Bill 2642 was amended to authorize the Secretary of Health and Environment to assess civil penalties.

Recommendations

The Department of Health and Environment understands the logic of having a civil fine assessed by the regulating agency. Since the bill is designed to assess penalties against medical care facilities licensed by the Secretary of Health and Environment, assessment of civil penalties by the Secretary is reasonable. The Department of Health and Environment supports passage of House Bill 2642.

Presented by: William C. Rein
Bureau of Adult and Child Care
March 16, 1988

KANSAS ASSOCIATION OF NURSE ANESTHETISTS



March 16, 1988

Senator Ehrlich, members of the Committee and other interested persons, I am Delora Donovan, RNA from Wichita and am here today to offer an ammendment to HB 2653.

Some of you may remember me from past hearings on the Rules and Regs pertaining to 65-1113 and then again during the early stages of SB 179, the Registered Nurse Anesthetist mandatory bill.

When item "b" was included in 60-11-106 of the ARNP law the intent was to assure the nurse anesthetist an opportunity to participate in the anesthesia plan. This is particularly important in settings where the R.N.A. is work_ ing with surgeons or dentists as the supervising M.D. When SB 179 was introduced the same list of duties were incorporated so item "2" in SB 179 reads the same in both laws.

Our concern at this time arises from a recent inquiry from an attorney regarding item "2" as it appears in SB 179 and also item "b" as it appears in 60-11-106 of the R. & R's identified for nurse anesthetists under the ARNP provision of #65-1113.

It is the opinion of this attorney that the present wording implies that the care plan for each anesthetic administered by a nurse anesthetist shall include a listing of all possible drugs which could be administered during any given anesthetic. To be inclusive would require a listing of all drugs from a current pharmacopea which would be a cumbersome and unnecessary task.

We have had an opportunity to speak with representatives from the Kansas State Board of Nursing, the Kansas State Nurses Association, the Kansas Medical Society, the Kansas Hospital Association, and the Kansas Dental Association regarding this issue and have verbal support from those mentioned of our request for an ammendment which would insert the word "may" and delet the letter "s" from "includes" in item #2 of SB 179 between the words "which and includes."

Rationale: Not infrequently the person who visits the patient pre operatively is not the same person who anesthetizes the patient. Each anesthetist has their own armamentarium or combination of drugs that constitutues a smooth, uncomplicated induction for each patient. As circumstances change on induction and throughout the course of an anesthetic the anesthetist must be able to change courses without fear of deviating from the pre-anesthesia plan.

To administer a drug not appearing in the anesthesia care plan could render the R.N.A. negligent in complying with the care plan. R.N.A.'s are qualified professional who are concerned about the safety and well being of their patient consumers. It is our desire to practice in compliance with the laws governing us, but at the same time have every option open to us to protect our patient.

As the representative of KANA I speak in support of this requested ammendment.

Thank you for your consideration of this request.

Delora Donovan, R.N.A.

Proposed Amendment to HOUSE BILL NO. 2653

Be amended:

On page 3, preceding line 114, by inserting the following:

"Sec. 4. K.S.A. 1987 Supp. 65-1158 is hereby amended to read as follows: 65-1158. (a) Each registered nurse anesthetist shall:

(1) Conduct a pre- and post-anesthesia visit and assessment with appropriate documentation;

(2) develop an anesthesia care plan with the physician or dentist which ~~includes~~ may include medications and anesthetic agents;

(3) induce and maintain anesthesia at the required levels;

(4) support life functions during the peri-operative period;

(5) recognize and take appropriate action with respect to patient responses during anesthesia;

(6) provide professional observation and management of the patient's emergence from anesthesia;

(7) participate in the life support of the patient;

(8) participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, case reviews, patient evaluation and outcome of case statistics; and

(9) participate in the joint reviews and revision of adopted protocols or guidelines.

(b) A registered nurse anesthetist shall perform duties and functions in an interdependent role as a member of a physician or dentist directed health care team.";

Also on page 3, in line 114, by striking "4" and inserting in lieu thereof "5"; also in line 114, by striking all after "65-1118" and inserting in lieu thereof a comma; in line 115, by inserting before "are" the following: "and 65-1158"; in line 116, by striking "5" and inserting in lieu thereof "6";

On page 1, in the title, line 17, by striking "licensure of"; in line 19, by striking "and" the first time it appears; also in line 19, after "65-1155" by inserting the following: "and 65-1158";

KSNA

the voice of Nursing in Kansas



FOR FURTHER INFORMATION CONTACT:

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EXECUTIVE DIRECTOR
KANSAS STATE NURSES' ASSOCIATION
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March 16, 1988

H.B. 2653
REGISTERED NURSE ANESTHETISTS RENEWAL

Senator Erhlich and members of the Senate Public Health and Welfare Committee, my name is Terri Roberts, J.D., R.N., I am a registered nurse representing the Kansas State Nurses' Association.

