Approved 3-28-89
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 21, 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
Elizabeth Taylor, Kansas Barbers Association
Terry Stearman, Board Member, Kansas Barber Association
Henri Fournier, Kansas State Board of Cosmetology
Tom Bell, Vice President, Kansas Hospital Association
Warren Parker, Assistant Director of Public Affairs, Kansas Farm Bureau
Chip Wheelen, Kansas Psychiatric Society
Written testimony, Suzi Backstrom, RPT, Instructor, Clinical Coordinator Physical Therapist Assistant Program

The chairman placed the minutes for March 14, 15 and 16 before the committee for correction or approval. Senator Strick moved that the minutes be approved as presented. Senator Hayden seconded the motion and the motion carried.

John Alquest, SRS, appeared concerning an amendment to SB-302 and presented a balloon bill setting out exceptions that would apply to the six month restriction rule. (Attachment 1) Mr. Alquest stated these exceptions were needed in order to pay certain bills rightfully owed that, due to certain circumstances, cannot be handled within the stipulated six month period.

Concern was expressed during discussion about those claims that would come in a day or two before the six month deadline.

Senator Hayden moved to conceptionally amend SB-302 to give the director lattitude in making decisions dealing with applications nearing the six month deadline. Senator Anderson seconded the motion and the motion carried.

Senator Hayden moved to pass out SB-302 as amended favorable for passage. Senator Anderson seconded the motion and the motion carried.

Elizabeth Taylor, Kansas Barbers Association, appeared in support of HB-2075 stating that the board was comfortable with the bill or should it not pass, comfortable with the relationship between the board and KDHE and their judgment concerning this issue.

Terry Stearman, a newly appointed member of the Kansas Barber Board, was introduced to the committee by Ms. Taylor. Mr. Stearman stated that reference to cuspidors and other obsolete wording needed to be removed and the statutes updated.

Henri Fournier, Director of Kansas State Board of Cosmetology, told the committee that all of their Rules and Regulations needed to be updated concerning sanitation and concurred with HB-2075 assuming KDHE seeks input from the Cosmetology Board. (Attachment 2)

Senator Salisbury moved to report HB-2075 favorable for passage.

Senator Anderson seconded the motion and the motion carried.

Senator Kanan's pages, Wanda C. Hooks and Teresa D. Lopez were welcomed to Senate Public Health and Welfare Committee.

Tom Bell appeared in support of HCR-5002 stating that this resolution urges the federal government to change medicare payments for rural hospitals as the urban/rural Medicare differential is contributing to the burden of rural hospitals financial problems. (Attachment 3)

Warren Parker, Kansas Farm Bureau, appeared in support of HCR-5002 stating that rural hospitals are very important to the membership of the Farm Bureau. Rural Hospitals treat an older population and 70% of the rural hospitals' revenue are received from medicare. The differential between rural and urban hospitals needs to be addressed. (Attachment 6)

Senator Salisbury moved, with a second from Senator Langworthy, to pass out HCR-5002 favorable for passage. The motion carried.

Chip Wheelen, Kansas Psychiatric Society, appeared in support of SCR-1605 stating the week of October 17, 1989, will be designated as Mental Illness Awareness Week. (Attachment 4)

Senator Burke, with a second from Senator Walker, moved to pass out SCR-1605 favorable for passage. The motion carried.

Written testimony was presented to committee members from Suzi Backstrom, RPT, Instructor, Clinical Coordinator, Physical Therapist Assistant Program, Colby Community College stating concerns regarding two amendments in HB-2161. Ms. Backstrom stated that outside of accredited programs she did not feel equivalency training existed. On-the-job training and experience does not replace academic and clinical education a P.T. assistant receives. She also questioned whether or not a P.T. assistant would recognize serious medical problems that sometimes become evident during an evaluation. Ms. Backstrom stated that it was her belief that these amendments would lower the quality of care in physical therapy and confuse the profession. (Attachment 5)

The meeting adjourned at 10:45 a.m. and will convene at 10:00 a.m. on March 22, 1989 in room 526-S.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE March 21, 1989

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
ALLYN O. ZACKER TOPEKA	S.R.S.
KEITH R LANDIS "	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Elizabeth E. Taylor Topeka	Ks. Barbers
Jerry A Stearman "	" "
Louis Armstrong "	" "
[signature]	SRS
Kate K. Olsen	SRS
Barbara Miller	SRS
Tom Bell	KHA
Warren Parker	Kansas Farm Bureau
Nancy Gronau	Rural Educator
Lloyd N. Hunt	Ks Bd Cos.
Terrie Tippert	Ks. Bd Cos.
[illegible]	K. Bd of Cos.

