

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./~~PM~~ on March 20, 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:

Gregg Reser, Medical Facility Certification Administration, KDHE
Bob Corkins, Kansas Hospital Association
Representative Debara Schauf
Bob Orth, Chairman, Board of Emergency Medical Services, Sublette, KS
Jim Kaup, General Counsel, League of Kansas Municipalities
Fred Thorpe, Assistant Chief, Director, Division of Emergency Medical
Services, Kansas City Fire Department
Written testimony, Clifford F. Hacker, Sheriff of Lyon County

The chairman called the meeting to order and placed HB-2011 before the committee for consideration.

Greg Reser, Medical Facility Certification Administration, KDHE, appeared before the committee in support of HB-2011 stating that this bill was a result of a 1988 interim study. The bill is designed to allow service diversification by district, county and city hospitals. The bill authorizes hospitals to provide needed medical and other services when acute care is no longer being provided. In some instances the full array of traditional hospital services may no longer be practical in some rural Kansas communities. (Attachment 1)

Bob Corkins, Kansas Hospital Association, presented a memorandum from Tom Bell and stated that current law allows those communities with threatened hospitals the ability to continue offering certain services once the hospital itself has closed. House Bill 2011 would give counties the same opportunity, while adding additional services to the list of those allowed. (Attachment 2)

Senator Burke moved to pass out HB-2011 favorable for passage. Senator Reilly seconded the motion and the motion carried.

Substitute House Bill 2049 was placed before the committee with Representative Debara Schauf appearing before the committee in support of the bill. Ms. Schauf told the committee that this bill was a narrower version of a bill introduced previously and now deals only with such employees working primarily as EMS dispatchers. Certification would be required after July 1, 1991. Staff questioned what information was received as to who actually does EMS dispatching in most areas of the state and was told that basically the information showed that this bill would probably deal with only four counties, Sedgwick, Shawnee, Johnson and Wyandotte. Staff questioned whether consideration had been given to just naming the 4 counties and was told the sponsors of the bill felt it was important that people who dispatch EMS services be certified. Concern was expressed about the definition of emergency medical services dispatcher.

Bob Orth, Chairman, Bureau of Emergency Medical Services, appeared before the committee in support of Substitute HB-2049 stating that all dispatchers should be trained to a certain level, the major acceptable level being 20 or 30 hours. He further stated the House had removed the training hours required. Mr. Orth told the committee the dispatcher is the first one who deals with an emergency situation in many cases.

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 20, 1989.

Jim Kaup, General Council, Kansas League of Municipalities, spoke to the committee stating that his organization recommended that Substitute for HB-2049 be amended to replace its state-mandated certification and offer a program for certification of EMS dispatchers. Cities and counties would then have available, at their discretion, the means by which state approved EMS dispatcher training can be obtained. Attachment 3.

Senator Strick introduced his pages, Lance D. Woodbury and Asia Yang who were visiting the committee.

Fred Thorpe, Assistant Chief, Director, Emergency Medical Services, Kansas City, Kansas, appeared before the committee stating his support for the passage of Substitute HB-2049. He stated that dispatchers who have participated in training sessions have indicated a desire to have their efforts and contributions to public safety recognized through the certification process as set forth in Substitute HB-2049. He further stated all citizens deserved response from a basically trained dispatcher. (Attachment 4)

Senator Reilly stated that in his opinion if something was done, it should be all inclusive, police, fire departments, and EMS services.

Written testimony was presented by Clifford F. Hacker, Sheriff of Lyon County. (Attachment 5) Mr. Hacker stated the bill does not define the need nor how much or what kind of training would be required. He also expressed concerns about dispatchers making a medical diagnosis or prescribing treatment based on unverified information .

The chairman requested the wishes of the committee on HB-2293 stating he had talked with the sponsor of the bill, Senator Karr, who acknowledged that SB-196 and HB-2293 were nearly identical in nature and would need to be "married" somewhere along the way.

Senator Strick made the motion, with a second from Senator Hayden, to pass out HB-2293 favorable and request it be placed on the Consent Calendar. The motion carried.

The chairman called on Senator Reilly concerning new language proposed for HB-2327, a new section 4, which would allow the Department of Corrections to continue their own testing, using their methods to test for controlled substances. (Attachment 6)

Senator Reilly moved to amend HB-2327 with a second from Senator Hayden. The motion carried.

Senator Hayden moved, with a second from Senator Strick, to recommend HB-2327 as amended favorable for passage. The motion carried.

The meeting adjourned at 10:50 a.m. and will convene at 10:00 a.m. Tuesday, March 21, 1989, in room 526-S.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 20, 1989

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

ALYN O. LOCKNER - TOPEKA

SRS.

Bob Corkins

Ks. Hospital Assn.