H.B. 2653 adds additional language to section 3 of K.S.A. 65-1155, which addresses the renewal period for RNA authorizations. The specific language that is being added is:

"to provide for a system of biennial authorizations to practice as a Registered Nurse Anesthetists that expire at the same time as the license to practice as a Registered Nurse, the board may provide by rules and regulations that authorizations to practice issued or renewed for the first time after the effective date of this act may expire less than two years from the date of issuance for renewal. In each case in which an authorization to practice is issued or renewed for a period of time less than two years the Board shall pro-rate to the nearest whole month the authorization to practice issuance or renewal fee established pursuant to K.S.A. 1987 Supp. 55-1154 and amendments there to."

H.B. 2653 corrects a slight oversight in the original S.B. 179 passed in the 1986 Legislative Session. All Kansas RNA's had to be authorized under the 1986 law beginning January 1, 1987. Most of the RNA renewals fall in the January, 1987, month and year and do not currently correspond to the license renewal date for their RN license.

This bill simply gives statutory authority to enable the Board of Nursing to pro-rate fees for RNA's authorization and reduce the time for the authorization from a two year period to align with the RN renewal period. Current RN renewal periods are the birthdate of the licensee and correspond with an even or odd birthdate year.

AMENDMENT OFFERED BY THE KANSAS ASSOCIATION OF NURSE ANESTHETISTS
Regarding a change in the current statutory language of K.S.A. 65-1128.

KSNA has no objections to changes in the statutory language that would more accurately reflect the "Duties of Registered Nurse Anesthetists" as they relate to the development of an anesthesia care plan.

THANK YOU.

to practice as a registered nurse shall be authorized to practice as a registered nurse anesthetist, upon application to the board and the payment of the application fee, shall be authorized by the board to practice as a registered nurse anesthetist.

History: L. 1986, ch. 183, § 4; July 1.

65-1155. Expiration of authorizations to practice; application for renewal; lapsed authorization; reinstatement fee. (a) All authorizations to practice under this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by rules and regulations of the board. The board shall mail an application for renewal of the authorization to practice to every registered nurse anesthetist at least 90 days prior to the expiration date of such person's authorization to practice. To renew such authorization to practice the registered nurse anesthetist shall file with the board, before the date of expiration of such authorization to practice, a renewal application together with the prescribed biennial renewal fee. Upon satisfaction of the requirements of subsection (a) of K.S.A. 1986 Supp. 65-1159 the board shall grant the renewal of an authorization to practice as a registered nurse anesthetist to the applicant.

History: L. 1986, ch. 183, § 2; July 1.

(b) Any person who fails to secure the renewal of an authorization to practice prior to the expiration of the authorization may secure a renewal of such lapsed authorization by making application on a form provided by the board. Such renewal shall be granted upon receipt of proof that the applicant is competent and qualified to act as a registered nurse anesthetist, has satisfied all of the requirements for renewal set forth in subsection (a) and has paid the board a reinstatement fee as established by the board by rules and regulations in an amount not to exceed \$80.

History: L. 1986, ch. 183, § 3; July 1.

65-1156. Authorization to practice of licensed professional nurse engaged in practice of nurse anesthesia prior to effective date of act; requirements. A licensed professional nurse engaged in the practice of nurse anesthesia in Kansas immediately preceding July 1, 1986, and who has successfully passed an examination approved by the board, or who holds a certification from a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding

standards established under this act for authorization to practice as a registered nurse anesthetist, upon application to the board and the payment of the application fee, shall be authorized by the board to practice as a registered nurse anesthetist.

History: L. 1986, ch. 183, § 6; July 1.

65-1157. Authorization to practice of persons certified by council on certification of nurse anesthetists, of advance registered nurse practitioners or of licensed professional nurses administering anesthesia prior to effective date of act; requirements. (a) Any licensed professional nurse who is certified by the council on certification of nurse anesthetists or its predecessor prior to the effective date of this act or any licensed professional nurse who holds a valid certificate of qualification as an advanced registered nurse practitioner in the category of certified registered nurse anesthetist prior to the effective date of this act, upon application to the board and the payment of the application fee, shall be authorized by the board to practice as a registered nurse anesthetist.

(b) Any licensed professional nurse who has regularly administered anesthesia in this state for a period of not less than three years immediately preceding July 1, 1986, and who by July 1, 1987, is capable of demonstrating sufficient knowledge and competence in the science of anesthesia by means of an appropriate evaluation mechanism, which is recommended by the advisory council and approved by the board, upon application to the board and the payment of the application fee, shall be authorized by the board to practice as a registered nurse anesthetist.

History: L. 1986, ch. 183, § 7; July 1.

65-1158. Duties of registered nurse anesthetists. (a) Each registered nurse anesthetist shall:

- (1) Conduct a pre- and post-anesthesia visit and assessment with appropriate documentation;
- (2) develop an anesthesia care plan with the physician or dentist which includes medications and anesthetic agents;
- (3) induce and maintain anesthesia at the required levels;
- (4) support life functions during the peri-operative period;
- (5) recognize and take appropriate ac-

** insert "procedures for administration of"*