SENATE BILL No. 302

By Committee on Public Health and Welfare

2-21

AN ACT concerning payment of claims to medical vendors by the secretary of social and rehabilitation services; amending K.S.A. 39-708a and repealing the existing section.

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

Section 1. K.S.A. 39-708a is hereby amended to read as follows: 39-708a. The ~~state~~ director of accounts and reports ~~is hereby authorized, empowered and directed to~~ *shall* accept for payment from an agent or intermediary authorized to make medical payment reviews and to determine the amount due to medical vendors for the care of needy persons, in accordance with agreements entered into by the secretary under the provisions of subsections (s) and (x) of K.S.A. 39-708c *and amendments thereto*, notwithstanding the fact that such claims were not submitted or processed for payment within the fiscal year in which the service was rendered: ~~Provided *except, that*~~ no claim filed more than six ~~(6)~~ months after the time the service was rendered shall be allowed or paid ~~*unless the secretary has adopted rules and regulations to specify the circumstances under which claims may be paid beyond the six-month time limitation.*~~ :Provided, that except as set forth below, . Payment to medical vendors may be made on claims submitted more than six (6) months after the service was rendered: (1) if the services were provided to a child who at the time of service was in the custody of the Secretary, or a child for whom the agency has entered into an adoptive support agreement if the medical vendor did not have actual knowledge of that fact prior to the expiration of the six (6) month period; (2) if the claim was submitted to medicare within six months of the date of service, paid or denied for payment by medicare, and subsequently submitted for payment to the medicaid/medikan program within 30 days of the medicare payment or denial date; (3) if the claim is determined payable by reason of administrative appeals, court action or agency error; or (4) if the claim is for emergency services rendered by providers located outside the state who are not already enrolled as medicaid/medikan providers.

Sec. 2. K.S.A. 39-708a is hereby repealed.

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

SP&HW 3-21-89 Attachment 1

STATE OF KANSAS
KANSAS STATE BOARD OF COSMETOLOGY

717 South Kansas Avenue
Topeka, Kansas 66603-3811
PHONE (913) 296-3155

TESTIMONY OF HENRI FOURNIER

HOUSE BILL #2075

The Rules and Regulations for the Board of Cosmetology concerning Sanitation, covers approximately 24,000 licensed cosmetologist, 4,000 licensed salons, 35 licensed schools and 1500 students in the State of Kansas. The Rules and Regulations for Sanitation standards were updated in May of 1978 for prevention of infectious and contagious diseases. It is time all our Rules and Regulations be updated concerning sanitation, and we will certainly concur with House Bill #2075, assuming of course, Health and Environment would obtain input from the Cosmetology Board.

Henri Fournier
Executive Director
Board of Cosmetology

SP&HW
3-21-89
Attachment 2

HOSPITAL ASSOCIATION

Memorandum

Donald A. Wilson
President

March 21, 1989

TO: Senate Public Health and Welfare Committee

FROM: Thomas L. Bell, Vice President

SUBJECT: HCR 5002

Thank you for the opportunity to comment on HCR 5002, which urges Congress to eliminate the urban/rural differential for hospital Medicare reimbursement.

As the Committee is well aware, the federal government has developed a "diagnosis-related group" (DRG) system for hospital Medicare reimbursement. The system was aimed at controlling health care costs by paying specified amounts for certain procedures, regardless of the length of time spent in the hospital. In developing this system, federal authorities used an "urban" and a "rural" rate. Because of several factors, the rural rate was generally lower.

It is generally agreed that the urban/rural Medicare differential is one of the factors causing the financial problems faced by our state's rural hospitals. These problems are beginning to receive attention from state and federal lawmakers. For example, the introduction of HCR 5002 was recommended by a special interim study of small, rural medical care facilities. On the federal level, a number of proposals have been introduced to deal specifically with the lower reimbursement rates for rural hospitals. Senator Dole has introduced legislation that would phase out the urban/rural differential by 1994. Representative Jim Slattery has introduced a plan to pay certain rural hospitals on a cost basis for inpatient services.

