

Approved 4-7-89
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. ~~xxx~~ on March 29, 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:

Lois Scibetta, Ph.D., Executive Administrator, Kansas State Board of
Nursing
Helen Connors, R.N., Ph.D., University of Kansas Medical Center School of
Nursing, Kansas City, Kansas
Written testimony, Elizabeth M. See Ph.D., RN, Professor and Chairperson,
Department of Nursing, Wichita State University, Wichita, Kansas
Janette Pucci, R.N., Educational Specialist
Representative Carol Sader
Representative Jesse Branson

Dr. Lois Scibetta appeared and presented written testimony concerning SCR-1618. Dr. Scibetta told the committee she had supported the Advanced Practice of nursing for many years and regulations are already in place to approve the schools of Nursing in Kansas. (Attachment 1)

Dr. Helen Connors appeared before the committee and presented written testimony concerning SCR-1618. Dr. Connors told the committee that in the late 1960s and 70s nurse practitioner training escalated with little concern for quality of education. Credentialing, certification and other regulating mechanisms designed to address quality control issues came into effect in the late 1970's. At the present time there is only one short term certificate program remaining in the country. Dr. Connors further stated the American Nurses' Association believes that Nurse Practitioner preparation is at the advanced practice level. All advanced level nursing requires a masters degree in nursing. The ANA Board supports the statement that by 1992 a nurse must have a masters degree in nursing to sit for the Nurse Practitioner Certification exams. Dr. Connors stated that it was her opinion that the Schools of Nursing in Kansas should not develop and implement training programs for nurse practitioners that are not at the masters level as this would be a step backwards. (Attachment 2)

Senator Hayden questioned Dr. Connors about the abilities of nurses in the four categories of training for the nursing profession. Dr. Connors stated that her personal feeling was that the higher degree was needed when caring for people whose health problems were so complex. The support courses allow them to integrate their knowledge and function at a higher level.

Staff questioned Dr. Connors and elicited the following information: Entrance into the old nursing program required RN status but how that status was attained was not an issue. Both baccalaureate and diploma RNs were admitted. At the present time diploma nurses must first complete the BSN Completion program, become a baccalaureate nurse prior to admittance to the Masters' plan for advanced nursing.

Staff further questioned Dr. Connors concerning certification and she replied that her use of "certification" referred to that process by the American Nurses Association or other organizations in which nurses seek certification. Dr. Connors stated that by 1992 a degree will be required in order to sit for the examination for certification by national

Unless specifically noted, the individual remarks recorded herein have not been submitted to the individuals appearing before the committee for editing or corrections.

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 29, 1989

organizations. Staff questioned Dr. Connors as to whether or not there were equivalent state requirements for certification for an advanced registered nurse or practitioner or nurse clinician and whether or not the students out of that program qualify as ARNPS. The reply by Dr. Connors was that she believed that those students out of that program do qualify as ARNPS.

Following some further questions staff stated they wanted to make it clear to the committee that our Kansas statutes don't address the academic ranks. The statutes set the requirements for licensure by the state and then authorize what you have to do to be authorized for those various levels of licensure. For the American Nurses Association to go out and set additional standards for themselves is one thing but that is a different program, a different certification program, a different set of requirements than is required in the Kansas statutes.

Senator Hayden introduced his pages from Holcomb and Garden City, Kansas.

Representative Jessie Branson appeared in support of SCR-1618 stating she and the Commission on Medical Indigence felt this resolution was of great importance. Testimony brought forth the awareness of the need for training programs for Advanced Registered Nurse Practitioners as the only program in the state is the one at the Masters Level at Kansas University.

The chairman asked Dr. Scibetta how many nurse practitioners were in the state and how they were divided. Dr. Scibetta stated that she would furnish the information.

Jeanette Pucci, Educational Specialist, State Board of Nursing, told the committee she felt the majority of the advanced registered nurse practitioners are from non-degree programs.

Written testimony submitted by Elizabeth M. See, PhD., R.N., Wichita State University, was presented to committee members. Dr. See stated her department did not support SC-1618. The plan would create problems in the areas of resources needed to establish the programs, the ability of attracting sufficient numbers of students, the level of preparation needed for nurses in advanced practice and the relationship to programs already in existence. (Attachment 3)

Senator Burke moved to pass SCR-1618 favorable for passage. Senator Salisbury seconded the motion and the motion carried.

