

Approved

Date

*motions to
Correct then
approve - 2-6th*

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Carol H. Sader at
Chairperson

1:30 a.m./p.m. on February 4, 1991 in room 423-S of the Capitol.

All members were present except:

Representative Theo Cribbs, excused absence

Committee staff present:

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

Conferees appearing before the committee:

Chairperson Sader called meeting to order drawing attention to hand-outs, (Attachment No. 1), glossary of health related terms prepared by Emalene Correll, Research staff. (Attachment No. 2), procedures for carrying a bill to the House Floor. Chair suggested members study both these documents.

Chair drew attention to agenda items for the day, discussion and possible action on bills previously heard.

DISCUSSION BEGAN ON HB 2017:

Rep. Samuelson offered a balloon amendment to HB 2017, (Attachment No. 3). She detailed each proposed change, i.e., language changes Page 2, end of line 31; in line 39; line 42. Page 2, add language in lines 3 and 6. After thorough explanation of proposed amendments in balloon copy of HB 2017, Rep. Samuelson moved to accept the recommendations of the sub-committee and accept these amendments, motion seconded by Rep. Wiard, motion carried.

Discussion began on HB 2017.

Numerous points of concern were discussed, i.e., need for more specific language in regard to exams; it is option of Behavioral Sciences Board to buy the examinations or to compose them themselves; confidentiality issue was discussed at length.

Rep. Neufeld noted in testimony the marriage/family therapists are not interested in 3rd party payments. With this in mind, Rep. Neufeld made a motion to amend HB 2017 by adding language, "marriage/family therapists shall not be eligible for 3rd Party payments". With the assistance of Mr. Furse, Revisor, it was determined this language could be inserted after line 33 on page 3, by adding (9) under New Sec. 8. Motion seconded by Rep. Amos. Lengthy discussion ensued, i.e., persons needing this type of counseling often cannot pay for it; could cut costs for Insurance Companies, but could also cut services; nothing in current law that precludes 3rd party payments; could put a financial burden on the marriage/family therapists.

Vote taken on Rep. Neufeld's motion, motion failed.

Discussion continued, i.e., protection of the title of Marriage/Family Therapists allows persons to advertise they do marriage and family therapy, but they cannot call themselves marriage/family therapists.

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 4, 1991

DISCUSSION CONTINUED ON HB 2017:

At this point Chair inquired of Executive Director of Board of Behavioral Sciences Board, Mary Ann Gabel, if intent in proposed language is workable for the Board, i.e., that professionals may advertise they practice marriage/family therapy, but they cannot call themselves marriage/family therapists. Ms. Gabel agreed this is workable language.

Chair then entertained a motion on HB 2017 as a whole. Rep. Samuelson moved favorable passage of HB 2017 as amended, seconded by Rep. Bishop, motion carried.

Chair thanked sub-committee Representatives Samuelson, Wiard, Lynch for their hard work. Rep. Samuelson agreed to carry HB 2017 on the floor of the House.

Discussion began on HB 2016, (End Stage Renal Disease).

Chair drew attention to HB 2016, noting it had been doubly referred this date, to the House Appropriations Committee.

Chair drew attention to fiscal note provided by Budget Department, (Attachment No. 4). After members examined fiscal note, concerns were voiced, i.e., the state is under no obligation in regard to end stage renal disease legislation unless there are funds appropriated; concerns in regard to authority of executive director; concerns in regard to funding for end stage renal disease legislation opening flood gates for many other health issues in need of funding. Discussion continued, i.e., keeping a patient on dialysis until transplant surgery can be performed saves huge dollar amounts in the long run; need for central purchasing of medications; concerns in regard to no health priority list being implemented in the bill, and who makes these decisions; costs of medications per year for the 1500 patients currently on dialysis; prioritizing is essential, or money is spent unwisely; lives can be saved with this program.

Chair stated HB 2017 would be discussed again at meeting on Wednesday, February 6th. Chair suggested Rep. Scott confer with Mr. Furse to suggest amendments to the committee that might answer some concerns expressed by Rep. Scott and other members of committee during discussion today.

Chair drew attention to (Attachment No. 5), Concurrent Resolution offered by Silver Haired Legislators at an earlier meeting. Revisor Mr. Furse has revised language for this bill request, and Chair entertained a motion in this regard. Rep. Lynch moved committee introduce this Concurrent Resolution described in Attachment No. 5, seconded by Rep. Bishop, motion carried.

Chair adjourned meeting at 3:00 p.m.

Note: Minutes have been corrected per motions made on February 6, 1991.

