

Approved March 28, 1989  
Date

MINUTES OF THE House COMMITTEE ON Local Government

The meeting was called to order by Representative Robert D. "Bob" Miller at  
Chairperson

1:38 a/m./p.m. on March 21, 1989 in room 521-S of the Capitol.

All members were present except:

Representative Williams, excused

Committee staff present:

Mike Heim, Legislative Research Dept.  
Theresa Kiernan, Revisor of Statutes' Office  
Connie Smith, Committee Secretary

Conferees appearing before the committee:

John H. Gibson, attorney representing Wesley Hospital, Wichita  
Senator Daniels  
Kyle Smith, Assistant Attorney General  
Dr. W. Wike Scamman, District Coroner from Shawnee County and representing  
the Kansas Coroner's Association  
Representative Eugene Amos  
Chip Wheelen, representing Kansas Medical Society  
Senator Lana Oleen  
Representative Sheila Hochhauser

Chairman Miller called for hearings on HB 2542.

HB 2542 - An Act concerning autopsies; requiring copies of reports to  
be supplied to medical care facilities in certain cases.

John H. Gibson, attorney, Wesley Hospital in Wichita, testified in support  
of HB 2542. (Attach. I) Discussion followed.

Senator Daniels testified as an opponent of HB 2542. Senator Daniels said  
she opposed the bill because of the extra work. Any hospital, insurance  
company or family member may obtain a certified copy from the clerk of  
the district court. (No written testimony) Discussion followed.

Kyle Smith, assistant Attorney General assigned to the KBI, expressed  
some minor concerns in opposition to HB 2542. His concern hinged upon  
the time of document release vs investigation or litigation. (No  
written testimony)

Dr. W. Wike Scamman, District Coroner from Shawnee County and representing  
the Kansas Coroner's Association, spoke in opposition to the amendment to  
HB 2542, lines 43 to 49. (Attach. II) No questions from Committee.

Representative Eugene Amos appeared in opposition to HB 2542 and submitted  
a letter from James B. Bridgens, MD, a forensic pathologist, who could not  
attend this meeting. (Attach. III) Discussion followed.

Chip Wheelen, representing the Kansas Medical Society, expressed his  
opposition to the provisions of HB 2542. (Attach IV) Discussion followed.

Chairman Miller closed the hearing on HB 2542.

Chairman Miller called for hearings on SB 276.

SB 276 - An Act concerning library fees for county law libraries.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Local Government,  
room 521-S, Statehouse, at 1:38 a/m./p.m. on March 21, 1989

Senator Lana Oleen testified as a proponent on SB 276. (Attach. V)

Discussion followed.

Representative Sheila Hochhauser testified on behalf of the Riley County Law Library Board Members as a proponent to SB 276 stating this bill would allow Riley County to raise its case filing fee to make up the law library's deficit. (Attach. VI)

Hearings closed on SB 276.

Chairman Miller turned the Committee's attention to SB 95.

A motion was made by Representative Patrick to conceptually amend SB 95 so it applies only to the Fairfax Drainage District; seconded by Representative Baker. The motion carried.

A motion was made by Representative Holmes to pass SB 95 favorably as amended; seconded by Representative Graeber. The motion carried.

Chairman Miller turned the Committee's attention to SB 268.

A motion was made by Vice-Chairman Brown to amend the bill as the Register of Deeds Association requested; on lines 29, 67, 94, and 132 where the word "filed or filing" appears, the words being changed to "recorded and recording"; seconded by Representative Reinhardt. The motion carried.

A motion was made by Representative Holmes to favorably pass SB 268 as amended; seconded by Representative Graeber. Discussion followed. The motion carried.

Meeting adjourned at 2:38 p.m.



STATE OF KANSAS, HOUSE OF REPRESENTATIVES  
HOUSE COMMITTEE ON LOCAL GOVERNMENT  
Rep. Robert D. Miller, Chairman  
March 21, 1989

TESTIMONY IN SUPPORT OF H.B. 2542

Appearing in support of H.B. 2542 is John Gibson, from Wichita, Kansas, attorney for HCA Wesley Medical Center in Wichita, and also appearing, for purposes of supporting H.B. 2542, on behalf of St. Francis Regional Medical Center, Wichita; St. Joseph Medical Center, Wichita; and Riverside Hospital, Inc., Wichita.

What Does H.B. 2542 Accomplish?

