Approved 3-2-90 ~~3-7-90~~
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 February 20, 1990 in room 423-S of the Capitol.

All members were present except:

Representative Ben Foster, excused.

Committee staff present:

Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Speaker Jim Braden
Marilyn Bradt, Kansans for Improvement of Nursing Homes
Dick Hummel, Kansas Health Care Association
Tom Bell, Kansas Hospital Association, (Printed testimony only
Keith Landis, Christian Science Committee on Publication for Kansas
Joe Kroll, Director Bureau Adult/Child Care/ Dept. of Health/Environment
Jerry Slaughter, Kansas Medical Society
Jan Waide, Department of Social Rehabilitation Services
John Wine, on Board of Directors of Kansas Child Abuse Prevention
Council Tom Hitchcock, Kansas STate Board of Pharmacy
Representative Elaine Wells
William A. Lybarger, Ph.D./Superintendent Winfield State Hospital
Claudia Stewart, Manager of Nursing Facility
Dr. Walt Powers, Association of Nursing Pools
Eileen McGibben, Kimberly Quality Care, Wichita, Kansas
Elizabeth Dayani, American Nursing Resource, Inc.,Overland Park, Ks.
Joe Kroll, Director, Bureau of Adult/Child Care, Department of H&E
Robert J. Dehaemers, R.N., Norrell Health Care, Overland Park, Ks.
Rosemary Helms, Temporary Health Employment Management, Lawrence,

Chair called meeting to order bringing attention to the heavy agenda. A time restriction will be placed on both conferees and committee members on testimony and questions. He thanked everyone for their cooperation and understanding.

Chair drew attention to HB 2986 stating he would recognize Speaker Braden as first conferee today since his schedule dictated he leave as soon as possible. After Speaker Braden's testimony, Chair would continue hearings on HB 2800 that were not completed yesterday.

HEARING BEGAN ON HB 2986.

Speaker Jim Braden thanked Chair and committee for honoring his request to have legislation introduced that is now HB 2986. This will add licensed day care homes to our no-smoking laws. He has had many complaints in regard to second-hand smoke in these facilities. This legislation will prohibit smoking in reception areas/dining/meeting/recreational areas, but will allow residents to smoke in their own private rooms if they wish. This legislation will restrict smoking of employees of these facilities. He asked for favorable consideration of HB 2986. He answered questions.

Chair thanked Speaker Braden for giving testimony in person, then drew attention to testimony on HB 2800 that was not completed yesterday due to lack of time.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 a.m./p.m. on February 20, 1990

HEARINGS CONTINUED ON HB 2800.

Marilyn Bradt, (Attachment No. 1) noted they are pleased that the transfer of investigation/subsequent handling of reports of abuse will be given to Health and Environment (H&E). However, they suggest some improvements, i.e., Sec. 3, as an addition to (b) or a separate section insert, "When criminal act has appeared to have occurred, law enforcement shall be notified". Further, Section 3, add "(e) The secretary shall inform the complainant that an investigation has been made and, if allegation(s) of abuse have been substantiated, what corrective measures will be taken by the facility." With these changes, their Association could approve passage.

Dick Hummel, Kansas Health Care Association, (Attachment No. 2), spoke to HB 2800. He said they favor the transfer of the investigation process from Department of SRS to Department of Health Environment related to in HB 2800. However, they take exception to new Sections 7-8, on Page 7, and requests they be stricken. They feel language too vague in the definition of terms in proceedings. Section 8 justifies their position on Section 7. He noted the drafter of the legislation has recognized the vagueness and probable unconstitutionality of the bill by adding this section.

Chair noted printed testimony from Kansas Hospital Association will be recorded as (Attachment No.3).

Keith Landis, Christian Science Committee on Publication for Kansas, (Attachment No. 4) spoke to HB 2800. They request the wording of lines 26-30 on Page 2 be amended to read, after the word "neglected", to read, "exploited or in need of protective services"..... This change in wording will properly address the expanded coverage of K.S.A.39-1401, and will bring its wording into agreement with K.S.A. 39-1430. He stated, their request is in a manner of speaking, "to include us out".

HEARINGS CLOSED ON HB 2800.

HEARINGS BEGAN ON HB 2757.

Joe Kroll, Department of Health and Environment offered printed testimony, (Attachment No. 5). He explained their rationale for requesting the legislation in HB 2757. He noted statutes define "ambulatory surgical center" as an establishment with an organized medical staff of physicians. Accordingly, their Department has never viewed licensure as including private staff of physicians, and has never viewed licensure as including private physician offices. Their Department would recommend adding language which would clearly exclude a private physician's office or group physician practice unless the facility meets requirements, i.e., establishment of an organized medical staff with written bylaws; existence of formal credentialing and privileging of medical staff; two or more independent physicians or physician group practices actively providing surgical services. He answered questions.

Jerry Slaughter, Kansas Medical Society noted he had met with Mr. Kroll yesterday, and their Association now does better understand what the Department of H&E is asking for. However, they feel a need for some clean-up language in HB 2757, and he stated they will have that language available for Department of H&E by the end of this week. With these suggested amendments in place, they could agree with H&E on this bill.

HEARINGS CLOSED ON HB 2757.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 a.m./p.m. on February 20, 1990

Chair noted at this time he would pass over on HB 2978 until Tom Hitchcock from Pharmacy Board could be present. (He is testifying before a Senate Committee).

Chair drew attention again to HB 2986.

HEARINGS CONTINUED ON HB 2986.

Joe Kroll, Department of Health/Environment, (see Attachment No. 6). Their Department identifies smoking as one of the paramount health issues of today. HB 2986 raises some troublesome issues, i.e., a resident of an adult care home losing some of their personal freedoms, (smoking if they wish); fire safety; how do you define "meeting rooms". These issues concern us, and it is the Departments view that each individual facility should make these choices in regard to smoking restrictions. He asked that HB 2986 be defeated. He answered questions, i.e., yes, we are concerned about secondary smoke.

Dick Hummel, Kansas Health Care Association, (Attachment No. 7) spoke in opposition to HB 2986. The concerns of smoking are very real, but their opposition to the bill is for practical reasons, i.e., the residents of adult care homes consider this "home"; many facilities already have designated "no-smoking" policies in place; how do you define "meeting rooms"; fire safety concerns. He felt smoking/non-smoking policies should be the decision of individual nursing facilities and not be a state statute.

HEARINGS CLOSED ON HB 2986.

HEARINGS BEGAN ON HB 2834.

Jan Waide, Department of SRS spoke for Robert C. Barnum, Commissioner of Youth Services, SRS. (See Attachment No. 8). The purpose of HB 2834 is to amend statutes to provide the court with authority to appoint standing multidisciplinary teams to assist SRS in gathering information regarding allegations of abuse/neglect and to make recommendations to the Department regarding services to such children; to limit privilege rights of the perpetrator of abuse to criminal proceedings, and remove language permitting SRS to appoint post-adjudicatory teams. This would improve the process of determining when a child has been abuse/neglected. Current law has proven to be un-workable in several respects. She detailed changes they recommended as indicated in her hand-out. She recommended passage, noting if passed, would allow efficient and timely access to the expertise represented by multidisciplinary teams at a time when the time can have maximum benefit. She noted HB 2834 is the only one currently addressing K.S.A. 38-1523a. SRS recommends passage.

John Wine, Board member of Kansas Child Abuse Prevention Council spoke in support of HB 2834. (Attachment No. 9). Their Council feels this bill strengthens the multidisciplinary approach to the care of abused children. Currently, often information needed to help a child is lost in the service system. This bill will streamline the process of permitting courts to appoint a standing team, and delete privilege granted to perpetrators' communication with team members. He answered questions, i.e., yes, he feels that if 3 or 4 people can review the work of others it should help the process.

HEARINGS CLOSED ON HB 2834.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 /a.m./p.m. on February 20, 1990

HEARINGS BEGAN ON HB 2978.

Tom Hitchcock, Executive Secretary, State Board of Pharmacy spoke to the support of HB 2978. If passed would increase the maximum charge for fees from $60 to $100 their Board may require a licensed pharmacist for an annual renewal of licensure. He stated actual renewal fees are set by regulation by the Board as necessary. They find currently they need a bit more flexibility than the $60 allows in order to meet their expenses in the future. He noted in his hand-out, (Attachment No. 10) expenditure summary. He answered questions. It is felt that a pharmacist that can make $30,000 to $35,000 their first year, a small increase on renwal fee is fair.

HEARINGS CLOSED ON HB 2978.

HEARINGS BEGAN ON HB 2886.

Representative Elaine Wells noted she had been a member of the Interim Committee and their study of the shortage of nurses. Recommendation was made to draft legislation in an effort to correct problems in the nursing pool system. HB 2886 would require all nursing pools become registered; Board of Nursing will have authority over these pools; registration fees will be established; regulations established to insure quality care; proper training and orientation given; TB skin test required of nurses from pool; free market concept will allow a person to work where they choose; protection for both employee and employer and the facility that hires the pool nurse. She noted concerns, i.e., Contracts; establishing regulations and standards for care. She also is concerned in regard to accountability; concern from some this is a ploy to regulate rates nursing pools charge. This is not the case. HB 2886 should help to establish better quality care. She noted she had personally seen in-adequate care given due to lack of education and training. She answered questions, yes they are licensed, but there is no Regulatory Board over the Nursing Pools themselves; yes, if Department of Health/Environment had regulatory authority, they would check into complaints; HB 2886 is just a registration point, requiring minimum standards, it does not go beyond that. (Attachment No.11).

William A. Lybarger, Ph.D., Superintendent of Winfield State Hospital, (Attachment No. 12) noted their Hospital has used nurses from nursing pools extensively over the last few years. He firmly believes the operation of nursing pools should be more closely regulated than it has been in the past. He supports operators of these pools obtain certificate of registration from the Kansas State Board of Nursing. He noted they have worked with six different pools, each vary considerably. He spoke to the time lapse restriction, and to remove that barrier for pool employees and the facility would be more equitable. He answered questions, i.e., yes, we pay the pool company, not the individual nurse; yes, if a nurse is sent to us without the particular training we need, we must take one of our nurses to train the pool nurse. As we are already short of nursing staff, this causes an extra burden.

HEARINGS CONTINUE ON HB 2886.

Claudia Stewart, (Attachment No. 13) a management member of a Nursing facility stated her great concern for quality health care. When we hire (and I don't use them she noted), our agencies are not assured of what training/schooling has been received by the employee being hired. She cited specific cases when inadequate people had been hired to care for the frail/elderly. She stressed the Agencies need to take responsibility for the employees they send out to facilities. She answered questions, i.e., there is a shortage of nurses, and we must meet requirements by having a certain number of nurses on staff, so we have no choice but to hire temporary people from pools.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 a.m./p.m. on February 20, 1990

HEARINGS CONTINUED ON HB 2886.

Dr. Walt Powers, Creative Care Corporation, gave hand-out, (Attachment No. 14). He stressed HB 2886 is duplicative and unnecessary. Except for Section 5 of the bill all other provisions are already law. He feels the bill restricts free enterprise. The Nursing Pool Industry, or Supplemental Health Care Provider Industry, should be an emergency provider. It should not be used for long term care, but for emergencies. Contrary to some statements made today, he said all their nurses meet all the same standards as those who are hired for long term, or full time. He answered questions in regard to the reality of the care needed must at times be met with pool nurses since there is a shortage of nurses employed full time.

Elizabeth C. Dayani, American Nursing Resources, Inc. (Attachment No. 15), noted HB 2886 purports through registration, the public's right to health care from competent and qualified personnel. She noted HB 2886 is a duplication in law, and it would add unnecessarily to the cost of health care. We do not need law to regulate agencies. We need to have common sense business practices observed by the two parties involved. She drew attention to hand-out which contained a summary of an overview done on temporary nursing services and their unregulated effect on the public.

