

Approved \_\_\_\_\_

Date

1-30-89  
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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin L. Littlejohn at  
Chairperson

1:30 a.m./p.m. on January 26, 1989 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Research  
Bill Wolff, Research  
Norman Furse, Revisor  
Sue Hill, Committee Secretary

Conferees appearing before the committee:

William Rein, Director of Hospital/Medical Programs,  
Bureau of Adult/Child Care, Department of H&E

Tom Bell, Kansas Hospital Association

Chair called meeting to order 1:37 p.m.

He invited anyone with bill requests to present them at this time.  
There were none.

Chair had asked Bill Wolff, committee staff member from Research  
to give a brief over-view of HB 2011.

Mr. Wolff stated a few years ago a proposal was enacted to address  
a special Hospital District. HB 2011 if enacted will allow County  
and District Hospitals who will be closing, to fall into this  
particular classification. The list of services has been expanded,  
and that list of services is indicated on lines 36-39. The intent  
is to provide an array of services in those Districts.

HEARINGS BEGAN ON HB 2011:

Mr. William Rein, Director of Hospital/Medical Programs, Bureau  
of Adult/Child Care, Department of Health and Environment offered  
hand-out, (see Attachment No. 1). HB 2011 would authorize County  
and District Hospitals to provide health services in addition  
to, or instead of acute care hospital services. A review of local  
community bodies will make the decision as to the needs of each  
community. A full array of traditional hospital services may  
no longer be practical in some rural Kansas Communities. The  
Department of Health and Environment supports this bill.

He answered questions, no, I see no down side, we have no problem  
with it.

Tom Bell, Kansas Hospital Association offered hand-out. (Attachment  
No. 2). He answered the question in regard to a down side, saying  
the only down part would be they would have fewer members, as  
some Hospitals are closing. Their Association supports HB 2011.  
This bill attempts to provide communities that have small hospitals  
threatened with closings due to low census, the ability to continue  
offering their community certain services once the hospital has  
closed. Problems causing the hospital closings are well documented  
in the Interim Report, which has been reviewed in this Committee.  
County Hospitals would also be given the same opportunity.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S Statehouse, at 1:30 ~~h~~/p.m. on January 26, 1989

HEARINGS CONTINUED ON HB 2011:--

Tom Bell Continued:

Current law allows a hospital district to continue offering some services when a hospital closes. HB 2011 would give counties the same opportunity. As the bill now stands it would apply to counties and hospital districts. A number of cities also own or operate hospitals. Adding cities to the bill would extend its reach and give those communities the same opportunities.

Chair called attention to a fiscal note on HB 2011. It had been distributed to them this date, may it be noted as (Attachment No. 3.) Chair noted HB 2011 will generate no fiscal impact.

(Attachment No. 4) is written testimony on concerns from V. Bryce Ballard, M.D. Shawnee Mission, Kansas . This is in regard to HB 2012.

Announcement made by Sub-Committee Chairman that a meeting on HB 2012 will meet immediately on adjournment of Public Health and Welfare Committee in this room. (423-S).

Meeting adjourned by Chair at 1:55 p.m.



STATE OF KANSAS



DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field  
Topeka, Kansas 66620-0001  
Phone (913) 296-1500

Mike Hayden, Governor

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

TESTIMONY PRESENTED  
TO THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

by the

Kansas Department of Health and Environment

House Bill No. 2011

Background

House Bill 2011 is the result of a 1988 interim study of Proposal No. 38 by the Special Committee on Public Health and Welfare. This bill is designed to allow service diversification by district and county hospitals. The bill authorizes county and district hospitals to provide needed medical and other services when acute care services are no longer provided or as an addition to those services. The interim study committee concluded that the full array of traditional hospital services may no longer be practical in some rural Kansas communities.

In recognizing the need to allow local communities to provide those services which health care facility governing boards conclude are most practical and necessary, House Bill 2011 would allow those facilities to provide such additional services as outpatient services, in-home health services, child care services, respite care services, adult day care services, dietary services, and alcohol and drug abuse services.

Recommendations

The Kansas Department of Health and Environment (KDHE) is aware of the need to maximize service options for rural hospitals. The provision of outpatient services, in-home health services, child care services, respite care services, adult day care services, dietary services, and alcohol and drug abuse services may all be important to rural Kansas communities. The ability of local governing authorities to make the best use of capital resources formerly devoted to traditional hospital services seems to be the most beneficial and effective use of those resources. KDHE recommends passage of House Bill 2011.

Presented by: William Rein, JD  
Director of Hospital and Medical Programs  
January 26, 1989

*PA/ell*  
*Attn. #1.*  
*1-26-89*



## Memorandum

**Donald A. Wilson**  
President

TO: Members of the House Public Health  
and Welfare Committee

FROM: Thomas L. Bell, Vice President

SUBJECT: H.B. 2011

The Kansas Hospital Association appreciates the opportunity to comment on House Bill 2011, concerning health care facilities and services hospital districts. We support the bill.

