Approved 2-5-1990
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

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

1:30 ~~a.m.~~/p.m. on January 29, 1990 in room 423-S of the Capitol.

All members were present except:

Committee staff present:
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:
David Trayster, Asst. Secretary/General Counsel for Dept. of H&E.
Jim Snyder, Kansas Funeral Directors Association
Bob Alderson, Ks. Chiropractic Association
Tom Hitchcock, Executive Secretary of Ks. Board of Pharmacy
Chip Wheelen, Ks. Psychiatric Society

Chairman called meeting to order, noting this is the first meeting since January 10, 1990. He stated he felt this would be an extremely busy Committee during the 1990 Session. He called attention to hand-outs this date in regard to Credentialing of Lab Technicians, and Marriage and Family Therapists. He noted there would be hearings held in the process of Credentialing of these groups. He asked that members study this material distributed so they would become familiar with these issues when they are taken up before this committee. He noted further the Full Report on these two groups could be made available on request. (Attachments #1 and #2)

Chair then welcomed all present and asked for bill requests.

David Trayster, Assistant Secretary and General Counsel for Department on Health and Environment had distributed hand-outs to members regarding the individual requests he explained. (See Attachments No. 1 and No.2).

(Attachment No.3) relates to Article 35 Licensure of Adult Care Home Administrators, requesting deletion of inconsistent language related to the Board's authority to revoke/suspend licenses, and to remove language restricting examination fee to $100, and to provide additional reason for the board to revoke or suspend a license or otherwise discipline an Administrator. He detailed the reasons for requests and answered questions, i.e., yes, they realize they need to amend the request so there would be a ceiling on the fee request; if an Administrator has committed a crime (not a felony) currently there is no authority to remove that person from a facility if others feel the discharging of that person is important; yes, he agrees the language is broad, but it is very difficult to draft language dealing with specific crimes.

(Attachment No. 4) relates to the Ambulatory Surgical Centers, and asks to add language to existing Statutes, to more accurately define Ambulatory Surgical centers.This would exclude private physician offices and group practices. The bill request would clarify current language.

(Attachment No. 5) relates to Vital Statistics, and they request that all Local registrars' Offices be eliminated. Currently there is only one County displeased with this request. The proposed legislation would eliminate all reference to local registrars and would streamline the vital statistics registration process whereby the hospital personnel and funeral directors would no longer send birth/death records through a local registrar, but would send them directly to the office of Vital Statistics. Eventually there will be Regional Offices set up to collect this data. He answered

questions, i.e., if information is being given out from Local Registrars offices, it is in violation of current Statutes. One of the reasons for requesting the bill is to collect the information, put it on Optical Discs. This information can be collected more quickly, and can be given back to parents or individuals reqeusting birth or death records more quickly. This bill request would simply clean up the current law; there was discussion in regard to fiscal impact; discussion to clarify the current position of Wyandotte County on this matter. He explained after this data can be entered and put on the Optical disc system, they can report the information requested in 18 seconds.

Rep. Shallenburger moved to have these bills introduced and returned to this committee, seconded by Rep. Amos, no discussion, motion carried.

Jim Snyder, Kansas Funeral Director's Association presented a bill request, (Attachment No.6). He explained reasons for requesting that SRS not be allowed to continue to deduct from payments for funeral expenses, cash found, as well as money spent by relatives or friends for ministers, flowers, music, and other items which are not part of the funeral directors services. He detailed examples, and noted they have been told over and over there are (recoverable) assets in many cases, and it is the belief of the Funeral Director's Association that the Department of SRS should be the one to recover these assets and not the funeral director who is trying to recover payment for his services, done at discounted rates at best. Discussion followed.

Rep. Amos moved to introduce this legislation and have it assigned to this committee, seconded by Rep. Green. Motion carried.

Bob Alderson, Executive Director of Chiropractic Association presented a bill request, (Attachment No.7). This request would allow their Association a seat on the Board of Directors of Blue Cross and Blue Shield. He summarized why they feel equal representation is vital, in that for the last few years communication has not worked favorably between the Board and the Associations for Chiropractors and Osteopaths. He answered questions, yes, they do have members on the Board of Healing Arts, but feel representation on Blue Cross/Blue Shield Board is also vital.

Rep. Foster moved to have introduce the bill and have it assigned to this committee, seconded by Rep. Weimer, motion carried.

Tom Hitchcock, Executive Secretary, Kansas State Board of Pharmacy offered request for a bill, (see attachment No. 8). He detailed reasons for the legislation that is requesting a change in K.S.A. 65-1632 to increase the maximum for license fees from $60 to $100. It is costly to change the statutes, so the level of $100 is in excess, but should allow several years of increases if necessary. Discussion ensued, i.e., it is necessary to keep ahead of increases which now are now in excess of $60.00; there are 2800 licensed pharmacists in Kansas and 1700 of those are within the state. Rep. Shallenburger moved to introduce this bill, seconded by Rep. Borum, motion carried.

Chip Wheelen, representing the Kansas Psychiatric Society requested a House Concurrent Resolution that would designate the week of October 7-13, 1990 as mental illness awareness week. He offered hand-out, (see Attachment No. 9) that detailed this Resolution.

Rep. Buehler moved to introduce the Resolution, seconded by Rep. Scott, motion carried.

Chair noted tomorrow there would be Staff briefing on two bills coming from Interim Study.

Rep. Wells moved to approve minutes of committee of January 10, 1990, seconded by Rep. Buehler, motion carried.

Meeting adjourned 2:40 p.m.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

Date Jan. 29, 1990

Name	Organization	Address
Chip Wheelen	Ks Medical Soc.	Topeka
Belva Ott	Planned Parenthood of Ks.	Wichita
Betty Powers	Kansas Choice Alliance	Topeka
Ken Bahr	Ks Society of Med. Tech.	Topeka
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	"
Tom Hitchcock	Bd. of Pharmacy	"
Bob Anderson	Ks. Chiropractic Assoc	"
Kelly Waldo	Ks. Chiropractic Assoc	"
W. J. Newcomer	KS. Funeral Directors Assn.	"
David K Sparks	KDHE	"
Jim Snyder	KEDA	"
Kim Prewett	Legislative Intern	Lawrence
Rebecca Rice	KSCS	Topeka
ALAN COBB	KRCS	WICHITA

STATE OF KANSAS

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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*

November 8, 1988

The Honorable Marvin Littlejohn
Chairman of Public Health and Welfare
State Capitol, Room 425-S
Topeka, Kansas 66612

Dear Representative Littlejohn:

In accordance with the Kansas Credentialing Act (KSA 65-5001, et seq), I submit my final findings and recommendations on the application seeking to license clinical laboratory personnel, particularly medical technologists and technicians.

Sincerely,

Stanley C. Grant, PhD
Secretary

SCG:CR:p
Enc.

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Re: HB

K. HOSPITAL ASSOCIATION

Donald A. Wilson
President

Sepember 7, 1988

Stanley Grant, Secretary
Kansas Department of Health and Environment
Landon State Office Building
900 S.W. Jackson
Topeka, KS 66620-0001

Dear Mr. Secretary:

The Kansas Hospital Association respectfully requests your consideration of our comments with regard to the Technical Committee report on the application to credential clinical laboratory personnel. We realize that submission of comments directly to the Secretary regarding a credentialing application may be somewhat unusual, but we feel the Technical Committee's report with regard to this application raises enough concerns that our comments are warranted.

As you know, the Technical Committee has recommended that medical technologists be licensed by the state and medical technicians be registered. The Kansas Hospital Association disagrees with the Technical Committee report because we feel the proposal would require additional unnecessary regulation, increase costs and exacerbate personnel shortage problems in our state's hospitals. We would like to specifically discuss several of the criterion upon which the Technical Committee based its decision.

Criterion I. The unregulated practice of the profession can harm or endanger the health, safety or welfare of the public and the potential for such harm is recognizable and not remote. The Technical Committee concluded: "The evidence provided indicates the potential harm due to the unregulated practice of the profession can harm or endanger the health, safety, and welfare of the public and the potential for such harm is recognizable and not remote." First, we strongly disagree that the practice of the profession is "unregulated." As we will discuss later, there are a myriad of regulations that cover laboratory services in Kansas hospitals. In fact, this may be among the most regulated areas of health care, which as an industry is certainly highly regulated.

The Technical Committee found: "Much of the information provided in the application was hypothetical examples of harm that could occur if the functions of the occupation were not correctly applied." In addition, most of the examples of potential harm cited by the applicant were, as pointed out by the Technical Committee, not even relevant to the application. It was specif-

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ally stated that several Technical Committee members felt the applicant's documentation of the possibility of harm had been done in an unsystematic manner.

Another finding of the Technical Committee included this statement: "It was unclear ... how much of the documented harm is due to the unregulated practice." K.S.A. 1987 Supp. 65-5003(d) states that the credentialing applicant "shall have the burden of proving by clear and convincing evidence that the health care provider occupation or profession should be credentialed by the state." Clear and convincing proof is defined as "proof beyond a reasonable, i.e., a well-founded doubt." (Black's Law Dictionary Revised 4th Edition, page 317.) Obviously, if it was unclear to the Technical Committee how much harm is due to unregulated practice, there has been no clear and convincing evidence provided. Criterion I has, therefore, not been met. A decision such as this should not be based on hypothetical situations, largely irrelevant examples and unclear evidence.

Criterion III. If the practice of the occupation is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures. Here the Technical Committee found that even though laboratory services are most often conducted under the direction of other health care personnel or inpatient facilities, this supervision is inadequate to protect the public from harm, particularly in rural settings. Current Medicare hospital conditions of participation require that the laboratory director must be a pathologist or other doctor of medicine or osteopathy with training and experience in clinical laboratory services, or a laboratory specialist with a doctoral degree in physical, chemical, or biological sciences, and training and experience in clinical laboratory services. The laboratory director must provide technical supervision of the laboratory services, assure that tests, examinations, and procedures are properly performed, recorded and reported, and ensure that the staff is sufficient in number, receives adequate inservice training, and has appropriate education, experience, and training. The Medicare conditions of participation specifically require that laboratory technologists must be technically competent to perform test procedures and report test results promptly and proficiently. The Joint Commission on Accreditation of Healthcare Organizations devotes an entire section of its standards manual to medical laboratory services. Without going into great detail, those requirements are essentially the same as those provided by Medicare, except in some situations the Joint Commission requirements are even more specific. I have enclosed a copy of both the Medicare condition of participation and Joint Commission standards for your information. In addition, the Health Care Financing Administration has recently proposed revisions of the clinical laboratory regulations for Medicare, Medicaid, and the Clinical Laboratory Improvement Act of 1967. In those proposed regulations, HCFA states: "The hospital laboratory personnel requirements have not resulted in any known adverse effects on patient health and safety in these facilities over the past 20 years." (Federal Register, Vol. 53, No. 151, 8-5-

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88, p. 29603). These proposed regulations, by the way, expand even more the regulatory requirements on laboratory services.

The Technical Committee report states: "The Kansas Hospital Association surmises that 'licensed institutional health care providers and employers assume legal responsibility for the competency and performance of their employers.'" Generally, to "surmise" is to infer something without sufficiently conclusive evidence, in other words, to guess. We hope the Technical Committee did not think that KHA was guessing about the legal responsibility of hospitals in this state. There is no question that functions performed within the scope of an employee's duties in the hospital can and do result in liability on the part of the employing institution. This is just another reason that further credentialing is not necessary. Legal responsibilities stemming from historic principles, as well as more recent laws and regulations, make it clear the hospital is responsible for hiring competent employees.

There has been no clear and convincing evidence that the current web of governmental regulations is inadequate to protect the public from persons performing non-credentialed functions and procedures. As you can see, regulations and standards are very strict and require a great amount of supervision of laboratory employees. In addition, as the federal government has stated, there has been no showing the current requirements have resulted in harm to patients.

Criterion IV. The public is not effectively protected from harm by certification of members of the occupation or by means other than credentialing. The Technical Committee identified three alleged causes of harm -- lack of adequate training, lack of adequate supervision, and false credentials. In our opinion, there has been no showing that credentialing will correct these "problems." First, current and proposed federal regulations specifically state that laboratory personnel must have appropriate education, experience and training to perform their jobs in a competent manner. These regulations also require inservice training. Second, the Technical Committee itself admitted the issue of supervision "was not clear." Third, it is difficult to see how credentialing would prevent the falsification of credentials. Moreover, since the applicant has given only one example of this type of allegation, it does not appear to be a major problem.