House Bill 2426 was placed before the committee. Staff presented a balloon with information on Wisconsin and North Dakota statutes. (Attachment 4)

Senator Hayden moved to pass HB-2426 favorable for passage. Senator Langworthy seconded the motion and the motion carried.

The committee's attention was called to HB-2108, also the proposed amendments that were presented by Representative Sader March 23, 1989. Staff told the committee that the amendments were primarily clean-up other than Section 2 which reduced the list of mandated reporters, those most likely to be in contact with the adult. (Attachment 5)

Senator Burke made the motion to amend HB-2108 as recommended by the balloon of the bill. Senator Walker seconded the motion and the motion carried.

Senator Hayden moved to pass HB-2108 as amended favorable for passage. Senator Langworthy seconded the motion and the motion carried.

The chairman called the committee's attention to HB-2434. Following discussion of the various amendments, Senator Salisbury made a motion to essentially return the bill to the form passed by the House Public Health

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10:00 a.m.~~pm~~ on March 29, 1989
and Welfare Committee. Senator Walker seconded the motion.

Senator Hayden stated that by removing all of the House floor amendments there was not much impact from the bill and suggested going with the House floor amendment and see what happens. Senator Walker commented that the floor amendments greatly reduced the education for social work.

Senator Hayden stated it was his feeling that having someone to help in rural areas was better than no help at all. It would be a temporary step in the in the right direction. This area could be looked at it in the future if it didn't work out properly.

The chairman called the question. The motion carried. Senator Hayden requested his NO vote be recorded.

Senator Salisbury moved, with a second from Senator Langworthy, to pass HB-2434 favorable for passage as amended. The motion carried. Senator Hayden requested his NO vote be recorded.

At the time of adjournment no further meetings of the Senate Committee on Public Health and Welfare were scheduled.

Kansas State Board of Nursing

Landon State Office Building
900 S.W. Jackson, Rm. 551
Topeka, Kansas 66612-1256
913-296-4929

Lois Rich Scibetta, Ph.D., R.N.
Executive Administrator



Bonnie Howard, R.N., M.A.
Practice Specialist
Janette Pucci, R.N., M.S.N.
Educational Specialist

TO: The Honorable Senator Roy Ehrlich, Chairman, and Members
of the Senate Public Health and Welfare Committee

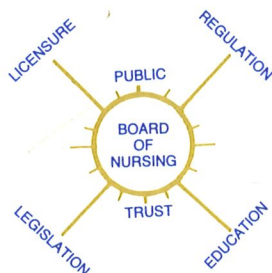
FROM: Dr. Lois Scibetta

RE: Senate Concurrent Resolution No. 1618

DATE: March 29, 1989

Thank you Mr. Chairman for the opportunity to comment on Senate Concurrent Resolution No. 1618. The Board of Nursing has supported the Advanced Practice of nursing for many years. The regulations are already in place to approve the schools of Nursing in Kansas which prepare Nurse Practitioners. The Board of Nursing supports Senate Concurrent Resolution No. 1618, with the following suggested change, in line 16, instead of "training", it is suggested that the word education be substituted, more clearly reflecting the purpose of the resolution.

I will be happy to respond to questions by Chairman. Thank you for the opportunity to comment.



SPH/W
3-29-89
Attachment 1

Senate Concurrent Resolution No. 1618
Statement by
Helen R. Connors, R.N., Ph.D.
University of Kansas Medical Center
School of Nursing

My name is Helen Connors. I am the Acting Director for Continuing Nursing Education at the University of Kansas Medical Center School of Nursing. I am also a ANA Certified Adult Nurse Practitioner and have had experience working as a Nurse Practitioner. From 1979-1981, I was Project Director for the Nurse Practitioner Program at the University of Kansas Medical Center School of Nursing. This was a federally funded project designed to prepare Nurse Practitioners at the Continuing Nursing Education or certificate level. The program was 12 months in length and included 260 hours of didactic (classroom instruction), 200 hours of supervised clinical and 1280 hours of preceptorship. This type of time commitment is required for most certification processes. Participants in the practitioner program included graduates of Associate Degree, Diploma, Baccalaureate, and masters degree programs. Content included Health Assessment, Growth and Development, Acute and Chronic Health Care problems related to the specialty area, Health Promotion and Disease Prevention, Teaching and Counseling, and Role Development. All of this content was and still is a requirement for certification to practice in the role. It has been determined that knowledge and expertise in these content areas is required in order to function in the role and meet the complex health care needs of the public.

