Approved 3-22-88
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 March 17, 1988 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, Revisors Office
Clarene Wilms, Committee Secretary

Conferees appearing before the committee:
Carolyn Middendorf, KSNA

The chairman called the meeting to order and reminded the committee that prior to adjournment March 16, 1988, a motion by Senator Bond with a second by Senator Morris to reinsert the stricken language in SB-725, page 2, lines 58-73 was on the floor. Following discussion the motion carried.

Senator Francisco made a conceptual motion to exempt Sedgwick County from SB-725. Senator Morris seconded the motion. Discussion revealed that an exemption of this type would allow others to request exemptions.

Senator Bond made the motion to table SB-725 till time certain, Thursday, March 24, 1988. Senator Morris seconded the motion and the motion carried. Senator Mulich requested his NO vote be recorded.

Carolyn Middendorf appeared in support of HB-2655. Ms. Middendorf stated that the University of Kansas was the only school in Kansas that offered a Masters Program in nursing and consequently, it would be difficult to comply to the requirement of Masters level for the nurse anesthesia program. Therefore, the amendment was requested. Attachment 1

Senator Francisco made the motion to pass out HB-2655 favorable for passage. Senator Mulich seconded the motion and the motion carried. Senator Anderson will carry HB-2655.

No conferees appeared for HB-2654. Staff stated that HB-2654 was presented due to the fact that fees currently being charged by the agency were not sanctioned by statutory authority.

Senator Bond made the motion to pass out HB-2654 favorable for passage and be placed on the consent calendar. Senator Anderson seconded the motion and the motion carried.

Senate Bill 678 was assigned to the Senate Ways and Means Committee and has not been returned to the Senate Public Health and Welfare Committee. Richard Morrissey presented the committee with a memorandum concerning SB-678. This will be looked at when SB-678 is returned. Attachment 2

Senate Bill 609 has not been returned from Federal and State Affairs Committee.

House Bill 2853 was discussed. A memo by staff was delivered to committee members at their offices March 16, 1988. The bill does deal with issues currently being discussed in Local Goverment Committee. Attachment 3 a
The meeting adjourned at 10:45 a.m. and will convene at 10 a.m. Friday, March 18, 1988 in Room 526-S. The corrected memo appears as Attachment 3b.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE March 17, 1988

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Carolyn McClendon	KSNA
Robert R. Williams	Ks. Pharmacists Assoc.
KEITH R. LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Kim Bahr Topeka	Kaiser Permanente

KSNA
the voice of Nursing in Kansas

FOR FURTHER INFORMATION CONTACT:

TERRI ROBERTS, J.D., R.N.
EXECUTIVE DIRECTOR
KANSAS STATE NURSES' ASSOCIATION
820 QUINCY, SUITE 520
TOPEKA, KANSAS 66612
PHONE: (913) 233-8638

March 17, 1988

H.B. 2655 - APPROVED COURSES OF STUDY IN NURSE ANESTHESIA

Senator Ehrlich, and members of the Senate Public Health and Welfare Committee, my name is Carolyn Middendorf, R.N., M.N., and I am presently a nursing instructor at Washburn University School of Nursing. I have been in the field of nursing for fifteen years and am currently the Legislative Chairperson for the Kansas State Nurses' Association.

KSNA supports H.B. 2655 proposed by the Joint Committee on Administrative Rules and Regulations.

The bill simply does not allow the Kansas State Board of Nursing to require a masters level nurse anesthesia program in their approval process for programs.

Currently only 47% of the schools in the U.S. are at the Masters level, with 15% at the baccalaureate and 38% are at the certificate level. The KU Nurse Anesthesia Program just recently converted to a Masters level program. Currently all nurse anesthesia programs in the U.S. require a baccalaureate degree to enter the program. A baccalaureate in nursing is not required and an R.N. with a baccalaureate degree in another field may be accepted.

There is a goal set by the National Association of Nurse Anesthetists that by 1998 all nurse anesthesia programs will be at the Masters Level. Currently the KU School of Nurse Anesthesia is the third largest program in the country.

Thank you.