VISITOR REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE Feb 4
Jan 31, 1991

NAME	ORGANIZATION	ADDRESS
Mark Miller	Washburn Univ.	17th & Washburn Av.
Jane A Moore	" "	" "
Helen Crane	" "	" "
ALAN COBB	WICHITA HOSPITALS	WICHITA
Mary Spinks	Health Benefits Admin	TOPEKA Rm 553 Lsa
ARMIN SAMUELSON	SELF	HESSTON
Michelle Lester	John Peterson + Associates	Topeka
Cathy Davis	KIDKO	Topeka
Cassie Hammer	KAHE	Topeka
D. B. Dallar	Dept Div of Budget	Topeka
Vicki & Regan Koch	"	Andover, KS
Gary Felix	K-NASW	Topeka
Julie Hill	KADIFT	Topeka
Marjorie Helbert	BSRB	"
JAN BUEKER	K-NASW	"
Chang Y.	WU student	Topeka
Ann Barber	W.U. student	Topeka
Viola Leadbetter		Topeka, KS
Elizabeth Witte	Nat. Kidney Foundation Johnson Co. Dialysis	KC
Carol Heron	National Kidney Foundation	KC, Mo
Beig Deann	NKF	O.P. KS
KEITH R LANDIS	CHRISTIAN SERVICE COMMITTEE in Publication For Kansas	TOPEKA
Jh Clinton	KS Assn. Prof Pay Subjects	Topeka
Janice Rice	KADIFT	Topeka

The following terms and acronyms are those that may be used in the Committee on Public Health and Welfare by staff or conferees in discussion of health issues. The listing is not intended to be a complete one, and the Committee may wish to suggest terms to be added to the glossary. A separate listing of terms and acronyms used in reference to programs operated by the Department of Social and Rehabilitation Services has been prepared for the Committee.

FREQUENTLY USED ABBREVIATIONS AND ACRONYMS

ADAMHA	Alcohol, Drug Abuse and Mental Health Administration (federal)
ADAS	Alcohol and Drug Abuse within the Department of Social and Rehabilitation Services
AHA	American Hospital Association
AMA	American Medical Association
ANA	American Nurses Association
AOA	American Optometric Association or American Osteopathic Association
APA or KAPA	Kansas Administrative Procedures Act
APhA	American Pharmaceutical Association
APHA	American Public Health Association
ARNA	Advanced Registered Nurse Practitioner (Kansas)
BCA	Blue Cross Association (national association)
BC-BS	Blue Cross-Blue Shield of Kansas or Kansas City
CAT	Computerized Axial Tomography
CCU	Coronary Care Unit
CDC	Centers for Disease Control (federal)
CHC	Community Health Center
CMHC	Community Mental Health Center
CON	Certificate of Need
CPI	Consumer Price Index
CT	Computer Tomographic (scanner)
DD	Developmental Disability
DEA	Drug Enforcement Administration (federal)
DH&E or KDH&E	Department of Health and Environment (Kansas)
DO	Doctor of Osteopathic Medicine
DRG	Diagnosis Related Group
ECF	Extended Care Facility
EMS	Emergency Medical Services
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program also called Kan-Be Healthy
ER	Emergency Room
ESRD	End Stage Renal Disease
FAH	Federation of American Hospitals
FDA	Food and Drug Administration (federal)
FFP	Federal Financial Participation
FMG	Foreign Medical Graduate
FPL	Federal Poverty Level
FTC	Federal Trade Commission

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FY	Fiscal Year
FFY	Federal Fiscal Year
GHAA	Group Health Association of America
HCFA	Health Care Financing Administration
HHS	Department of Health and Human Services (federal)
HIAA	Health Insurance Association of America
HMO	Health Maintenance Organization
ICDA	International Classification of Diseases, Adapted
ICF	Intermediate Care Facility
ICF/MR	Intermediate Care Facility for the Mentally Retarded
ICU	Intensive Care Unit
IOM	Institute of Medicine of the National Academy of Sciences IPA Independent Practice Association
JCAHCF	Joint Commission on the Accreditation of Health Care Facilities (formerly Joint Commission on the Accreditation of Hospitals)
KAHA	Kansas Association of Homes for the Aging
KHCA	Kansas Health Care Association
KHA	Kansas Hospital Association
KMS	Kansas Medical Society
KPA	Kansas Pharmacists Association
KSNA	Kansas State Nurses Association
MCAT	Medical College Admission Test
MCH	Maternal and Child Health Program
MHMRS	Mental Health and Retardation Services within the Department of Social and Rehabilitation Services
MMIS	Medicaid Management Information System
MR	Mentally Retarded
NCHS	National Center for Health Statistics
NCHSR/HCTA	National Center for Health Services Research/Health Care Technology Assessment
NCSL	National Conference of State Legislatures
NGA	National Governor's Association
NHSC	National Health Services Corps
NIH	National Institute of Health
NIMH	National Institute of Mental Health
NIOSH	National Institute of Occupational Safety and Health
NP	Nurse Practitioner (ARNP in Kansas)
OAA	Old Age Assistance (now covered under SSI)
OASDHI	Old Age Survivors, Disability, and Health Insurance Program OMB Office of Management and Budget (federal)
OPD	Outpatient Department
OR	Operating Room
OSHA	Occupational Safety and Health Administration (federal) OT Occupational Therapy
OTA	Office of Technology Assessment (federal)
P.L.	Public Law (federal law)
PA	Physician Assistant
PHS	U.S. Public Health Service