Eileen McGibben, Nurse Recruiter, Wichita. (No printed testimony). As a recruiter she spends hours checking references, reverifying licenses, orientating, and evaluating each employee. When they lose an employee, they suffer a great economic loss and this concerns them. Other temporary persons hired, i.e., clerks, secretaries, aren't required to have contracts, and she wonders why their Business Agency is being singled out. Many of these temporary people would not be working if short hours could not be provided to them.

Joe Kroll, Department of Health and Environment, (Attachment No. 16) noted they don't have a problem with Section 5 in HB 2886, however Section 4 causes concern. HB 2886 treats only the symptoms, not the problem. Currently both Department of Health/Environment and Health Care Financing Administration (HCFA) have established minimum qualifications for direct care personnel, and other personnel is governed by their appropriate licensure Board. To involve another state agency requiring more compliance is duplicative. He asked HB 2886 be not favorably considered. He answered questions.

Robert J. Dehaemers, R.N. from Norrell Health Care, Overland Park, Kansas (Attachment No. 17) gave a brief summation of his printed remarks, i.e., good standards already exist in governing use of supplemental staffing agencies. We believe, he said, these guidelines are working and are sufficient and additional regulation is unnecessary.

Rosemary Helms, Temporary Health Employment Management (THEM), Lawrence (see Attachment No. 18) spoke to HB 2886. She understands the view from both Agency and employee in respect to concerns voiced this date. Their Agency uses strict guidelines, they stress continuing education, they stress quality care. Good staffing guidelines are a professional necessity. Their agency hires employees that choose to work part time. For example, many can work only one day or two at a time. She answered questions, yes they have had some who are employed by hospitals and licenses have expired and they come to us for temporary work, fees vary.

Chair requested those unable to give testimony today to please return tomorrow.

Attachment No. 19 is fiscal note on HB 2986.
Attachment No. 20 is fiscal note on HB 2978.
Attachment No. 21 is fiscal note on HB 2757.
Meeting adjourned 3:17 p.m.

KINH Kansans for Improvement of Nursing Homes, Inc.

913 Tennessee, suite 2 Lawrence, Kansas 66044 (913) 842 3088

TESTIMONY PRESENTED TO
THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE
CONCERNING HB 2800

February 19, 1990

Mr. Chairman and Members of the Committee:

Kansans for Improvement of Nursing Homes was most appreciative of the changes in the adult abuse law made by this committee in the 1989 legislative session and of your willingness at that time to keep separate the processes for investigating abuse in institutional and noninstitutional settings. It remains our firm conviction that the investigation and subsequent handling of reports of abuse in institutions such as nursing homes should be the responsibility of the Department of Health and Environment which regulates those institutions. In general, instances of abuse in nursing homes are related to violations of adult care home regulations. It seems to us that the most appropriate and direct means of dealing with such abuse is to put both the investigation and any consequent actions in the hands of the enforcement agency from the outset. KINH strongly supports HB 2800.

We do, however, offer some suggestions for your consideration that we believe would improve the bill:

In Sec. 3, either as an addition to (b) or as a separate section to be inserted following (b), add, "When a criminal act has appeared to have occurred, law enforcement shall be notified." This is the same language as in K.S.A. 39-1433 relating to non-institutional adult abuse investigated by SRS. While it may be implicit in HB 2800 that the Secretary of Health and Environment may call upon law enforcement as needed, we believe it would be better to be explicit in the case of a criminal act.

Also in Sec. 3, add "(e) The secretary shall inform the complainant that an investigation has been made and, if the allegation(s) of abuse have been substantiated, what corrective measures will be taken by the facility." It is very frustrating to have made a complaint and never to hear from the responsible agency that the problem has been investigated or addressed. The present Secretary of Health and Environment and the immediate past Secretary have followed a policy of reporting to the complainant that an investigation was made and whether or not the abuse was substantiated. We have greatly appreciated that service. It has not always been the case and might not be under another Secretary; we would like to have such a policy protected by statute.

With those additions, KINH would be entirely satisfied with HB 2800. We ask your consideration of our recommendations and hope that you will report the bill favorably.

P&HW
2-20-90
attm #1

KHCA

Member of ahca

Kansas Health Care Association
221 SOUTHWEST 33rd STREET
TOPEKA, KANSAS 66611 • 913-267-6003

DATE: Monday, February 19, 1990

TO: House Public Health and Welfare Committee

RE: Kansas Health Care Association Position On: H.B. 2800: Abuse Investigation Authority to KDH&E

Members of the Committee:

We are in support of H.B. 2800, a transfer of the adult care home abuse investigation process from the Department of SRS to the Department of Health and Environment.

The consolidation will result in a much more efficient and effective program.

However, we take exception with new Sections 7-8 (page 7) of the bill and request they be stricken.

delete

(1) Section 7 creates a Class E criminal felony for intentional abuse, neglect or exploitation of a resident. Our concern is with the vague definitions of these terms in the preceeding sections of the bill; mind you we support the full force of the law falling upon anyone who harms or abuses a resident. We abhor abuse and advocate anyone convicted of it be banished from adult care home employment.

(2) Section 8 justifies our position on Section 7. The drafter of this legislation recognized the vagueness and probable unconstitutionality of the bill by adding this section.

CONTACT: Dick Hummel, Executive Vice President

P&W
2-20-90
Attm #2

KANSAS HOSPITAL ASSOCIATION

Memorandum

Donald A. Wilson
President

February 19, 1990

TO: House Public Health and Welfare Committee

FROM: Kansas Hospital Association

RE: HOUSE BILL 2800

The Kansas Hospital Association appreciates the opportunity to comment regarding HB 2800. This bill amends current law regarding the reporting of abuse or neglect of residents in adult care homes and medical care facilities.

Probably the major focus of HB 2800 is to change the reporting requirements for abuse of residents so that reports are made to the Kansas Department of Health and Environment instead of SRS. This makes sense since KDHE is the licensing agency for most facilities.

Current law requires various health care providers, including the chief administrative officer of a medical care facility, to report to SRS the abuse, neglect or exploitation of adults. HB 2800 would expand this requirement to reports of abuse, neglect or exploitation of residents of adult care homes and medical care facilities.

In attempting to do this we think it is important for the Legislature to provide consistency between the two sets of laws. For example, current law contains a detailed definition of what constitutes "exploitation." HB 2800 would define this term much more broadly. We think it makes sense to use the current law definition.

HB 2800 would also require the reporting of exploitation by anyone. The focus of the statutes that HB 2800 amends is on residents of health facilities. The definitions of "abuse" and "neglect" under these statutes refer to the "caretaker of services." We think the definition of exploitation should also be limited.

Thank you for your consideration of our comments.

TLB:pj

PHHW
2-20-90
attmt #3

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

Christian Science Committee on Publication For Kansas

820 Quincy Suite K
Topeka, Kansas 66612

Office Phone
913/233-7483

To: House Committee on Public Health and Welfare

Re: House Bill No. 2800

It is requested that the wording of lines 26-30 on page 2 be amended to read:

> No person shall be considered to be abused, ~~or~~ neglected or exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

This change in wording will properly address the expanded coverage of K.S.A. 39-1401 as proposed in the bill and will bring its wording into agreement with K.S.A. 39-1430, passed last year, which begins on page 6, line 41 of this bill.

Keith R. Landis
Committee on Publication
for Kansas

PH&W
2-20-90
attm # 4

State of Kansas
Mike Hayden, Governor

Department of Health and Environment
Division of Health

Stanley C. Grant, Ph.D., Secretary

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

(913) 296-1343
FAX (913) 296-6231

Testimony Presented to

The House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Bill No. 2757

House Bill 2757 has been requested by the Kansas Department of Health and Environment for the purpose of confirming long standing agency interpretation that private physician offices are not subject to licensure as ambulatory surgical centers.

K.S.A. 65-425 authorizes licensure of "medical care facilities" by KDHE. The term "medical care facilities" includes hospitals, ambulatory surgical centers, and recuperation centers. There are currently 11 licensed ambulatory surgical centers in Kansas.

K.S.A. 65-425 (f) defines an "ambulatory surgical center" as an establishment with an organized medical staff of physicians. Accordingly, KDHE has never viewed licensure as including private physician offices. On the contrary, an ambulatory surgical center has been seen more as an "out-patient hospital" than a physician office or group physician practice. Because individual physicians practice medicine and surgery on the basis of a license issued by the state Board of Healing Arts the licensing of private physician offices or group physician practices has been seen as unnecessarily duplicating 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 by KDHE. The most frequent reason given for requesting licensure is to qualify for third party insurance reimbursement. Although surgical facilities maintained by a physician or group medical practice can be Medicare certified, KDHE has not required licensure unless an open and organized medical staff of physicians were using the facility.

Although a few physicians want licensure as an ambulatory surgical center, we believe most physicians do not desire licensure. Moreover, as written, the ambulatory surgical center licensure provisions are part of a mandatory, and not permissive, licensure act. Clearly, defining specific surgical procedures exempt from ambulatory surgical center licensure or mandating ambulatory surgical center licensure for physicians performing surgical procedures is impractical. What procedures would be exempt? What procedures would mandate licensure? Physician

PHWel 2-20-90 Attm #5

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

practice is best left to the supervision of the Board of Healing Arts. The criteria to license ambulatory surgical centers must be consistent even though some physician offices want licensure while others do not.

Although KDHE believes its interpretation of statute is consistent with legislative intent, the request by some physicians to be licensed as ambulatory surgical centers compels KDHE to seek legislative confirmation as to the definition of an "ambulatory surgical center" subject to licensure. The Department recommends adding language which would clearly exclude a private physician's office or group physician practice unless the facility meets the following requirements:

1. The establishment of an organized medical staff with written bylaws.

2. The existence of formal credentialing and privileging of medical staff members.

3. At least two or more independent physicians or physician group practices actively providing surgical services.

KDHE respectfully requests that House Bill 2757 be favorably passed.

Testimony
Presented by: Joseph F. Kroll, Director
Bureau of Adult and Child Care
Kansas Department of Health and Environment

February 19, 1990

P&RW
2-20-90
Attm. #5
pg. 2.

State of Kansas
Mike Hayden, Governor

Department of Health and Environment
Division of Health
Landon State Office Bldg., Topeka, KS 66612-1290

Stanley C. Grant, Ph.D., Secretary

(913) 296-1343
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Testimony Presented to

The House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

House Bill 2986

Background

House Bill 2986 seeks to amend KSA 29-4009 so that it specifically includes adult care homes as public places in which smoking shall be prohibited except in designated areas. Further, the bill would prohibit an adult care home from designating as a smoking area, reception areas, recreation areas, meeting rooms and dining areas of adult care homes.

KAR 28-39-83 was amended in 1985 to allow smoking in adult care homes to occur in designated areas. This regulation prohibits a designated area from being any area or room used for resident treatment or diagnosis. Smoking is permitted in resident rooms.

Problems

Although KDHE identifies smoking as one of the paramount health issues of our day, this bill raises some troublesome issues. By nature, the adult care home is a controlled environment. Many activities of daily living are dictated by the need to manage an institution, and thus residents' control over very personal matters greatly diminishes when entering the home. Indeed, loss of personal control is a primary adjustment virtually all adult care home residents must make. To deny smoking to residents in their later years only contributes to this loss of control. HB 2986 does this by effectively prohibiting smoking in those areas of the adult care home that are the most appropriate area for smoking.

Another troublesome issue is one of fire safety. Those areas in which smoking is prohibited are those areas that are most easily monitored by staff. This bill could result in residents attempting to smoke in areas that cannot be closely monitored, increasing the fire hazard of smoking.