The Technical Committee felt that certification would not solve these problems because it is voluntary. The Joint Commission standards, however, require that a qualified medical technologist be "a graduate of a medical technology program approved by a nationally recognized body or has documented equivalent education training and/or experience." (Joint Commission Standards, PA.1.3.1.1). Obviously, to a hospital that is Joint Commission accredited, this is anything but voluntary.

There are a number of "means other than credentialing" already in place to protect the public. As the Technical Committee found, existing laws and regulations cover state certification of independent laboratories; state

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licensure of hospitals, including laboratory services; state and federal requirements for directors and/or supervisors of clinical laboratory services in hospitals and independent laboratories; requirements for hospitals, independent laboratories, and others, to participate in proficiency testing, quality control programs, and meet standards for blood banking; Food and Drug Administration requirements governing collection and administration of blood; Nuclear Regulatory Commission requirements defining standards and conditions for use of radioactive diagnostic material; Occupational Safety and Health Administration requirements governing safety practices for chemicals and instruments and disposal of hazardous waste; and new proposed regulations to govern test accuracy and Pap smear testing.

As the federal government has recognized, it is more reliable to depend on outcome measures such as quality control, proficiency testing and quality assurance programs, rather than detailed personnel standards, as a mechanism to assure the quality of testing. We feel current and proposed federal regulatory requirements do just this and that an additional layer of regulation at the state level does not provide protection to the public.

Criterion V. The effect of credentialing of the profession on the cost of health care to the public is minimal. Here the Technical Committee found the criterion was met even though "there most likely will be a cost associated with the credentialing of the occupation that the public will assume." Apparently, the Technical Committee felt that since the extent of the cost cannot be determined, the criterion was met. We simply cannot agree with this conclusion. First, evidence was presented to the Technical Committee that a number of hospitals would have to hire or make other personnel changes to meet the conditions of the licensure law. This would obviously involve additional expenses on the part of those facilities. Indeed, the Technical Committee admitted that there would be a cost involved in state licensure.

It is very clear under the credentialing statutes that the burden to prove by clear and convincing evidence that "the effect of credentialing of the profession on the cost of health care to the public is minimal" rests squarely on the shoulders of the applicant. The Technical Committee seems to have reversed that burden of proof here and stated that since there is unclear evidence as to the extent of the cost, it can be assumed to be minimal. Any reasonable reading of the statutes and the criterion requires that this conclusion be rejected. Criterion V has not been met.

Criterion VI. The effect of credentialing of the profession on the availability of health care personnel providing services provided by such occupation or profession is minimal. The Technical Committee report cited a KHA survey that showed hospitals were experiencing difficulty in recruiting privately certified laboratory technologists. Under Criterion III, the Technical Committee previously found that supervision was inadequate and under Criterion IV, the Technical Committee found that hospitals would have to hire additional staff to meet the requirements of the licensure law. Therefore, it is reasonable to conclude that the credentialing recommended by the Technical Committee would exacerbate these problems. Indeed, the Technical Committee

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report stated that "credentialing of the profession may intensify the problem." In addition, the Technical Committee concluded that credentialing will "probably" minimally affect the availability of clinical laboratory personnel.

Again, statutory requirements regarding credentialing have been inverted by the Technical Committee. It is up to the applicant to show by clear and convincing evidence the effect on availability of personnel will be minimal. This has not been done here. Everyone involved agrees there will be some effect on the availability of health care personnel. The only question is how much. The applicant has not met its burden of proving more than a minimal effect.

In summary, we feel your recommendation should be for no credentialing of medical technologists and technicians. First, as we have seen, the federal government is becoming more and more active in this area. The federal strategy is to focus more on test accuracy, outcomes, and quality assurance than detailed personnel standards. For the state to adopt a new licensing standard would be in conflict with what the federal government is presently doing. In addition, there is an almost overwhelming network of regulations from different federal and state agencies that govern what goes on in laboratories. State licensure standards would just add one more level to this network without any corresponding benefit. Finally, this proposal would have a disproportionate impact on rural hospitals in our state. As you are well aware, many of those facilities are currently struggling to survive. Indeed, the State Legislature has convened a special interim study this year to look at problems facing small and rural hospitals in our state. Among the problems faced by those facilities are difficulties in recruiting and retaining personnel. This proposal would intensify these problems, again without any corresponding benefit.

As we stated earlier, it is clear from the statutes the applicant has the burden to prove by clear and convincing evidence that all the criterion have been met. Even the Technical Committee report seems to admit in certain places that this has not been done. Therefore, without such a showing, credentialing should not be recommended.

We appreciate your consideration of our comments. If you have any questions, please let us know.

Very truly yours,

Donald A. Wilson
President

DAW:pac
Enclosures

cc: Cathy Rooney
John Peterson

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LEGISLATIVE MEMO NO. 2

Date: February 11, 1989

To: Rep. Marvin Littlejohn
Chairman P H & W Committee

From: Richard D. Charlton, Sr.
Legislative Intern

Subject: Credentialing Application of Clinical Laboratory Medical Technologists and Technicians.

A review of the **Technical Committee** report of July 13, 1988 **and** the final report of the **Secretary of H & E** dated November 8, 1988 **concur that all statutory criteria are met except for category I, III, & IV.**
A letter from the KS Hospital Assn to the Secretary of H & E dated September 7, 1988 was also reviewed. The **KS Hospital Assn believes** that the **applicant has not met statutory criteria for Categories I, III, IV, V, or VI.**

A summary of each non-concurrence by category is as follows:

CATEGORY I: "The unregulated practice can harm or endanger public and potential harm is recognizable and not remote."

The technical committee found criteria met based on five cases (Page 5-6; examples H, I, J, K, and M) and nationwide information on 328 transfusion related deaths over a nine year period where clients were harmed due to staff's lack of continuing education and clerical errors.

The Secretary of H & E agreed that the five cases documented harm. With the volume of tests involved by over 3,000 technologists and technicians daily only five relevant cases were found. Therefore, the Secretary did not agree with the technical committee that the "potential for such harm is not remote".

The KS Hospital Assn concurs with the Secretary. They **"strongly disagree that the practice of the profession is unregulated".**They believe that there are currently more then enough regulations that cover laboratory services. "This may be one of most regulated areas of health care".

CATEGORY III: Is the practice of this profession adequately supervised to protect the public?

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The technical committee found that the criteria was met because "supervision is inadequate at times to protect the public from harm, particularly in rural settings". They noted there were some safeguards in place in regulated laboratories but not in the non-regulated doctor's offices. (Page 17, paragraph 2-New federal law should regulate physician's laboratories.

The Secretary of H & E stated he "could not find, from the information provided, any evidence to substantiate that supervision was inadequate or inadequate". Therefore, criteria was not met.

The KS Hospital Assn stated that over 80% of laboratory testing is accomplished in the hospital setting. They must meet Medicare and the Joint Commission on Accreditation of Healthcare Organization Manual Standards. They noted that the Health Care Financing Administration has recently proposed revisions of the clinical laboratory regulations for Medicare, Medicaid, and the Clinical Laboratory Improvement Act of 1967. In those proposed regulations, HCFA states: **"The hospital laboratory personnel requirements have not resulted in any known adverse effects on patient health and safety in these facilities over the past 20 years."** (Fed.Register, Vol.53, No. 151, 8/5/88, p.29603) The new proposed regulations, expand even more the regulatory requirements on laboratory services.

CATEGORY IV: The public is not effectively protected from harm by certification of members of the occupation or by means other than credentialing.

The technical committee stated the criteria was met. They **identified three causes of harm:** (1) lack of adequate training, (2) lack of adequate supervision, and (3) false credentials. Private certification addresses the training standards but certification is voluntary. State credentialing could address the issue of training and falsifying credentials. In addition, state credentialing would mandate continuing education requirements. Hospital laboratory and independent laboratory laws currently require inservice training but do not specify the amount of hours or type of training. They noted that the **Idaho program illustrates that laboratory quality can increase without state certification.** Other options could include: (1) regulations to increase quality laboratory results; (2) the state could require that all laboratories insure employees have a designated number of hours of inservice training or continuing education; (3) technologists provide direct supervision; and/or (4) the state require all laboratories be certified including personnel standards, procedural documentation, etc.

The Secretary of H & E determined that there were alternatives to credentialing (page 19-20 technical committee report) that could combat the issues of harm including: certifying the laboratory,

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changing state hospital regulations to require so many hours of inservice training or continuing education, and/or technologists provide direct supervision. The secretary stated: "I find that due to the conclusion that I made that Criterion I is not met, the issue of protecting the public from the harm substantiated in Criterion I is moot".

The KS Hospital Assn noted that current federal regulations require laboratory personnel must have appropriate education, experience and training to perform their jobs in a competent manner. It is difficult to see how credentialing would prevent the falsification of credentials. They stated: "Obviously, to a hospital that is Joint Commission accredited , this is anything but voluntary". They also noted many of the existing laws that govern the protocols for laboratory personnel. They stated: "..that an additional layer of regulations at the state level does not provide protection to the public".

CATEGORY V: The effect of credentialing of the profession on the cost of health care to the public is minimal.

The technical committee and the Secretary of H & E concur that there most likely will be some additional cost associated with credentialing that the public will assume but that the **extent of the cost can not be determined.** Evidence showed that **some hospitals (primarily rural) in Kansas will have to employ a technologist to supervise medical technicians and/or other staff conducting tests. The greatest impact** will most likely be felt in **rural hospital laboratories and the consumer's bill.** They concur that criteria is met.

The KS Hospital Assn states:"..that the burden to prove effect of credentialing on cost of health care to the public is minimal rests squarely on the shoulders of the applicant. The **technical committee seems to have reversed that burden of proof here** and stated that since there is unclear evidence as to the extent of the cost, it can be assumed to be minimal." Therefore, they believe criterion has not been met.

CATEGORY VI: The effect of credentialing of the profession on the availability of health care personnel providing services provided by such occupation or profession is minimal.

The technical committee and Secretary of H & E concur that applicant has met criterion V. But the **Secretary of H & E states** (bottom of page 5): "Evidence does not show that the availability of clinical laboratory personnel would be greatly altered by credentialing. However, there **currently appears to be a problem with recruiting privately certified technologists. Credentialing** of the profession **may intensify the problem.**

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The technical committee report (1st full paragraph,page 22) noted that a survey revealed that hospitals are experiencing difficulty recruiting privately certified laboratory technologists. Of 87 hospitals that responded to the survey a total of 43 had vacant positions. Rural hospitals would be hardest hit since residents who leave to acquire training seldom return.

The KS Hospital Assn. concludes that licensure of the profession would restrict flexibility to hire and train employees and thus limit the pool of potential employees.

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Re: HB-2987

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
EXECUTIVE SUMMARY OF THE FINAL REPORT
CLINICAL LABORATORY PERSONNEL

The Secretary of Health and Environment Recommendations to the Legislature:

I concluded that the information provided during the review process does not substantiate a finding that Criteria I, III, or IV are met. KSA 65-5006 states that all of the criteria must be found met before a recommendation for credentialing can be made. Hence, I recommend to the legislature that the credentialing application which seeks to license medical technologists and technicians be denied. The following is the rationale for my findings regarding Criteria I, III, and IV.

In regard to Criterion I, the applicant must document that the unregulated practice of the occupation can harm or endanger the health, safety, or welfare of the public and the potential for such harm is recognizable and not remote. The applicant documented five individual cases where harm resulted in a hospital setting due to errors committed by laboratory personnel. I concur with the technical committee's findings that these five cases document that harm has resulted from errors committed by technologists and technicians in Kansas. However, in accordance with Criterion I, I did not find that "the potential for such harm is not remote" due to the lack of evidence about the frequency in which such harm does occur. One must take into account that an estimated 3,000 technologists and technicians in Kansas are conducting tests, with 80 percent working in a hospital setting and only five cases of harm were generated that were relevant to the credentialing proposal that occurred in a hospital laboratory setting.

The applicant supplied other examples besides the five cases that illustrated that errors have been committed by laboratory personnel. But, the central focus of Criterion I is that these errors must then result in harm. The information provided in these other examples did not document incidents of harm because the error was corrected prior to issuing the results or no follow-up information was gathered to determine if the client was harmed.