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
Forbes Field
Topeka, Kansas 66620-0001
Phone (913) 296-1500
296-1240

Mike Hayden, *Governor*

Stanley C. Grant, Ph.D., *Secretary*
Gary K. Hulett, Ph.D., *Under Secretary*

March 17, 1988

THE HONORABLE ROY M. EHRLICH
CHAIRMAN, SENATE COMMITTEE ON PUBLIC
HEALTH AND WELFARE
STATE CAPITOL
TOPEKA, KANSAS

Dear Senator Ehrlich:

In the course of the hearing on Senate Bill No. 678, I was asked how many child care facilities had licenses revoked or denied and would be subject to the one-year waiting period included in Senate Bill 678. In 1987, final orders were issued denying or revoking 37 child care facility licenses. Of that number, 23 were denied or revoked pursuant to K.S.A. 65-516 and could be relicensed only pursuant to the provisions in that statute relating to expungement. The remaining 14 licensees would have been subject to the provisions of Senate Bill No. 678 had it been in effect at that time. We have no reason to expect that our future experience should vary significantly from these figures.

On the point raised by Senator Bond, we clearly did not intend for the new language to apply to initial licenses and recommend that the committee amend the bill to clarify that the new language applies only to applications for renewal of a license and revocations.

Sincerely,

Richard J. Morrissey
Director
Bureau of Adult and Child Care

ls
cc: Dr. Gary Hulett

Senate Public Health & Welfare
March 17, 1988
Attachment 2

MEMORANDUM

March 16, 1988

TO: Senate Committee on Public Health and Welfare

FROM: Kansas Legislative Research Department

RE: Current Law and H.B. 2835

Background

In 1985, the Bureau of Emergency Medical Services and the Emergency Medical Services Council requested the introduction of legislation that authorized a demonstration program under which selected ambulance service personnel employed by or serving as volunteers for ambulance services that met criteria established by the Bureau and the Council could provide manual cardiac defibrillation as a demonstration project to determine the value of such service. Manual cardiac defibrillation involves the use of equipment that displays the heart rhythm but which requires the operator to analyze the data, charge the equipment, and manually discharge the shock to restore heart rhythm. Under the specific statutory authority granted by the 1985 legislation, over 10 ambulance services in the state were authorized to provide manual cardiac defibrillation after personnel met specified training criteria and under protocols established by the local medical society or component medical society. Each service participating in the demonstration program was required to have a medical director and to report on each instance in which cardiac defibrillation was utilized. In 1986, the legislation authorizing the demonstration project (K.S.A. 65-4332 through K.S.A. 65-4338) was extended until July 1, 1987.

Current Law

During the 1987 Session, the Bureau of Emergency Medical Services and the Emergency Medical Services Council asked the Senate Committee on Public Health and Welfare to introduce legislation that now appears as K.S.A. 1987 Supp. 65-4301. The 1987 legislation added a new subsection (e) to the statute which is quoted below.

> "Emergency medical technicians-defibrillator" means personnel, currently certified as emergency medical technicians or emer-medical technicians-intermediate, who have successfully completed a training program in cardiac defibrillation approved by the university of Kansas school of medicine and who have been approved by the director, after examination, as prescribed by the director, as being qualified to perform cardiac defibrillation.

The new legislation quoted above became effective on July 1, 1987.

Pursuant to the 1987 legislation, the University of Kansas School of Medicine approved a training program in cardiac defibrillation that is a 27 hour training program which, as required by the 1987 legislation recommended by the Bureau of Emergency Medical Services and the Emergency Medical Services Council, is available to persons who have been certified for one year as

emergency medical technicians or emergency medical service technicians-intermediate. The approved program is taught in the local community by a person licensed to practice medicine and surgery, a licensed professional nurse, or a paramedic. Because the current law specifies one level of certification for emergency medical personnel who are authorized to engage in cardiac defibrillation, the training must be uniform, i.e., the trained personnel must be able to utilize automatic defibrillators, semi-automatic defibrillators, and manual defibrillators. This is necessary because certified personnel may move from one service to another regardless of the type of defibrillation equipment the service may have. Automatic defibrillators monitor the heart rhythm, charge the equipment automatically, and deliver the shock whenever the equipment detects ventricular fibrillation or rapid tachycardia. Semi-automatic equipment monitors the heart rhythm, and analyzes the data, but requires the operator to activate the equipment. Manual equipment monitors the heart rhythm, but requires the operator to analyze the data, charge the equipment, and activate the equipment to deliver the shock.