SPH/W
3-29-89
Attachment 2

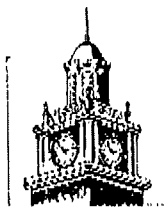
Historically speaking, the first formal nurse practitioner program was started at the University of Colorado in 1965. Subsequently nurse practitioner training began to flourish across the country. The primary purpose of these programs was to increase the availability of health care to the public and especially to the rural, inner city, and other underserved populations. Between 1965-1980 nurse practitioner training programs in the U.S. escalated with little concern for quality of the education. Programs varied in length from 2 weeks to 18 months. Content and faculty qualifications were not well established. Credentialing, certification and other regulating mechanisms designed to address quality control issues came into effect in the late 1970s. These mechanisms caused many of the substandard courses to shut down. The length of short term certificate programs increased from a mean of 8.5 months in 1973 to 11.7 months in 1980. It is also of interest to note that, although the majority of nurse practitioner programs in 1973 (65.6%) and 1977 (65.7%) were short term certificate programs, by 1980, 58.3% were at the masters level. Today, to my knowledge there is only one short term certificate program remaining in the country.

The American Nurses' Association believes that Nurse Practitioner preparation is at the advanced practice level. All advanced level nursing requires a masters degree in nursing. The ANA Board supports the statement that by 1992 a nurse must have a masters degree in nursing to sit for the Nurse Practitioner

certification exams (personal communications with ANA representative, March 27, 1989). Nurse practitioner certification is important in that it is likely to be tied to third party reimbursement.

For these and other reasons it is my opinion that the Schools of Nursing in Kansas should not develop and implement training programs for nurse practitioners that are not at the masters level. This would certainly be a step backwards and would do a disservice to the nurse or to the consumers of the health services rendered by such a practitioner.

The new masters program at the University of Kansas Medical Center School of Nursing provides easy access to masters preparations. The shorter program (36 credit hours) and flexible scheduling allows for students to complete the program in 18 months. This is not much longer than the time required for accredited short term certificate programs designed to meet criteria for credentialing at the advanced practice level. The masters program continues to have a strong clinical practice component with an equally strong underlying theory base; thus, providing the nurse with the background to deliver quality health care and to meet the complex health service needs of the consumer, especially those who are underserved.



The
Wichita
State University
College of Health Professions

March 29, 1989

Senator Roy Ehrlich
Chairman
Committee on Public Health and Welfare
State House
Topeka, Kansas

RE: Senate Concurrent Resolution No.1618

Dear Senator Ehrlich:

The Senate Concurrent Resolution (No. 1618) aimed at developing a number of training programs for nurse practitioners in the state of Kansas shows an appreciation in the Kansas legislature for the important role of nurses in health care in the state. As a proposal to increase the quality and availability of health care in Kansas, the resolution focuses on the problem of underserved areas for health care. We, however, do not support the resolution for a number of reasons.

The plan to develop and implement programs for nurse practitioners that do not require nurses to seek master's degrees in schools of nursing create additional problems in relation to: resources needed to establish such programs; the ability of attracting sufficient numbers of students; the level of preparation needed for nurses in advanced practice; and the relationship to programs already in existence.

Costs to academic institutions for developing new nursing programs would be excessive. Recruitment of nursing faculty to teach in such programs would be difficult because of the financial and urban competition in other areas of the nation.

Students may not be well served in practitioner programs that are nine months in length when they can attend a master's degree program for a few more months and receive an MSN which is more marketable.

Students receiving the MSN will be prepared at higher level and more effective in terms of functioning in complex health care situations. Additionally, national professional certification programs for nurse practitioners are moving toward requiring a master's degree.