In addition, I found that the applicant provided information about errors being committed and in some cases harm resulting that the federal government is currently attempting to resolve through federal regulatory intervention. However, these examples either deal with physician office laboratories that the applicant does not desire to include in its licensure requirement or the errors and harm were caused by other personnel, such as cytotechnologists (pap smear slide readers). The licensing of technologists or technicians as proposed is irrelevant to addressing these problems.

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I conclude that the number of transfusion-related deaths that have occurred nationwide over a nine-year span does not support the notion that "the potential for such harm is not remote."

Due to the lack of evidence to indicate that harm to the public from errors committed by medical technologists and technicians is not remote, I conclude that Criterion I is not met.

Regarding Criterion III, the applicant must prove that the direction provided by inpatient facilities and by other health care personnel is inadequate. The applicant's proposal focuses primarily on already regulated laboratories (e.g. hospitals and independent laboratories). The applicant maintains that supervision provided by laboratory directors or supervisors in these regulated laboratories is inadequate. I could not find from the information provided any evidence to substantiate that supervision was inadequate or adequate. Therefore, I find Criterion III not met.

Criterion IV requires the applicant to show that the public is not effectively protected from harm by private certification of members of the occupation or by means other than credentialing. Due to the finding that Criterion I is not met the issue of protecting the public from the harm substantiated in Criterion I is moot.

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

FINAL REPORT TO THE LEGISLATURE FROM THE SECRETARY ON THE APPLICATION FOR CREDENTIALING OF CLINICAL LABORATORY PERSONNEL

The Kansas Society for Medical Technology, the Kansas Chapter of the International Society for Clinical Laboratory Technology, and the Kansas Society of American Medical Technology submitted an application to the Kansas Department of Health and Environment to be reviewed through the credentialing review program. The applicant organizations desire medical technologists and medical technicians in clinical laboratories to be licensed by the State of Kansas to practice. The applicant seeks to make it unlawful for any person to perform clinical laboratory tests unless licensed as a medical technologist or medical technician. This requirement would not apply to physicians or to the employees of physicians who conduct tests for patients in their offices. In addition, those individuals in a clinical laboratory who perform basic tests requiring limited technical skills who are under the direct and personal supervision of a technologist or a laboratory supervisor and persons who collect blood specimens are excluded from the proposed licensure requirements.

The application has been reviewed according to the Kansas Credentialing Act (KSA 65-5001, et seq) by a technical committee and the Secretary of Health and Environment. The purpose of the review process is to provide the legislature with a thorough analysis of the application and to make recommendations on whether there is a need for credentialing and, if so, what level or levels of credentialing is appropriate. The legislature is not bound by these recommendations. In accordance with state law, a seven-member technical committee conducted five fact-finding meetings, which included two public hearings, to investigate the issues. Attached is a copy of the final report of the technical committee.

The technical committee found that the criteria set out by KSA 65-5006 have been met. In addition, the technical committee recommends that medical technologists be licensed and technicians be registered by the state.

In accordance with KSA 65-5001 et seq, I have compared the information contained in the official record[1] against the statutory criteria. The

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[1]The official record contains the application, testimony, and information presented at the committee meetings and public hearings; minutes of the committee meetings and public hearings; and the technical committee's preliminary and final report.

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conclusions I have drawn from the information provided differ from the technical committee in regard to Criteria I, III, and IV. I concluded that the information provided does not substantiate a finding that Criteria I, III, or IV are met. My recommendation to the legislature is that this credentialing application, which seeks to license medical technologists and technicians, be denied.

The following is a summary of the technical committee's findings and recommendations, along with my findings and recommendations:

- **The technical committee found that the applicant has met Criterion I by demonstrating that errors due to inadequate levels of training, lack of supervision, and/or false credentials can harm the public. "The potential for such harm is recognizable and not remote."**

  The applicant provided five cases that were relevant to the credentialing request where laboratory personnel's errors resulted in the client being harmed. Of the five cases of documented harm, the applicant maintains that in two of the cases the errors were caused by qualified staff who lacked continuing education. In another two cases, the person's training and supervision were not adequate and in another case the person falsified credentials.

  A nationwide study of 328 transfusion-related deaths that occurred between 1976-85 was another example of harm. The single most common cause of fatalities was due to clerical error in maintaining proper identification of patients. These errors were committed by laboratory staff, nurses, and physicians.

* I concur with the technical committee's findings that the five cases document that harm has resulted from errors committed by medical technologists and technicians in Kansas. However, in accordance with Criterion I, I did not find that "the potential for such harm is not remote" due to the lack of evidence about the frequency in which such harm does occur. One must take into account that an estimated 3,000 technologists and technicians in Kansas are conducting tests, with 80 percent working in a hospital setting and only five cases of harm were generated that were relevant to the credentialing proposal that occurred in a hospital laboratory setting.

* The applicant supplied other examples, besides the five cases, that illustrated that errors have been committed by laboratory personnel. But, the central focus of Criterion I is that these errors must then result in harm. The information provided in these other examples did not document incidents of harm because the error was corrected prior to issuing the results or no follow-up information was gathered to determine if the client had been harmed.

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* In addition, the applicant provided information about errors being committed and in some cases harm resulting that the federal government is currently attempting to resolve through federal regulatory intervention. However, these examples either deal with physician office laboratories that the applicant does not desire to include in its licensure requirement or the errors and harm were caused by personnel, such as cytotechnologists (pap smear slide readers). Licensing technologists or technicians as proposed is irrelevant to addressing these problems.

* I conclude that the number of transfusion-related deaths that have occurred nationwide over a nine-year span does not support the notion that "the potential for such harm is not remote."

* Due to the lack of evidence to indicate that harm to the public from errors committed by medical technologists and technicians is not remote, I conclude that Criterion I is not met.

- The technical committee found that the applicant has met Criterion II by demonstrating that "medical technologists and medical technicians require specialized skills and training" and that these skills and training can be "acquired through a formal period of advance study and training" from accredited programs and continuing education is available to acquire new information regarding the practice.

  Evidence provided showed that there is an identifiable body of knowledge for medical technologists with: a baccalaureate degree in medical technology from an accredited program; or a baccalaureate degree or equivalent with a major in chemical, physical, or biological science and one year of structured clinical education. No information was provided as requested to demonstrate that the various qualifications defined by the federal government to be a medical technologist met the mandates of Criterion II.

  The identifiable body of knowledge for a medical technician must be acquired through: an associate degree in clinical laboratory science or 60 hours of college credit with an emphasis in a clinical laboratory science, or graduate from a 12-month accredited medical technician training program or complete a 12-month military laboratory procedures course and 12 months of approved full-time experience.

  There is no career ladder precedent existing in Kansas that allows practitioners to move from one level of practice to another solely based on experience and taking an examination. The career

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ladder route for a medical technician to become a technologist is not acceptable to meet Criterion II.

* I concur with the technical committee's findings.

- **The technical committee found that the applicant has met Criterion III by demonstrating that "the practice of medical technologists and medical technicians is, for the most part, under the direction of other health care personnel or inpatient facilities." However, the supervision provided is inadequate at times to protect the public from harm, particularly in rural settings.**

  Eighty percent of clinical laboratory personnel work in hospital laboratories, 11.6 percent in physician offices, and 8.6 percent work in independent, research, and reference laboratories. According to state and federal laws, a director or supervisor who is a pathologist, staff physician in conjunction with a pathologist, or laboratory specialist is responsible for supervising the laboratory. The committee concluded that, even with set qualifications and specified duties of the laboratory director or supervisor, the supervision is inadequate when it is provided by someone on call rather than on the premises or by a staff physician who is not particularly trained in medical laboratory procedures. Testimony illustrated that medical technicians and medical assistants are often working alone in a rural setting where the pathologist is on call for several facilities.

* The applicant must prove that the direction provided by inpatient facilities and by other health care personnel is inadequate. The applicant's proposal focuses primarily on already regulated laboratories (e.g., hospitals and independent laboratories). The applicant maintains that supervision provided by laboratory directors or supervisors in these regulated laboratories is inadequate. I could not find from the information provided any evidence to substantiate that supervision was inadequate or adequate. Therefore, I find Criterion III not met.

- **The technical committee found that the applicant has met Criterion IV by rationalizing that "the client is not effectively protected from harm by private certification of members of the occupation or by means other than state credentialing."**

  The technical committee identified the causes of harm that need to be addressed as lack of adequate training and supervision and false credentials. Evidence showed that private certification of medical technologists and technicians addresses the training standards to practice but certification is a

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voluntary process. Therefore, not all who practice are certified. State credentialing could address the issue of initial training, continuing education, and ability to falsify credentials and possibly the issue of supervision.

There were alternatives to credentialing discussed that could combat the issues of harm which include: certifying the laboratory, changing state hospital regulations to require so many hours of inservice training or continuing education, and/or that technologists provide direct supervision. The technical committee discussed these alternatives but did not make any specific recommendations on these alternatives.

* **Criterion IV requires that the applicant show that the public is not effectively protected from harm by private certification of members of the occupation or by means other than credentialing. I find that due to the conclusion that I made that Criterion I is not met, the issue of protecting the public from the harm substantiated in Criterion I is moot.**

\- **The technical committee found that the applicant has met Criterion V by showing that there most likely will be a cost associated with the credentialing of the occupation that the public will assume but the extent of the cost cannot be determined.**

Evidence showed that some hospitals in Kansas will have to employ a technologist to supervise medical technicians and/or other staff conducting tests. The cost of this personnel will ultimately will reflect in the consumer's bill. The impact will most likely be felt in rural hospital laboratories.

* I agree with the technical committee's findings.

\- The technical committee found that the applicant has met Criterion VI by illustrating that credentialing of the occupation probably will have a minimal affect on the availability of clinical laboratory personnel.

Evidence does not show that the availability of clinical laboratory personnel would be greatly altered by credentialing. However, there currently appears to be a problem with recruiting privately certified technologists. Credentialing of the profession may intensify the problem.

* I concur with the technical committee's findings.

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- The technical committee found that the applicant has shown that "the scope of practice of the occupation is identifiable."

  The scope of practice of a medical technologist is that he/she can perform all tests and supervise medical technicians and other staff. A medical technician's scope of practice includes performing tests that require limited exercise of independent judgment under the supervision of a medical technician.

* I concur with these findings.

- The technical committee found that the applicant has shown that "the effects of credentialing of the occupation on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal."

  Information provided showed that the applicant's proposal would not affect physicians who conduct tests nor the staff of physicians who conduct tests. This proposal would affect nurses who conduct tests in that they could only conduct tests if the task is delegated to them by a physician. Staff in laboratories who are not medical technologists or medical technicians can do basic testing under the direct supervision of a technologist. Therefore, the impact of the proposal appears to be minimal.

* I agree with the findings.

- The technical committee found that the applicant has met Criterion IX by demonstrating that there are "nationally recognized standards of education that exist for the practice of the occupation."

  The National Accrediting Agency for Clinical Laboratory Sciences of the Committee of Allied Health Education Accreditation is the accrediting agency for several of clinical laboratory program. Wichita State University and the University of Kansas Medical Center offer an accredited bachelor's degree program for training of medical technologists. Several accredited baccalaureate degree and lab experience programs are offered in Kansas for training of technologists. Accredited associate degree medical technician programs exist and a 12-month medical technician program exists. Some of the military programs for medical technicians are accredited.

* I agree with the technical committee's findings.

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The technical committee concluded that the first nine criteria were met. Therefore, the technical committee discussed the appropriate level of credentialing to protect the public and concluded:

- No information was provided to show that civil actions, criminal prohibitions, or injunctive remedies are available to address the documented harm.

- **Registration of medical technologists and medical technicians could provide some protection from the documented harm caused by lack of adequate training or falsification of credentials. Registration would not address the issue of supervision or procedural errors adequately.**

- **Licensure of medical technicians could provide some protection from the documented harm caused by lack of adequate training and falsification of credentials too. In addition, licensure of medical technicians would define the scope of practice of technologists which could include a provision that medical technologists would have to supervise medical technicians and others.**

- The scope of practice of medical technicians does not need to be protected; therefore, licensure is not required.

The technical committee recommends medical technologist to be licensed and medical technicians to be registered.

Secretary's Conclusions and Recommendations

KSA 65-5006 states that all of the criteria must be found met before a recommendation for credentialing can be made. I conclude that Criteria I, III, and IV are not met and that there is no need to credential medical technologists or technicians. Therefore, I recommend that this application be denied.