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PMA	Pharmaceutical Manufacturers Association
PPO	Preferred Provider Organization
PPS	Prospective Payment System
PSRO	Professional Standards Review Organization
PT	Physical Therapy
RFP	Request for Proposal
RN	Licensed Registered Professional Nurse
RVS	Relative Value Scale (applied to professional fees or reimbursement)
RHC	Rural Health Clinic (federally certified)
SMSA	Standard Metropolitan Statistical Area
SNF	Skilled Nursing Facility
SSA	Social Security Administration
SSI	Supplemental Security Income
UR	Utilization Review
VA	Veterans Administration
VNA	Visiting Nurses Association
VR	Vocational Rehabilitation within the Department of Social and Rehabilitation Services
WBGH	Washington Business Group on Health
WHO	World Health Organization
WIC	Women, Infants, and Children's Program

GLOSSARY OF HEALTH CARE TERMS

- Accessibility:** Ability to obtain appropriate health care services. Accessibility may be affected by economic, organizational, location, or geographic factors.
- Accreditation:** Recognition by an external body (not a governmental entity) that an individual or an institution has met certain predetermined standards. When the reference is to an individual the assessment is often called certification.
- Acute Care:** Medical treatment rendered to an individual whose illness or health problem are of a short-term or episodic nature. Acute care hospitals are those that primarily serve persons requiring short-term care.
- Acute Disease:** A disease characterized by a single episode of a relatively short duration from which the patient returns to his normal or previous state of health. There is no standard definition that distinguishes acute disease from chronic disease and there are acute episodes of a chronic disease.
- Adult Care Home:** The statutory term used to describe nursing homes required to be licensed in Kansas, including what used to be known as skilled care facilities (SNFs), intermediate care facilities (ICFs), personal care facilities, and one and two-bed adult care homes.
- Adult Family Home:** An adult foster care home registered by the Secretary of Social and Rehabilitation Services pursuant to Kansas statutes in which an adult is provided nonmedical services such as assistance with dressing, bathing, or supervision, or both.

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- Advanced Registered Nurse Practitioner (ARNP):** In Kansas, a licensed professional nurse who has received advanced training and/or education in nursing and who is certified by the Board of Nursing to practice on an advanced level as defined by rules and regulations of the Board.
- Affiliation:** A formal agreement between two or more otherwise independent entities or individuals which defines how they will relate to one another, *e.g.*, an agreement between a hospital and a medical school for specific medical student training purposes or an agreement between a physician and a mid-level health care provider in regard to consultation or supervision.
- Allied Health Personnel:** Specially trained health care workers other than licensees in the healing arts, dentists, optometrists, nurses, pharmacists, and podiatrists. Allied health personnel may be registered or licensed but need not be.
- Allowable Costs:** Items or elements of an institution's costs that are reimbursable under a payment formula. Both Medicare and Medicaid reimburse on the basis of costs but do not allow reimbursement for all costs.
- Alternatives in Long-Term Care:** A whole range of services designed to keep individuals, particularly the elderly, disabled, and retarded, out of institutions such as nursing facilities which provide care on a long-term basis.
- Ambulatory Care:** All types of health services that are provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients.
- Ambulatory Surgical Center:** A medical care facility licensed by the Secretary of Health and Environment to provide one-day surgery, *e.g.*, the patient does not remain in the facility overnight.
- Bad Debts:** The amount of income lost to a provider because of the failure or inability of patients to pay total amounts owed.
- Board Certified:** Status granted to a person licensed to practice medicine and surgery who completes a required course of training and experience and passes an examination in a specialty. Board certification is carried out by private organizations and is not a governmental function or recognition.
- Capitation:** A method of payment for health services in which an individual or institutional provider is paid a fixed amount for each person served without regard to the actual number or nature of services provided to each person in a set period of time.
- Catastrophic Health Insurance:** Health insurance that provides protection against the high cost of treating lengthy or severe illnesses or disability. Usually catastrophic insurance covers a percentage of costs incurred after the individual or another insurer has reimbursed for a specified amount or percentage of incurred costs.
- Catchment Area:** A geographic area defined and served by a health program or institution such as a hospital or community mental health center.
- Certificate of Need (CON):** A certificate issued to an individual or organization proposing to construct, modify, or acquire a health facility or major medical equipment or offer a new health service. Kansas has not had a certificate-of-need program since our law expired in 1986.
- Certification:** In Kansas, the process by which a nongovernmental entity evaluates and recognizes an individual, institution, or educational program meeting predetermined standards. Uncertified persons are not excluded from practice but may advertise themselves as being certified by an association or nongovernmental agency.