Current state law, K.S.A. 22a-233, provides that the county coroner's autopsy report be filed with the clerk of the district court of the county in which the decedent died. At the present time, there is no statutory mechanism for a hospital, in which the decedent died, to obtain a copy of the report from the coroner. H.B. 2542 provides such a mechanism. H.B. 2542 amends the above statute, to provide an additional sentence as follows:

"If the decedent was a patient in a medical care facility, as defined by K.S.A. 65-425 and amendments thereto, at the time of death, a copy of the record and report of the autopsy and findings of the person making such autopsy shall be supplied by the coroner to the medical records department of such medical care facility at the same time the record and report is filed with the clerk of the district."

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*Attack I*

The purpose of the amendment is to authorize and require the county coroner to provide a copy of the autopsy report to the hospital medical records department, at the same time a copy of the report is provided to the clerk of the district court.

Why Have We Proposed, and Why Do We Support, H.B. 2542?

At the present time, it is cumbersome, if not difficult, for a hospital in which a decedent has died, to obtain a copy of the coroner's autopsy report, in those cases in which the coroner is involved.

In hospital deaths not involving the county coroner, if an autopsy is performed at the request of the family, the usual situation is that the patient remains a patient of the hospital, and the autopsy report is automatically placed on the patient's hospital chart. In county coroner situations, however, upon death the patient is no longer a patient of the hospital and, therefore, a report is not automatically placed on the patient's chart. The only mechanism for the hospital to obtain such a report is to make special request to the county coroner, or to make a special request to the clerk of the district court for a copy of the report.

The above procedure could be greatly simplified if the county coroner was authorized to and instructed to simply make an additional copy of the report and provide it to the

hospital at the same time that a copy of the report is provided to the clerk of the district court.

The man hours of the hospital would be reduced, and the man hours of the clerk of the district court would be reduced, if the county coroner could simply provide a copy of the report to the hospital at the same time a copy is being provided to the clerk of the district court.

Is it Necessary to Have the Autopsy on the Hospital Chart?

For a number of reasons, it is very important that a copy of the autopsy of the county coroner, as well as private autopsy reports, be placed on the patient's hospital chart. The most pertinent of those reasons are as follows:

1. Physician Information. A treating physician is required to prepare a written summary of the hospitalization of a patient. It is often very pertinent to the preparation of this summary that the physician have knowledge from the county coroner's autopsy report. The most logical place for the physician to obtain such information is from the hospital chart itself. Therefore, it is very helpful to the physician to have the county coroner's autopsy report on the chart at the time the physician completes his or her required hospital charting.

In addition to the above, it may be necessary for future medical care of other persons, such as brothers, sisters, or children of the deceased, to have available

information concerning the death of the patient. In such instances, it is, once again, the most usual circumstance that the physicians look to the final hospitalization of the patient for such information, including the autopsy report.

2. Kansas Administrative Regulations. The regulations promulgated by the Department of Health & Environment relating to hospitals, require that a hospital chart contain a copy of a patient autopsy. (K.A.R. 28-34-9a)

3. JCAHO Standards. The Joint Commission on Accreditation of Healthcare Organizations, which is the accrediting organization for a number of hospitals, including all of the urban hospitals in Kansas, has a regulation requiring that the hospital chart contain a copy of the autopsy report. (JCAHO 1989 Std. PA. 6.1.2.5)

4. Reimbursement Purposes. When hospitals and physicians seek reimbursement for medical care provided, it is not unusual for the insurance companies, Medicare, Medicaid, etc., to review the hospital charts, including autopsy reports, for information necessary to allow reimbursement. The hospital chart is the logical place for such information to be obtained.

5. Risk Management. Good hospital practice, and Kansas law (K.S.A. 65-4921, et seq) requires an ongoing program of risk management at every hospital in Kansas. The predominant source of information for risk management purposes

is the hospital chart. In order to have complete information from the hospital chart for risk management purposes, it is necessary to have the autopsy report. For this reason, risk management practices in Kansas require that the autopsy report be on the hospital chart.

Would Placing the Coroner's Autopsy Report on the Hospital Chart Violate Any Patient Privilege?

No privilege would be violated by placing the county coroner's autopsy report on the hospital chart. As stated above, current law requires that the autopsy report be filed with the clerk of the district court. Upon such filing, the report becomes a matter of public record, and is available for anyone to review. Therefore, since the report is in the public domain, placing a copy of the report on the patient's hospital chart does not violate any privilege.

Why Not Have Hospitals Simply Obtain a Copy of the Report from the Clerk of the District Court?