Stanley C. Grant, PhD, Secretary
Department of Health and Environment

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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*

June 9, 1988

The Honorable Marvin Littlejohn
Chairman of Public Health and Welfare
State Capitol, Room 425-S
Topeka, Kansas

Dear Representative Littlejohn:

In accordance with the Kansas Credentialing Act (KSA 65-5001, et seq), I submit my final findings and recommendations on the application seeking to license persons practicing marriage and family therapy.

Sincerely,

Stanley C. Grant, PHD
Secretary

SCG:CR:p
Enc.

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

EXECUTIVE SUMMARY OF THE FINAL REPORT

MARRIAGE AND FAMILY THERAPISTS' CREDENTIALING APPLICATION

The Secretary of Health and Environment Recommendations to the Legislature:

I concur with the technical committee that all statutory criteria are met. However, I disagree with the technical committee's conclusion that there is a need to credential marriage and family therapists in order to protect the public from the documented harm. Therefore, I recommend that the application be denied since protection of the public can be improved without credentialing the occupation.

The technical committee found that the only documented case of potential harm was due to sexual exploitation of clients by psychotherapists. Research studies show that sexual exploitation by psychotherapists do occur and that 90 percent of the clients who are sexually exploited sustained some type of damage. The technical committee noted that regulating marriage and family therapists would not reduce the problem of sexual exploitation. I agree with the findings and the conclusion made by the technical committee. However, I conclude that since regulation would not reduce the incidence of sexual exploitation, there is no need to credential marriage and family therapists. It appears that harm caused by sexual exploitation is not generated by a lack of specialized training but from ethical or moral failures. Credentialing protects the public by setting minimum standards of education and training in order to practice. Therefore, credentialing in this case would not address the issue of harm.

I recommend that the legislature consider enacting legislation similar to the Minnesota Client Protection System to offer the public protection from sexual exploitation by psychotherapists. The Minnesota Client Protection System involves: 1) Changing the criminal and civil laws to include the therapists-client sexual relationship; 2) requiring all psychotherapists to distribute a "client bill of rights" to clients prior to treatment; and 3) establishing a board of unlicensed mental health service providers. This system was specifically designed to combat unethical and immoral issues involving psychotherapists and clients. These measures offer protection to the client from sexual exploitation by making the act illegal, providing victims court recourse, educating the public about unethical acts, making available to the public information about the training and certification of unlicensed practitioners, and providing recourse to victims through board sanctions of unlicensed practitioners. The unlicensed mental health service providers board will be able to gather information about marriage and family therapists and other unlicensed mental health providers that is currently not available. This information will formalize state monitoring of the issues while providing a mechanism for determining if other possible actions such as title protection for certain occupational groups is needed.

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

FINAL REPORT TO THE LEGISLATURE FROM THE SECRETARY ON THE APPLICATION FOR CREDENTIALING OF MARRIAGE AND FAMILY THERAPISTS

The Kansas Association of Marriage and Family Therapy (KAMFT) submitted an application to the Kansas Department of Health and Environment to be reviewed through the credentialing review process consistent with the criteria established by the 1986 legislature. KAMFT seeks licensure by the State of Kansas for individuals providing marriage and family therapy. The applicant desires to restrict who can practice marriage and family therapy and what titles can be used by those licensed. The titles the applicant desires to safeguard are: marriage and family therapist, marriage and family counselor, marriage therapist or counselor, and family therapist or counselor.

The definition of scope of practice of marriage and family therapy recognized by the technical committee and Secretary is:

> The assessment and treatment of cognitive, affective, or behavioral problems within the context of marital and family systems.

The application has been reviewed according to the Kansas Credentialing Act (KSA 65-5001, et seq) by a technical committee and the Secretary of Health and Environment. The purpose of the review process is to provide the legislature with a thorough analysis of the application and to make recommendations on whether there is a need for credentialing and, if so, what level or levels of credentialing is appropriate. The legislature is not bound by these recommendations. Attached is a copy of the technical committee's report.

The technical committee found that the criteria set out by KSA 65-5006 have been met. I concur with the technical committee's findings and conclusions about the criteria. In summary, the technical committee found:

- The applicant has met Criterion I by demonstrating that the unethical psychotherapist, which would include marriage and family therapists, who sexually exploits a client can harm the client. "The potential for such harm is recognizable and not remote." However, regulating marriage and family therapists would not eliminate or reduce the problem.

  > Research studies were presented that depicted the percentage of mental health practitioners, specifically 10 percent of the psychologists and/or psychiatrists, who have reported engaging in sexual contact or intercourse with clients. Other studies showed that 90 percent of those clients who had been sexually involved with therapists sustained some type of damage, including

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personality negatively affected (34 percent), hospitalization (11 percent), and suicide (one percent). The potential for such harm appears not to be remote as illustrated by the complaints against unregulated therapists that were filed with the Kansas Attorney General's office. However, regulation would not eliminate the problem as shown by actions taken by the regulatory board for licensed mental health practitioners nor would regulation reduce the problem.

- The applicant has met Criterion II by demonstrating that "marriage and family therapists require specialized skills and training" and that these skills and training can be "acquired through a formal period of advanced study or training" from an accredited program and that continuing education is available to acquire new information regarding the practice.

  Evidence was presented that showed the body of knowledge is identifiable (e.g., human development, marital and family treatment models) to the skills needed to counsel clients within the context of the systems theory. The advanced formal study and training to meet minimum entry level standards to practice can be acquired from an accredited bachelor's degree program in marriage and family therapy.

- The applicant has met Criterion III by demonstrating that "the occupation does not perform, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services."

  Evidence showed that members of the Kansas Association of Marriage and Family Therapy work in a variety of settings that are not under the direction of other health care personnel or inpatient facilities. For example, 29 percent of the marriage and family therapists were in private practice, 14 percent worked for a private social service agency, 10 percent were university faculty, and nine percent worked in hospitals.

- The applicant has met Criterion IV by rationalizing that "the client is not effectively protected from harm by private certification of members of the occupation or by means other than state credentialing."

  Evidence showed that certification by the American Association of Marriage and Family Therapy would provide some protection to the public through the established educational/training standards and code of ethics adhered to by the members; however, membership and certification is voluntary. Another form of protection is through the

regulation of marriage and family therapists who are licensed in another mental health occupation, but only an estimated 31 percent of marriage and family therapists are licensed in either social work or psychology. Not all individuals practicing marriage and family therapy are under one of these jurisdictions.

- The applicant has met Criterion V by showing that "the effect of credentialing the occupation on the cost of health care to the public is minimal."

  Licensure does not guarantee third-party reimbursement; therefore, licensure would not necessarily increase fees, salaries, or wages of marriage and family therapists. Studies by the U.S. Office of Personnel Management showed that increasing competition does extend the pool of reimbursement providers. It does not subsequently lead to greater utilization of services; there is a substitution of service delivery. In addition, it appears that marriage and family therapists' fees are generally lower than psychologists.

- The applicant has met Criterion VI by illustrating that credentialing of the occupation probably would not limit the availability of marriage and family therapists practicing in Kansas.

  Approximately 60 percent of the Kansas graduates in marriage and family therapy leave the state for more promising employment. Presently, many facilities cannot afford to hire marriage and family therapists because insurance companies will not pay for services. Licensure may actually increase the number of marriage and family therapists practicing in Kansas.

- The applicant has met Criterion VII since it agreed to change the definition of the scope of practice. Due to this change, "the scope of practice is identifiable."

  The applicant originally defined marital and family therapy as "the diagnosis and treatment of nervous and mental disorders, whether cognitive, affective or behavioral, within the context of marital and family systems." From the information provided, it appears that marriage and family therapists do not have the training in the application of the DSM-III classifications of mental disorders. Rather marriage and family therapists are trained to recognize problems (e.g., life cycle changes) that are not necessarily attributed to mental disorders. The technical committee concurred that if the applicant group agreed to change the definition of the scope of practice to "the assessment and treatment of cognitive, affective, or behavioral problems within the context of

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marital and family systems," then the criterion would be met. The applicant spokesperson told staff that the applicant could live with the suggested changes to the definition of the scope of practice.

- The applicant has met Criterion VIII by manifesting supportive information that "the effects of credentialing of the occupation on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal."

  Numerous letters from nonregulated and regulated occupations that provide family counseling, such as ministers/pastors, judges, attorneys, and court service personnel, supported credentialing efforts of marriage and family therapists. No information was provided predicting a negative affect on nonregulated occupations if marriage and family therapists are credentialed. It appears that the effects of credentialing would be minimal on all of the credentialed mental health occupations since they are excluded from most of the requirements of the proposed legislation.

- The applicant has met Criterion IX by demonstrating that there are "nationally recognized standards of education that exist for the practice of the occupation and are identifiable."

  The Commission on Accreditation for Marriage and Family Therapy Education is the accrediting agency recognized by the Department of Health and Human Services. Kansas State University has the only accredited program in Kansas at this time.

Since the applicant agreed to change its scope of practice, then all of the criteria have been found met.

The only documented case of potential harm presented by the applicant that met the requirements of Criterion I was due to sexual exploitation of clients by psychotherapists. The following options were considered by the technical committee as means to protect the public from sexual exploitation. These options are listed from the least restrictive form of regulation to the most restrictive form of regulation. In addition to looking at alternative forms of regulation of marriage and family therapists, the technical committee considered the Minnesota Client Protection System.

Alternative Forms of Credentialing

1 Changing the criminal and civil laws to include the client-therapist sexual relationship. (This is a part of the Minnesota Client Protection System.)

2 Mandating that marriage and family therapists distribute to clients prior to treatment educational information referred to as a "client bill of rights." (This is a part of the Minnesota Client Protection System.) The statement lists such information as the therapist's training, education, theoretical approach, unethical actions, and complaint systems.

3 Creating a title protection law that recognizes the American Association of Marriage and Family Therapy's educational/training standards and allows only those individuals who are registered with the association or who are registry eligible to call themselves the various titles used by marriage and family therapists. This measure provides state recognition of the occupation without the use of a state regulatory agency as an enforcement body. The enforcement system would be the local court system.

4 Creating a registration law which provides for state recognition of the occupation and title protection. Specifically, those with special education/training and who are registered can call themselves the titles used by marriage and family therapists. The enforcement body would be a state regulatory board.

5 Creating a licensure law which provides state recognition of the occupation, title protection, and protection of the defined scope of practice (i.e., only those licensed can practice).

The Minnesota Client Protection System includes: (1) changing the criminal and civil laws to include the client-therapist sexual relationship; (2) requiring all psychotherapists to distribute educational material to a client prior to treatment (referred to as a "client bill of rights"); and (3) establishing a Board of Unlicensed Mental Health Service Providers. In regard to the board, all mental health providers who are not required to be licensed must file certain information with the board in order to practice. The client protection system was specifically designed to deal with moral and ethical issues involving psychotherapists and clients. For detailed information about the various credentialing alternatives and the Minnesota Client Protection System, refer to the final report and recommendations of the technical committee, pages 19 through 25.

The technical committee concluded that regulation would most likely not eliminate nor reduce sexual exploitation of clients by marriage and family therapists. However, the technical committee felt that providing victims of sexual misconduct by a marriage and family therapist a recourse other than the current court system was needed. Therefore, the technical committee found that a need for credentialing exists.

After applying the criteria set by KSA 65-5007, the technical committee concluded:

- Licensure would be too restrictive in that the state would be limiting marriage and family counseling to one certain therapy

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approach. The functions of marriage and family therapy (i.e., systems approach) is used by other counseling occupations. Protecting the scope of practice (i.e., who can use the systems approach) was not necessary to protect the public.

- Protection from unethical acts can more likely be achieved from those who have been properly trained and have had an ethics course than from those persons who are not properly trained. Therefore, registration could protect the public and provide a recourse mechanism to victims of sexual assault.

- Several committee members supported title protection over registration if another recourse system, such as changing criminal or civil laws, or establishing a board of unlicensed mental health providers were enacted. The committee agreed that mandating educational material known as a "client bill of rights" would be a preventive tool.

The technical committee recommended:

- Registration as the appropriate level of credentialing in order to identify for the public appropriately trained marriage and family therapists and to provide victims of sexual exploitation a recourse mechanism against unethical marriage and family therapists.

- The registration law should include a provision mandating that marriage and family therapists, prior to treatment, provide clients with educational materials referred to as a "client bill of rights."

- Further consideration of the Minnesota Client Protection System should be made since the documentation provided in the review shows that sexual exploitation is not remote and can be committed by members of all psychotherapy professions whether the occupation is licensed or not.

