

Approved 5-21-89
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 14, 1989 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:

John Alquest, Commissioner of Income Maintenance and Medical Services,
SRS
Charles Konigsberg, Director of Health, KDHE
Elizabeth Taylor, Association of County Health Departments
Pat Parker, President, Board of Pharmacy
Bob Williams, Executive Director, Kansas Pharmacists Association

The chairman called the meeting to order and called attention to the minutes which will be approved or corrected tomorrow.

John Alquest, Commissioner, SRS, appeared in support of HB-2443. Mr. Alquest told the committee this bill would allow the Secretary of SRS to provide outreach services through development of a specialized program and would promote current and future programs and meet the needs of the State's disadvantaged people. However, sufficient funding in addition to the Governor's recommendations would need to be appropriated to carry out the purpose of the bill as employees are presently working at capacity. (Attachment 1)

Discussion followed with staff stating the bill does not have a fiscal note. It was also noted that the bill authorizes the two agencies to provide outreach services. Mr. Alquest stated that \$940,000 would be needed for an estimated 34 employees if the bill were fully implemented. The Commission studying this situation felt authorization to add services should be set out although funding would have to be provided by the Legislature.

Senator Ben Vidricksen introduced John Grauer from Wilson, Kansas who was serving as a Senate page today.

Charles Konigsberg, Director of Health told the committee that the department of Health and Environment supported the public outreach services outlined in HB-2443. Dr. Konigsberg stated that expansion or implementation of new outreach activities would impact KDHE's budget but as the bill is written it only authorizes and would not impact the budget. (Attachment 2) It was further stated that the commission report felt this bill would enable better use of programs already in force.

Elizabeth Taylor, representing the Kansas Association of Local Health Departments, told the committee that HB-2443 appears to sanction activities already in force in local health departments in most areas of the state. Miss Taylor stated concerns about adding to the responsibilities already developed and minimally supported. The Association would support enhancing services to the medically indigent when provision is made for adequate resources. (Attachment 3)

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 14, 1989

Pat Parker, President, Board of Pharmacy, testified and presented written testimony concerning HB-2426. Mr. Parker stated the Board needs statutory authority to promulgate regulations which would set up patient profiles and provide the pharmacist with information about the patient such as drug allergies, reaction to various drugs, etc. (Attachment 4)

Staff questioned whether other states were requiring patient profiles and whether the patient is required to give information or whether the pharmacist is required to maintain profiles on what information the patient will provide. Further questions dealt with pharmacist liability, accuracy, kinds and methods of information to be maintained, confidentiality, and penalties.

Bob Williams, Kansas Pharmacists Association, stated that due to increased use of over the counter drugs and prescription drugs from a number of different doctors (due to specialized medicine) patient profiles need to be established in order to protect patients from increased risk of adverse drug interactions. (Attachment 5)

Staff questioned why it was necessary to make maintaining profiles mandatory and subject individuals to penalties such as losing a license or criminal penalties for failing to do so if the majority of pharmacists are already doing this. Mr. Williams stated he couldn't speak for the board but felt that maintaining a profile has become just as important as maintaining a license or continuing education. Full information concerning which pharmacies presently maintain patient profiles is available.

The chairman asked the wishes of the committee concerning HB-2443.

Senator Hayden moved to pass out HB-2443 favorable for passage. Senator Langworthy seconded the motion and the motion carried.

The meeting adjourned at 10:50 a.m. and will convene March 15, 1989, in room 526-S at 10:00 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 14, 1989

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Tom Hitchcock	Topoka	Bd. of Pharmacy
PAT PARKER	LAWRENCE	"
CHARLES KINGSBERG, M.D.	TOPEKA	KDHE
ELIZABETH E. TAYLOR	TOPEKA	ASSO OF LOCAL ^{DEPTS} HEALTH
Kathleen Warren		DOB
Bob Williams		Ks. Pharmacists Assoc
KEITH UNREIN	PLAINVILLE	" "
George Goebel	Topoka	Chr. Topoka Area Task Force AARP
Roeppert	LAWRENCE	MED IND - COMMISSION
Selen DuWitt	Hays	Right to Life of Ks, Inc.
Sedf Hochett	Topoka	St. Francis - Wichita
Kathryn W. Sprague	K.C.	^{KUMC} Social Workers
Jim Daulton	Newmorth	KUMC Social Workers
Gary Selig, Topoka		K-NASW
Kristi O'Dell, K.C.		K-NASW
Sandy Basse		NTLN

Department of Social and Rehabilitation Services

Winston Barton - Secretary

Statement Regarding: House Bill No. 2443

Title: An act authorizing the providing of outreach services; relating to public health services and social services.