Finally, this bill leaves many questions unanswered. For example, what is a meeting room? In many facilities the administrator's office doubles as a meeting room. When would smoking be prohibited in that room?

P&W
2-20-90
attm #6

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

Recommendations

We believe the governing body of the adult care home should be allowed to determine which areas of a facility are appropriate for designated smoking areas in accordance with regulations already adopted. Allowing the facility to make this choice allows the greatest flexibility in accommodating all residents' needs without sacrificing fire safety or the residents' sense of control over their own life.

Accordingly, the Kansas Department of Health and Environment respectfully request that House Bill 2986 not be favorably acted upon.

Presented by: Joseph F. Kroll, Director, Bureau of Adult and Child Care
February 20, 1990

HB 2986
attm #6
0921

KHCA

Member of ahca

Kansas Health Care Association
221 SOUTHWEST 33rd STREET
TOPEKA, KANSAS 66611 • 913-267-6003

DATE: Tuesday, February 20, 1990

TO: House Public Health and Welfare Committee

SUBJ: Position on H.B. 2986, Smoking in Public Places - Adult Care Home

Members of the Committee:

Under this bill, smoking would be prohibited in the following areas of an adult care home: Reception areas, recreation areas, meeting rooms and dining areas.

The bill also adds adult care homes under the current statutory definition of a "public place."

We oppose the bill, not from the general agreement that smoking isn't bad and harmful, but for a number of practical reasons:

- the nursing facility is a person's "home." Smokers have their rights also, which must be balanced by the facility.
- nursing facilities already designate approved smoking areas. Some homes have "no-smoking" policies in place.
- creating a list of exceptions, such as "meeting rooms" in this bill, would be hard to enforce. Would this include employee break-areas?
- in Wisconsin, advocates have charged that no smoking policies violate civil rights of smoking patients.

Nursing facilities must comply with the rigorous fire safety requirements of the Life Safety Code of the National Fire Protection Association and inspections by the Kansas State Fire Marshall's Office.

Smoking/non-smoking policies should be the decision of each individual nursing facility and not be a state statute.

CONTACT: Dick Hummel, Executive Vice President

PHHW
2-20-90
Attm #7

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding H.B. 2834

1. Title

An act concerning child abuse; limiting privilege of perpetrators; providing for standing multidisciplinary teams; amending K.S.A 1989 Supp. 38-1523a and repealing the existing section.

2. Purpose

To amend the statutes to provide the court with the authority to appoint standing multidisciplinary teams to assist the Department in gathering information regarding an allegation of abuse or neglect and to make recommendations to the Department regarding the provision of services to such children; to limit privilege rights of the alleged perpetrator of abuse to criminal proceedings, and removes language permitting SRS to appoint post-adjudicatory teams.

3. Background

The Kansas Code for Care of Children was amended by the 1988 session of the Kansas Legislature to provide for the establishment of multidisciplinary teams in the investigation of child abuse and neglect and in the provision of services to children who have been adjudicated as a Child In Need of Care (CINC).

The purpose of 1988 amendments was to improve the process of determining when a child has been abused and neglected and to expand the effectiveness of the professional network providing services to such children by permitting a freer flow of information among the disciplines involved.

The law has proven to be un-workable in several respects. The bill which passed the legislature, before modifications inserted by a conference committee, did not contain the provisions which are the subject of this request for revision. The requested changes would essentially restore the law to its original intent.

K.S.A. 38-1523a (a) requires that a multidisciplinary team established for gathering information must be appointed by a court, but does not provide for standing teams. Sub-section (b) permits SRS to appoint a multidisciplinary team to assist them in making recommendations regarding the provisions of services to a child but only after the child has been adjudicated a child in need of care. The authority for the department to use a multidisciplinary approach to providing services to children in the custody of the department already exists and is redundant here. The need to appoint teams on a case by case basis has proven cumbersome and therefore both the courts and SRS have been reluctant to make use of the provisions for teams. In the year and a half that the law has been in effect only one court appointed team has been established statewide.

P&HHD
2-20-90
attm #8

The efforts of the state to protect children and to prevent unnecessary separation of children from their parents is enhanced when inter-agency sharing of information and joint planning can be accomplished in the very early stages of family crisis, and cannot wait for the appointment of a specific team thus the family never receives the benefit of multidisciplinary assessment.

K.S.A. 38-1523a (d) provides that the alleged perpetrator of abuse or neglect of a child need not testify in a criminal proceeding about communications with members of a multidisciplinary team appointed to assist the investigation of the allegation. Team members and "any other witness" also may not disclose such information if they learned of the information in the course of its transmittal to the multidisciplinary team.

Adequate protections against self-incrimination in criminal matters are provided in the criminal code. One danger of this provision, which expands privilege in criminal matters, to a code that is civil, is that any perpetrator may, by "cooperating" with a child protection team, expand their rights against self-incrimination as a shield in a child in need of care action. The present form of the law places a chill on the inclusion of law enforcement officers as members of a team because of the limitation placed on the officer's ability to testify. This same barrier exists for other potential team members.

4. Effect of Passage

Passage of this bill, as amended, would allow the efficient and timely access to the expertise represented by multidisciplinary teams at a time when the team can have maximum benefit. The unwarranted inclusion in a civil code of privilege against criminal self-incrimination, which has rendered the statute un-workable, would be eliminated.

5. Recommendation

SRS recommends passage of this bill.

Robert C. Barnum
Commissioner
Youth Services
Department of Social
Rehabilitation Services
(913)296-3284

PH&W
2-20-90
Attm. #8
39.2.

TESTIMONY IN FAVOR OF HB 2834
HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
KANSAS CHILD ABUSE PREVENTION COUNCIL

My name is John Wine and I am on the Board of Directors of the Kansas Child Abuse Prevention Council. I am also a substitute conferee since our executive director, Dr. Jim McHenry was unable to attend this afternoon.

We support HB 2834 because it strengthens the multidisciplinary approach to the care of abused children. Our organization, and chapters in other states, have found that often the information needed to help a child is lost in a fragmented service system. Multidisciplinary teams enable professionals from different fields to share their information and learn what truly is in the best interest of the child.

We believe that HB 2834 prevents child abuse by strengthening multidisciplinary teams in two ways. First, it streamlines the process by permitting courts to appoint a standing team. Second, it deletes the privilege granted to perpetrators' communications with team members. We believe that adequate constitutional safeguards protect perpetrators of child abuse without this additional privilege.

We encourage the committee to recommend HB 2834 favorably for passage.

PH&W
2-20-90
attm # 9

Kansas State Board of Pharmacy

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

STATE OF KANSAS

MIKE HAYDEN
GOVERNOR

HOUSE BILL 2978

House Public Health and Welfare Committee

Mr. Chairman, Members of the Committee, my name is Tom Hitchcock and I serve as the Executive Secretary for the Kansas State Board of Pharmacy. I present this testimony on behalf of the Board in support of House Bill 2978, as it was introduced by this Committee.

This bill will increase the maximum, from $60 to $100, the Board may require a licensed pharmacist for annual renewal of licensure. The actual renewal fee is set by regulation by the Board as is necessary to meet expenses of operation of the agency. The Board has no intentions or necessity to increase the renewal fee to the maximum level, but the new maximum will allow the Board some flexibility to meet expenses years into the future.

As noted in the attachment, the estimated ending budget balance will decrease for FY 90 and FY 91 if there is not some manner to increase revenue. With the increase in the annual licensure fee, it will be possible for the Board to prevent such ending balance decreases.

The Board of Pharmacy respectfully requests the favorable passage out of Committee of House Bill 2978.

Thank you.

Attachment

PHxcw
2-20-90
attm. # 10

5. Direct the Board's staff to seek assistance from DISC for a study of future computer needs if funds are to be sought for a dedicated computer system. The Board office currently shares computing facilities with the Board of Nursing and the Pharmacy staff expressed dissatisfaction with the arrangement. The Subcommittee reiterates that this recommendation was made in the previous Subcommittee report during the 1989 Session and that no study has been made by DISC.

6. Concur with legislation which will be introduced by the Senate Committee on Governmental Organization to place this fee agency under the Kansas Sunset Law. The Board staff also expressed concurrence with this form of legislative review. The Subcommittee understands that all health-related fee agencies will be recommended for sunset review if not currently included (as are the Board of Nursing and the Board of Healing Arts).

Fee Fund Analysis. The State Board of Pharmacy Fee Fund receives revenues from the licensure of pharmacists, pharmacies, drug manufacturers and distributors, and retail dealers, and from administration of the pharmacist licensure examination. Licenses and permits are renewed on an annual basis. Most of the license and permit fees charged by the Board are not at the statutory maximums. The revenue estimates do not include any fee increases for FY 1990 or FY 1991, with decreasing ending balances noted for each fiscal year since expenditures exceed net receipts in FY 1990 and FY 1991. The following table summarizes estimated receipts and fund balances based on the Subcommittee's recommendations:

Resource Estimate	Actual FY 89	Estimated FY 90	Estimated FY 91
Beginning Balance	$ 166,284	$ 167,812	$ 145,302
Net Receipts	306,295	306,186	306,186
Total Funds Available	$ 472,579	$ 473,998	$ 451,288
Less: Expenditures	304,767	328,696	340,492
Ending Balance	$ 167,812	$ 145,302	$ 110,996

Representative Henry Helgerson
Subcommittee Chairman

Representative Ellen Samuelson

531-91/je

PKHW
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Attm. #10
HB 2
Over

1/8/90

SUBCOMMITTEE REPORT FY 91

Agency: State Board of Pharmacy Bill No. 2616 Bill Sec. 16

Analyst: Efird Analysis Pg. No. 42 Budget Pg. No. 450

Expenditure Summary	Agency Req. FY 91	Governor's Rec. FY 91	Subcommittee Adjustments
State Operations	$ 349,145	$ 335,021	$ 5,471
FTE Positions	6.0	6.0	6.0

Agency Request/Governor's Recommendation

The Board requests an increase of $11,863 above the current fiscal year revised estimate. The budget request includes increases of $7,640 for salaries and benefits and $4,223 for contractual services. No increase in commodities is requested in FY 1991.

The Governor recommends an increase of $10,128 above the current fiscal year's expenditures. Included are an additional $9,574 for salaries and benefits and $554 for contractual services. No increase in commodities is recommended in FY 1991.

House Subcommittee Recommendation

The Subcommittee concurs with the Governor, with the following exceptions:

1. Restore $2,471 for the Impaired Practice Program in order to finance expenditures of $25,000. The Subcommittee recommends restoring funds for the program in order to insure the same financing for drug intervention services next fiscal year as is recommended in FY 1990.

2. Restore $3,000 for legal fees of the Board's attorney in order to finance expenditures of $25,000. The Subcommittee notes expenditures of $11,368 through January 15, 1990. The Subcommittee believes that the case load may require work above the level provided by the Governor's recommended expenditures and that an additional 60 hours of legal services at $50 per hour charged by the Board's attorney should be funded for next fiscal year.

3. Increase the Board's expenditure limitation by $5,471 above the Governor's recommended level of expenditures in the regular FY 1991 appropriations bill.

4. Note that the Board's fee fund balances will decrease in FY 1990 and FY 1991 based on recommended expenditures and estimated receipts since spending exceeds revenues and that the Board has requested a bill be introduced to raise the statutory maximum from $60 to $100 for licenses. The bill has been introduced. The present license fee is $55 and the statutory maximum is $60, but estimate new revenue from a $5 increase would be only $14,000.