Secretary's Conclusions and Recommendations

1 I concur with the technical committee that all statutory criteria are met. However, I disagree with the technical committee's conclusion that there is a need to credential marriage and family therapists in order to protect the public from the documented harm. Therefore, I recommend that the application be denied since protection of the public can be improved without credentialing the occupation.

2 I conclude that since regulation would not reduce the incidence of sexual exploitation there is no need to credential marriage and family therapists. It appears that harm caused by sexual exploitation is not generated by a lack of specialized training but from ethical or moral failures. Credentialing protects the public

by setting minimum standards of education and training in order to practice. Therefore, credentialing in this case would not address the issue of harm.

3 I recommend that the legislature consider enacting legislation similar to the Minnesota Client Protection System to offer the public protection from sexual exploitation by psychotherapists. The Minnesota Client Protection System involves: (1) changing the criminal and civil laws to include the therapist-client sexual relationship, (2) requiring all psychotherapists to distribute a "client bill of rights" to clients prior to treatment, and (3) establishing a board of unlicensed mental health service providers. This system was specifically designed to combat unethical and immoral issues involving psychotherapists and clients. These measures offer protection to the client from sexual exploitation by making the act illegal, providing victims court recourse, educating the public about unethical acts, making available to the public information about the training and certification of unlicensed practitioners, and providing recourse to victims through board sanctions of unlicensed practitioners. The unlicensed mental health service providers' board will be able to gather information about marriage and family therapists and other unlicensed mental health providers that is currently not available. This information will formalize state monitoring of the issues while providing a mechanism for determining if other possible actions, such as title protection for certain occupational groups, are needed.

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State of Kansas
Mike Hayden, Governor

Department of Health and Environment
Office of the Secretary

Stanley C. Grant, Ph.D., Secretary

Landon State Office Bldg., Topeka, KS 66612-1290

(913) 296-1522
FAX (913) 296-6231

January 19, 1990

The Honorable Roy Ehrlich, Chairman
Senate Public Health and Welfare Committee
State Capitol, Room 138-N
Topeka, Kansas 66612

Dear Roy:

The proposed amendments to Senate Bill 257 appear to satisfy the department's previous concerns with the original bill.

As you are aware, the technical committee completed the review of the marriage and family therapists' application and my report as the Secretary was issued to the legislature. I do not intend to reopen the review of the marriage and family therapist application, nor do I think it advisable to entertain recommendations to change my conculsion after the legislature has begun deliberating its action on the issue.

If the department can be of any assistance to the legislature in its deliberations, staff will be happy to do so.

Sincerely,

Stanley C. Grant, Ph.D.
Secretary

cc: Representative Marvin Littlejohn

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1-29-90
Attm. #2
Pg. 1

Charles Konigsberg, Jr., M.D., M.P.H., Director of Health (913) 296-1343

James Power, P.E., Director of Environment (913) 296-1535

Lorne Phillips, Ph.D., Director of Information Systems (913) 296-1415

Roger Carlson, Ph.D., Director of the Kansas Health and Environmental Laboratory (913) 296-1619

HEIN AND EBERT, CHTD.
ATTORNEYS AT LAW
5845 S.W. 29th, Topeka, Kansas 66614
913/273-1441

Ronald R. Hein
William F. Ebert

January 22, 1990

Sen. Roy Ehrlich
Room 138-N
State Capitol
Topeka, KS 66612

Sen. Audrey Langworthy
Room 143-N
State Capitol
Topeka, KS 66612

Rep. Marvin Littlejohn
Room 426-S
State Capitol
Topeka, KS 66612

RE: Our File No. 2902.03

Dear Roy, Marvin and Audrey:

On behalf of the Kansas Association for Marriage and Family Therapy, I wish to express our sincere appreciation for your meeting with us last week. I know that it was late in the afternoon, and that it had been a long day for all of you.

As you can probably surmise, this is a very important matter to the 200 members of our Association. Based upon the things that our members have heard and seen while working with patients who have received counseling from untrained professionals, we also believe that there is a larger, more silent, constituency out there in the state who will benefit from this legislation.

We would not pretend to speak for those people, but the KAMFT members have seen first hand the harm that can occur when untrained individuals are permitted to provide mental health services to an unsuspecting patient. As the Department of Health and Environment will concur, sexual exploitation is one of those harms that should be addressed. But our members have seen the other harms that can result. Many of the people who might benefit from the State's efforts to insure proper training and credentials prior to holding one's self out as a mental health professional may never know or appreciate what you and others have done in this area.

Thank you again for meeting with us.

Sincerely,

HEIN AND EBERT, CHTD.

Ronald R. Hein

RRH/lp
cc: Mr. Mike Bowers

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attm. # 2
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Senate Bill 257
1989 Session
Mar 22, 1989

The Honorable Roy Ehrlich, Chairperson
Committee on Public Health and Welfare
Senate Chambers
Third Floor, Statehouse

Dear Senator Ehrlich:

SUBJECT: Fiscal Note for SB 257 by Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning SB 257 is respectfully submitted to your committee.

SB 257 requires the Behavioral Sciences Regulatory Board to serve as the oversight agency with which all currently nonregulated marriage and family counselors would register.

The bill mandates that all marriage and family counselors apply for registration with the Behavioral Sciences Regulatory Board, and be approved by the Board, before they can legally practice in the state. Several currently licensed mental health and medical professions are exempted from the provisions of the act.

The Board is authorized to assess fees for application, examination, and renewal as provided in the bill, and can reject an applicant for failure to comply with the provisions of the act. Prior to July 1, 1990, the Board would issue registration to an applicant upon completion of an examination if the applicant meets the minimum requirements set by the Board.

The bill contains requirements that an applicant must meet to be registered and gives the Board authority establish other criteria through rules and regulations. In addition, the bill sets forth actions which may be taken by the Board should a marriage and family counselor fail to comply with provisions of the act.

The Behavioral Sciences Regulatory Board estimates that enactment of this bill would require $35,870 in additional other operating expenditures. This amount would financed by fees charged to an estimated 200 individuals expected to apply for registration.

Any receipts or expenditures which would result from the passage of this act would be in addition to amounts included in the FY 1990 Governor's Report on the Budget.

Michael F. O'Keefe
Director of the Budget

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cc: Mary Ann Gabel, Behavioral Sciences

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SB 9.

(1)

Bureau: Adult and Child Care

Date: November 20, 1989

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

BILL BRIEF

Title: Article 35 Licensure of Adult Care Home Administrators

I. Purpose/Reason for Proposed Legislation

This bill is proposed to amend K.S.A. 65-3503, 65-3505 and 65-3508 to: (1) delete inconsistent language related to the board's authority to revoke or suspend licenses; (2) remove the language restricting the examination fee to $100; and (3) provide additional reason for the board to revoke or suspend a license or otherwise discipline an administrator.

II. Bill Summary

K.S.A. 65-3503 is amended by deleting the word "previously" in subsection (a) (3) so that it is clear that the board may revoke or suspend a license currently held by an administrator. In a recent case before the Court of Appeals, the judge was interpreting the language "previously issued" as addressing the license issued either before the occurrence of the act for which the administrator was being disciplined or before the discovery of such act by the agency. Under this interpretation if a license is subsequently renewed, the license previously issued has expired and the board, therefore, is without jurisdiction to suspend or revoke the license which was issued at renewal. Although we do not feel this interpretation is the intent of the statute, it is legally justifiable and can be clarified simply by deleting the word "previously." We also take this opportunity to delete outdated reference to federal regulation found in subsection (b).

K.S.A. 65-3505 is amended to clarify that upon receipt of application for renewal of a license the board renews the license as opposed to issuing the license. The reasons for this are noted in the preceding paragraph. In addition, K.S.A. 65-3505 is amended by deleting the restriction that the examination fee be set at $100. The statute allows the board to set the fee by regulations but then limits the fee to $100. However, every two to five years the examination company raises the cost by $25. Setting the fee by regulations is an appropriate way to handle the situation.

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K.S.A. 65-3508 is amended to include a provision not currently provided for the board to revoke or suspend the license or otherwise discipline the administrator for actions the board believes relates to a person's qualifications to be a licensed administrator. For example, a licensed adult care home administrator was recently convicted of misdemeanor battery for beating an elderly lady. Because the lady was not connected with the adult care home and misdemeanor battery is not a violation of a rule or regulation governing an adult care home, the board has no means to discipline the administrator when many would argue that it is justified in this case.

III. Legislative History

There has been no recent legislative history regarding these issues. However, House Bill 2339 was introduced by a special committee on rules and regulations in 1986 to overrule a regulation adopted by the Board of Adult Care Home Administrators requiring new administrators to hold a bachelor's degree beginning July 1, 1990. The bill passed the House but was held in the Senate committee because there were insufficient votes to pass it out. House Bill 2339 could possibly be revived in this legislative session. None of the statutes proposed to be amended in this bill speak to educational qualifications but we should be aware of this history.

IV. Impact on Other Agencies or KDHE Bureaus

No impact on other agencies or bureaus is identified.

V. Fiscal Impact

There is no fiscal impact.

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9 RS 1758

PROPOSED BILL NO. ____

By

AN ACT concerning licensure of adult care home administrators; amending K.S.A. 65-3503, 65-3505 and 65-3508 and repealing the existing sections.

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

Section 1. K.S.A. 65-3503 is hereby amended to read as follows: 65-3503. (a) It shall be the duty of the board to:

(1) Develop, impose and enforce standards which shall be met by individuals in order to receive a license as an adult care home administrator, which standards shall be designed to insure that adult care home administrators will be individuals who are of good character and are otherwise suitable, and who, by training or experience in the field of institutional administration, are qualified to serve as adult care home administrators;

(2) develop examinations and investigations for determining whether an individual meets such standards;

(3) issue licenses to individuals who meet such standards, and revoke or suspend licenses ~~previously~~ issued by the board or reprimand, censure or otherwise discipline a person holding any such license as provided under K.S.A. 65-3508 and amendments thereto;

(4) establish and carry out procedures designed to insure that individuals licensed as adult care home administrators comply with the requirements of such standards; and

(5) receive, investigate and take appropriate action under K.S.A. 65-3505 and amendments thereto and rules and regulations adopted by the board with respect to any charge or complaint filed with the board to the effect that any person licensed as an adult care home administrator may be subject to disciplinary

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action under K.S.A. 65-3505 and 65-3508~~,~~ and amendments thereto.

(b) The board shall also have the power to make rules and regulations, not inconsistent with law, as may be necessary for the proper performance of its duties, and to have subpoenas issued pursuant to K.S.A. 60-245 and amendments thereto in the board's exercise of its power and to take such other actions as may be necessary to enable the state to meet the requirements set forth in section 1908 of the social security act, the federal rules and regulations promulgated thereunder~~,--the-requirements set-forth--in--45--C.F.R.--252.10~~ and other pertinent federal authority.

Sec. 2. K.S.A. 65-3505 is hereby amended to read as follows: 65-3505. (a) Every individual who holds a valid license as an administrator issued by the board shall apply to the board for renewal of such license in accordance with rules and regulations adopted by the board and report any facts requested by the board on forms provided for such purpose.

(b) Upon making an application for a renewal of license, such individual shall pay a renewal fee to be fixed by rules and regulations of the board ~~of-not-more-than-$100~~, and shall submit evidence satisfactory to the board that during the period immediately preceding application for renewal the applicant has attended a program or course of study as provided by the rules and regulations of the board.

(c) Upon receipt of such application for renewal of license, the renewal fee and the evidence required, the board shall ~~issue a~~ renew the license ~~to~~ of such administrator.

(d) An administrator who has been duly licensed in this state, whose license has not been revoked or suspended, and whose license has expired because of temporary abandonment of the practice of nursing home administration, or has removed from the state, or for ~~such~~ other reason, may be licensed within the state upon complying with the provisions of this section for renewal of license, and also~~,~~ filing with the board an affidavit of such facts.

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(e) Notwithstanding the foregoing provisions of this section the board may enter into reciprocal relations with boards of other states whereby licenses may be granted, without examination and upon payment of the prescribed fees, to duly licensed administrators from other states, provided the requirements for licensure of the state from which the applicant applies are as high as those in Kansas and the applicant is favorably recommended, in writing, by the board of the state in which the applicant is licensed.