There are three MSN approved programs in the state currently in widely separated locations. Not only has the availability of MSN programs increased in the state, but graduates are seeking positions, and are functioning, in clinical settings as nurse practitioners.

SPH/w
3-29-89
Attachment 3

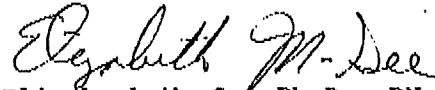
MAR-29-89 WED 9:58 AM Central State OHIO P.03

In summary, the WSU Department of Nursing and College of Health Professions is concerned:

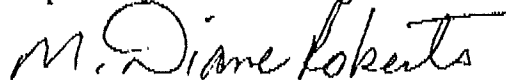
1. that the state does not have the faculty and financial resources for additional training programs for nurse practitioners at the certificate level.
2. that students will be shortchanged in programs that do not offer degrees.
3. that an educational program of 9 months will not prepare a nurse practitioner who can perform at the advanced level of clinical functioning that will be needed.
4. that three approved MSN programs in the northeast, south central, and western parts of the state preparing clinical nurses in community health, psychiatric-mental health, gerontology, maternal-child, and medical-surgical specialties already exist.

We value your interest in improving nursing resources for the state. We are certain you will consider the financial and educational implications of the proposed plan in the Concurrent Resolutions (No. 1618) to develop training programs for nurse practitioners.

Respectfully,



Elizabeth M. See Ph.D., RN
Professor and Chairperson
Department of Nursing



Diane Roberts, Dr. P.H.
Dean
College of Health Professions

HOUSE BILL No. 2426

By Committee on Public Health and Welfare

2-15

15 AN ACT concerning the state board of pharmacy; relating to patient
16 profiles; amending K.S.A. 1988 Supp. 65-1642 and repealing the
17 existing section.
18

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

20 Section 1. K.S.A. 1988 Supp. 65-1642 is hereby amended to read
21 as follows: 65-1642. (a) Each pharmacy shall be equipped with proper
22 pharmaceutical utensils, in order that prescriptions can be properly
23 filled and United States pharmacopoeia and national formulary prep-
24 arations properly compounded, and with proper sanitary appliances
25 which shall be kept in a clean and orderly manner. The board shall
26 prescribe the minimum of such professional and technical equipment
27 which a pharmacy shall at all times possess, and such list shall include
28 the latest revisions of the United States pharmacopoeia dispensing
29 information and all supplements thereto *and patient profiles*. The
30 ratio of supportive personnel performing nonjudgmental functions in
31 the compounding area of the pharmacy under the direction of a
32 pharmacist, excluding pharmacist interns, to licensed pharmacists
33 shall not exceed a one-to-one ratio.

34 (b) Each pharmacy shall keep a suitable book or file which records
35 every prescription order filled at the pharmacy. The book or file of
36 prescription orders shall be kept for a period of not less than five
37 years. The book or file of prescription orders shall at all times be
38 open to inspection by members of the board, the secretary of health
39 and environment, the duly authorized agents or employees of such
40 board or secretary and other proper authorities.

41 (c) No registration shall be issued or continued for the conduct
42 of a pharmacy until or unless the provisions of this section have
43 been complied with.

Wisconsin

1. Uses term "medication profile record system."
2. This is a system of all drugs dispensed to a particular patient by the pharmacy.
3. No additional information required by statute.

North Dakota

1. A patient profile record system maintained in all pharmacies for persons for whom prescriptions dispensed.
2. System must allow retrieval of information to identify previously dispensed medication to a particular patient.
3. One profile card may be maintained for all members of family living at one address.
4. Statute details information to be recorded - name, identification of prescriptions, dispensing pharmacist, etc.
5. Statute mandates that pharmacist "attempt to ascertain and shall record any allergies and idiosyncrasies of the patient and any chronic conditions which may relate to drug utilization as communicated to the pharmacy by the patient."
6. Patient profile record to be examined before dispensing.

SRHCO
3-29-89
Attachment 4

HOUSE BILL No. 2108

By Committee on Public Health and Welfare

1-25

SP 4146
3-29-89
Attachment 5

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AN ACT relating to abuse, neglect and exploitation of certain adults; requiring reports thereof by certain persons; directing investigations thereof by the department of social and rehabilitation services; directing other persons and public and private agencies to assist therein; providing for protective services; declaring certain acts to be unlawful and providing penalties therefor; repealing K.S.A. 39-1421 to 39-1429, inclusive.