GREG RESSE

KDHE

CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS

KEITH R. LANDIS

CLIFFORD HACKER LYON COUNTY EMPORIA

Ks. PEACE OFFICERS/Ks. SHERIFF'S

LARRY E. Blomenkamp Emporia

Emporia Police Dept

Jasque Dahn

Topeka

KPOA

BOB ORTH

Suburban

BEMS

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 SENATE 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, county, and city hospitals. The bill authorizes hospitals to provide needed medical and other services when acute care is no longer being provided. 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: Greg Reser
Medical Facilities Certification Administrator
Bureau of Adult and Child Care
Kansas Department of Health and Environment
March 20, 1989



Memorandum

March 13, 1989

Donald A. Wilson
President

TO: Members of the Senate 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.

The House amended H.B. 2011 to include cities, as well as counties and hospital districts. We support this amendment because it would extend the bill's reach and give those communities the same opportunities.

Thank you for your consideration.

SPH/W
3-20-89
Attachment 2



**League
of Kansas
Municipalities**

**Municipal
Legislative
Testimony**

An Instrumentality of its Member Kansas Cities. 112 West Seventh Street, Topeka, Kansas 66603 Area 913-354-9565

**TO: Chairman Ehrlich and Members,
Senate Committee on Public Health and Welfare**

FROM: Jim Kaup, General Counsel

RE: Substitute for HB 2049 -- Mandatory Certification of EMS Dispatchers

DATE: March 13, 1989

The League appears to request that this Committee amend Substitute for HB 2049 to direct the State Emergency Medical Services Board to establish a voluntary licensure or certification program for EMS dispatchers.

Not only are there a number of practical reasons why we believe a voluntary certification or licensure program would be preferable to the limited mandate called for in HB 2049, this bill's mandate is contrary to the League's 1988-1989 Statement of Municipal Policy:

"A-2. The state legislature should avoid intervention in matters of local affairs and government and should act to encourage and promote the exercise of authority and assumption of responsibility by locally elected, locally responsible governing bodies. . .

and

"C-1. The governing bodies of cities should have full authority to establish. . . terms, conditions and qualifications of city employment. . ."

While we recognize the argument that the people of Kansas could be benefitted by uniform instruction of all public employees who dispatch emergency medical services, HB 2049 does not offer much movement towards that objective. "Emergency medical dispatcher" is defined at lines 25:28 of the bill in such a way that it is unclear who would be covered within the definition, and thereby the certification mandate. For example, because HB 2049 covers anyone employed "primarily as an EMS dispatcher," this would mean a full-time city employee (i.e. 40 hours per week) who spends up to 19 hours per week as an EMS dispatcher is not an "emergency medical dispatcher." However, a part-time employee hired to work only a four-hour shift on weekends or evenings would be. Also, it is the League's understanding that nearly all local government employees who dispatch emergency medical units also dispatch police and fire. At most only a few dispatchers in the entire state are employed "primarily" as EMS dispatchers. Legislation, if necessary, should be sensitive to the realities of city and county utilization of dispatchers who perform multiple duties as well as the use of part-time employees and even volunteers as dispatchers.

(over)

S.P.H.W.
3-20-89
Attachment 3

Another problem with Substitute for HB 2049 is found at lines 34:40. As drafted, this language could be read to mean that if John Doe worked as an EMS dispatcher as of July 1, 1991, and has not taken the course of instruction leading to certification called for under HB 2049, and John Doe's employer (city or county) wants to require such certification or licensure, the employer cannot so require, because of the bill's provision that such a person ". . . shall be entitled to certification and employment. . .".

Other issues which the League would call to this Committee's attention that could create problems for local governments include:

- No limitations upon the fees and charges which the State Board could impose for initial certification or annual recertification.
- No limit upon the number of hours of training or instruction which the State Board could require for EMS dispatcher certification or continuing education.

It is the League's recommendation to this Committee that Substitute for HB 2049 be amended to replace its state-mandated certification with a legislative mandate upon the Board to offer a program for certification of EMS dispatchers. Cities and counties would then have available to use, at their discretion, the means by which state-approved EMS dispatcher training can be obtained.

KA. AS CITY KANSAS FIRE DEPARTMENT
Division of Emergency Medical Services

March 20, 1989

Senator Roy Ehrlich, Chairman
Public Health and Welfare Committee

Re: Substitute House Bill 2049

This bill deserves support and passage. I believe the bill addresses a segment of public safety overlooked in most communities because of the "if it ain't broke, then don't fix it" mentality which often prevails.

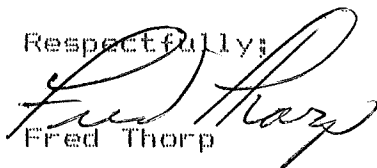
Nearly every person who dials 9-1-1 or whatever the local emergency number is, does so to get help! The rural nature of Kansas almost guarantees the emergency response time to the calling party's location will be substantially greater than the one to three minutes for a citizen residing in a densely populated community. Therefore, the last words a caller accessing the emergency services system should hear is "good-bye" or "they are on the way." The public expects and rightly deserves a more practical approach to the problem.