(f) The expiration date of each license issued or renewed shall be established by rules and regulations of the board. Subject to the provisions of this subsection each license shall be renewable on a biennial basis upon the filing of a renewal application prior to the expiration date of the license and upon payment of the renewal fee established pursuant to rules and regulations of the board. To provide for a system of biennial renewal of licenses the board may provide by rules and regulations that licenses issued or renewed for the first time after the effective date of this act may expire less than two years from the date of issuance or renewal. In each case in which a license is issued or renewed for a period of time less than two years, the board shall prorate to the nearest whole month the license or renewal fee established pursuant to rules and regulations. No proration shall be made under this subsection (f) on delinquent license renewals or on temporary licenses.

Sec. 3. K.S.A. 65-3508 is hereby amended to read as follows: 65-3508. The license of an adult care home administrator or the temporary license of an adult care home administrator may be revoked or suspended or the adult care home administrator or a person holding a temporary license as an adult care home administrator may be reprimanded, censured or otherwise disciplined by the board, after notice and a hearing conducted by the board in accordance with the provisions of the Kansas administrative procedure act, if the adult care home

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administrator or person holding a temporary license as an adult care home administrator has:

(a) Failed to comply with the provisions of K.S.A. 65-3505 and amendments thereto and continued to act as an adult care home administrator;

(b) substantially failed to conform to the requirements of the standards adopted under K.S.A. 65-3503 and amendments thereto;

(c) willfully or repeatedly violated any of the provisions of the law or rules and regulations of the licensing agency under the provisions of article 9 of chapter 39 of the Kansas Statutes Annotated;

(d) been convicted of a ~~felony~~ crime found by the board to have a direct bearing on whether such person should be entrusted to serve the public in the capacity of an adult care home administrator;

(e) failed to assure that nutrition, medications and treatments of residents, including the use of restraints, are in accordance with acceptable medical practices;

(f) been convicted of the violation of any state or federal drug or narcotic law or any provision of the state or federal controlled substances act or habitually overindulged in alcohol or habitually misused controlled substances; ~~and~~ or

(g) been involved in aiding, abetting, sanctioning or condoning any violation of the law or rules and regulations under article 9 of chapter 39 of the Kansas Statutes Annotated.

Sec. 4. K.S.A. 65-3503, 65-3505 and 65-3508 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

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(2)

Bureau: Adult and Child Care

Date: November 20, 1989

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

BILL BRIEF

Title: Licensure of Ambulatory Surgical Centers

I. Purpose/Reason for Proposed Legislation

K.S.A. 65-425 authorizes the licensure of "medical care facilities" by the Kansas Department of Health and Environment (KDHE). The term "medical care facilities" includes general hospitals, special hospitals, recuperation centers and ambulatory surgical centers.

K.S.A 65-425(f) defines an "ambulatory surgical center" as an establishment with an organized medical staff of physicians. KDHE has never viewed ambulatory surgical center licensure as including private physician offices. On the contrary, an ambulatory surgical center has been seen more as an "outpatient hospital" than a physician office or group physician practice. Individual physicians may practice medicine and surgery on the basis of a license issued by the State Board of Healing Arts. Licensing private physician offices or group physician practices would unnecessarily duplicate the supervision already provided by another state agency.

In the past two years, a few individual physicians have designated a portion of their clinics for ambulatory surgery and have made application for licensure pursuant to K.S.A. 65-425(f) as ambulatory surgical centers. Apparently, these physicians believe that there is a financial advantage in obtaining a license from KDHE to operate an ambulatory surgical center. This is assumed since physicians continued to request licensure after being informed by the agency that a license was not necessary. Medicare certification regulations further add confusion in that ambulatory surgical centers (ASC) are not required to be in separate buildings from physician offices. ASCs only need to be separated physically by semi-permanent walls and doors. Common space may even be shared. Of course, cost savings to Medicare encourage these types of ASC applications. At least one administrative hearing request has been filed by a physician concerning this issue in Case No. 87-H-37. Although the agency decided to continue licensing what amounted to a

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private physician's office, both agency legal counsel and program staff recommended obtaining legislative clarification of the issue.

KDHE program staff do not believe that private physician offices and group physician practices were intended to be licensed as ambulatory surgical centers. Moreover, as written, the ambulatory surgical center licensure provisions are part of a mandatory, and not permissive, licensure act. This means that program staff are uncertain as to whether more private physician practices should be forced into licensure if the agency continues to license any physician office or group physician practice. As a result, the definition of an "ambulatory surgical center" as defined by K.S.A. 65-425(f) should be amended to exclude private physician offices and group practices.

III. Bill Summary

This bill would amend the definition of an "ambulatory surgical center" as set forth in K.S.A. 65-425(f) to exclude private physician offices and group practices.

III. Legislative History

A similar bill was introduced in the 1988 Legislative Session but died in committee. Although the Kansas Medical Society (KMS) did not formally oppose the bill, it is likely that its membership was not unified on the issue and that the legislation had a low priority. If it had been clear that distinct parts of all physician offices and group practice clinics operated primarily for the purpose of performing surgical procedures would have to be licensed by KDHE, it is likely that the KMS would have formally supported the bill. However, the easiest solution for KMS was to convert the mandatory licensure act into a permissive licensure act by supporting the status quo. It seems likely that KMS will again try to avoid the issue by keeping the bill in committee.

IV. Impact on Other Agencies or KDHE Bureaus

Passage of this bill will not have any significant impact on other agencies or KDHE bureaus.

V. Fiscal Impact

Passage of this bill will not have any significant fiscal impact.

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9 RS 1764

PROPOSED BILL NO. ____

By

AN ACT concerning definition of ambulatory surgical center; medical practice; amending K.S.A. 65-425 and repealing the existing section.

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

Section 1. K.S.A. 65-425 is hereby amended to read as follows: 65-425. As used in this act: (a) "General hospital" means an establishment with an organized medical staff of physicians; with permanent facilities that include inpatient beds; and with medical services, including physician services, and continuous registered professional nursing services for not less than ~~twenty-four (24)~~ 24 hours of every day, to provide diagnosis and treatment for four or more nonrelated patients who have a variety of medical conditions.

(b) "Special hospital" means an establishment with an organized medical staff of physicians; with permanent facilities that include inpatient beds; and with medical services, including physician services, and continuous registered professional nursing services for not less than ~~twenty-four (24)~~ 24 hours of every day, to provide diagnosis and treatment for four or more nonrelated patients who have specified medical conditions.

(c) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(d) "Governmental unit" means the state, or any county, municipality, or other political subdivision thereof; or any department, division, board or other agency of any of the foregoing.

(e) "Licensing agency" means the department of health and environment.

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(f) "Ambulatory surgical center" means an establishment with an organized medical staff of physicians having written medical staff bylaws concerning credentialing and privileging, with at least two or more independent physicians or physician groups; with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures; with continuous physician services and registered professional nursing services whenever a patient is in the facility; and which does not provide services or other accommodations for patient to stay overnight. A distinct part of a physician's office, medical clinic or group physician practice which is operated primarily for the purpose of performing surgical procedures shall not require a license unless it meets all the criteria of this section.

(g) "Recuperation center" means an establishment with an organized medical staff of physicians; with permanent facilities that include inpatient beds; and with medical services, including physician services, and continuous registered professional nursing services for not less than ~~twenty-four (24)~~ 24 hours of every day, to provide treatment for four or more nonrelated patients who require inpatient care but are not in an acute phase of illness, who currently require primary convalescent or restorative services, and who have a variety of medical conditions.

(h) "Medical care facility" means a hospital, ambulatory surgical center or recuperation center.

(i) "Hospital" means " a general hospital" or " a special hospital."

Sec. 2. K.S.A. 65-425 is hereby repealed.

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

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Bureau: Office of Vital Statistics

Date: November 20, 1989

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

BILL BRIEF

Title: Elimination of the Local Registrar of Vital Statistics

I. Purpose/Reason for Proposed Legislation

The Office of Vital Statistics is currently implementing an electronic birth registration system in the hospitals across the state which will allow hospitals to transmit the birth certificate data electronically. Currently there are fourteen hospitals reporting births electronically which represents 52% of all births occurring in Kansas. Another fourteen installations are planned in the near future which will represent 73% of all births occurring in Kansas. At present, the majority of the electronic birth certificate (EBC) hospitals are sending the data on a floppy disk; however, the first modem transfer system is being installed at Kansas University Medical Hospital in Kansas City as a pilot. Therefore, in the EBC process it is impractical to send birth certificate data through a local registrar.

An optical disk system is also being installed and implemented which will completely automate the processing of the vital records and the issuance of certified copies. The automation of vital statistics along with direct reporting of vital records will provide the citizens of Kansas with the most efficient, expeditious system/service possible.

A statewide direct reporting system would also alleviate the fraud problems that are currently being experienced with local issuance of birth and death verifications. Several local registrars have continued to issue verifications even though state statutes and at least two Attorney Generals' Opinions specifically prohibit the issuance of such verifications. Other local registrars did not issue verifications but did disseminate information which according to statute was not to be disseminated.

Given that state statutes prohibit local registrars from releasing any information or issuing copies of certificates or verifications, the transmittal of birth and death certificates from the source through the local registrar to the state registrar is unnecessarily delayed and is less

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efficient than a direct reporting process plus it impedes automation.

A direct reporting pilot project was established approximately three years ago in an effort to test the concept of direct reporting. In those counties already direct reporting, turnaround time in processing the vital records has been greatly reduced and in turn applications for certified copies are being processed much more expeditiously. Complaints with regard to turnaround time in processing applications are now minimal. In addition, we have heard only good comments from those counties that have been direct reporting.

Not only has direct reporting had a positive effect on the internal operation of the Office of Vital Statistics and allowed us to provide more prompt service to the families in need of certified copies, but families have been able to expedite the processing of their personal business affairs as a result.

As of October 1, all 105 counties will be direct reporting. However, the Department's authority to eliminate the local registrar position without legislation is currently being challenged in court by Wyandotte County. Therefore, we recommend that the attached bill be introduced during the 1990 Legislative Session.

II. Bill Summary

The proposed legislation would eliminate all reference to local registrars and would streamline the vital statistics registration process whereby the hospital personnel and funeral directors would no longer send the birth and death records through a local registrar, but would send them directly to the Office of Vital Statistics.

III. Legislative History

During the 1986 legislative session, the House Governmental Organization Committee recommended that the number of local registrars immediately be reduced to not more than one per county and that serious consideration be given to a direct reporting system which would allow the vital records to be transmitted directly to the Office of Vital Statistics rather than through the local registrar's office. As a result of the Committee's recommendation and in an effort to promote efficiency in processing vital records and reduce turnaround time to the public in issuing certified copies, the Office of Vital Statistics immediately decreased the number of local registrars and implemented a direct reporting pilot project. The pilot project accomplished the goals outlined above with no negative ramifications. If the county desired to continue

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to maintain the same information in their office, we offered them a computer printout containing the same information that they were allowed to keep prior to direct reporting; however, the information remains protected by statutes and is not to be disseminated.

During the 1988 legislative session, H.B. 2715 was introduced by the House Public Health and Welfare. This bill would have abolished local registrars. A hearing was held by the House Public Health and Welfare Committee after which a decision was made to allow the bill to die.

The Wyandotte County local registrar opposed the passage of the bill as they wanted the certificate information to continue to flow through their office so they could continue to issue birth and death verifications for which they were charging $2.00 each.

A spokesman for the Kansas City, Kansas, funeral directors also opposed the legislation very much to our surprise and to the surprise of the Kansas Funeral Directors' Association, who supported the legislation. It was learned later that they had been misinformed about the matter when asked for their opinion and that, in truth, they supported the legislation. They were very embarrassed when they learned the facts.

The decision was made to allow the bill to die as it was felt that the State Registrar had the authority to pursue direct reporting without legislative action.

IV. Impact on Other Agencies or KDHE Bureaus

Quicker turnaround time when requests are made for vital statistics data.

V. Fiscal Impact

None

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9 RS 1769

PROPOSED BILL NO. ____

By

AN ACT concerning the uniform vital statistics act; imposing functions of local registrars upon the state registrar of vital statistics; eliminating the position of local registrar; amending K.S.A. 65-2406, 65-2409, 65-2410, 65-2411, 65-2412, 65-2414 and 65-2428a and K.S.A. 1989 Supp. 65-2422 and repealing the existing sections; also repealing K.S.A. 65-2407, 65-2430, 65-2431 and 65-2432.