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

Section 1. As used in this act:

(a) "Adult" means an individual 18 years of age or older alleged to be unable to protect their own interest and who is harmed, vulnerable to harm or threatened with harm through action or inaction by either another individual or through their own action or inaction. Such term shall include any individual residing in their own home or residing in the home of another individual

not a resident as the term "resident" is defined under K.S.A. 39-1401 and amendments thereto

(b) "Abuse" means the willful intentional infliction of injury, unreasonable confinement, fiduciary abuse, intimidation, cruel punishment, omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm, anguish or illness.

(c) "Neglect" means the failure or omission by one's self, caretaker or another person to provide goods or services which are necessary to ensure safety and well-being and to avoid physical or mental harm, anguish or illness.

(d) "Exploitation" means taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, har-

47 assessment, duress, deception, false representation or false pretense by
48 a caretaker or another person.

49 (e) "Fiduciary abuse" means a situation in which any person who
50 has the care or custody is the caretaker of, or who stands in a
51 position of trust to, an elderly or dependent adult, takes, secretes,
52 or appropriates their money or property, to any use or purpose not
53 in the due and lawful execution of such person's trust.

54 (f) "In need of protective services" means that an adult is unable
55 to provide for or obtain services which are necessary to maintain
56 physical or mental health or both.

57 (g) "Services which are necessary to maintain physical or mental
58 health or both" include, but are not limited to, the provision of
59 medical care for physical and mental health needs, the relocation of
60 an adult to a facility or institution able to offer such care, assistance
61 in personal hygiene, food, clothing, adequately heated and ventilated
62 shelter, protection from health and safety hazards, protection from
63 maltreatment the result of which includes, but is not limited to,
64 malnutrition, deprivation of necessities or physical punishment and
65 transportation necessary to secure any of the above stated needs,
66 except that this term shall not include taking such person into custody
67 without consent except as provided in this act.

68 (h) "Protective services" means services provided by the state or
69 other governmental agency or by private organizations or individuals
70 which are necessary to prevent abuse, neglect or exploitation. Such
71 protective services shall include, but shall not be limited to, eval-
72 uation of the need for services, assistance in obtaining appropriate
73 social services, and assistance in securing medical and legal services.

74 (i) "Caretaker" means a person who has assumed the responsi-
75 bility for an adult's care or financial management or both. Such
76 assumption of responsibility may be voluntary, by contract or by
77 order of a court of competent jurisdiction.

78 (j) "Secretary" means the secretary of social and rehabilitation
79 services.

80 (k) "Report" means a report of abuse, neglect or exploitation
81 under this act.

(l) "Law enforcement" means the public office which is vested
by law with the duty to maintain public order, make arrests for

84 crimes, investigate criminal acts and file criminal charges, whether
85 that duty extends to all crimes or is limited to specific crimes.

(m) "Involved adult" means the adult who is the subject
of a report of abuse, neglect or exploitation under this
act.

86 Pursuant to section 8, no No person shall be considered to be
87 abused, neglected or exploited or in need of protective services for
88 the sole reason that such person relies upon spiritual means through
89 prayer alone for treatment in accordance with the tenets and practices
90 of a recognized church or religious denomination in lieu of medical
91 treatment.

92 Sec. 2. (a) Any person who is licensed to practice any branch of
93 the healing arts, a licensed psychologist, the chief administrative
94 officer of a medical care facility, ~~[an adult care home administrator,~~
95 a licensed social worker, a licensed professional nurse, a licensed
96 practical nurse, a licensed dentist, a law enforcement officer, ~~[a li-~~
97 ~~icensed podiatrist, a family counselor including [except] attorneys-~~
98 ~~at-law, a registered occupational therapist, a registered physical~~
99 ~~therapist, a probation officer,~~ a licensed home health agency, ~~[and~~