State-of-the-art practice for modern emergency center dispatch personnel is to stay on the line with the calling party and provide medically correct and locally approved instructions until trained personnel arrive on the scene. The benefits of such a program of assistance are tremendous. The cost to implement is relatively minor and directly proportionate to how the local service providers wish to train their emergency dispatch center personnel.

In the last year and one-half we trained sixty personnel to utilize such medically approved/appropriate instructions for the calling party. These personnel represented twelve counties in Kansas and two Missouri counties in metropolitan Kansas City. Several lives have been saved and much personnel stress alleviated because of these men and women undertaking appropriate training to deal with the situation via telephone until trained personnel arrived on the scene of the incident.

Region IV Emergency Medical Services Council has already approved funds to conduct a EMERGENCY MEDICAL DISPATCH course in 1989. Personnel from Johnson and Wyandotte Counties will be in attendance as will others who have inquired about the next classes. The majority of dispatch personnel attending previous classes have indicated a desire to have their efforts and contributions to public safety be recognized through the certification process as set forth in HB 2049. On their behalf, I urge your concurrence in support of the bill.

Respectfully;


Fred Thorp

Assistant Chief Fred Thorp, Director
815 North Sixth, Kansas City, Kansas 66101-2176

SP/la W
3-20-89
Attachment 4

TO: SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE

FROM: Clifford F. Hacker, Sheriff of Lyon County
Legislative Chairman for the Kansas Peace Officers Association
Legislative Chairman for the Kansas Sheriff's Association

DATE: March 20, 1989

RE: Substitute for HOUSE BILL No. 2049

We oppose substitute House Bill No. 2049

This Bill appears to be addressing a need for training of certain Emergency medical dispatchers. The bill does not address what the need is nor how much of what kind of training would be required. The only training identified by this bill is cardiopulmonary resuscitation.

The bill, as currently written, appears to only effect a few large departments who employ persons primarily for Emergency medical dispatchers. We feel the administrators of these departments are in best position to know how much training and education is needed by their employees to effectively complete the required job.

The job of dispatcher is a communications coordinator. The dispatcher receives the call for assistance and then sends the proper assistance to the correct location as quickly as possible. Dispatchers are not at the scene of the emergency and can only work with the information which is communicated to them.

The only need for an emergency medical dispatcher to know cardiopulmonary resuscitation is to make a medical diagnosis and prescribe a treatment based on unverified information received from a person who is distraught because of the emergency. A dispatcher is not a licensed medical person and should not be allowed to make any medical diagnosis or prescribe any medical treatment. Any attempt by a dispatcher to teach such a person eight hours of CPR information in two or three minutes would be extremely dangerous to the life of the victim and to the mental health of the caller and the dispatcher. The risk of more severe injury and death would be greatly enhanced.

S P HAW
3-20-89
Attachment 5

HOUSE BILL No. 2327

By Representative Barr

2-8

SR490
3-20-89
Attachment 6

15
16 AN ACT concerning laboratories; relating to the approval thereof;
17 amending K.S.A. 1988 Supp. 65-1,108 and repealing the existing
18 section.

19 *Be it enacted by the Legislature of the State of Kansas:*

20 Section 1. K.S.A. 1988 Supp. 65-1,108 is hereby amended to
21 read as follows: 65-1,108. (a) It shall be unlawful for any person or
22 laboratory to perform prenatal serological tests for syphilis, serological
23 tests for human immunodeficiency virus or tests for controlled sub-
24 stances included in schedule I or II of the uniform controlled sub-
25 stances act unless the laboratory in which such tests are performed
26 has been approved by the secretary of health and environment to
27 perform such tests. Any person violating any of the provisions of
28 this section shall be deemed guilty of a class B misdemeanor.

29 (b) As used in this section and in K.S.A. ~~1987~~ 1988 Supp. 65-
30 1,107 and amendments thereto, "laboratory" shall not include a
31 ~~blood bank or tissue bank,~~ [the] office or clinic of a person licensed
32 to practice medicine and surgery in which laboratory tests are per-
33 formed as part of and incidental to the examination or treatment of
34 a patient of such person [or] the Kansas bureau of investigation forensic
35 laboratory.

36 Sec. 2. K.S.A. 1988 Supp. 65-1,108 is hereby repealed.

37 Sec. 3. This act shall take effect and be in force from and after
38 its publication in the statute book.

[] (1) The

[] (2)

[] or (3) urinalysis tests for controlled substances per-
formed by the department of corrections for institutional
management purposes on inmates in the custody of the sec-
retary of corrections and incarcerated in a correctional
institution or facility under the jurisdiction of the sec-
retary of corrections