It is possible for a hospital to make a request of the clerk of the district court for a copy of the report, and have the clerk of the district court forward a copy of the report to the hospital. One of the problems with this is the necessity of phone calls between the hospital and clerk of the district court, and then the hospital having to send someone to obtain a copy of the report, or having to request the clerk of



the district court make a copy and mail it to the hospital. This procedure, which is presently followed, is much more cumbersome and time-consuming than simply having the county coroner mail a copy to the hospital at the time a copy is being supplied to the clerk of the district court. A further problem is the fact that the hospital does not know when a report is filed. Oftentimes, a county coroner's investigation, or police investigation, necessitates that the report of the county coroner relating to the autopsy not be disclosed to the public for a considerable amount of time after death, sometimes months. Thus, the hospital does not know when the report is filed with the clerk of the district court, and repeated phone calls are necessary from the hospital to the clerk of the district court to obtain this information. This could be avoided by simply having the county coroner, when the report is finally filed with the clerk of the district court, supplying a copy to the hospital medical records department.

A further problem with obtaining the report from the clerk of the district court is that on occasion, the reports are filed with the clerk of the district court in counties other than the county where the hospital is located. This only increases the logistical problems of obtaining copies of the reports from the clerk of the district court.

May Hospitals Obtain Copies of the Report Directly  
from the County Coroner's Offices?

It is possible, and often the practice, that the hospital will request of the county coroner that the coroner forward a copy of the report to the hospital, instead of having the clerk of the district court send a copy. In most situations, the county coroners indeed supply a copy of the report by making a copy and mailing it to the hospital. Passage of H.B. 2542 simply establishes a statutory mechanism whereby county coroner's statewide will automatically provide a copy of the autopsy report to the hospital in which the decedent died.

Will this Proposed Procedure Open the Door to Have  
Amendments Proposed to the Law Requiring the County  
Coroner to Send Copies to Insurance Companies,  
Attorneys, and Others?

The concern has been stated that if the legislature amends the law to require and permit county coroners to send copies of the report to hospitals, it may open the door for others to come in and request the law to be changed to send copies of reports to them. Examples would be insurance companies relating to reimbursement, attorneys, etc. We do not have information at the present time to know if such requests go to the county coroner. It is common practice at the present time for such requests to be made to hospitals. Therefore, the hospitals at the present time act as clearing house for

providing medical information to anyone who requests it, including insurance companies, attorneys, etc. It is submitted that requests to the county coroner's office by anyone other than hospitals for copies of the reports would be diminished if such reports were furnished to the hospitals. We do not feel that passage of H.B. 2542 will open the door for others to come in and request that copies of the county coroner's reports be automatically sent to other entities.

What Will Be the Cost to the State of Kansas and/or to the Local County Coroner's Offices if the Proposed Procedure is Passed?

We can see that there will be no cost whatever to the State of Kansas. The only cost would be to the county coroner for making an additional copy of the report, the envelope cost, the postage cost, and the minimal administrative cost to make an extra copy and mail it to the hospital. At the present time, when a report is requested from a county coroner to be sent to the hospital, and the county coroner complies with the request, cost has not been a factor. We do not feel that cost would be a factor in this situation. If, indeed, cost were to be the determining factor, an arrangement could be made for the hospital to pay the reasonable cost of supplying the report.

Will this Procedure Cause an Administrative Problem  
for the County Coroner?

The proponents of this bill do not know in detail the operation of the county coroner's office. It is known, however, that upon completion of the report, a copy is filed with the clerk of the district court. We submit that the administrative details necessary to make an additional copy and mail it to the involved hospital would be minimal. This procedure could occur at the same time a copy of the report is being prepared and forwarded to the clerk of the district court.

Who Supports H.B. 2542?

As stated above, the four major hospitals in Wichita support passage of H.B. 2542. In addition, the bill is supported by the Kansas Hospital Association and by the state-wide association of medical records administrators.

JHG:llr

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DEPARTMENT OF HEALTH AND ENVIRONMENT

ized by K.S.A. 65-431; effective Jan. 1, 1969.)

**28-34-6. Medical staff.** (a) The hospital shall have an organized medical staff, responsible to the governing authority of the hospital for the quality of all medical care provided patients in the hospital and for the ethical and professional practices of its members.

(b) In any hospital, a group comprised of the medical staff, with the approval of and subject to final action by the governing authority, shall formulate and adopt bylaws, rules, regulations, and policies for the proper conduct of its activities and recommend to the governing authority physicians considered eligible for membership on the medical staff.

(c) The medical staff shall hold regular meetings for which records of attendance and minutes shall be kept.

(d) Medical staff committee minutes and information shall not be a part of individual patient records nor subject to review by other than medical staff members.

(e) The medical staff shall review and analyze at regular intervals the clinical experience of its members in the various departments of the hospital and the medical records of patients on a sampling or other basis. All techniques and procedures involving diagnosis and treatment of patients shall be reviewed periodically and shall be subject to change by the medical staff.