[and the chief administrative officer of

100 the executive director of an entity which provides homemaker serv-
101 ices] and an employee of a financial institution, who has reason-
102 able cause to believe that an adult is being or has been abused,
103 neglected or exploited, ~~[or is in a condition which is the result of~~
104 ~~such abuse, neglect or exploitation,~~ or is in need of protective serv-
105 ices shall report, within six hours from receipt of the information,
106 such information or cause a report of such information to be made
107 in any reasonable manner. An employee of a domestic violence
108 center shall not be required to report information or cause a report
109 of information to be made under this subsection. Other state agen-
110 cies receiving reports that are to be referred to the department of
111 social and rehabilitation services, shall submit the report to the
112 department within six hours, during normal work days, of receiving
113 the information. Reports shall be made to the department of social
114 and rehabilitation services during the normal working week days and
115 hours of operation. Reports shall be made to law enforcement agen-
116 cies during the time social and rehabilitation services are not in
117 operation. Law enforcement shall submit the report and appropriate
118 information to the department of social and rehabilitation services
119 on the first working day that social and rehabilitation services is in
120 operation.

121 (b) The report made pursuant to subsection (a) shall contain the
 122 name and address of the person making the report and of the care-
 123 taker caring for the involved adult, the name and address of the
 124 involved adult ~~(reported)~~ information regarding the nature and ex-
 125 tent of the abuse, neglect or exploitation, the name of the next of
 126 kin of the involved adult, if known, and any other information which
 127 the person making the report believes might be helpful in the in-
 128 vestigation of the case and the protection of the involved adult.

129 (c) Any other person having reasonable cause to suspect or be-
 130 lieve that an adult is being or has been abused, neglected or ex-
 131 ploited ~~or is in a condition which is the result of such abuse or~~
 132 ~~neglect~~ or is in need of protective services may report such infor-
 133 mation to the department of social and rehabilitation services. Re-
 134 ports shall be made to law enforcement agencies during the time
 135 social and rehabilitation services are not in operation.

(d) A person making a report under subsection (a) shall not be required to make a report under K.S.A. 39-1401 to 39-1410, inclusive, and amendments thereto. A person making a report under K.S.A. 39-1401 to 39-1410, inclusive, and amendments thereto, shall not be required to make a report under this act.

136 ~~(d)~~ Any person required to report information or cause a report
 137 of information to be made under subsection (a) who knowingly fails
 138 to make such report or cause such report not to be made shall be
 139 guilty of a class B misdemeanor.

(e)

140 Sec. 3. (a) Anyone participating in the making of any report
 141 pursuant to this act, or in any follow-up activity to or investigation
 142 of such report ~~or any other report of abuse, neglect or exploitation~~
 143 ~~of an adult~~ or who testifies in any administrative or judicial pro-
 144 ceeding arising from such report shall not be subject to any civil or
 145 criminal liability on account of such report, investigation or testi-
 146 mony, unless such person acted in bad faith or with malicious
 147 purpose.

148 (b) No employer shall terminate the employment of, prevent or
 149 impair the practice or occupation of or impose any other sanction
 150 on any employee solely for the reason that such employee made or
 151 caused to be made a report, or cooperated with an investigation,
 152 under this act. A court, in addition to other damages and remedies,
 153 may assess reasonable attorney fees against an employer who has
 154 been found to have violated the provisions of this subsection.

155 Sec. 4. (a) The department of social and rehabilitation services
 156 upon receiving a report that an adult is being, or has been abused,
 157 neglected, or exploited ~~or is in a condition which is the result of~~

5-5

158 ~~such abuse, neglect or exploitation,~~ or is in need of protective serv-
 159 ices, shall:

- 160 (1) Make a personal visit with the involved adult:
 161 (A) Within 24 hours when the information from the reporter
 162 indicates imminent danger to the health or welfare of the involved
 163 adult;
 164 (B) within three working days for all reports of suspected abuse,
 165 when the information from the reporter indicates no imminent
 166 danger;
 167 (C) within five working days for all reports of neglect or exploi-
 168 tation when the information from the reporter indicates no ~~presence~~
 169 ~~of~~ imminent danger.