PASSED 2-20-90

Attm. #10 09.3

ELAINE L. WELLS
REPRESENTATIVE, THIRTEENTH DISTRICT
OSAGE AND NORTH LYON COUNTIES
R.R. 1, BOX 166
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(913) 665-7740

STATE OF KANSAS

TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
MEMBER: AGRICULTURE AND SMALL BUSINESS
INSURANCE
PUBLIC HEALTH AND WELFARE
PENSIONS, INVESTMENTS AND
BENEFITS

COMMITTEE ON PUBLIC HEALTH AND WELFARE

TESTIMONY
on

HOUSE BILL NO. 2886
February 20, 1990

by
REPRESENTATIVE ELAINE L. WELLS

Mr. Chairman and Committee Members:

Thank you Mr. Chairman for the hearing of this bill and to you and the committee for the opportunity to testify on it.

For the last year, I have worked in the life and health insurance field but most of you know that my background has been in the long term care profession. I started out as a nurse's aide in high school, then later became an Assistant Activity Director and finally worked as a Nursing Home Administrator both in a rural and urban setting. Even though I'm not active now in a health profession, I still am very interested in the delivery of quality care whether it be from a nursing home, a hospital, a clinic, or an individual, the doctor, the nurse, the therapist, or any other health professional. As legislators, that is a part of the "charge" in the duties as representatives of the people back home.

PHeW
2-20-90
Attm #11

This summer I served on the Special Committee on Public Health Interim. We studied several proposals and the nursing shortage was one of them. We heard testimony about the problems relating to nursing pools and the effects they have on the delivery

system. Much of it was not favorable. The committee agree unanimously to draft legislation using the information obtained from seven other states who have enacted laws regulating nursing pools. This would initiate a beginning in correcting the problems. But, due to the lateness of the hour, the deadline for the committee report and a lack of the specific draft requested, the committee did not recommend legislation for introduction to the 1990 Legislature. Hence, this bill.

H.B. 2886 is relatively simply and I will attempt to summarize it. First, I want to point out, and I don't think anyone will disagree with me, that nursing pools are businesses providing health care. "Nursing pool" means any person, firm, corporation, partnership or association engaged for hire in the business of providing or procuring persons to be employed on a temporary basis in health care facilities as medical personnel, including but not limited to, nurses, nurse assistants and nurses aides.

The bill requires that all nursing pools become registered. This alone will help give the state an idea of how many pools there are that provide health care to the public and where they are. We do not have that information now.

Secondly, the Board of Nursing will have authority over nursing pools. As it is, no agency has jurisdiction of these businesses. I know of no other health care provider who has freedom in the state to operate without meeting certain guidelines.

As with other professional providers, registration fees will be established to cover the costs and they will pay just as the others do to be able to provide health care and operate in Kansas.

PHWell
2-20-90
Attm. #11.
pg 2

Section 4 begins the real effort in assuring that quality care is being achieved by establishing regulations to be designated to assure that nursing pools employ competent and qualified nursing personnel. I know for a fact that nurse's aides and nurses who are fired from a health care facility because they lack competency and quality will go to work for a nursing pool and end up back in the delivery system.

(1) of Section 4 means that when a person is hired by the pool they will receive proper orientation and training before they are employed in a health care facility. In other words, before they are sent to work in a hospital, nursing home, doctor's office, home setting or a clinic, they have been given instruction from the pool as to what to expect while they are working in that setting. I personally have seen pool personnel who had no idea of what to do and many times they were only a warm body on the premises rather than a person giving good health care. It doesn't mean that pool management will go to the facility with them to train them there, but that they will be oriented and trained by the pool when they are hired. It also means that the pool has hired personnel who are properly licensed and meet the educational requirements established by the state to work in a health care facility. We all know that continuing education is considerably important in the health care delivery system.

(2) of Section 2 requires a TB skin test or a chest X-ray. This is required of other providers who have employees who give direct "on-hands" patient care. Knowing that pool personnel will also be giving the same "on-hands" care to the public, whether it be in a home setting or a facility, it is only natural to expect that they too are free from communicable disease.

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attm #11.
P13.

Section 5 relates to the critical shortage of nurses and to the "free market" concept we so enjoy in America. It allows a person to work where they want to work and a health care employer to employ who they want to employ without the restrictions that are currently being used by many nursing pools. At the last facility where I was, the Administrator, if we hired a person who worked for a pool, we had to pay that pool (if that person had worked on our facility) a $1,000. A health facility, whether it be a hospital, nursing home, doctor's clinic, etc., does not contract with the pool to fill a permanent job opening or for recruiting an employee as employment agencies do. Rather, the pool is a business providing health care personnel and the people who work for them should also have the freedom to work where they want to.

Section 6 protects both the employee of the pool, the pool itself, and whoever they are working for. There is a fine line as to who would be responsible in a negligence case if a pool person caused the negligence. This only insures that the loss, damages, and expenses caused by that employee are covered and the person who is the victim of the negligence or malpractice will be justly compensated.

There are a few areas of concern I'd now like to address that have been brought to my attention.

First of all, I've been told that an association representing nursing pools (I don't know the number of pools they represent) and several other associations related to the health care delivery system have tried to get together to resolve some of the problems by recommending contracts between the pool and the facility they would be

P Hall
2-20-90
Attm. #11.
SB 9.4.

working in. This is all fine and should be promoted. But, what about all the places pool personnel are working..... with the elderly or handicapped in their homes, in a doctor's office or clinic, in a blood bank or rehab. center, in hospitals and nursing homes, or anywhere else that nursing services are needed, possibly even public schools. A contract is only good between the maker and the contracting party. There is no guarantee that the user of these services will require such a contract before the services are utilized. Passing this legislation will begin the process to assure that the nursing pool is operating under minimum standards assuring that quality care is being given. Contracts may work well in an urban area but what about those areas where communication is less sophisticated and the need for direction and oversight exists? Knowing that nursing pools meet minimum standards will only help to upgrade the delivery of health care. It is not another bureaucratic move to inhibit the system but a justified action to improve it. It might be more regulations but right now there are no regulations.

The second concern I've heard relates to accountability. Health care facilities have to meet minimum standards as do all health care providers, and the inspection process assures that they are being met. A facility will still be held accountable to HCFA (Health Care Financing Administration) and/or the state departments (H&E, SRS) for their deficiencies. After all, as Mr. Morrisey stated to me, and I agree, "Who's running the business" (that's being inspected); the facility is. This won't transfer that accountability but it will help to insure that if

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2-20-90
Attm. #11.
HB 9.5.

there is a nursing pool employee on the premises, they have met the standards established by the Board of Nursing for nursing pools, which includes training, licensing, and education. It can only enhance and improve the care being given in that facility.

The third concern is that this is an attempt to regulate the rates nursing pools charge. I think we all respect and realize that this country encourages the free-market system. Whether it be goods or services, allowing the marketplace to set its own rates allows free competition. No where in this bill are rates even referred to. My only attempt in introducing this legislation is to improve the care being given by the people who work for these providers. I've seen for myself some examples of very poor care being given by them because of a lack of training, competence or education.

In conclusion, Mr. Chairman, I'd like to reiterate that the state sets standards and minitors every other health care provider who employs licensed staff (be it by the Board of Nursing, Behavorial Sciences or Healing Arts). The nursing pool is also a provider of health care in the home setting or the institional setting and they too need to have standards and need to be monitored for the assurance of a quality health care delivery system.

I hope you will agree with me an recommend H.B. 2886 favorable for passage.

I'd be happy to respond to any questions.

PNW
2-20-90
attm. # 11.
09.6.

Date: February 20, 1990

To: House Public Health and Welfare Committee:

As Superintendent of Winfield State Hospital, I have had considerable experience with nursing pool services over the past three years. The services have been quite beneficial to Winfield State Hospital and Training Center. We would not have been successful in achieving substantial compliance with the Health Care Financing Administration (HCFA) standards if registered nurses and licensed practical nurses had not been available to us through such a pool. Our dependence on nursing pool services has decreased significantly. However, at one time we were spending approximately $100,000 per month on this service and using as many as 25 temporary nurses each day. I am here in support of House Bill No. 2886 and firmly believe that the operation of nursing pools should be more closely regulated than in the past. I specifically support the concept that operators of nursing pools obtain a certificate of registration from the Kansas State Board of Nursing. We have dealt with six different pool operators during my tenure and the quality and integrity of the management has varied considerably. There are inherent conflicts when mixing temporary nurses with nurses employed by the State. Complete equalization, I suspect, is impossible. However, the more consistency we can achieve the more productive the relationship and less chance for putting individuals being served at risk.

Particular operational issues related to Sec. 4 (b) (1):

Pool nurses who have served at Winfield State Hospital and Training Center, in the past, sometimes came to the facility without training and orientation related to our specific work. It is imperative that the nursing pool operator coordinate closely with the receiving facility to ensure that the continuum of care is maintained and not reduced as a result of discrepancies between training and orientation.

Sec. 4 (b) (2)

The requirement that nursing pool operators comply with all pertinent Department of Health and Environment regulations related to health and other qualifications of the pool nurses will resolve inconsistencies that we have experienced.

PH&W
2-20-90
attm # 12

Section 5

We have had some difficulty with the operators of nursing pools placing significant monetary and time lapse restrictions on their employees who might want to join the staff at Winfield State Hospital and Training Center. The time lapse restrictions have extended to one year in some situations. Removing the barrier for the pool employees and the facility is more equitable.

William A. Lybarger, Ph.D.
Superintendent
Winfield State Hospital and
Training Center
Route 1, Box 123
Winfield, KS 67156

B:HB2886.TST

PHHW
2-20-90
Attm #12
Pg. 2

February 20, 1990

Hello, my name is Claudia Stewart. I have worked in LTC for many years. I started as a Nurse Aide and went to school and became an R.N. in 1985. As a member of Management in a Nursing Facility I have great concerns regarding proper regulations for Nurses working through an Agency/Pool. We, in management, have no way of knowing what their background/ training/schooling and work record are. We have no way of knowing their proficiency with nursing skills. As the aquity in Nursing for LTC Residents increase, we need to be assured that when a Nurse works in a Facility, she will be competent to handle the routine skills and also those that would be needed in a crises situation. This Nurse must be able to communicate adequately with her co-workers - the Residents - and their families when the need arises. Are their decision making skills in routine and acute crises adequate and appropriate? We orient our staff when they start in a Facility to assure adequate care. Minimum standards need to be set to assure proficient care for our Residents. Inservices, on a monthly basis, and CPR Training yearly are needed as minimum standards. CNA's, CMA's, LPN's, and RN's must be required to show that they have continued the educational requirements mandated in our profession during an employment with an Agency.

Let me give you a background story:

An R,N. from Agency Nursing was working 3-11 in charge. The DON had gone to her station to give her a brief orientation regarding policy, procedure, fire drill, R.N. on call. This R,N. was passing medicines at that time. It was noted that no medication book was on the Med. Cart. When asked about this, the Nurse replied "can't see well enough to read the fine print, I go by what is in the bins with the Resident's name on it". Needless to say she was sent home - but had to be paid for four (4) hours regardless.

During the Survey process in a Facility, it was noted that an Agency Nurse was not licensed in that State to practice Nursing. The Facility was cited - the Agency did not receive a fine or notice. The Agency needs to take responsibility for their employees.

I along with all of you are greatly concerned with the well being and adequate care of our frail and elderly that are entrusted to us by family members. As Legislators you have done a great service to them as far as enacting new and more stringent laws to assure this quality care. We must increase this to make it uniform, the same regulations should apply to anyone working in a Nursing Home, the highest quality of care for the frail elderly. We must work together.

Patient
2-20-90
attn #13

P Hall
2-20-90
attm #14.