At the present time there are no national standards for the training of emergency medical service personnel to use cardiac defibrillation equipment. However, the American Society for Testing and Materials is currently developing standards for training emergency medical personnel. It is not known when such standards will be available.

Following passage of the 1987 legislation, the Emergency Medical Services Council submitted a proposed amendment to Kansas Administrative Regulation 109-2-6 to a July 6, 1987, public hearing. Following the hearing, the amended regulation was submitted to the Rules and Regulations Board for approval as a temporary regulation and filed as a permanent regulation. The amended regulation became effective as a temporary regulation on July 15, 1987, and will become effective as a permanent regulation on May 1, 1988. The amendments, which create a new class of ambulance service to be known as a Type II-D service, state that each type II-D service "shall: (1) Provide the level of treatment that currently certified emergency medical technicians-defibrillator are authorized to perform; (2) have at least one vehicle licensed which meets all requirements of K.A.R. 109-2-7 (b). Each type II-D service may also operate type II, type III and type IV vehicles as described in K.A.R. 109-2-7 (c), (d) and (e); (3) maintain a staff of currently certified emergency medical technicians-defibrillator which is adequate to meet all requirements of K.A.R. 109-2-7 (b); (4) notify the medical advisor of each cardiac arrest event within 24 hours of the event; (5) have each cardiac arrest event reviewed and critiqued by the medical advisor or a registered nurse designated by the medical advisor within 30 days of the event. The emergency technicians-defibrillator who were involved with the event shall participate in the critique; and (6) submit cardiac arrest report on forms provided by the director with a copy of the patient report form for each cardiac arrest event."

Proposed Legislation

Sub. for H.B. 2643, prepared by the Special Committee on Local Government following 1987 interim study on Proposal No. 26, retains the definition of emergency medical technicians-defibrillator contained in the present law, except that the new Board created by the bill to replace the Emergency Medical Services Council would approve the training program now approved by

the University of Kansas School of Medicine and the examination now approved by the Director. At no time during the interim study conducted by the Special Committee on Local Government was the interim committee asked to revise the definition contained in the present law or to set a specific number of hours of required training by statute. While a number of issues were brought to the interim committee by conferees representing various levels of emergency medical service medical personnel, various classes of ambulance services, the Bureau of Emergency Medical Services, the Emergency Medical Services Council, the University of Kansas Emergency Medical Services staff, and individuals, none of the conferees raised the issue of the training of emergency medical technicians-defibrillator. Sub. for H.B. 2643, now in the Senate Committee on Local Government, in its current form does nullify the amendments to K.A.R. 109-2-6 adopted by the Emergency Medical Services Council although the Type II-D service as defined by the amended regulation is not the issue that led the House Committee on Local Government to amend the bill to void the amendments to the regulation.

H.B. 2835, as amended by the House, would authorize any certified first responder (who are not by definition ambulance attendants), any emergency medical technician, or any emergency medical technician-intermediate to be certified to use automatic or semi-automatic defibrillators for cardiac defibrillation on completion of a course of training of a minimum of not less than four clock hours. The bill provides that the Emergency Medical Services Council shall adopt rules and regulations establishing minimum, basic standards governing training in the use of automated defibrillators (see provisions of Sub. for H.B. 2463) in accordance with the bill. The bill does not require successful completion of an examination as a condition of certification as does the current law and Sub. for H.B. 2835. The bill sets out a procedure for issuing a certificate and for renewal of a certificate. Further, the bill relieves any person who holds a valid certificate issued under the bill from civil liability for damages resulting from the use of an automatic defibrillator, except damages which result from willful or wanton acts or omissions on the part of such individual. H.B. 2835 was not requested by the Emergency Medical Services Council nor the Bureau of Emergency Medical Services, rather it was requested by one ambulance service and supported in the House by various emergency medical service personnel.