(f) All persons admitted to the hospital shall be under the care of a physician.

(g) All medical orders shall be given by a physician or dentist and recorded in accordance with the medical staff rules and regulations. All orders shall be signed or countersigned (initialed) by the attending physician. (Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

**28-34-7. Nursing personnel.** (a) There shall be an organized nursing department, including a departmental plan of administrative authority with written delineation of responsibilities and duties of each category of nursing personnel.

(b) All registered nurses employed by the hospital to practice professional nursing shall be licensed in Kansas.

(c) All practical nurses employed by the hospital shall be licensed in Kansas.

(d) There shall be a director of nursing service.

(e) All licensed practical nurses and other ancillary personnel performing patient care services shall be under the supervision of a registered nurse.

(f) There shall be at least one registered nurse on duty in the hospital at all times.

(g) Nursing care policies and procedures shall be in writing and consistent with generally accepted practice and shall be reviewed and revised as necessary.

(h) Private duty nurses shall be licensed in Kansas and shall be subject to the policies, rules, and regulations of the hospital in which they are employed.

(i) Minutes shall be kept of nursing staff meetings. (Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

**28-34-8. Hospital personnel.** (a) All hospital and related personnel shall have a pre-employment medical examination which shall consist of appropriate examinations, including chest X-ray or tuberculosis skin test, to protect the welfare of the patients or personnel. Subsequent medical examinations or health assessments shall be given periodically in accordance with hospital policies.

(b) The governing authority shall develop written policies regarding the employment of personnel that will effectively safeguard both patients and hospital staff from individuals having contagious conditions. (Authorized by K.S.A. 1979 Supp. 65-431; effective Jan. 1, 1969; amended May 1, 1980.)

**(28-34-9a) Medical records services.** (a) ~~General~~ provisions. Each hospital shall maintain medical records for each patient admitted for care. The records shall be accurately documented and readily retrievable by authorized persons.

(b) Organization and staffing.  
(1) Each hospital shall have a medical records service that is adequately directed, staffed, and equipped to enable the accurate processing, indexing, and filing of all medical records. The medical records service shall be under the direction of a person who is a registered records administrator or an accredited records technician as certified by the American medical records association, or who meets the educational or training requirements for such certification.

(2) If the employment of a full-time registered records administrator or an accredited records technician is impossible, the hospital shall employ a registered records administrator or an accredited records technician on a part-time consultant basis. The consultant shall organize the department, train full-time personnel, and make periodic visits to evaluate the records. There shall be a written contract between the hospital and the consultant which specifies the consultant's duties and responsibilities.

(3) At least one full-time employee shall provide regular medical records service.

(c) Facilities. The medical records department shall be properly equipped to enable its personnel to function in an effective manner and to maintain medical records in such a manner that the records are readily accessible and secure from unauthorized use.

(d) Policies and procedures.

(1) Each medical record shall be kept on file for 10 years after the date of last discharge of the patient or one year beyond the date that patients who are minors reach their majority, whichever is longer.

(2) If a hospital discontinues operation, the hospital shall inform the licensing agency as to the location of its records.

(3) A summary shall be maintained of

medical records which have been destroyed. This summary shall be retained on file for at least 25 years and shall include the following information:

(A) Name, age, and date of birth of patient;

(B) name of nearest relative;

(C) name of attending and consulting physicians;

(D) surgical procedure and date, if applicable; and

(E) final diagnosis.

(4) Medical records may be microfilmed after completion. If the microfilming is done off the premises, the hospital shall take precautions to assure the confidentiality and safekeeping of the records.

(5) Each record shall be treated as confidential. Only persons authorized by the governing body shall have access to the records. These persons shall include individuals designated by the licensing agency for the purpose of verifying compliance with state or federal statutes or regulations and for disease control investigations of public health concern.

(6) Medical records shall be the property of the hospital and shall not be removed from the hospital premises except as authorized by the governing body of the hospital or for purposes of litigation when specifically authorized by Kansas law or appropriate court order.

(e) Contents of medical records. The medical records shall contain sufficient information to identify the patient clearly, to justify the diagnosis and treatment, and to document the results accurately. At a minimum, the record shall include the following:

(1) Notes by authorized house staff members and individuals who have been granted clinical privileges, consultation reports, nurse's notes, and entries by specified professional personnel;

(2) findings and results of any pathological or clinical laboratory examinations, radiology examinations, medical and surgical treatment, and other diagnostic or therapeutic procedures; and

(3) provisional diagnosis, primary and secondary final diagnosis, a clinical resume, and where appropriate, necropsy reports.