HOUSE BILL 2886

PROVISIONS	REPLIES
Section 3. (a): No person shall operate a nursing pool until such operation has been issued a certificate of registration from the board (of nursing). Each separate location of the business of the nursing pool shall have a separate registration	This provision is already in effect for nursing pools which must be registered by the Kansas State Department of Health and Environment. This provision would only duplicate that registration at additional expense to the taxpayers and to the industry (KSA 65-5101 thru 65-5116)
Section 3. (b): The board (of nursing) shall establish by rules and regulations procedures for issuing certificates of registration and shall provide necessary forms. The board (of nursing) may establish annual registration fees	Needless duplication. Such rules and regulations and forms have already been established by H and E, which already assesses an annual fee (KSA 65-5102) and (28-51-102)
Section 3. (c)(1)(2)(3): Each application for a certificate shall include at least the following information: (1) The name and address of the owner and operator; (2) if the applicant is a corporation, a copy of its articles of incorporation, a copy of its current bylaws and the names and addresses of its officers and directors owning more than 5% of the corporation's stock; and (3) any other information which the board (of nursing) determines is necessary to properly evaluate the application.	This information is already supplied by law to the Kansas Secretary of State's office; again, needless bureaucratic duplication. It is also available to the State Department of Health and Environment as well as to the industry's professional association where it is available to any legislative committee on request. (KSA 65-5104) This provision is too "open ended" to be legal. What specifically is wanted? How much staff time and paperwork will be required? How would it raise costs of operation?
Section 3. (d): A registration issued by the board (of nursing) shall remain effective for a period of one year unless sooner revoked or suspended. The board may revoke or suspend a registration if the board finds that nay provision of this act or any rules and regulation adopted pursuant to this act has been violated.	Nursing pools are already surveyed by the Kansas Department of Health and Environment for compliance with that department's rules and regulations (KSA 65-5105 thru 65-5108) Are the board of nursing's rules and regulations going to be a completely new set of operational standards? If so, what are they?
Section 4. (a): The board (of nursing) shall establish by rules and regulations minimum standards for the	

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attm #14

14

PH&ED
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89-2

regulation and operation of a nursing pool. These rules and regulations shall be designated to protect the public's right to high quality health care by assuring that nursing pools employ competent and qualified nursing personnel, and that such nursing personnel are provided to health care facilities in a way to meet the needs of residents and patients.

(b) The standards shall include as a minimum:

(1) The nursing pool shall document that each temporary employee provided to a health care facility meets the minimum licensing, training, orientation and continuing education standards for the position in which the persons shall be employed in the health care facility.

(2) The nursing pool shall comply with all pertinent regulations of the department of health and environment relating to the health and other qualifications of personnel employed in health care facilities, including the requirement that all temporary employees shall have a current negative tuberculin skin test or chest x-ray.

Section 5: The nursing pool shall not restrict in any manner the employment opportunities of its employees and shall not in any contract with a health care facility require the payment of liquidated damages, employment fees or other compensation of the employee if hired as a permanent employee of the health care facility.

Section 6: The nursing pool shall carry malpractice insurance to insure against the los, damage or expense incident to a claim arising out of the death or injury of any person as the result of negligence or malpractice in the provision of health care services by the nursing pool or by any employee of the nursing pool and provide proof of such insurance to any person who receives nursing pool services.

14-2

Again, needless duplication of the rules and regulations of the licensing requirements of the Department of Health and Environment. (Please see H and E regulation Nos. 28-51-100 thru 28-51-112). Nursing pool employees must already meet all the same licensing, certification, qualification, and health standards as nursing personnel in any other area of the health care field. Also complete personnel records are available on each nursing pool employee at each nursing pool office.

This is the most unfair provision of this bill. Anti-competitive clauses are a legal practice that have been upheld consistently in the courts. What you have here is a "turf battle" in the health care industry. Nursing pools spend large sums of money in recruiting, orienting, training, clothing, and retaining temporary employees which this bill totally ignores and gives the right of uncompensated employment to any health care facility, while at the same time does not address the nursing pool industry's practice of forbidding its employees (permanent and temporary) from recruiting nursing pool applicants from amongst health care facility full-time employees. If this were to become law, then that law would automatically permit nursing pools to actively recruit personnel from health care facilities as well.

This is already a standard, common sense practice of every nursing pool company in Kansas. A certificate of insurance copy is provided for each health care facility so requesting it. No temporary help provider (whether serving the health care or any other industry) would be in business very long without adequate insurance protection for malpractice, errors and omissions, etc. In many companies, individual nurses are required to carry their own personal malpractice insurance in addition to the company's policy. Proof of insurance is also part of the H and E survey process.

For More Information Contact:
Elizabeth C. Dayani, R.N., M.S.N.
American Nursing Resources, Inc.
11050 Roe Boulevard, Suite #200
Overland Park, Kansas 66211
800-333-3369 or 913-491-0010

TESTIMONY IN OPPOSITION TO HOUSE BILL 2886

February 20, 1990

Representative Littlejohn and members of the House Public Health and Welfare Committee, thank you for allowing me to appear before you. It is a privilege.

My name is Libby Dayani. I am a registered nurse and a resident of Kansas. I have a brief statement to make in opposition to House Bill 2886 because I believe that it would create unnecessary regulation.

I was raised in Brazil, South America, the daughter of missionaries. As a young girl, I felt a call from God to be a nurse. For almost twenty years, I have devoted myself to helping make nursing a desirable and honorable profession so that competent and caring people would be available to provide the best nursing care possible to sick people who need, want, and deserve the care that only nurses can give. I have taught in nursing schools at Vanderbilt University, Wayne State University, and five years at the University of Kansas where I was a tenured associate professor. I have established clinics and worked as a nurse practitioner in inner-city housing projects and rural under-served areas. I was chosen by Professional Seminar Consultants to lead an educational exchange program for nurses to the U.S.S.R. I was chosen by Good Housekeeping as one of 100 Young Women of Promise.

My brother-in-law, a physician who did his residency at the University of Kansas Medical Center, founded one of the first supplemental staffing agencies in 1973. After he died and his business was sold, my husband, a businessman, and I went into business to provide home care services and supplemental staffing to health care institutions. Our Kansas-based company has branch offices from Buffalo to Los Angeles. It is an honorable business.

Because I have been involved directly or indirectly in supplemental staffing and home care for almost twenty years, I am considered an expert in both fields by the American Nurses Association. I have served on a number of national committees that have developed and implemented accreditation for health care programs, so I am very familiar with the processes established by society to protect itself from unsafe practitioners.

House Bill No. 2886 purports through registration "to protect the public's right to quality health care by assuring that nursing pools employ competent and qualified nursing personnel." This is an unnecessary duplication of state and federal regulation of health care facilities that will simply add to the cost of health care. Every health care facility that uses personnel from supplemental staffing agencies is either licensed, certified and/or accredited by a state, federal, and/or voluntary agency such as the Joint Commission for the Accreditation of Healthcare Organizations. Each of these processes specifically mandates careful screening of health care personnel. Each health care provider has the legal duty and responsibility to establish and review qualifications of potential employees, whether permanent or temporary. This is not a responsibility that can ever be delegated to an agency if the health care facility wishes to remain licensed, certified or accredited. The JCAHO hospital accreditation standards require that hospitals have policies and procedures that govern the use of temporary personnel from agencies.

P H&W 2-20-90

attm # 15

As an administrator of a temporary nursing agency, I can assure you that from the beginning there have been high standards in the industry for the screening and employment of health care personnel. I submit as evidence of written national standards, the American Nurses Association Guidelines for Use of Supplemental Nursing Services developed in 1979. Furthermore, I would argue that no agency would stay in business who consistently did not follow high

standards of screening and employment. No one forces health care facilities to utilize our services. I understand and am sympathetic with the plight that some health care facilities have in recruiting and retaining adequate numbers of staff because of insufficient reimbursement. However, regulation of the supplemental staffing industry will not address that problem. Frankly, our time would be better spent discussing Medicaid reimbursement to long-term care facilities rather than the regulation of the nursing agencies.

By now you have heard or will hear "horror" stories about personnel sent from supplemental staffing agencies. These incidents are extreme exceptions and not the rule. Any organization that employees people is going to have an occasional problem. I would suggest that the percentage of problem employees hired by agencies is no greater than that of the health care facilities. I would be more than willing to have anyone of you review and compare my personnel files and hiring practices with any health care facility in the state.

For as long as I have been in the business, I have told health care facility administrators and directors of nurses that they are in the driver's seat and that I am willing to work with them in every way possible to assure quality. More often than I care to admit, these people refuse to meet with me because I am an "agency." Often the use of personnel from supplemental staffing agencies is delegated to a staffing coordinator who is not qualified to judge the quality of personnel sent.

We don't need a law to regulate agencies. We need to have common sense business practices observed by the two parties involved. As a committee, you are considering a law that would create a state agency to do the work that is already the legal responsibility of the health care facilities in Kansas. I don't know of a supplemental staffing agency in the state who wouldn't be more than willing to individually or collectively meet with health care facilities to jointly develop guidelines and contracts to address the issues that do effect quality of care. Guidelines and contracts already exist. They simply need to be ratified by all parties.

Finally, I would like to mention the recommendation of the Kansas Special Committee on Public Health and Welfare issued November 28, 1989. It reads:

> After reviewing the proposed amendments, the Committee decided neither to propose amendments to S.B. 184 [a bill that would require the registration and regulation of nursing pools] nor to recommend action by the 1990 Legislature on the bill. (p. 583).

You may find it of interest that the Commonwealth of Virginia came to the same conclusion in 1989 after they had studied "Temporary Nursing Services." In closing, I would like to quote from that report which I submit for your review:

> Temporary Nursing Services are widely utilized in the Commonwealth and such utilization may affect cost and quality of health care in facilities which use such services, if the facilities are lax in maintaining good business and health care practices.
>
> However, evidence also demonstrates that good business practices on the part of health care provider facilities will limit or remove risk to the public interest from TNSs.
>
> Testimony from some health care providers recommending an outright ban on TNSs or a cap on charges would be an improper and unnecessary intrusion into otherwise legal business enterprises.
>
> The Department of Commerce, the Department of Health, and the Department of Health Professions conclude that government intervention would not address the problems which are primarily marketplace in nature.

Thank you for listening to my views. I am available to answer any and all of your questions.

PHHW
2-20-90
Attm #15
39.2.

I. Executive Summary

A. Study Overview

This study was initiated by the passage of House Joint Resolution No. 322 to determine the utilization of temporary nursing services by health care facilities and the impact of such utilization practices on the cost and quality of services provided in such facilities in the Commonwealth of Virginia.

The Department of Commerce, the Department of Health, and the Department of Health Professions, through the means of research, a public hearing, and written comments, reviewed the nature of temporary nursing services and their unregulated effect on the public.

The Departments' recommendation is based on an extensive analysis of this information.

B. Key Findings

1. Temporary Nursing Services (TNSs) are used extensively throughout the Commonwealth and can be a cost-saving mechanism for well-administered health care facilities that experience brief personnel shortages.

2. Nursing homes with a high level of Medicaid reimbursable patients report a greater impact from the use of TNSs as a result of the Medicaid Reimbursement Schedule.

3. Temporary Nursing Services, due to their very nature, may provide less than desired services in long-term care facilities where not only physical care but also trust, security, and social interaction are important to residents. Temporary nursing services may be used more appropriately for short-term supplemental assignments while health care facilities monitor and actively recruit to meet their full-time staff needs.

4. There was evidence that some facilities fail to maintain adequate regular staffing, and thus rely too heavily, and at great cost, upon the temporary services. The hourly rate for a temporary nurse can run from 1 1/2 to more than twice that paid to regular staff nurses.