H.B. 2835 does not amend the current definition of emergency medical services technicians-defibrillator appearing in K.S.A. 1987 Supp. 65-4301 nor the provisions of Sub. for H.B. 2643. Thus there would be conflicting provisions in the law should the bill pass without modification. In addition, the bill would create a conflict in terms of who is to set the minimum qualifications for emergency medical technicians-defibrillator whether K.S.A. 65-4301 remains in effect or whether Sub. for H.B. 2643 is enacted. Further, the bill does not deal with the use of manual defibrillation equipment by emergency medical services personnel. Finally, the bill conflicts with the present law and with the provisions of Sub. for H.B. 2643 by allowing the use of defibrillators by first responders who are, under the existing statutory provisions, subject to voluntary but not mandatory certification as are ambulance attendants.

2835.ec/EC/bd

CORRECTED
MEMORANDUM

March 17, 1988

TO: Senate Committee on Public Health and Welfare

FROM: Kansas Legislative Research Department

RE: Current Law and H.B. 2835

Background

In 1985, the Bureau of Emergency Medical Services and the Emergency Medical Services Council requested the introduction of legislation that authorized a demonstration program under which selected ambulance service personnel employed by or serving as volunteers for ambulance services that met criteria established by the Bureau and the Council could provide manual cardiac defibrillation as a demonstration project to determine the value of such service. Manual cardiac defibrillation involves the use of equipment that displays the heart rhythm but which requires the operator to analyze the data, charge the equipment, and manually discharge the shock to restore heart rhythm. Under the specific statutory authority granted by the 1985 legislation, over 10 ambulance services in the state were authorized to provide manual cardiac defibrillation after personnel met specified training criteria and under protocols established by the local medical society or component medical society. Each service participating in the demonstration program was required to have a medical director and to report on each instance in which cardiac defibrillation was utilized. In 1986, the legislation authorizing the demonstration project (K.S.A. 65-4332 through K.S.A. 65-4338) was extended until July 1, 1987.

Current Law

During the 1987 Session, the Bureau of Emergency Medical Services and the Emergency Medical Services Council asked the Senate Committee on Public Health and Welfare to introduce legislation that now appears as K.S.A. 1987 Supp. 65-4301. The 1987 legislation added a new subsection (e) to the statute which is quoted below.

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The new legislation quoted above became effective on July 1, 1987.

Pursuant to the 1987 legislation, the University of Kansas School of Medicine approved a training program in cardiac defibrillation that is a 27 hour training program which, as required by the 1987 legislation recommended by the Bureau of Emergency Medical Services and the Emergency Medical Services

Council, is available to persons who have been certified for one year as emergency medical technicians or emergency medical service technicians-intermediate. The approved program is taught in the local community by a person licensed to practice medicine and surgery, a licensed professional nurse, or a paramedic. Because the current law specifies one level of certification for emergency medical personnel who are authorized to engage in cardiac defibrillation, the training must be uniform, i.e., the trained personnel must be able to utilize automatic defibrillators, semi-automatic defibrillators, and manual defibrillators. This is necessary because certified personnel may move from one service to another regardless of the type of defibrillation equipment the service may have. Automatic defibrillators monitor the heart rhythm, charge the equipment automatically, and deliver the shock whenever the equipment detects ventricular fibrillation or rapid tachycardia. Semi-automatic equipment monitors the heart rhythm, and analyzes the data, but requires the operator to activate the equipment. Manual equipment monitors the heart rhythm, but requires the operator to analyze the data, charge the equipment, and activate the equipment to deliver the shock.