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

Section 1. K.S.A. 65-2406 is hereby amended to read as follows: 65-2406. The state registrar, under the supervision of the secretary, shall have charge of the collection of vital statistics and be the custodian of all files and records, and perform the duties prescribed by the secretary. He The state registrar shall enforce this act and the rules and regulations of the secretary ~~and have supervisory power over local registrars.~~ He. The state registrar shall submit to the secretary an annual report of the administration of this act.

Sec. 2. K.S.A. 65-2409 is hereby amended to read as follows: 65-2409. (a) A certificate of birth for each live birth which occurs in this state shall be filed with the ~~local registrar of the district in which the birth occurs~~ state registrar within five days after such birth and shall be registered by such registrar if such certificate has been completed and filed in accordance with this section. If a birth occurs on a moving conveyance, a birth certificate shall ~~be filed in the district in which~~ indicate as the place of birth the location where the child was first removed from the conveyance.

(b) When a birth occurs in an institution, the person in charge of the institution or the person's designated

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representative shall obtain the personal data, prepare the certificate, secure the signatures required by the certificate and file ~~it~~ such certificate with the ~~local~~ state registrar. The physician in attendance shall certify to the facts of birth and provide the medical information required by the certificate within five days after the birth. When a birth occurs outside an institution, the certificate shall be prepared and filed by one of the following in the indicated order of priority: (1) The physician in attendance at or immediately after the birth, or in the absence of such a person; (2) any other person in attendance at or immediately after the birth, or in the absence of such a person; or (3) the father, the mother or, in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred.

(c) If the mother was married at the time of either conception or birth, or at anytime in between conception or birth, the name of the husband shall be entered on the certificate as the father of the child unless paternity has been determined otherwise by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered. If the mother was not married either at the time of conception or of birth, or at anytime in between conception or birth, the name of the father shall not be entered on the certificate of birth without the written consent of the mother and of the person to be named as the father unless a determination of paternity has been made by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered.

(d) One of the parents of any child shall sign the certificate of live birth to attest to the accuracy of the personal data entered thereon, in time to permit its filing within the five days prescribed above.

(e) Except as otherwise provided by this subsection, a fee of $4 shall be paid for each certificate of live birth filed with the state registrar. Such fee shall be paid by the parent or

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parents of the child. If a birth occurs in an institution, the person in charge of the institution or the person's designated representative shall be responsible for collecting the fee and shall remit ~~it~~ such fee to the secretary of health and environment not later than the 15th day following the end of the calendar quarter during which the birth occurred. If a birth occurs other than in an institution, the ~~local registrar~~ person completing the birth certificate shall be responsible for collecting the fee and shall remit ~~it~~ such fee to the secretary of health and environment not later than the 15th day of the month following the birth.

The fee provided for by this subsection shall not be required to be paid if the parent or parents of the child are at the time of the birth receiving assistance, as defined by K.S.A. 39-702 and amendments thereto, from the secretary of social and rehabilitation services.

Sec. 3. K.S.A. 65-2410 is hereby amended to read as follows: 65-2410. If neither parent of the newborn child whose birth is unattended ~~as above provided~~ is able to prepare a birth certificate, the ~~local~~ state registrar or the state registrar's designee shall secure the necessary information from any person having knowledge of the birth and prepare and file the certificate. The secretary shall prescribe the time within which a supplementary report furnishing information omitted from the original certificate may be returned for the purpose of completing the certificate. Certificates of birth completed by a supplementary report shall not be considered "delayed" or "altered."

Sec. 4. K.S.A. 65-2411 is hereby amended to read as follows: 65-2411. ~~(1)~~ (a) Whoever assumes the custody of a child of unknown parentage shall immediately report to the ~~local~~ state registrar in writing: ~~(a)~~ (1) The date and place of finding or assumption of custody; ~~(b)~~ (2) sex, color or race~~,~~ and approximate age of child; ~~(c)~~ (3) name and address of the person or institution with whom the child has been placed for care~~,~~; and

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~~(d)~~ (4) name given to the child by the finder or custodian.

~~(2)~~ (b) The place where the child of unknown parentage was found or custody assumed shall be known as the place of birth and the date of birth shall be determined by approximation.

~~(3)~~ (c) The report shall constitute the certificate of birth.

~~(4)~~ (d) If the child is identified and a regular certificate of birth is found or obtained, the report shall be sealed and filed and may be opened only by court order.

Sec. 5. K.S.A. 65-2412 is hereby amended to read as follows: 65-2412. (a) A death certificate or stillbirth certificate for each death or stillbirth which occurs in this state shall be filed with the ~~local registrar of the district in which the death occurred~~ state registrar within three ~~(3)~~ days after such death and prior to removal of the body from the state~~,~~ and shall be registered by ~~such~~ the state registrar if ~~it~~ such death certificate or stillbirth certificate has been completed and filed in accordance with this section. If the place of death is unknown, a death certificate shall be filed ~~in the registration district in which a dead body is found~~ indicating the location where the body was found as the place of death. A certificate shall be filed within three ~~(3)~~ days after such occurrence; if death occurs in a moving conveyance, ~~a~~ the death certificate shall ~~be filed in the registration district in which the~~ record the location where the dead body was first removed from such conveyance as the place of death.

(b) The funeral director or person acting as such who first assumes custody of a dead body or fetus shall file the death certificate. ~~He or she~~ Such person shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification of cause of death from the physician last in attendance prior to burial. The death certificate filed with the state registrar shall be the official death record, except that a funeral director~~,~~ licensed pursuant to K.S.A. 65-1714 and amendments thereto may verify as true and accurate information pertaining to a death on a form

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provided by the state registrar, and any such form, verified within ~~twenty-one-(21)~~ 21 days of date of death, shall be prima facie evidence of the facts therein stated for purposes of establishing death. The secretary of health and environment shall fix and collect a fee for each form provided a funeral director pursuant to this subsection. The fee shall be collected at the time the form is provided the funeral director and shall be in the same amount as the fee for a certified copy of a death certificate.

(c) When death occurred without medical attendance or when inquiry is required by the laws relating to postmortem examinations, the coroner shall investigate the cause of death and shall complete and sign the medical certification within ~~twenty-four-(24)~~ 24 hours after taking charge of the case.

(d) In every instance a certificate shall be filed prior to interment or disposal of the body.

Sec. 6. K.S.A. 65-2414 is hereby amended to read as follows: 65-2414. If the cause of death cannot be determined within three ~~(3)~~ days, the certification of ~~its~~ the cause of death may be filed after the prescribed period, but the attending physician or coroner shall give the ~~local-registrar-of-the-district--in--which death--occurred,~~ state registrar written notice of the reason for the delay~~,-in-order-that-a-permit-for-the-disposition-of-the-body may-be-issued~~.

Sec. 7. K.S.A. 1989 Supp. 65-2422 is hereby amended to read as follows: 65-2422. (a) The records and files of the division of health pertaining to vital statistics shall be open to inspection, subject to the provisions of this act and rules and regulations of the secretary. It shall be unlawful for any officer or employee of the state to disclose data contained in vital statistical records, except as authorized by this act and the secretary, and it shall be unlawful for anyone who possesses, stores or in any way handles vital statistics records under contract with the state to disclose any data contained in the records, except as authorized by law.

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(b) No information concerning the birth of a child shall be disclosed in a manner that enables determination that the child was born out of wedlock, except upon order of a court in a case where the information is necessary for the determination of personal or property rights and then only for that purpose.

(c) The state registrar shall not permit inspection of the records or issue a certified copy of a certificate or part thereof unless the state registrar is satisfied ~~that~~ the applicant therefor has a direct interest in the matter recorded and ~~that~~ the information contained in the record is necessary for the determination of personal or property rights. The state registrar's decision shall be subject, however, to review by the secretary or by a court in accordance with the act for judicial review and civil enforcement of agency actions, subject to the limitations of this section.

(d) The secretary shall permit the use of data contained in vital statistical records for research purposes only, but no identifying use of them shall be made.

(e) Subject to the provisions of this section the secretary may direct ~~local registrars to make a return upon the filing of~~ the state registrar to release birth, death and stillbirth ~~certificates with them of certain data shown thereon~~ certificate data to federal, state or municipal agencies. ~~Payment by those agencies for the services may be made through the state registrar to local registrars as the secretary directs.~~

(f) On or before the 20th day of each month, the state registrar shall furnish to the county election officer of each county, without charge, a list of deceased residents of the county who were at least 18 years of age and for whom death certificates have been filed in the office of the state registrar during the preceding calendar month. The list shall include the name, age or date of birth, address and date of death of each of the deceased persons and shall be used solely by the election officer for the purpose of correcting records of their offices.

(g) No person shall prepare or issue any certificate which

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purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act.

(h) Records of births, deaths or marriages which are not in the custody of the secretary of health and environment and which were created before July 1, 1911, pursuant to chapter 129 of the 1885 Session Laws of Kansas, and any copies of such records, shall be open to inspection by any person and the provisions of this section shall not apply to such records.

Sec. 8. K.S.A. 65-2428a is hereby amended to read as follows: 65-2428a. No dead body located in this state shall be transported to a location outside the boundaries of this state, either by commercial or private conveyance, without a permit issued by a funeral director or ~~a local~~ the state registrar on a form provided by the state registrar.

This section shall be a part of and supplemental to the uniform vital statistics act.

Sec. 9. K.S.A. 65-2406, 65-2407, 65-2409, 65-2410, 65-2411, 65-2412, 65-2414, 65-2428a, 65-2430, 65-2431 and 65-2432 and K.S.A. 1989 Supp. 65-2422 are hereby repealed.

Sec. 10. This act shall take effect and be in force from and after its publication in the statute book.

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Sec. 1. K.S.A. 39-713d is hereby amended to read as follows: 39-713d. (a) The secretary, on the death of a recipient of assistance, if the estate of the deceased or other available resources are insufficient to pay the decedent's funeral and burial expenses, may pay funeral and cemetery expenses in the amounts ~~which shall not be more than the maximum amounts~~ fixed for such purposes by rules and regulations adopted by the secretary. Any funeral and burial expenses paid are recoverable by the secretary as a debt due to the state. If it is found that the recipient's estate possesses income or property, up to the total amount of the expenses paid may be recovered by the secretary from such estate. The claim shall be a fourth class claim from the estate of the recipient.

(b) Whenever a cemetery lot has been purchased or acquired for a recipient of assistance, either before or after death, and such cemetery lot was not purchased or acquired with public funds, the cost of such cemetery lot shall not be deducted from the funeral expenses authorized by this section.

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REQUEST FOR BILL INTRODUCTION

HOUSE PUBLIC HEALTH & WELFARE COMMITTEE

JANUARY 29, 1990

Mr. Chairman, members of the committee. I am Jim Snyder, Executive Director of the Kansas Funeral Directors Association which has a membership of 95% of the funeral homes in the State.

I realize I told some of you our profession would have nothing this year...and at the time I said this, it was true. We believed we had some sort of relief regarding assistance funerals (SRS paid) which could have been taken care by the public assistance manual and regulations and would not have had to come before the legislature. Our requests made to the SRS department are listed on Exhibit "A". However, the SRS representatives with which we met said they would not permit anything which may cost any additional dollars at all. This was recent and their answer is supposed to be on its way in writing.

SRS has been deducting from payments for funeral expenses--cash found (which someone other than the funeral director obviously helped disappear shortly after it was found),the value of property including junk cars, budgeted money supposedly left over after a monthly subsistence payment was made...as well as money spent by relatives or friends on ministers, flowers, music at the funeral, and other items which are not part of the funeral directors service, nor are they charged for by the funeral director. These items are, in many cases, arranged for as a convenience and the funeral director "advances the cash" for the family in exactly the same amount as the cost.

Also, we requested that to offset some of the deductions (which SRS says are recoverable and the funeral director must recover them), families and/or friends be allowed to contribute a small amount toward the funeral and/or cemetery expenses without it being deducted. This would have been up to $450 for the funeral and up to $200 for cemetery expenses.

None of these proposals were acceptable to SRS.

Therefore, we appear before you for a request for the attached bill. This bill would provide SRS pay the funeral director and cemetery the flat fee provided for by

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present regulations (copy attached - exhibit "B"), and provide SRS with a 4th class claim so if they find assets of the recipient, SRS can go get them.

We have been told for years these 'assets' are recoverable and that is why their monies have been deducted. And, since they are 'recoverable', we are certainly disposed to allow SRS to recover them. Because of this, any fiscal note on this proposed legislation either should not exist or should be extremely small for a little additional time needed by existing personnel.