(f) Each entry in the record shall be dated and authenticated by the person making the entry. Verbal orders shall include the date and signature of the person recording them. The practitioner shall authenticate the order within 24 hours. Records of patients discharged shall be completed within 15 days following discharge. (Authorized by and implementing K.S.A. 65-431; effective May 1, 1986.)

**28-34-10. Pharmacy or drug room.** (a) There shall be a pharmacy under the supervision of a full-time registered pharmacist; or a drug room under the supervision of a full-time registered pharmacist; or a pharmacist consultant having supervisory responsibility for control and distribution of

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## Circle One

- PA.6.1.2.1.6 The specific infection control policies and procedures relating to the autopsy service are included in the annual review by the infection control committee. 1 2 3 4 5 NA
- PA.6.1.2.2 Each autopsy is performed by or under the supervision of a pathologist or a physician whose credentials file documents his qualifications in anatomic pathology. 1 2 3 4 5 NA
- PA.6.1.2.2.1 All microscopic interpretations are made by a pathologist who is qualified in anatomic pathology.\* 1 2 3 4 5 NA
- PA.6.1.2.2.2 Members of the house staff who perform autopsy services are under the direct supervision of a pathologist.\* 1 2 3 4 5 NA
- PA.6.1.2.3 When a delay occurs in performing the required autopsy, appropriate refrigeration for the cadaver is available. 1 2 3 4 5 NA
- PA.6.1.2.4 When observation of an autopsy is required for instructional or legal reasons, sufficient space and observational access are provided and confidentiality of patient information is emphasized. 1 2 3 4 5 NA
- PA.6.1.2.5 Whether an autopsy is performed within or outside the hospital, the gross and microscopic reports are made part of the patient's completed medical record. 1 2 3 4 5 NA
- PA.6.1.2.6 The medical staff attempts to secure autopsies in all deaths, particularly in cases of unusual deaths and cases of medicolegal and educational interest, unless otherwise provided by law. 1 2 3 4 5 NA
- PA.6.1.2.6.1 The mechanism for documenting permission to perform a autopsy is defined. 1 2 3 4 5 NA
- PA.6.1.2.6.2 There is a system for notifying the medical staff, and specifically the attending practitioner, when an autopsy is being performed. 1 2 3 4 5 NA
- PA.6.1.3 Cytology.
- PA.6.1.3.1 A cytopathology service that is adequate to meet the needs of the hospital is available. 1 2 3 4 5 NA
- PA.6.1.3.2 The quality of the cytopathology service is assured through direct supervision by a pathologist or other physician qualified in cytology.\* 1 2 3 4 5 NA
- PA.6.1.3.2.1 This individual reviews all slides of extragenital tract origin and a random sample of negative reproductive tract slides.\* 1 2 3 4 5 NA
- PA.6.1.3.3 All abnormal smears are evaluated by a pathologist or other designated qualified physician.\* 1 2 3 4 5 NA
- PA.6.1.3.4 Abnormal smears are kept on file for as long as needed for patient care purposes and in accordance with applicable law and regulation. 1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.



To Whom It May Concern:

The Kansas Medical Record Association supports the adoption of Housebill 2542.

*Diana Callen*  
Diana Callen, R.R.A.  
President

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3-21-89  
1-12

**Circle One**

MS.6.1.8.3 The medical staff, with other appropriate hospital staff, develops and uses criteria that identify deaths in which an autopsy should be performed.\* 1 2 3 4 5 NA

MS.6.1.8.3.1 Findings from autopsies are used as a source of clinical information in quality assurance activities. 1 2 3 4 5 NA

**MS.6.2** The effectiveness of all functions—the monitoring and evaluation of the quality and appropriateness of patient care provided by all individuals with clinical privileges, surgical case review, drug usage evaluation, the medical record review function, blood usage review, the pharmacy and therapeutics function, and other review functions—is evaluated as part of the annual reappraisal of the hospital's quality assurance program.\* 1 2 3 4 5 NA

**Standard**

**MS.7** All individuals with delineated clinical privileges participate in continuing education.\* 1 2 3 4 5 NA

**Required Characteristics**

**MS.7.1** Each individual with delineated clinical privileges participates in continuing education activities that relate, in part, to the privileges granted. 1 2 3 4 5 NA

**MS.7.2** Hospital-sponsored educational activities are offered.\* 1 2 3 4 5 NA

MS.7.2.1 These activities relate, at least in part, to

MS.7.2.1.1 the type and nature of care offered by the hospital;\* 1 2 3 4 5 NA

MS.7.2.1.2 the findings of quality assurance activities;\* and 1 2 3 4 5 NA

MS.7.2.1.3 the expressed educational needs of individuals with clinical privileges. 1 2 3 4 5 NA

**MS.7.3** Each individual's participation in continuing education is documented;\* and 1 2 3 4 5 NA

MS.7.3.2 considered at the time of reappointment to the medical staff and/or renewal or revision of individual clinical privileges.\* 1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

The "Medical Staff" chapter became effective for accreditation purposes on January 1, 1985.