H.B. 2011 is a result of the Special Committee on Public Health and Welfare's interim study of small, rural medical care facilities. As a part of that study, the interim committee heard testimony and visited a number of facilities in the western part of the state. From its tour, the committee learned first-hand about the problems facing small hospitals. These problems are well documented in the interim committee report, which has previously been reviewed. Suffice it to say, these difficulties revolve around the issues of low census, inadequate reimbursement and recruitment and retention of medical staff and other hospital personnel. These problems have become overwhelming in some cases, and are threatening the future viability of some hospitals.

In essence, House Bill 2011 attempts to provide those communities with threatened hospitals the ability to continue offering certain services once the hospital itself has closed. Current law allows a hospital district to continue offering some services when the hospital closes. H.B. 2011 would give counties the same opportunity, while adding additional services to the list of those allowed. The idea behind the bill is simple, but the potential for helping communities provide their residents health care services is great.

As House Bill 2011 now stands, it would apply to counties and hospital districts. A number of cities, however, also own or operate hospitals. Adding cities to the bill would extend its reach and give those communities the same opportunities.

Thank you for your consideration.

*PAW*  
*Attn #2*  
*1-26-9*

The Honorable Marvin Littlejohn, Chairperson  
House Public Health and Welfare Committee  
House Chambers  
Third Floor, Statehouse

Dear Representative Littlejohn:

SUBJECT: Fiscal Note for HB 2011 by Committee on Public Health and Welfare

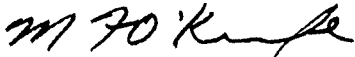
In accordance with KSA 75-3715a, the following fiscal note concerning HB 2011 is respectfully submitted to your committee.

Subject act would amend the definition of "health care facilities and services hospital district" to include "county hospital." Current law defines a hospital district as an entity in which no hospital is being maintained and operated in which health care facilities and services are being maintained. It allows hospital districts to convert existing hospital structures into facilities which offer health related services. By amending the definition to include county hospitals the act would allow such institutions to provide the services allowed under the health care facilities and services hospital districts statute.

The act also amends the term "health care facilities and services" to include; outpatient services, in home health services, child-care services, respite care services, adult day care services, dietary services and alcohol and drug abuse services. Current law defines health care facilities and services as clinics, long term care facilities, homes for the aged, and emergency medical and ambulance service. Therefore the act expands the number of services "health care facilities and hospital districts" can offer.

This bill, as introduced would have no fiscal impact on the Department of Health and Environment. Although its inspection workload might be increased slightly, any such increase could be accomplished by existing staff.

The act is permissive local legislation and therefore imposes no additional expenditures or fiscal liabilities on local units of government.

  
Michael F. O'Keefe  
Director of the Budget

MFO:KW:meh

4775

*PH&W*  
*Attn. #3*  
*1-26-9*

V. BRYCE BALLARD M.D.  
6618 Rainbow  
Shawnee Mission, Kansas 66208

January 24, 1989

House Public Health and Welfare Committee  
Marvin Littlejohn, Chairman  
State Capital Room 426 S  
Topeka, Kansas 66612

RE: H.B. 2012, concerning individuals in need of in-home care.

I have several concerns with H.B. 2012 as it came out of the Interim Committee:

- 1) the very broad base of clients needing in-home care with few restrictions and no provision for monitoring of programs,
- 2) although the definition for "physician was contained in the bill, there was no definition for "health care professional" (as found in line 50) nor restricted to a licensed "health care professional, and
- 3) the question of liability on the part of the state in any SRS administered program for the self-directed handicapped medical attendant in-home service program.

Having attended the Committee Hearing on H.B. 2012 on January 23, 1989, I agree with testimony given by the Kansas Dept. of Health that the conflict of Kansas licensing laws with provisions in H.B. 2012, could perhaps be avoided by narrowing the exemption of the Kansas Nurse Practice Act to apply only to the disabled clients "capable" of self directed medical and home care services, with some means of determining "capable".

I am in full sympathy with the aspirations of the well-disabled to lead a more independent life style, and hope that their request for a state program that will better meet their needs for a self-directed medical attendant and home care program can be met. I could support a bill to provide for the relatively small group of well-disabled clients that are capable of self-directed care. SRS estimates that at the present time this would be about 150 to 200 clients. I hope the Committee will give consideration to provisions for a pilot program administered by SRS to meet the needs of this group of well-disabled clients with a means of funding such a program and report back to the Legislature.

Sincerely yours,

*V. Bryce Ballard*  
V. Bryce Ballard, M.D.

*Pete W  
attm #4  
1-26-9*