170 (2) Complete, within two weeks of receiving a report, a thorough
 171 investigation and evaluation to determine the situation relative to ~~the~~ involved
 172 the condition of the ~~adult~~ and what action and services, if any, are
 173 required. The evaluation shall include, but not be limited to, con-
 174 sultation with those individuals having knowledge of the facts of the
 175 particular case. When a criminal act has appeared to have occurred
 176 ~~under K.S.A. 21-3401 to 21-3428, and amendments thereto,~~ law
 177 enforcement shall be notified immediately and if the alleged per-
 178 petrator is licensed, registered or otherwise regulated by a state
 179 agency, such state agency also shall be notified immediately.

180 (3) Prepare, upon completion of the evaluation of each case, a
 181 written ~~findings~~ assessment which shall include a ~~finding~~ an anal-
 182 ysis of whether there is or has been abuse, neglect or exploitation,
 183 recommended action, a determination of whether protective services
 184 are needed, and any follow-up.

185 Sec. 5. (a) The secretary of social and rehabilitation services shall
 186 maintain a statewide register of the ~~reports~~ assessments received reports,
 187 and the ~~findings~~ analyses, evaluations and the actions recom-
 188 mended. The register shall be available for inspection by personnel
 189 of the department of social and rehabilitation services.

190 (b) Before any person is identified as a confirmed pepe-
 191 trator of abuse, neglect or exploitation, the person will be given
 192 due process prior to having such person's name entered into
 the statewide registry. report,

193 (e) Neither the ~~report~~ assessment ~~nor~~ the written evaluation or

195 findings analysis shall be deemed a public record or be subject to
 196 the provisions of the open records act. The name of the person
 197 making the original report or any person mentioned in such report
 198 shall not be disclosed unless the person making the original report
 199 specifically requests or agrees in writing to such disclosure or unless
 200 a judicial proceeding results therefrom. No information contained in
 201 the statewide register shall be made available to the public in such
 202 a manner as to identify individuals ~~except such information iden-~~
 203 ~~tifying the names of confirmed perpetrators may be disclosed~~
 204 ~~to a caretaker.~~

205 Sec. 6. In performing the duties set forth in this act, the sec-
 206 retary of social and rehabilitation services may request the assistance
 207 ~~of the staffs and resources~~ of all ~~appropriate~~ state departments, agen-
 208 cies and commissions and may utilize any other public or private
 209 agencies, groups or individuals who are appropriate and who may
 210 be available. Law enforcement shall be contacted to assist the de-
 211 partment of social and rehabilitation services when the information
 212 received on the report indicates that an adult, residing in such adult's
 213 own home or the home of another individual, is in a life threatening
 214 situation.

215 Sec. 7. (a) Any person ~~and public or private agency, including~~
 216 ~~but not limited to hospitals, schools, attorneys, physicians and other~~
 217 ~~social services agencies~~ which maintains records relating to the adult or agency
 218 which are relevant to any investigation conducted by the department
 219 of social and rehabilitation services under this act shall provide, involved
 220 upon the written consent of the adult or the ~~adult's guardian~~, the
 221 department of social and rehabilitation services with the necessary
 222 records to assist in investigations. Any such information shall be
 223 subject to the confidentiality requirements of section 5 and amend-
 224 ments thereto.

225 (b) ~~Any person, department or agency authorized to carry out~~ The department of social and rehabilitation services
 226 ~~the duties enumerated in this act~~ shall have access to all relevant
 227 records in accordance with the provisions of subsection (a).

228 Sec. 8. (a) If the secretary ~~finds~~ determines that an adult is in
 229 need of protective services, the secretary shall provide the necessary involved
 230 protective services if the adult consents. If the ~~adult fails to consent~~
 231 and the secretary has reason to believe that the ~~adult lacks capacity~~

232 to consent, the secretary shall determine whether a petition for
 233 appointment of a guardian or conservator, or both, should be filed.

234 The secretary may petition the district court for appointment of a
 235 guardian or conservator, or both, for an adult pursuant to the provisions involved
 236 of the act for obtaining a guardian or conservator, or both.