5. Well-organized and administered nursing services have a higher percentage of well-trained, well-oriented nurses. Health care facilities may more effectively regulate quality and cost by refusing to use nursing services whose standards are not high enough and whose rates are too high.

6. Every health care provider has the duty and the responsibility to establish and review qualifications of potential nurses and then accept or reject any health care professional offered them by a temporary nursing service.

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7. When problems do occur, mechanisms are available for resolving the conflict. Complaints against nurses can and should be reported to the Board of Nursing when unprofessional behavior occurs, and a contract between the vendor and the provider should allow legal avenues for grievances to be processed.

C. Conclusion

Temporary Nursing Services are widely utilized in the Commonwealth and such utilization may affect cost and quality of health care in facilities which use such services, if the facilities are lax in maintaining good business and health care practices.

However, evidence also demonstrates that good business practices on the part of health care provider facilities will limit or remove risk to the public interest from TNSs.

Testimony from some health care providers recommending an outright ban on TNSs or a cap on charges would be an improper and unnecessary intrusion into otherwise legal business enterprises.

The Department of Commerce, the Department of Health, and the Department of Health Professions conclude that government intervention would not address the problems which are primarily marketplace in nature.

D. Recommendation

The Departments therefore recommend that temporary nursing services and health care providers continue to work together to follow guidelines presented by the American Nurses Association on the use of supplemental nursing services, in order to ensure that quality of care is not jeopardized and that temporary nursing services are effectively utilized.

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39.4.

COMMONWEALTH of VIRGINIA

Department of Commerce

DAVID R. HATHCOCK
Director

3600 WEST BROAD STREET, RICHMOND, VIRGINIA 23230-4917

RONALD K. LAYNE
Senior Deputy Director

MEMORANDUM

TO: Interested Parties, House Joint Resolution 322

FROM: Debra L. Vought

DATE: November 7, 1989

SUBJECT: Report on Temporary Nursing Services

The Department of Commerce, the Department of Health and the Department of Health Professions, pursuant to House Joint Resolution 322, have submitted their report on Temporary Nursing Services to the General Assembly. A copy of the Executive Summary which outlines the findings, conclusions and recommendation is enclosed.

If you should desire a copy of the full report, please contact me at (804) 367-9142 or Al Whitley at (804) 367-8519.

DLV/scp

Enclosure

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Attn. #15
J9.5.

State of Kansas
Mike Hayden, Governor

Department of Health and Environment
Division of Health

Stanley C. Grant, Ph.D., Secretary

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

(913) 296-1343
FAX (913) 296-6231

Testimony Presented to

The House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

House Bill 2886

Background

House Bill 2886 would require any business entity providing temporary medical personnel to health care facilities to be registered by the Kansas State Board of Nursing. This registration would require compliance with minimum standards established by the Board which would include that the nursing pool document that each temporary employee meets minimum licensing, training, orientation, and continuing education standards for the position which the person is employed.
A similar bill, Senate Bill 184, was introduced in the 1989 Session and was unsuccessful.

Problems

By regulation, the Kansas Department of Health and Environment (KDHE) has already established basic qualifications for staff of health care facilities. By authorizing another state agency, the Board of Nursing, to establish regulations that employees meet standards already set by another agency is redundant and unnecessary.

KDHE believes that the primary accountability for the employment of qualified staff must be with the health care facility. Shifting this accountability from the health care facility could be confusing to the consumer. The patient must be able to hold the health care facility as the responsible party when unqualified staff are employed. Problems between the employment source and employer are best left for the employers to resolve.

Recommendation

Both KDHE and the Health Care Financing Administration (HCFA) have established minimum qualifications for direct care personnel. Other personnel are governed by their appropriate licensure board. To involve another state agency for the purpose of requiring compliance with other state agency requirements is seen as unnecessarily duplicative and sets up an inherent conflict between the Board of Nursing and KDHE and potentially other state boards. Accordingly, the Kansas Department of Health and Environment requests that House Bill 2886 not be favorably acted upon.

P Hall
2-20-90
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Presented by: Joseph F. Kroll, Director, Bureau of Adult and Child Care
February 20, 1990

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

TESTIMONY OF ROBERT J. DEHAEMERS, R.N.

HOUSE BILL 2886

I am the branch manager of Norrell Health Care in Overland Park, Kansas. I am a member of the Kansas Nurses Association, The American Nurses Association, The Kansas League of Nursing, The National League Of Nursing, and Sigma Theta TAU National Honor Society for Nursing. I am a Registered Nurse in both the states of Kansas and Missouri. I have been a Registered Nurse in Kansas for over twenty-five years. I am employed by Norrell Health Care. Norrell Health Care is a home health care and supplemental staffing provider, headquartered in Atlanta, Georgia. Norrell has over one-hundred offices nationwide and two offices in the state of Kansas. As the name of our company indicates we provide home health services as well as supplemental nurse staffing to health care facilities such as hospitals and nursing homes. I/we are opposed to House Bill 2886, because we believe it is unnecessary, that it is an unwarranted governmental intrusion into private enterprise, and that it will lead to increased health care costs.

Supplemental staffing providers have become an important component of nursing employment. In part, this growth reflects the increased role of temporary employment in the U.S. economy generally. The growing reliance of health care employers on supplemental staffing agencies also reflects three circumstances unique to the health care industry: (1) the current nursing shortage; (2) the evening, night and weekend employment requirements in nursing; and (3) the frequent lack of flexible scheduling opportunities for nurse employees. Supplemental staffing agencies play useful roles in helping both hospitals and nursing homes respond to fluctuations in basic staffing requirements, such as changing occupancy rates an other factors that affect facility staffing needs. Supplemental staffing agencies also assist employers to offset persistent staffing problems during a shortage of nurses. Nurses are attracted to work for supplemental staffing agencies in part by a greater ability to control their work schedules.

It has sometimes been alleged that reliance on supplemental staffing agencies may increase health care costs, adversely affect the quality of patient care, or cause a loss of permanent staff from the employing institutions. Such allegations are not supported by the available evidence, however. A major study of the supplemental staffing industry commissioned by the U.S. Department of Health and Human Services concluded that the use of supplemental staffing agencies had no adverse impact on the quality of patient care and that supplemental staffing agencies were not a contributing factor to the nursing shortage. Other studies as well, including that issued by the Commission on Nursing for the United States Department of Health and Human Services in December 1988, have concluded that the nursing shortage is the result of increased demand, low wages, and fewer career opportunities in health care facilities. None of these studies has in any way attributed the nursing shortage to the use of

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temporary services nor has there been a recommendation that staffing agencies be subjected to rate setting or increased regulation in order to address the nursing shortage.

In deciding whether the supplemental staffing industry should be regulated in Kansas, you may find it useful to consider the experience of other states. For example, the Virginia legislature recently directed the Virginia Departments of Commerce, Health, and Health Professions to study the supplemental staffing industry and to recommend whether the the industry should be regulated. The Departments' report recommended that supplemental staffing industry not be regulated. The report found that good business practices on the part of health care provider facilities were sufficient to handle any problems with temporary nursing services. Instead of government regulation, the report recommended that supplemental staffing providers and health care facilities continue to work together to follow the guidelines developed by the American Nurses Association on the use of supplemental nursing services in order to assure high quality care and effective utilization of supplemental nursing services.

Similarly, the Kansas legislature recently created a special committee to study both the nursing shortage and the supplemental staffing industry. The Special Committee concluded that the supplemental staffing industry should not be regulated. Among other things, the Special Committee found that the growth of supplemental staffing agencies reflected the widespread dissatisfaction expressed by nurses with traditional employment settings in the terms of scheduling, flexibility, wages, control over nursing practice, and other areas. It also found that supplemental staffing agencies play an important role retaining trained nurses in the active work force

In conclusion, I would like to point out that standards already exist governing the use of supplemental staffing agencies. The Joint Commission on the Accreditation of Health Care Organizations requires hospitals which use supplemental nurses to verify that such nurses have current licenses, to establish an evaluation procedure, and to provide required orientation. Similarly, the ANA's Guidelines For Use Of Supplemental Nursing Services set forth guidelines with respect to the selection, orientation, assignment and professional development of temporary nurses. Finally, HHSSA and the American Health Care Association have developed a Joint Statement of Responsibilities governing the use of supplemental nurses in nursing homes. We believe that these guidelines are sufficient and that additional regulation is unnecessary. Hospitals and nursing homes are sophisticated consumers and are fully capable of identifying and contracting with those supplemental staffing agencies which provide high quality personnel. We therefore oppose House Bill 2886 because we feel it is unnecessary and unduly burdensome, and that it will only serve to increase health care costs. Thank you.

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pg. 2.

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Look

T.H.E.M. STAFF UPDATE
January 31, 1990

Dates To Remember:

1. Wed., Jan. 31, 1990...paychecks ready for pick-up or mail.
2. Next pay period ends Feb. 7th. Pay slips must be in by **2:00** pm on the 7th. to receive credit for this pay period. Checks ready Feb. 14.
3. Next scheduled in-service...Feb. 10th. This is our Lawrence area CPR course which counts for 4 CEU hours. Notices were mailed earlier this week indicating a location change for the class. It will be held here at the office, everything else is the same. The response was such that we will be having another class in the Spring. If you missed this class and want to sign up for the next one, either sign up when you are in the office or call and let us know. For those of you working out of the Hutchinson office, let Chris or Lisa know that you are interested.

Important Reminders:

1. If you have not had your certificate/license reduced and laminated to the back of your name tag, please do so immediately.
2. Personal phone calls in a facility...only for emergency or agency calls.
3. We hate to harp on this folks, but if you are scheduled for 11-7, please record the correct date, **the date you enter the facility.** Also, we need to stress the importance of recording the **facility city and your social security number.** Everyone is placed on our computer by social security number. This will certainly expedite the payroll process and it will insure that you are receiving credit for the hours you work.
4. Last month we included information and registration forms for workshops for Health Care Professionals at Washburn University in Topeka. Some classes do fill quickly. Pre-registration is encouraged, not required. We have brochures here at the office. If you're interested, call.

Issue of Concern:

1. Recently we received a letter from Lawrence Memorial Hospital. The excerpt below addresses an issue that all T.H.E.M. staff need to be aware of. Let us all respect their wishes...

> To Whom It May Concern:
>
> The winter months are usually the busiest time of year for us. Along with our higher than average number of inpatients, we see an increase in the number of visitors needing to park on our grounds. Our visitor parking area located on the east side of the building is limited in size and we have received some complaints regarding the lack of spaces in that lot. Our security guards have noticed a number of your staff parking in the east lot and, in the interest of our visitors, would ask that you direct your day and evening staff to park in the lot on the west side of our building which is designated for staff.
>
> Thanking you in advance for your assistance.

New News:

1. **Your time slip MUST be signed by a Facility Staff Person, not Agency.**
2. Evaluations are included with your paycheck. Please read carefully, complete and return to the office.
3. Our Hutchinson office will have an "Open House" and "Ribbon Cutting" sponsored by the Hutchinson Chamber of Commerce on Feb. 12, from 11 am to 4:00 pm. All T.H.E.M. staff are invited to join in the celebration!

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2-20-90
attn #18

This page has no jokes, no cute poems, just genuine concern...
In the past, it has been a real treat to publish the positive comments from facilities about T.H.E.M. Staff. We still hear these, but the flipside of this is that we also hear the negative. 95% of T.H.E.M. staff are dependable, wonderful people and we really appreciate all your hard work. The following is directed at the other 5%, and bear in mind that these concerns affect all T.H.E.M. Staff. Everyone's jobs are jeopardized by the actions of a few.