The drug usage evaluation standard (Standard MS.6, Required Characteristics MS.6.1.3 through MS.6.1.3.5) and revisions to the pharmacy and therapeutics function standard (Standard MS.6, Required Characteristics MS.6.1.6 through MS.6.1.6.2.4) became effective for accreditation purposes on January 1, 1986.

Revisions to a required characteristic concerning clinical privileges (MS.4.3.4) became effective for accreditation purposes on January 1, 1988.

Additions of the required characteristics concerning information supplied by an applicant for clinical privileges and/or medical staff membership (MS.4.2.5.1 and MS.4.2.5.2) became effective for accreditation purposes on January 1, 1988.

Handwritten notes: 3-21-89, 1-13



## Circle One

- MS.6.1.8.3 The medical staff, with other appropriate hospital staff, develops and uses criteria that identify deaths in which an autopsy should be performed.\* 1 2 3 4 5 NA
- MS.6.1.8.3.1 Findings from autopsies are used as a source of clinical information in quality assurance activities. 1 2 3 4 5 NA
- MS.6.2** The effectiveness of all functions—the monitoring and evaluation of the quality and appropriateness of patient care provided by all individuals with clinical privileges, surgical case review, drug usage evaluation, the medical record review function, blood usage review, the pharmacy and therapeutics function, and other review functions—is evaluated as part of the annual reappraisal of the hospital's quality assurance program.\* 1 2 3 4 5 NA
- Standard**
- MS.7** All individuals with delineated clinical privileges participate in continuing education.\* 1 2 3 4 5 NA
- Required Characteristics**
- MS.7.1** Each individual with delineated clinical privileges participates in continuing education activities that relate, in part, to the privileges granted. 1 2 3 4 5 NA
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- MS.7.2.1.1 the type and nature of care offered by the hospital;\* 1 2 3 4 5 NA
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- MS.7.2.1.3 the expressed educational needs of individuals with clinical privileges. 1 2 3 4 5 NA
- MS.7.3** Each individual's participation in continuing education is
- MS.7.3.1 documented;\* and 1 2 3 4 5 NA
- MS.7.3.2 considered at the time of reappointment to the medical staff and/or renewal or revision of individual clinical privileges.\* 1 2 3 4 5 NA

\*The asterisked items are key factors in the accreditation decision process. For an explanation of the use of the key factors, see "Using the Manual," page ix.

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**SCAMMAN & ASSOCIATES, P.A.**

2115 WEST 10TH STREET  
TOPEKA, KANSAS 66604  
PHONE (913) 232-2322

March 21, 1989

W. W. SCAMMAN, M.D., PATHOLOGIST

I am Dr. W. Wike Scamman, District Coroner from Shawnee County and represent the Kansas Coroner's Association. I wish to oppose the amendment to HB No. 2542, lines 43 to 49. This amendment requires the Coroner to furnish "a copy of the record and report of the autopsy and findings of the person making the autopsy" to the medical care facility at which the person died. I find this to be an additional unnecessary regulation to perform.

The autopsy report and report of death are filed with the Clerk of the District Court and are public record. The copies may be obtained by the hospital medical records personnel from this source. The hospital medical records personnel may obtain a copy of the autopsy report by requesting it directly from the Coroner's office and usually will have no difficulty obtaining it via this route. If for some reason they cannot obtain it by this means, they can obtain it from the District Court Clerk. Therefore, I see no need for this amendment.

K.S.A. 65-42 defines a medical care facility as a hospital, ambulatory surgical facility or recuperative center. Presumably this amendment would mean that persons DOA or dying in a hospital emergency room would have to have copies furnished to the hospital. Skilled nursing homes would have to have copies furnished to them, for cases under Coroner's jurisdiction dying there. Since most of the Coroner's cases come from hospital emergency rooms this would require many additional reports, most of which would never be looked at.

The requirement for copies of the records and all findings of the persons making such autopsy would include photographs, x-rays, laboratory reports etc. which would be an additional expense of time and money. Therefore, I and the Kansas Coroner's Association oppose the amendment to HB No. 2542.