Even though the emphasis here is on rural facilities and their special problems, we must emphasize that Medicare inadequacies are not limited to rural areas. Medicare has absorbed a disproportionate share of federal budget cuts, and some propose to place even more of a burden on that program. Reimbursement rates that do not meet the cost of providing services affect all hospitals in one way or another.

TLB:mkc

SPH+W
3-21-89
Attachment 3

1263 Topeka Avenue • P.O. Box 2308 • Topeka, Kansas 66601 • (913) 233-7436 • FAX (913) 233-6955

Kansas
Psychiatric
Society

1259 Pembroke Lane
Topeka, KS 66604
Telephone: (913) 232-5985
or (913) 235-3619

March 21, 1989

TO: Senate Public Health and Welfare Committee

FROM: Kansas Psychiatric Society Chip Wheelen

SUBJECT: SCR 1605; Mental Illness Awareness Week

Thank you for the opportunity to express our support of SCR 1605. We requested introduction of this resolution in order to designate a special week in 1989 during which we will collaborate with various state agencies and other organizations in an effort to better educate the public about the nature and affects of mental illness.

The week of October 1-7, 1989 was selected by the American Psychiatric Association in collaboration with the National Alliance for the Mentally Ill and will be designated as Mental Illness Awareness Week by numerous other states as well as Congress. We respectfully request that you make Kansas one of the states which will commemorate this very special week of the year. We urge you to adopt SCR 1605.

lg

SPHW
3-21-89
Attachment 4

March 16, 1989

To: Senate Public Health & Welfare Committee

Dear Committee Members:

I am a physical therapist. For the past 5 years I have been an instructor and the clinical coordinator for the Physical Therapist Assistant program at Colby Community College. For 2 years prior to that I maintained a rural practice in northeastern Colorado.

I am writing this letter to express my concerns regarding 2 amendments in Housebill 2161. I am concerned 1) as a physical therapist, that the identity of my profession is preserved and the successful professional relationship between the physical therapist and the physical therapist assistant is not undermined, 2) as a P.T. assistant educator, that my students graduate to an equitable job market and a stable professional atmosphere, and 3) as a member of a rural community, that health services in my community are maintained as effectively as possible without sacrificing quality of care.

The first amendment I oppose states that a person may sit for the P.T. assistant board exam if they have graduated from a P.T. assistant program or have "equivalency training." Twenty-two years ago the American Physical Therapy Association created the professional title physical therapist assistant to provide the therapist with a competent subordinate who could carry out physical therapy programs the therapist had established for the patient. The Association assured competency of these assistants by creating the curriculum and accreditation follow-up of educational programs such as ours and the one at Washburn University. Outside of these accredited programs, I do not feel equivalency training exists. Many other fields of study such as sports medicine, physical education, and athletic training compliment and have some overlap with a physical therapy education but are not interchangable. The academic and clinical education of physical therapy treatments and skills are unique to P.T. Assistant and Physical Therapist programs. Consider the individual who has functioned as an aide in a physical therapy department for a number of years. While they may be very useful in their department as a aide and their responsibilities may have grown through the years, I do not think they have evolved into an assistant. On-the-job training and experience does not replace the academic and clinical education a P.T. assistant receives. Clinical education includes supervision by a therapist or P.T. assistant and performance of specific attitudes, abilities, and skills in a clinical setting by the student that meets clearly defined requirements. On-the-job training is inconsistent relying on the whims and immediate needs of the staff and lacks the background information in theory, anatomy, physiology and pathology that allows the aide to analyze and interpret the effect the treatment is having on the patient. I believe we must maintain the highest standards possible, especially when we consider rural practice. Most rural community hospitals cannot support a physical therapist alone. Often they have a full-time P.T. assistant on staff with a contracted therapist, who services several facilities, coming in a certain number of times/week. An assistant in this situation must be very effective in their professional

colby community college

1255 South Range, Colby, Kansas 67701

SPHWC
3-21-89
Attachment 5

role to provide quality patient care without the therapist being readily available each day. Inadequate personnel could persist with harmful inappropriate or ineffective treatment programs out of ignorance causing the patient unnecessary delay of recovery, pain, and cost.