Let us start with a Company Policy Reminder **"No Show = No Job"**. Three T.H.E.M. staff members seem to have forgotten this policy. You know who you are...more importantly, **WE** know who you are. You are also aware of the consequences. One more time...Policy states: If you cannot work a shift that you have agreed to take, you **must** call the office to let us know **before** the start of the shift. That means you **must** speak with an office staff person--NOT THE ANSWERING SERVICE. **Messages left with the answering service will not be acceptable.** You must speak directly with the office staff person who is on call. Simply explain to the answering service operator why you need to speak with us and they will page whomever is on call and we will promptly return your call. Always leave the phone number where you can be reached at that time! If you fail to make phone contact with office staff, regarding shift cancellation, you will not be called to work.

The second issue concerns two instances of "Abandonment of The Elderly"... When you agree to work an eight hour shift, you are to work an eight hour shift...**not** a six hour, **not** a seven hour shift, and not just until you feel like leaving. Is this professional? And what about the residents/patients who have been entrusted to you? And what does this say about your dependability? This will affect your evaluation for continued employment as well as your employment record. If you have an emergency arise while you're working, we understand and so will the facility. However it is vital to all (especially the residents and patients) that you notify us **BEFORE** you leave and we will try to replace you. Your residents/patients are your responsibility and they depend on you sometimes for their lives. Should they be victimized by your whim? Abandonment of the Elderly is a felony crime which carries heavy fines. Charges can be pressed against you by the facility. If you question this, we will be glad to mail you a copy of this written law. So the next time you are in a facility, contemplating leaving...or the next time you decide not to show up for your shift, let us caution you...

1. Not showing for a scheduled shift without notification is grounds for dismissal.
2. Leaving a facility early is irresponsible, unprofessional and could be grounds for dismissal.
3. Lastly, and certainly most importantly, Abandonment of the Elderly is against the law.

We certainly enjoy working with all of you, and we like to keep a positive rapport. Things like this reflect on all of us and it's not fair to those T.H.E.M. staff Professionals who value their jobs and respond in a respectful, professional manner. Let us all work together and this problem will not present itself again. This is really important and we appreciate your attention on this matter. It does not pertain to all but you know who you are.

We welcome your comments on any issue...

Barbara

t.H.E.M. Inc.

TEMPORARY HEALTH EMPLOYMENT MANAGEMENT

111 RIVERFRONT ROAD, BOX 686
LAWRENCE, KANSAS 66044
(913) 749-1220 1-800-942-3267

500 W. 20TH, SUITE 112, BOX 18
HUTCHINSON, KANSAS 67502
(316) 665-5134 1-800-233-2640

FACILITY ASSESSMENT

Name of Institution:_____ Date:_____

Address/Directions:_____
(please include zip code) _____

Telephone: Day_____ Night_____

Administrator:_____ D.O.N._____

Type of Facility: Skilled ICF ICF/MR Hospital/Gen. Hospital/Psych. Other (explain)
(please circle one)_____

Capacity:_____ Census:_____ Nurse/Patient Ratio:_____ Uniform:_____

Parking/Cost:_____ Meal/Break_____ Cafeteria Available?_____
D___ E___ N___ Cost?_____

Area Designated For Personal Belongings:_____

Need To Bring: Gait Belt Stethescope Other _____Provided_____
(please circle) (please specify)

Nursing System: (please circle) Primary Team Functional Other_____

Employee Sign-In Procedure:_____

_____Time Card?_____

Medication System:_____ Patient ID System_____

Charting System: (please circle) Problem Oriented SOAP Cryptic Narrative Other_____

Responsible For Starting IV's?_____ Code Procedure_____ Fire/Disaster_____

Supervisor Contact: Day_____ Evening_____ Night_____

Location of Supplies/Equipment:_____

Requested Arrival Time: 1st. Visit:_____ Thereafter: _____

Shift Times: Day:_____ Evening_____ Night:_____

"Just call t.H.E.M."
TEMPORARY HEALTH EMPLOYMENT MANAGEMENT

PNeel
2-20-90
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J9.2.

Additional Information:

_____

_____

_____

I agree to inform all T.H.E.M. employees of all Fire and Disaster Procedures pertaining to this facility.

Time and a half will be billed for the following holidays:

New Years Eve (3-11) (11-7)	Independence Day (all shifts)	Labor Day (all shifts)
New Years Day (7-3) (3-11)	Easter Eve (11-7)	Easter Day (7-3) (3-11)
Thanksgiving (all shifts)	Christmas Eve (3-11) (11-7)	Christmas Day (7-3) (3-11)
Memorial Day (all shifts)		

If service is requested less than one hour before a shift begins, or requested after the shift has started, billing rates will be based on an eight-hour shift, providing our employee can arrive within one hour.

We request cancellation of shifts be called to our office two hours prior to the beginning of the shift, otherwise a two hour charge will be incurred.

Rates are subject to change, due to the shortage of Health Care Professionals in Kansas and Missouri. Temporary Health Employment Management will be reviewing and revising rates to provide the most qualified professional people available.

If you have any questions, please call 1-800-942-3267

Process For Handling Accounts Payable

Billing Cycle:_____

Responsible Party/Parties:_____

_____

Contact Person:_____
(person in your organization who monitors the billing cycle)

Signature_____

Position_____

Date_____

Thank You For Considering Temporary Health Employment Management.

NREB/June 1, 1989
Revised Jan. 1, 1990

NREB
June 1, [illegible]
Revised [illegible]. 1, 1990

For Office Use Only

Facility Name: _____

Date: _____ Facility Contact: _____

Type of Facility:

	60/under	60/over	100 bed	over 100
1. Skilled (SNF)	_____	_____	_____	_____
2. ICF	_____	_____	_____	_____
3. ICF/MR	_____	_____	_____	_____
4. Hospital/General	_____	_____	_____	_____
5. Hospital Psych	_____	_____	_____	_____
6. Home Care	_____	_____	_____	_____

Acuity Level of Patient/Patients:

1. Low 2. Medium Low 3. Medium High 4. High

Isolation Area Available? Yes No
Isolation Patients? Yes No

Survey Team Need? Yes No
In-Services Need? Yes No

Orientation Program In Place? Yes No
Problems With Orienting? Yes No
Request Assistance? Yes No

Level of Staff:	CNA	CMA	LMHT	LPN	RN
Level of Responsibility:	_____	_____	_____	_____	_____
	patient care	pass meds	med charge	charge staff	charge total facility? high acuity

Observation of facility for safety of staff member: _____

_____

Observation of facility: _____

_____

Rates Charged Facility:

CNA _____

CMA _____

LMHT _____

LPN _____

RN _____

Personnel Wages:

CNA _____

CMA _____

LMHT _____

LPN _____

RN _____

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p9.3.

G. *Nurse Aide Training: (Kansas is seeking "deemed status" for all currently certified nurse aides)*

1. By 1/1/90, no facility may employ any individual who is not a licensed professional and who has not employed by the facility as of July 1, 1989, for longer than 4 months unless the person has completed successfully a training and competency evaluation program approved by the State.

2. Provision does not apply to licensed health professionals or volunteers.

3. Facility must conduct ongoing training, education and performance review, (6 hours per quarter, Kansas law currently requires 12 hours annually) and require retraining for nurse aides who have not been employed as such for a continuous 24-month period.

4. Nurses aides employed by facility as of July 1, 1989, do not necessarily need to complete formalized training program, but must pass competency evaluation by 1/1/90.

5. States must–

a) specify, by 1/1/89, which training programs are approved and may not approve a program in a facility found out of compliance with care standards within the previous 2 years.

b) develop and maintain, by 1/1/89 for Medicaid and Medicare, a registry of aides who are certified. Registry shall contain information including specific findings of neglect/abuse or misappropriation of resident property, and any statement disputing those findings. **Health & Environment is in the process of setting up registry and hiring personnel to manage registry.**

6. Where nurse aid is trained by facility, facility may not perform competency evaluation.

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J29.4.

P Hall
2-20-90
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Q9.5

Precautions To Prevent Transmission of HIV

Universal Precautions

Since medical history and examination cannot reliably identify all patients infected with HIV* or other blood-borne pathogens, blood and body-fluid precautions should be consistently used for *all* patients. This approach, previously recommended by CDC, and referred to as "universal blood and body-fluid precautions" or "universal precautions," should be used in the care of *all* patients, especially including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

1. All health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
5. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
6. Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health-care workers should be especially familiar with and strictly adhere to, precautions to minimize the risk of HIV transmission.

Implementation of universal blood and body-fluid precautions for *all* patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC for patients known or suspected to be infected with bloodborne pathogens. Isolation precautions (e.g., enteric, "AFB") should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

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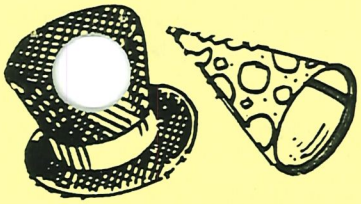
attm # 18
Q9.5



.H.E.M. EMPLOYEES UPDATE

January 2, 1990

Dates To Remember:

1. Tuesday, January 2, 1990...paychecks ready for pick-up or mail.
2. Next pay period ends Jan. 10. Pay slips must be in by 6:00 on the 10th. to receive credit for this pay period. Checks ready Jan. 16th.
3. Next in-service...Jan. 5th. In-service will be cancelled if response does not warrant having it. Please call if you are planning to attend.

Important Reminders:

1. January Evaluations For Continued Employment will be based on the following criteria plus:

A) Work attitude/Professionalism
B) Documentation and Record Keeping (Charting daily patient care)
C) Appropriate attire
D) Facility input

2. Please use black ink when filling out pay slips. Blue ink, green ink, red ink etc. does not go through copies very well. We want you to get credit for the time you put in, and black ink insures clearer copies.
3. Facilities often schedule in advance. Call the office if you wish to schedule ahead and we will work with you.
4. Gait belts still available here at the office. Cost is $10.40 each. Be kind to your back. If the facilities have them, use them. If you want your own, we have them available.
5. We still have quite a few name tags that have not been picked up. Your name tag is part of your uniform. We are asking all present T.H.E.M. Health Care Professionals to have your license/certificate reduced and we will make you a new name tag. Please do this A.S.A.P. All new hires are required to do so. It does eliminate having to carry copies of your license/certificate with you each time you go into a facility. We would like everyone to have this done by Feb. 1, 1990. Let us be quick about demonstrating professionalism and concern for the facilities who provide the work. We really appreciate all of you who have already taken care of this, and we hope the rest of you will follow suit.

   Thanks!!
6. **Personal phone calls in a facility...Only for emergency or agency calls!**
7. CPR class quickly approaching...by registration only...deadline for registration...Jan. 15th. For many of you, this would complete your requirements for CEU and/or licensure/certification requirements.

Issue Of Concern:

1. If you are scheduled for an 11-7 shift, please record the correct date, on your time sheet. For example...If you are scheduled for 11-7 on Jan. 8th., **record the date as Jan. 8th. NOT Jan. 9th.** (Even though the majority of your shift is on Jan. 9th.) Your attention on this matter is greatly appreciated by accounting.

New News:

1. Babysitting problems? We have someone who will take care of your child/children while you work. Perhaps we can even work out a system of trade-child care, if enough people are interested. Call the office for info.
2. Washburn University of Topeka is offering classes for Health Care Pros. See back of newsletter for information and registration form. There are also other courses being offered, we have brochures in the office for you to read if you are interested.

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pg. 6.

WORKSHOPS FOR HEALTH CARE PROFESSIONALS

SITUATIONAL DEPRESSION IN THE LATER YEARS

This workshop will include the following topics: Situational Depression Among the Elderly; Myths and Realities; The Search for Intimacy in Later Years; Implications for the Treatment of Therapeutic Techniques and Environmental Interventions. Presentor will be Dianne Garner. This workshop is approved for social work and ACHA continuing education credit.