Purpose: This bill provides that the Secretary of Social and Rehabilitation Services may provide social service outreach services to the people of the state.

Overview: This bill amends K.S.A. 75-5321 to permit the Secretary of Social and Rehabilitation Services to provide social service outreach services to the people of the state. The language of the bill is permissive and does not mandate that such services be provided. Current outreach activities are somewhat limited as there are no designated staff assigned to such activities. However, SRS representatives do provide information to the public through a variety of means including the news media, public meetings, group presentations, and by working with community social service agencies.

Effect of Passage: Outreach activities could be greatly enhanced through the development of a specialized outreach program. Such an outreach program could promote the department's mission by focusing on special programs such as the Prenatal Express program or the Kan-Be Healthy program. It could also help to promote new initiatives such as the recommendation made to the Commission of Access to Services for the Medically Indigent and the Homeless.

In order to carry out new outreach services, it would be necessary to add at least two new Income Maintenance Worker II's to each area office for a minimum of 34 new positions. Additional operating expenses would also need to be budgeted.

An effective outreach program will generate new clients, many of which are not currently receiving benefits or services. While it is difficult to predict the extent of increased program participation, it is important to recognize that the basic cash, medical and food stamp caseloads would increase substantially.

Recommendation: The Department does support the proposed legislation. However, sufficient funding will need to be appropriated in order to carry out the purpose of the bill. Outreach services are important to the people of Kansas to: (1) promote our current and future programs; (2) meet the needs of the State's disadvantaged people; and (3) inform the people that their tax dollars are being spent on worthwhile programs.

John W. Alquest
Commissioner, Income Maintenance
and Medical Services
296-6750

S. Alquist
3-14-89
Attachment 1

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
Senate Public Health and Welfare
by
Kansas Department of Health and Environment

House Bill No. 2443

House Bill No. 2443 authorizes the Secretary, Kansas Department of Health and Environment (KDHE), to provide public health outreach services.

KDHE currently provides public health outreach services throughout the spectrum of public health activities. AIDS educational programming, blood pressure clinics run by local health departments, Healthy Start Home Visitors, STD educational programs, Services for Children with Special Health Care Needs, School Health activities are representative examples of outreach activities currently provided. Education is one aspect of effective public health delivery. We support the formal stipulation of public health and social services outreach activities by statute.

Expansion of existing or implementation of new outreach activities would fiscally impact our budget. However, as written, House Bill No. 2443 would have no fiscal impact on KDHE's budget.

Presented by:

Charles Konigsberg, Jr., M.D., M.P.H.
Director, Division of Health

March 14, 1989



March 14, 1989

TO: Senate Public Health and Welfare Committee
Senator Roy Ehrlich, Chairman

FR: Elizabeth E. Taylor, Executive Director

RE: Support for House Bill 2443

Thank you for the opportunity to offer the support of the Association of Local Health Departments. KALHD represents those local health departments which are either city, county, city/county or multi-county units serving approximately 90% of the Kansas population.

HB 2443 appears to be sanctioning activities which already go on in the local health departments in most areas of the state. We commend the Commission on the Medically Indigent and Homeless and support increased public health and social services including education and other activities designed to increase awareness and appropriate use of public and other preventative health services.

We have one concern however, and would appreciate knowing that this committee and the Legislature look realistically on any enhancement of services. Currently local health departments are severely underfunded and are in need of financial assistance in order to allocate additional public health services or beginning new services in those counties which are the smallest in the state. Kansas supports its public health at 60 cents per capita with a Governor's recommendation of 65 cents per capita in the 1990 budget. However, in comparing the Kansas state support for public health services, we have found that the national average of state support for basic health services to local health departments is \$3.39 per capita!

Many of the Kansas local health departments are in rural areas. These local health departments offer the base basics of health care. Some are staffed only with one nurse (not always a full-time nurse, at that). To add to the responsibilities already taken on by this level of health care is unrealistic.