237 (b) If the caretaker of an adult who has consented to the receipt involved
 238 of reasonable and necessary protective services refuses to allow the
 239 provision of such services to the adult, the secretary may seek an
 240 injunction enjoining the caretaker from interfering with the provision
 241 of protective services to the adult. The petition in such action shall
 242 allege specific facts sufficient to show that the adult is in need of
 243 protective services and consents to their provision and that the care-
 244 taker refuses to allow the provision of such services. If the judge
 245 finds that the adult is in need of protective services and has been
 246 prevented by the caretaker from receiving such services, the judge
 247 shall issue an order enjoining the caretaker from interfering with
 248 the provision of protective services to the adult.

249 Sec. 9. If an adult does not consent to the receipt of reasonable involved
 250 and necessary protective services, or if such adult withdraws the
 251 consent, such services shall not be provided or continued except
 252 that if the secretary has reason to believe that such adult lacks
 253 capacity to consent, the secretary may seek court authorization to
 254 provide necessary services, as provided in section 10 of this act.

255 Sec. 10. ~~(a) If the secretary finds has reason to believe that an~~
 256 ~~adult is being or has been abused, neglected or exploited or is in~~
 257 ~~a condition which is the result of such abuse, neglect or exploitation~~
 258 ~~and lacks capacity to consent to reasonable and necessary protective~~
 259 ~~services, the secretary may petition the district court for appointment~~
 260 ~~of a guardian or conservator, or both, for the adult pursuant to the~~
 261 ~~provisions of the act for obtaining a guardian or conservator, or both,~~
 262 ~~in order to obtain such consent.~~

263 (b) In any proceeding in district court pursuant to provisions of
 264 this act, the district court shall appoint an attorney to represent the involved
 265 adult if the adult is without other legal representation.

266 Sec. 11. Subsequent to the authorization for the provision of
 267 necessary protective services, the secretary shall initiate a review of
 268 each case within 45 days to determine where continuation of, or

269 modification in, the services provided is warranted. A decision to
270 continue the provision of such services shall comply with the consent
271 provisions of this act. Reevaluations of the need for protective serv-
272 ices shall be made not less than every six months thereafter.

273 Sec. 12. The authority of the secretary under this act shall in-
274 clude, but is not limited to, the right to initiate or otherwise take
275 those actions necessary to assure the health, safety and welfare of
276 an adult, subject to any specific requirements for individual consent involved
277 of the adult. The secretary may establish a toll-free telephone number
278 for the reporting of instances of abuse, neglect or exploitation under
this act.

280 Sec. 13. Any actions taken under this act shall be consistent with
281 providing protective services and accommodations in a manner no
282 more restrictive of an individual's personal liberty and no more
283 intrusive than necessary to achieve acceptable and treatment
284 objectives.

285 Sec. 14. K.S.A. 39-1421 to 39-1429, inclusive, are hereby
286 repealed.

287 Sec. 15. This act shall take effect and be in force from and after
288 its publication in the statute book.

Temporary Licenses or Permits

	1*	2*	3*	4*	5*	6*
1. Nurses (65-115, 65-116)	Bd.	60 days 180 days	Yes, 180 days (1)	No	No	No
2. Cosmetology (65-1905)	Bd.	Next Exam.	Statute silent	No	No	No
3. Podiatrists (65-2005)	Bd.	License Action	Statute silent	No	No	\$25
4. Healing Arts, endorsement (65-2811)	Bd.	License Action	Yes, 2/3 after 1st	No	No	\$25
5. Adult Care Home Adm. (65-3508)	Bd.	60 days	Yes, 2 times	Yes	No	No
6. Dietitian (65-5907)	Sec.	6 mos.	Yes, 1 time	No	No	Yes r/r
7. Social Workers, New York	Dept., Bd. OK	18 mos. or results ex.	Statute silent	Not Clear	No	\$60
8. Social Workers, Kansas cur- rent law	Bd.	45 days after ex.	No	No	No	No

Notes

- A. Issuance of temporary license or permit discretionary in above cases.
- B. Listing does not include temporary licenses or permits for training except 180 days for nurses.
- C. Listing includes K.S.A. chapter 65 and social workers only.

* Code

- (1) Who issues temporary license or permit
- (2) Time limitation on temporary license or permit
- (3) Renewable under statute
- (4) Revocable under statute
- (5) Supervision of temporary licensee or permit holder required under statute
- (6) Fee set by statute