Thank you,

*W. Wike Scamman MD*

W. Wike Scamman, MD  
Coroner 3rd Judicial District

WWS/cab

*WWS*  
*3-21-89*  
*Attack II*

EUGENE P. "GENE" AMOS  
REPRESENTATIVE, EIGHTEENTH DISTRICT  
SHAWNEE AND LAKE QUIVIRA  
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TOPEKA

HOUSE OF  
REPRESENTATIVES

COMMITTEE ASSIGNMENTS  
MEMBER: AGRICULTURE AND SMALL BUSINESS  
EDUCATION  
PUBLIC HEALTH AND WELFARE

Thank you, Mr. Chairman. I am Gene Amos.

I appear in opposition to HB 2542.

I have over 35 years of experience in funeral business in Johnson County. During this time I have worked in cooperation with many coroners, including those in Johnson and Wyandotte Counties. Many times we have picked up bodies from the emergency room. In other instances, the victim may die hours or even days later in a hospital room. But, regardless, the death comes under the jurisdiction of the county coroner.

These murder investigations, along with their autopsies have been held in our funeral homes. The information from the results of the autopsies should not be released and the hospitals, where death has occurred, does not need this information.

After HB 2542 was introduced into the House, I sent copies to Dr. Allan Hancock, Wyandotte County Coroner, Dr. J. Michael Bales, Johnson County Coroner and his forensic pathologist, Dr. James G. Bridgens.

These physicians visited together over the weekend. Dr. Bridgens sent me the attached letter to be introduced into testimony as they could not attend this hearing.

I would respectfully ask, in their behalf, that HB 2542 be reported unfavorable.

I would stand for questions.

*LY*  
*3-21-89*  
*attach. III*

**James G. Bridgens, M.D.**

Forensic Pathology • Medical-Legal Consultation

19 Mar 89

The Honorable Eugene P. Amos  
State Capitol, Room 174 W  
Topeka, KS 66612

Re: House Bill No. 2542

Dear Gene:

Thank you for sending me a copy of the above bill. Following are my comments relative to this change in the coroner's statutes:

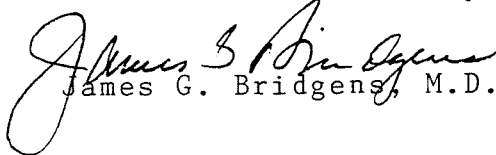
Frequently reports of autopsies of homicides contain sensitive information known only to the pathologist, coroner, investigating officers--and the assailant. Since homicides are largely perpetrated by friends, relatives and neighbors, it would not be in the best interest of law enforcement and prosecution to make such information readily available to the relatives of the deceased. The next of kin, on application, can obtain the complete medical record from the institution.

Pertinent information is carefully protected from public disclosure for the reason that not infrequently the suspect will make gratuitous statements or ask questions revealing the extent of his knowledge of the death to investigators. Providing him with a ready access to such information via the medical records of the deceased will give him knowledge otherwise known only by investigators thus greatly hindering clearance or prosecution of the crime.

I am sure that the emergency or attending physicians may obtain all the information that they need for the evaluation of patient care by a phone call to either the coroner or the pathologist performing the autopsy.

I have discussed this proposed change with Dr. J. Michael Boles, Johnson County Coroner and Dr. Alan Hancock, Wyandotte County Coroner. Dr. Hancock informs me that he has discussed this with Senator Norma Daniels, wife of Dr. Robert Daniels, Sedgwick County Coroner. All of these coroners are of the opinion that enactment of this proposal would be detrimental to law enforcement and should not be enacted.

Sincerely,

  
James G. Bridgens, M.D.



# KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383  
Kansas WATS 800-332-0156 FAX 913-235-5114

March 21, 1989

TO: House Local Government Committee

FROM: Kansas Medical Society

SUBJECT: House Bill 2542, As Introduced

The Kansas Medical Society appreciates the opportunity to express our opposition to HB 2542. This bill would require that county coroners file extra copies of their autopsy findings any time that they file those findings with the Clerk of the District Court.

Because the records of county coroners are accessible to the public by way of the Clerk of the District Court, it is unnecessary for the county coroner to provide additional copies to other interested parties. This should be a function of the court and not the busy physician who serves as county coroner at modest reimbursement. In the event that the staff of a medical care facility would desire to obtain copies of records pertaining to a decedent who has been the subject of an autopsy, all they have to do is request those records from the clerk of the district court.