Although we are concerned about delegating additional responsibilities of education for public health services and provision of these services, our concern is only based in the financing of such services. With adequate resources, KALHD fully extends its support for enhancing services to the medically indigent, and particularly to poor women and young children.

Thank you for the opportunity to support the work of the Commission and HB 2443.

Kansas State Board of Pharmacy

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STATE OF KANSAS



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TOM C. HITCHCOCK
BOARD ATTORNEY
JOHN C. WHITAKER

HOUSE BILL 2426

Mr. Chairman, Committee Members, my name is Pat Parker. I am the Director of Pharmacy and IV Therapy at Lawrence Memorial Hospital and President of the Kansas State Board of Pharmacy.

I am here because the Board of Pharmacy is concerned about the confusion which has surrounded patient profiles in the past.

A prior Board attempted to write regulations requiring pharmacies to maintain patient profiles. They used as their statutory authority the statement in K.S.A. 65-1642, which states:

"The Board shall prescribe the minimum of such professional and technical equipment which a pharmacy shall at all times possess..."

The Legislative Research Department felt that this statute was not specific enough to grant statutory authority for promulgation of the regulations.

The addition of "...and patient profiles" that you see before you is an attempt to rectify this apparent ambiguity.

PROFILE: Let me explain very briefly what a profile is, how it is used, and provide some insight about current profile use. A profile is a listing of medications taken by a patient along with a base of information about the patient that generally includes known drug allergies, previously experienced untoward reactions to drugs, the patient's age, sex, and race.

It also often contains 3rd party billing information, packaging preferences, delivery information, phone number, and the like.

It is used as a tool by the pharmacist to screen for drugs to which the patient is likely to be allergic, drugs which are similar to drugs which have caused problems with the patient before, drugs which duplicate current therapies, and drugs which may interact and cause the patient undue toxicity.

Since this is tax time, you are probably more familiar with their use as summaries for medical expenses. That's what you, as the public, see profiles used for; but that is not their only purpose.

SPH/W
3-14-89
Attachment 4

According to the journal, Pharmacy Times, December 1987:

- * 90.2% of retail pharmacists maintain profiles
- * 68.5% are maintained by computers and the remainder are manual

We have every indication that these numbers are now higher in 1989, particularly with the growth in computerization.

"The biggest problem arises from patients who go to several doctors--the right hand not knowing what the left is prescribing. Thus, different physicians might prescribe drugs in the same class without the patient being informed about which to take and which to discontinue."

Quote Scott Weinstein, Pharmacist, Pharmacy Times, December 1987

"Patient profiles are required in the State of Washington. I find them very useful in locating misplaced Rx's, etc. However, their real value lies in the medical information they contain--alerting us to potential drug interactions or disease/drug interactions."

Quote Bartell Drugs, Pharmacy Times, December 1987

"When a patient brings an OTC to the register, I consult the profile before making the sale--thereby often avoiding a drug interaction. It is impossible to remember every patient's history without such a tool."

Quote Dominic DeRose, Pharmacist, Pharmacy Times, December 1987

I respectfully request that this Committee support the over 90% of pharmacists now actually using profiles, and allow the Board of Pharmacy to require the small percentage not now using them to do so.

TESTIMONY

House Bill 2426

Senate Committee on Public Health and Welfare

Tuesday, March 14, 1989

Mr. Chairman, committee members, thank you for this opportunity to address a committee concerning HB 2426. I am Bob Williams, Executive Director of the Kansas Pharmacists Association.

Over the past 10 years we have seen a dramatic increase in the number of over-the-counter and prescription drugs on the market. An ever-increasing number of individuals are receiving the benefits of drug therapy. Additionally, as a result of specialized medicine, it is not uncommon to receive prescriptions from a number of different doctors. With the increased use of over-the-counter and prescription medication also comes the increased risk of adverse drug interactions. In response to these changes, patient profiles have become a vital and necessary part of the pharmacy practice. The Kansas Pharmacists Association supports the Board of Pharmacy's action to require the maintaining of patient profiles.

We encourage you to support House Bill 2426.

Thank you.

*SRH/aw
3-14-89
Attachment 5*