The second amendment allows the P.T. assistant to initiate treatment under a physician's order using specific written protocal established by the therapist. I know this amendment refers to the situation I just discussed where the therapist is not present at the facility on a daily basis. Our professional association clearly defines the relationship between the P.T. assistant and the physical therapist. It is considered mandatory for treatment by a P.T. assistant be preceded by a Physical Therapist's evaluation of the patient with good reason. The Physical Therapist has the advanced education and training in evaluation of the patient's condition and history, and the development of the appropriate treatment program. The assistant does not. Even with established protocol for specific clinical conditions, the assistant still must be able to compile and analyze the patient's history and status relative to said protocol. Information could be missed, misinterpreted, or exceptional. This amendment is asking the P.T. assistant to function beyond their education. Often the symptoms that are contributed to simple musculoskeletal problems can actually be the result of a more serious medical problem. I can remember more than once having to send a new ambulatory out-patient to the emergency room with a serious medical problem that became evident during the course of my evaluation. In these situations my abilities as a therapist helped me to identify warning signals early and to react promptly. I don't think an assistant would have the same advantage. From a financial viewpoint, most insurance providers will not reimburse for P.T. services that are not preceded by a physical therapist's evaluation. Finally, this is only one solution to the situation. As the clinical coordinator, I am in contact with many facililties throughout this region. Many assistants and therapists working within these conditions agree there are other options. The key is good communication and well-planned procedures established among the physical therapy staff, the medical staff, and the hospital administration.

In conclusion, I believe the amendments were created as an attempt to alleviate the shortage of physical therapy professionals throughout the state. Unfortunately, I also believe they will lower the quality of care in physical therapy and confuse the profession. There are other strategies that would not compromise quality.

Sincerley,

Suzi Backstrom RPT

Suzi Backstrom, RPT
Instructor, Clinical Coordinator
Physical Therapist Assistant Program

whd

ansas Farm Bureau

PUBLIC POLICY STATEMENT

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

RE: H.C.R. 5002 --Resolution Concerning Rural Hospital Reimbursement

March 21, 1989
Topeka, Kansas

Presented by:
Warren A. Parker, Assistant Director
Public Affairs Division
Kansas Farm Bureau

Mr. Chairman and Members of the Committee:

I am Warren Parker, Assistant Director of Public Affairs for Kansas Farm Bureau. I appreciate the opportunity to make some very brief remarks on H.C.R. 5002.

Rural health care is of major importance to our membership, much of which resides in rural areas of the 105 counties in Kansas.

As H.C.R. 5002 states, rural hospitals primarily treat an older population and receives 70 percent of their revenue from Medicare. Rural hospitals have a lower daily room rate which affects reimbursement, and if Medicare does **not** have a formula allowing rural hospitals to change the rate component, simply meaning rural hospitals receive less reimbursement than urban hospitals for the same service.

Obviously, this is not right, the problems of rural health care are many, this is one. Policy developed by our membership

SPHW
3-21-89
Attachment 6

and voted on at our annual meeting addresses the components included in H.C.R. 5002.

A message conveyed to Washington by way of this resolution will draw more needed attention to this particular problem.

We strongly urge this Committee to help send that message.

Thank you very much for your time, Mr. Chairman. I would be glad to attempt to answer any questions.

Kansas Farm Bureau Policy -- Rural Health Care

Access to high quality and affordable health care is essential to all Kansans. We support the following measures which will assist in preserving this vital service to rural Kansas:

1. Eliminate the rural/urban differential in Medicare reimbursement for hospitals and physicians;

2. Reduce the shortage of health care professionals by encouraging students to enter the health care professions. We also encourage nurses already educated but not working at present to reenter their profession. We do not support implementation of the Registered Care Technologists program proposed by the American Hospital Association;

3. Create a state scholarship program for health care professionals similar to the existing medical scholarship program for doctors that requires some service in rural areas; and

4. Require Osteopathic and Optometry students on state scholarship programs to practice for a time in underserved areas.

We strongly support a comprehensive amendment to the Kansas Constitution which will authorize the Kansas Legislature to enact appropriate tort reform laws, including necessary legislation in regard to medical malpractice, which will withstand Constitutional challenge and Supreme Court interpretation.

We believe the financial stability of some hospitals is being threatened by the increasing number of nonpaying patients. We will support the following:

1. Amend state law to allow hospitals greater access to small claims courts so they may collect more debts from those who can pay;

2. Establish a statewide risk pool for those who cannot access health insurance due to pre-existing conditions; and

3. Change the health care coverage rules to make preventive care as well as emergency care available to the medically needy.