We feel this legislation is long overdue and would appreciate your support in introducing this as a committee bill.

Thank you.

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1. CHANGE IN VERBAGE

The Committee recommends the following change in the 'Kansas Public Assistance Manual--

Page 2-67, Section 2921, by adding to the first paragraph ... "Relatives or friends may participate with additional funds in excess of the designated allowances for funeral expenses in an amount not to exceed $450."

Page 2-67, Section 2921, by adding to the second paragraph after the words, 'grave marker.' ..."Relatives or friends may participate with additional funds in excess of the designated allowance for cemetery expenses in an amount not to exceed $200."

Page 2-68, Section 2921, by DELETING the paragraph, "The allowance for funeral, cemetery, and outside container expenses shall be determined by subtracting any cash contributions from the standards established above."

Page 2-68, Section 2921, bottom paragraph by adding after the word 'friends,' the words "in excess of the amounts set above"...delete the words 'if available' and add after the words 'trade area' and before the ')' the words "flowers, clergy, musicians, and/or funeral procession escorts".

The KFDA Committee further recommends that if the above is not acceptable, the Legislature will be requested to fulfill #2 in giving back the 4th class claim to SRS to full payments are made to the funeral directors and any 'found' monies or assets can be reacquired by SRS.

EXHIBIT "A"

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EXHIBIT "B"

Outside container expense shall include all expenses connected with the purchase of an outside container in which the casket is placed. This expense shall only be allowed when the cemetery requires an outside container.

The specific allowances are as follows:

Funeral expenses:

Oversize casket	$850
Adult casket	$750
Casket 5'	$650
Casket 4' - 4'6"	$450
Casket 3' - 3'6"	$350
Casket 2' - 2'6"	$250
Casket Infant - 1'9"	$150

Cemetery expenses - Not to exceed $250.

Outside container expenses - not to exceed $150.

The allowance for funeral, cemetery, and outside container expenses shall be determined by subtracting any cash contributions from the standards established above.

Funeral, cemetery, and outside container expenses are considered separate standards. The agency shall not participate in the payment of funeral, cemetery, or outside container expenses if the cost exceeds the standard established.

Cash contributions or partial payment of funeral, cemetery, or outside container expenses by relatives or friends, if available, shall be used to reduce the agency's participation in funeral, cemetery, and/or outside container expenses (except for payments made for transportation costs outside the trade area) and shall not be used to supplement the regularly established cost.

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Sec. 12. From and after January 1, 1974, K. S. A. 1972 Supp. 39-719a shall be and is hereby amended to read as follows: 39-719a. ~~On the death of any recipient of assistance, the total amount of assistance paid or on the death of the survivor of a married couple, either or both of whom received such assistance, the total amount paid assistance to either or both shall be allowed as a claim against the estate of such person or persons as a fourth class claim. No such claim shall be enforced against the real estate of the recipient or the real estate of a person who has been a recipient while it is occupied by the recipient's surviving spouse or by any dependent child of such recipient or any dependent child of such a surviving spouse. No recovery may be had under this section for assistance paid for a recipient who at the time of payment was receiving aid to the blind as defined in K. S. A. 1969 Supp. 39-702. No recovery may be had under this section for medical assistance provided to a person under the age of sixty-five (65) years: *Provided, however,* That in all cases regardless of the recipient's age~~ Where medical assistance has been paid *by the state department of social welfare* and a third party has a legal obligation to pay such medical expenses to or on behalf of the recipient the state department of social welfare may recover the same from the recipient or from the third party and shall be in all respects subrogated to the rights of the recipient in such cases.

Sec. 13. From and after January 1, 1974, K. S. A. 39-719b shall be and is hereby amended to read as follows: 39-719b. If at any time during the continuance of assistance to any person, the recipient thereof becomes possessed of any property or income in excess of the amount ascertained at the time of granting assistance, it shall be the duty of the recipient to notify the ~~county board~~ *state director* of social welfare immediately of the receipt or possession of such property or income and said ~~county board~~ *state director* may, after investigation, cancel *or modify* the assistance *payment* in accordance with the circumstances.

Any assistance paid shall be recoverable by the ~~county board~~ *state director* as a debt due to the state ~~and the county in proportion to the amount of the assistance paid by each, respectively.~~. If during the life or on the death of any person receiving assistance, it is found that the recipient was possessed of income or property in excess of the amount reported or ascertained at the time of granting assistance, and if it be shown that such assistance was obtained by an ineligible recipient, the total amount of the assistance may be recovered by the state department of social welfare as a fourth class claim from the estate of the recipient or in an action brought against the recipient while living.

HB 1039 - 1973 Session Eff. 1/1/74

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HOUSE BILL NO. ____

By ___

AN ACT amending the nonprofit medical and hospital service corporation act; amending K.S.A. 40-19c03 and repealing the existing section.

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

Section 1. K.S.A. 40-19c03 is hereby amended to read as follows: 40-19c03. Nonprofit corporations may be organized under the nonprofit medical and hospital service corporation act for the purpose of entering into contracts with participating physicians and participating hospitals to provide professional and hospital services for subscribers as may be designated in subscription agreements. Such corporations shall also indemnify subscribers as designated in subscription agreements for services which may be received from nonparticipating physicians or nonparticipating hospitals. Such corporations may also provide service or indemnity for other health services or facilities but not to exceed reasonable and customary charges that a subscriber may incur for these services. The affairs of any such corporation shall be managed by a board of directors of not less than ~~fifteen (15)~~ 15 members as specified by the articles of incorporation composed of: Licensed physicians and trustees or administrators of hospitals who participate in providing professional and institutional service to subscribers and members of the public exclusive of physicians and hospital trustees or administrators who, at the time of their election, are subscribers. Beginning with the election of directors immediately following the effective date of this act, the board of directors at all times shall include an equal number of physicians licensed under the Kansas healing arts act to practice medicine and surgery, osteopathic medicine and surgery and chiropractic. Two ~~(2)~~

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members of the public who are subscribers shall be appointed to the board of directors by the governor of the state of Kansas. The members of the public, exclusive of physicians and hospital trustees or administrators, shall at all times comprise a majority of the membership of the board of directors. The directors shall take the oath of office as in other corporations and duplicates of such subscribed oaths shall be forwarded at the time of election to the commissioner of insurance for filing. The bylaws shall specify the number of directors necessary to constitute a quorum which shall not be less than ~~ten (10)~~ 10 members.

New Sec. 2. As used in the nonprofit medical and hospital service corporation act, the term "physician" shall include any person licensed under the Kansas healing arts act to practice medicine and surgery, osteopathic medicine and surgery or chiropractic.

Sec. 3. K.S.A. 40-19c03 is hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the Kansas register.

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Kansas State Board of Pharmacy

Attm #E

LANDON STATE OFFICE BUILDING
900 JACKSON AVENUE, ROOM 513
TOPEKA, KANSAS 66612-1220
PHONE (913) 296-4056

STATE OF KANSAS

MIKE HAYDEN
GOVERNOR

JANUARY 29, 1990

MEMO TO: HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

FROM: BOARD OF PHARMACY

Re: Introduction to Change K.S.A. 65-1632

The Kansas Board of Pharmacy respectfully requests the introduction of a bill for statutory change of K.S.A. 65-1632 as per enclosed copy.

The only change requested by the Board is the increase of the maximum, from $60 to $100, the Board requires for annual licensure renewal of the pharmacist as fixed by rules and regulations.

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65-1632. Renewal of registration; fee; denial; conditions; reinstatement after nonrenewal; penalty. (a) Each license as a pharmacist issued by the board shall expire on June 30 following the date of issuance. Each application for renewal of a license as a pharmacist shall be made on a form prescribed and furnished by the board. Except as otherwise provided in this subsection, the application, when accompanied by the renewal fee and received by the executive secretary of the board on or before the date of expiration of the license, shall have the effect of temporarily renewing the applicant's license until actual issuance or denial of the renewal. If at the time of filing a proceeding is pending before the board which may result in the suspension, probation, revocation or denial of the applicant's license, the board may by emergency order declare that the application for renewal shall not have the effect of temporarily renewing such applicant's license. Every licensed pharmacist shall pay to the secretary of the board annually between July 1 and August 1 a renewal fee of not more than ~~$60~~ $100 , as fixed by the board by rules and regulations. The renewal fee fixed by the board under this section immediately prior to the effective date of this act shall continue in effect until a different renewal fee is fixed by the board by rules and regulations as provided under this section.

(b) The board may deny renewal of any license of a pharmacist on any ground which would authorize the board to deny an initial application for licensure or on any ground which would authorize the board to suspend, revoke or place on probation a license previously granted. Orders under this section, and proceedings thereon, shall be subject to the provisions of the Kansas administrative procedure act.

(c) The payment of the renewal fee by a person who is a holder of a license as a pharmacist shall entitle the person to renewal of license if no grounds exist for denying the renewal of the license and if the person has furnished satisfactory evidence to the board that the person has successfully complied with the rules and regulations of the board relating to continuing professional education. These educational requirements shall be fixed by the board at not less than 10 clock hours nor more than 20 clock hours annually of a program of continuing education approved by the board. The maximum number of continuing education hours required by the board to meet the requirements for cancellation of inactive status licensure and renewal of license under subsection (d) or reinstatement of license because of non-payment of fees under subsection (e) shall not exceed 30.

(d) The payment of the renewal fee by the person who is a holder of a license as a pharmacist but who has not complied with the continuing education requirements fixed by the board, if no grounds exist for denying the renewal of the license other than that the person has not complied with the continuing education requirements fixed by the board, shall entitle the person to inactive status licensure by the board. No person holding an inactive status license from the board shall engage in the practice of pharmacy in this state. Upon furnishing satisfactory evidence to the board of compliance with the continuing education requirements fixed by the board and upon the payment to the board

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of all applicable fees, a person holding an inactive status license from the board shall be entitled to cancellation of the inactive status license and to renewal of licensure as a pharmacist.

(e) If the renewal fee for any pharmacist's license has not been paid by August 1 of any year, the license is hereby declared void, and no license shall be reinstated except upon payment of any unpaid renewal fee plus a penalty equal to the unpaid renewal fee and proof satisfactory to the board of compliance with the continuing education requirements fixed by the board. Payment of any unpaid renewal fee plus a penalty equal to the unpaid renewal fee and the submission of proof satisfactory to the board of compliance with the continuing education requirements fixed by the board shall entitle the license to be reinstated. The nonpayment of renewal fees by a previously licensed pharmacist for a period exceeding three years shall not deprive the previously licensed pharmacist of the right to reinstate the license upon the payment of any unpaid fees and penalties and upon compliance with the continuing education requirements fixed by the board, except that the board may require such previously licensed pharmacist to take and pass an examination approved by the board for reinstatement as a pharmacist and to pay any applicable examination fee.

History: L. 1953, ch. 290, * 18; L. 1962, ch. 37, * 2; L. 1967, ch. 342, * 2; L. 1974, ch. 252, * 2; L. 1975, ch. 318, * 18; L. 1982, ch. 263, * 2; L. 1986, ch. 231, * 21; L. 1987, ch. 236, * 3; L. 1989, ch. 356, * 198, July 1.

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HOUSE CONCURRENT RESOLUTION NO.

By Committee on Public Health and Welfare

A CONCURRENT RESOLUTION designating October 7-13, 1990 as mental illness awareness week.

WHEREAS, Mental illness is often misunderstood which results in unjustified fear and prejudice; and

WHEREAS, Advances in scientific knowledge have made it possible to effectively treat even the most incapacitating mental disorders; and

WHEREAS, Proper diagnosis of mental illness with appropriate treatment is both humane and cost-effective because of restored productivity and reduced social dependence; and

WHEREAS, Early intervention offers the most opportunity for successful treatment of mental illness; and

WHEREAS, Improved knowledge about mental illness benefits society in general as well as the victims of mental illness: Now, therefore

BE IT RESOLVED by the House of Representatives of the State of Kansas, the Senate concurring therein: That the week beginning October 7, 1990, is designated as mental illness awareness week, and the Governor is authorized and requested to issue a proclamation calling upon the people of the State of Kansas to observe such week with appropriate activities; and

BE IT FURTHER RESOLVED: That the Clerk of the House of Representatives be directed to send an enrolled copy of this resolution to the Governor of the State of Kansas.

DRAFT

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