This bill, if enacted, would represent little more than a bureaucratic exercise in redundancy. Because there is no apparent need for this legislation, we respectfully request that you recommend it not be passed. Thank you for considering our concerns.

lg

ly  
3-21-89  
attach IV

STATE OF KANSAS

LANA OLEEN  
SENATOR, 22ND DISTRICT  
RILEY AND GEARY COUNTIES



TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS  
CHAIRPERSON: GOVERNMENTAL ORGANIZATION  
VICE-CHAIRPERSON: CONFIRMATIONS  
LABOR, INDUSTRY AND SMALL  
BUSINESS  
MEMBER: ASSESSMENT AND TAXATION  
ECONOMIC DEVELOPMENT  
JUDICIARY  
LEGISLATIVE EDUCATIONAL PLANNING  
COMMITTEE  
CHILDREN AND YOUTH ADVISORY COMMITTEE

HOUSE COMMITTEE ON LOCAL GOVERNMENT

Representative R. D. Miller, Chairman

TESTIMONY OF SENATOR LANA OLEEN ON SB 276

March 21, 1989 1:30 p.m. Room 521-S

Mr. Chairman and Members of the Committee:

I would like to thank you for permitting me to address SB 276. In amending KSA 20-3129, this bill would allow Riley county to have the descretion to join Sedgwick and Wyandotte counties' authority in raising county law library fees to meet rising costs of operation.

Since 1985, the Riley county law library has been operating at a deficit of approximately \$2,000 to \$3,000 per year. As you can note from the attached documentation, this problem has been compounded by inflation, with expenditures out pacing receipts. Budget cuts have been made and attorneys' fees have been increased to a point of the highest in the state. We see no future solution to this problem without legislative help.

Riley county does not have close access to the State Law Library nor does it have the advantage of a law school library. Servicing Kansas State University, Fort Riley and a large retired military population, Riley county has a great interest in maintaining its law library and supplying it with the most current research material available. At this time the District Court in Riley county is filing an estimated 6,000 cases per year. Granting Riley county a one dollar increase per case in the docket fee

would provide the law library board the necessary funding to meet expenditures and anticipated costs.

SB 276 passed unanimously out of the Senate Judiciary Committee and passed the Senate 40-0.

Thank you for your consideration of the bill.

3-21-89  
5-2

RILEY COUNTY LAW LIBRARY FUND

1985 BEGINNING BALANCE: 15,974.62  
RECEIPTS: 23,095.61  
DISBURSEMENTS: 25,412.61  
DEFICIT: (2,317.29)

1986 BEGINNING BALANCE: 13,657.33  
RECEIPTS: 23,644.04  
DISBURSEMENTS: 28,693.46  
DEFICIT: (5,049.42)

1987 BEGINNING BALANCE: 8,607.91  
RECEIPTS: 24,346.50  
DISBURSEMENTS: 31,059.42  
DEFICIT: (6,712.92)

1988 BEGINNING BALANCE: 1,894.99  
RECEIPTS: 20,355.00  
DISBURSEMENTS: 27,686.00  
DEFICIT: (7,331.00)

1988 figures from January through October.

*JD*  
3-21-89  
5-3



SHEILA HOCHHAUSER

REPRESENTATIVE, 67TH DISTRICT

1636 LEAVENWORTH

MANHATTAN, KANSAS 66502

(913) 539-6177 HOME

(913) 296-7691 TOPEKA OFFICE



TOPEKA

HOUSE OF  
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

MEMBER: JUDICIARY  
PUBLIC HEALTH AND  
WELFARE  
LEGISLATIVE EDUCATIONAL  
PLANNING COMMITTEE

TESTIMONY BEFORE HOUSE LOCAL GOVERNMENT COMMITTEE

Senate Bill 276

March 21, 1989

Mr. Chairman and House Colleagues:

I have been asked by the Riley County Law Library Board members, who were unable to appear today, to testify on behalf of SB 276. I am an attorney, and I practice law in Riley County. As such I have experienced firsthand the Riley County law library's financial problems and the board's efforts to cut law book subscriptions to keep the library solvent. Doing without subscriptions clearly means Riley County lawyers have fewer books to consult when doing legal research on behalf of their clients.

The Riley County Law Library is currently \$6000 in the red. The Riley County Bar Association has agreed to increase the law library fee assessed against each lawyer from \$15 to \$50 per year. This increased assessment will be raised about \$1500, leaving the library with a \$4500 shortfall this year.

This bill would allow Riley County to raise its case filing fee to make up the law library's deficit. We estimate that we will have to increase the filing fee only \$1.00 per case to make the library solvent. We will have to increase the case filing fee a bit more to replace some of the law book subscriptions that have been stopped.

There is no fiscal note on this bill because there is no cost to the state. I would ask that you recommend this bill to the full House favorably for passage.

LY  
3-21-89  
Attach VI