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Following passage of the 1987 legislation, the Emergency Medical Services Council submitted a proposed amendment to Kansas Administrative Regulation 109-2-6 to a July 6, 1987, public hearing. Following the hearing, the amended regulation was submitted to the Rules and Regulations Board for approval as a temporary regulation and filed as a permanent regulation. The amended regulation became effective as a temporary regulation on July 15, 1987, and will become effective as a permanent regulation on May 1, 1988. The amendments, which create a new class of ambulance service to be known as a Type II-D service, state that each type II-D service "shall: (1) Provide the level of treatment that currently certified emergency medical technicians-defibrillator are authorized to perform; (2) have at least one vehicle licensed which meets all requirements of K.A.R. 109-2-7 (b). Each type II-D service may also operate type II, type III and type IV vehicles as described in K.A.R. 109-2-7 (c), (d) and (e); (3) maintain a staff of currently certified emergency medical technicians-defibrillator which is adequate to meet all requirements of K.A.R. 109-2-7 (b); (4) notify the medical advisor of each cardiac arrest event within 24 hours of the event; (5) have each cardiac arrest event reviewed and critiqued by the medical advisor or a registered nurse designated by the medical advisor within 30 days of the event. The emergency technicians-defibrillator who were involved with the event shall participate in the critique; and (6) submit cardiac arrest report on forms provided by the director with a copy of the patient report form for each cardiac arrest event."

Proposed Legislation

Sub. for H.B. 2639, prepared by the Special Committee on Local Government following 1987 interim study on Proposal No. 26, retains the definition of emergency medical technicians-defibrillator contained in the present law, except that the new Board created by the bill to replace the Emergency

Medical Services Council would approve the training program now approved by the University of Kansas School of Medicine and the examination now approved by the Director. At no time during the interim study conducted by the Special Committee on Local Government was the interim committee asked to revise the definition contained in the present law or to set a specific number of hours of required training by statute. While a number of issues were brought to the interim committee by conferees representing various levels of emergency medical service medical personnel, various classes of ambulance services, the Bureau of Emergency Medical Services, the Emergency Medical Services Council, the University of Kansas Emergency Medical Services staff, and individuals, none of the conferees raised the issue of the training of emergency medical technicians-defibrillator. Sub. for H.B. 2639, now in the Senate Committee on Local Government. in its current form does nullify the amendments to K.A.R. 109-2-6 adopted by the Emergency Medical Services Council although the Type II-D service as defined by the amended regulation is not the issue that led the House Committee on Local Government to amend the bill to void the amendments to the regulation.

H.B. 2835, as amended by the House, would authorize any certified first responder (who are not by definition ambulance attendants), any emergency medical technician, or any emergency medical technician-intermediate to be certified to use automatic or semi-automatic defibrillators for cardiac defibrillation on completion of a course of training of a minimum of not less than four clock hours. The bill provides that the Emergency Medical Services Council shall adopt rules and regulations establishing minimum, basic standards governing training in the use of automated defibrillators (see provisions of Sub. for H.B. 2639) in accordance with the bill. The bill does not require successful completion of an examination as a condition of certification as does the current law and Sub. for H.B. 2639. The bill sets out a procedure for issuing a certificate and for renewal of a certificate. Further, the bill relieves any person who holds a valid certificate issued under the bill from civil liability for damages resulting from the use of an automatic defibrillator, except damages which result from willful or wanton acts or omissions on the part of such individual. H.B. 2835 was not requested by the Emergency Medical Services Council nor the Bureau of Emergency Medical Services, rather it was requested by one ambulance service and supported in the House by various emergency medical service personnel.

H.B. 2835 does not amend the current definition of emergency medical services technicians-defibrillator appearing in K.S.A. 1987 Supp. 65-4301 nor the provisions of Sub. for H.B. 2639. Thus there would be conflicting provisions in the law should the bill pass without modification. In addition, the bill would create a conflict in terms of who is to set the minimum qualifications for emergency medical technicians-defibrillator whether K.S.A. 65-4301 remains in effect or whether Sub. for H.B. 2639 is enacted. Further, the bill does not deal with the use of manual defibrillation equipment by emergency medical services personnel. Finally, the bill conflicts with the present law and with the provisions of Sub. for H.B. 2639 by allowing the use of defibrillators by first responders who are, under the existing statutory provisions, subject to voluntary but not mandatory certification as are ambulance attendants.

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