Fri., Mar. 9; 9:00 a.m. - 4:00 p.m. Fee: $50
Memorial Student Union - Kansas Room

WOMEN IN LATER YEARS: MEETING THE PROFESSIONAL CHALLENGE

Physiological Changes In Older Women: Age Vs. Illness; The Ties That Bind; Relationships, Intimacy, And Sexuality; Enhancing The Quality Of Life: Techniques And Strategies In Working With Individuals And Families; and Enhancing The Quality Of Life: Effective Use Of Groups are topics that will be discussed by Dianne Garner. This workshop is approved for social work and ACHA continuing education credit.

Fri., Apr. 27; 9:00 a.m. - 4:00 p.m. Fee: $50
Memorial Student Union - Topeka Room

The following workshops have been approved for N[illegible]g and LMHT relicensure (Kansas Provider — LT0084-061).

Wellness: Reclaiming Nursing's Domain
Speaker: Cindy Hornberger, MS, RN Location: Henderson 104
Date: Thurs., Feb. 1 Contact Hours: 3
Time: 6:00 - 9:00 p.m. Fee: $20

High Tech Home Care: Challenges and Opportunities
Speaker: Amy Haddad, MS, RN Location: Memorial Student
Date: Fri., Apr. 27 Union - Kansas Room
Time: 9:00 a.m. - 4:00 p.m. Contact Hours: 6
Fee: $45 (Lunch Included)

Big Drugs—Little People: Administering IV Medications to Children
Speaker: Velda Baker, BSN, RN Location: Henderson 107
Date: Tues., June 5 Contact Hours: 3
Time: 5:30 - 8:30 p.m. Fee: $20

Join us!
You can't afford not to ...

REGISTRATION IS EASY

To register, simply complete the attached registration form and send it with payment to:

Division of Continuing Education
School of Applied & Continuing Education
Washburn University
Topeka, KS 66621

OR, if paying by MasterCard or Visa, call 913/295-6399 to register. You may register in person Monday thru Friday during the day in Benton Hall, Room 22.

CANCELLATIONS/REFUNDS

If insufficient enrollment necessitates the canceling of a program, you will be given a full refund. Request for refund must be submitted to the Continuing Education office (295-6399) no later than three business days before the start of the program to receive a full refund. No refunds will be granted once the program begins. The University reserves the right to cancel a class section if in the opinion of the appropriate academic dean there is an insufficient number of students enrolled for such class.

REGISTRATION FORM
Spring 1990

Please clearly type or print. The way your name appears on the registration form is the way it will appear on your certificate.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____

If using a credit card, complete the following:

Mastercard _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Visa _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Exp. Date _____

Name on Card _____

For CEU Applicants ONLY.
License Type: RN LPN LSW
LMHT ACHA Other _____
License # _____

Please Enroll Me In:

Course	Date	Fee

February 6, 1990

T.H.E.M.
111 Riverfront Rd, Box 688
Lawrence, KS 66044

To Whom It May Concern:

This letter is to inform you of our new policies governing the use of agency staff at Lawrence Memorial Hospital.

1. RNs/LPNs must have one year of recent acute care experience.
2. NAs must have 6 months of recent acute care experience and be certified.
(Note: Recent is defined as within the past 5 years).
3. All patient care givers must be CPR certified.
4. All must present their credentials to the Nursing Office prior to working.

We also request that you have your employees review the following LMH Department of Nursing Service Policies and Guidelines or Procedures before working their first shift.

1) Transcribing Physician Orders - RNs and LPNs
2) Dress Code - ALL
3) Evalulation of Supplemental Staffing - RN/LPN
4) Evaluation of Supplemental Staffing - NA
5) Infection Control Procedures - All
6) Medication Administration Structure Standards RN/LPN
7) Guidelines for the Use of the Medication Administration Record
8) Guidelines for the Use of Medical/Surgical Activity Treatment Flow Sheet and Nursing Record - All
9) Guidelines for Treatment Kardex - All
10) Guidelines for the Use of SCP (Standard of Care Plan) form - RN/LPN
11) Guidelines for Use of the Admission Assessment Form - RN/LPN
12) Guidelines for the Use of the IV Record - RN/LPN

We expect that your employees will abide by our policies as presented here. In addition we ask that you tell your employees to park in the employee parking lot which is behind the hospital (on the west side).

Thank you for your attention to these matters.

Sincerely,

Deborah C Gatz MN RN

Deborah C. Gatz, MN, RN
Assistant Director/Nursing

DCG:ju

Lawrence Memorial Hospital
325 Maine Lawrence, Kansas 66044 (913) 749-6100

PN&W
2-20-90
attn: #18
BG.T.

T.H.E.M.

HEALTH EXAMINATION FOR EMPLOYEES IN ADULT CARE HOME

A pre-employment and annual physical examination is required for all employees in an adult care home. This examination shall include, as a minimum, a tuberculin skin test and/or a chest X-ray to rule out the existence of tuberculosis in a communicable stage and such other tests that will reasonably assure that the employee is free from any other communicable disease or skin infections. The examination can be given by a physician, an advanced registered nurse practitioner, or by a public health department nurse who has had experience and training in health assessments and who holds a certificate from the State Health Department.

Name of individual_____ Birthdate_____

Home address_____

Name and address of adult care home where employed_____

_____

EXAMINER'S STATEMENT

I have examined the above person, and I find no evidence of communicable disease or infected skin lesions.

Complete one of the following:

( ) Chest X-ray_____ Results_____
(Date)

( ) Tuberculin_____ Results_____
(Date)

REMARKS:

Date of examination_____ _____
(Signature of Examiner)

_____
(Address)

PN&W. 2-20-90 Attm. #18 99.8.

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA
PROFESSIONAL LIABILITY INSURANCE APPLICATION

(Please Print the Answer to All Questions then Date and Sign where indicated below.)

1. First Name - Middle Initial

Last Name

Street Address

City and State Zip Code

Telephone Number ___ - ___ - ____

FOR OFFICE USE ONLY	KD	Cash Received	LM	Type	Effective Mo.	Day	Year	Producer	ST	AC	

2. Please indicate your profession.

( ) Registered Nurse
( ) Licensed Practical Nurse
( ) Dental Hygienist
( ) Nurses Aide/Home Health Aide
( ) Dental Assistant
( ) Student Nurse
( ) Student Dental Hygienist/Assistant
( ) Psychiatric
( ) Counselor (Describe) _____
( ) Nurse Midwife*
( ) Nurse Anesthetist*
( ) X-Ray Therapist*

*The policy does not cover these fields of activity.

3. Please describe your specialty in your profession you indicated above.

_____

_____

_____

4. Indicate if more than 50% of your time is spent in any of the following work locations:

( ) Administrative Office
( ) Emergency Room
( ) Hospital Ward (Specify) _____
( ) Professional Office (Specify Profession) _____
( ) Operating Room
( ) Out-Patient Clinic
( ) Patient's Home
( ) ICU
( ) Nursing Home
( ) Recovery Room

5. List Professional Associations of which you are a member.

_____

_____

_____

_____

6. Have you ever been the subject of reprimand or disciplinary action or refused admission or suspended before any court or administrative agency or ever been the subject of an ethics investigation at local, state, or national level?

Yes ( ) No ( ) If yes, please explain:

_____

_____

7. Has your professional liability insurance ever been cancelled or non-renewed? Yes ( ) No ( ) If yes, please explain:

_____

_____

8. Please list your prior professional liability insurance.

Insurance Carrier	Policy Number	Limits	Premium	Dates

9. Has any malpractice claim or suit ever been brought against you. Yes ( ) No ( ) If yes, please explain:

_____

_____

10. Are you aware of any circumstances which may result in a malpractice claim or suit being made or brought against you? Yes ( ) No ( )

If yes, please explain _____

_____

11. Please list your Basic Professional License Number.

_____

Signing of this application does not bind the applicant nor the insurance company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Notice to New York applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Please indicate desired limit as listed on back of application.

_____

Check enclosed for $_____.

_____
Signature of Applicant

Date _____ (Application must be signed and currently dated.)

Mail to:

Cotterell, Mitchell & Fifer, Inc.
151 William Street
New York, NY 10038-2613
Tel: (212) 233-8940
Outside of New York State Call,
Toll Free (800) 221-4904

PN.+W
2-20-90
Attm.#18
pg. 9.

DIVISION OF THE BUDGET

MIKE HAYDEN,
Governor
MICHAEL F. O'KEEFE
Director of the Budget

Room 152-E
State Capitol Building
Topeka, Kansas 66612-1575
(913) 296-2436

February 19, 1990

The Honorable Marvin Littlejohn, Chairperson
Committee on Public Health and Welfare
House of Representatives
Third Floor, Statehouse

Dear Representative Littlejohn:

SUBJECT: Fiscal Note for HB 2986 by Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2986 is respectfully submitted to your committee.

HB 2986 amends current statutes governing smoking in public places. The bill would extend the statute to ban smoking in adult care home reception areas, recreation areas, meeting rooms and dining areas. Resident rooms would not be affected by the ban.

The bill would have no fiscal impact.

Michael F. O'Keefe
Director of the Budget

1017

PHeW
2-20-90
attm. #19

STATE OF KANSAS

DIVISION OF THE BUDGET

MIKE HAYDEN,
Governor
MICHAEL F. O'KEEFE
Director of the Budget

Room 152-E
State Capitol Building
Topeka, Kansas 66612-1575
(913) 296-2436

February 14, 1990

The Honorable Marvin Littlejohn, Chairperson
Committee on Public Health and Welfare
House of Representatives
Third Floor, Statehouse

Dear Representative Littlejohn:

SUBJECT: Fiscal Note for HB 2978 by Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2978 is respectfully submitted to your committee.

HB 2978 increases the maximum fee for pharmacist license renewal from $60 to $100.

The bill would have no impact on state spending. However, if the bill passes and the Board of Pharmacy elects to increase fees the bill would have an impact on future receipts to the Pharmacy Fee Fund. Receipts to the State General Fund would also increase because the fee fund transfers 20 percent of its receipts to the State General Fund. If fees were immediately increased from the current $55 to the new statutory maximum of $100, receipts to the State General Fund would increase an estimated $25,200, and funds available for expenditure by the Board would increase approximately $100,000. Increases in fees to levels less than the new $100 maximum would produce proportionally less new revenues to the Pharmacy Fee Fund and the State General Fund.

Any increases in receipts to the Pharmacy Fee Fund or the State General Fund as a result of passage of HB 2978 are not included in the *FY 1991 Governor's Report on the Budget*.

Michael F. O'Keefe
Director of the Budget

cc: Tom Hitchcock, Pharmacy
895

PH&W
2-20-90
attm. #29

STATE OF KANSAS

436-S

DIVISION OF THE BUDGET

MIKE HAYDEN,
Governor
MICHAEL F. O'KEEFE
Director of the Budget

Room 152-E
State Capitol Building
Topeka, Kansas 66612-1575
(913) 296-2436

February 2, 1990

The Honorable Marvin Littlejohn, Chairperson
House Committee on Public Health and Welfare
House of Representatives
Third Floor, Statehouse

Dear Representative Littlejohn:

SUBJECT: Fiscal Note for HB 2757 by Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2757 is respectfully submitted to your committee.

House Bill 2758 amends current law regarding licensure of health care facilities to exclude from the definition any ambulatory surgical center located in a physician's or group of physicians' office.

The bill would have no fiscal impact.

Michael F. O'Keefe
Director of the Budget

cc: Laura Epler, Kansas Department of Health and Environment

579

PH #25
2-20-90
attm. #21