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- CHAMPUS:** Civilian Health and Medical Program of the Uniformed Services, which is a Department of Defense program supporting private sector care for military dependents and retirees.
- Charity Care:** Refers to physician or hospital services provided to persons who are unable to pay for the cost of the services.
- Chronic Disease:** A disease that has one or more of the following characteristics: is permanent; leaves a residual disability; is caused by irreversible pathological alteration; may be expected to require a long period of supervision, observation, or care.
- Clinic:** Generally a facility devoted to diagnosis and treatment of outpatients, although the term is not specifically defined and may be used to describe facilities that serve only indigent or public patients or facilities in which medical education is carried out. Clinics are not licensed and regulated by the state in Kansas.
- Coinsurance:** A cost-sharing requirement under a health insurance or other health benefits plan under which the beneficiary is responsible for a percentage of costs up to an agreed to maximum.
- Community Based Care:** A range of health and social services provided to an individual in his place of residence for the purpose of promoting, maintaining, or restoring health or minimizing the effects of illness and disability.
- Community Mental Health Center (CMCH):** An entity licensed by the state which provides comprehensive (primarily ambulatory) mental health services to individuals residing or working in a defined catchment area. Centers are created and operated pursuant to specific Kansas statutes.
- Comprehensive Health Planning:** Health planning that encompasses personal factors and community programs that impact on people's health. Also refers to a specific federal assistance program no longer in effect arising from the National Health Planning and Resources Development Act of 1974. The Kansas comprehensive health planning structure was disbanded in the mid-1980s.
- Consumer:** One who may receive or is receiving health services. Usually used in health programs and legislation to refer to persons who are never a provider, *i.e.*, are not associated in any direct or indirect way with the provision of health services.
- Cost:** Expenses incurred in the provision of health goods or services which may or may not be the same as charges. Many different types of costs are referenced in the health field, such as allowable costs, direct and indirect costs, and operating costs.
- Cost Center:** An accounting practice wherein all related costs attributable to a "financial center" within an institution (an activity, department, or program) are segregated for accounting or reimbursement purposes, *e.g.*, a newborn intensive care unit in a hospital or nursing services in an adult care home.
- Cost Containment:** The control or reduction of inefficiencies in the consumption, allocation, or production of health care services which lead to higher than necessary costs.
- Credentialing:** In Kansas the term credentialing is usually used to refer to the licensing or registration of a health care provider by the state as these terms are defined in the Kansas Act on Credentialing. More generically, the term refers to recognition of professional or technical competence through registration, licensure, certification, membership in a professional association, or the award of a degree.

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- Deductible:** The amount of loss or expense that must be incurred by an insured, a subscriber, or other beneficiary of health benefits before the carrier assumes liability for all or a part of the remaining cost of covered services. Deductibles may be a fixed dollar amount or the value of specified services such as a hospital day or a physician visit.
- Deinstitutionalization:** A policy under which individuals are moved from institutional settings such as state hospitals or adult care homes into community settings in which supportive services, care, and treatment are provided. Also refers to providing services in the community to keep individuals from entering a community setting.
- Developmental Disability:** A severe, chronic disability attributable to mental or physical impairment or a combination of mental and physical impairment that is manifested before an individual is 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of specified areas of major life activity, *e.g.*, self care, learning, mobility, language, capacity for independent living, etc.; and reflects the individual's need for special, interdisciplinary, or generic care treatments or other services that are lifelong or of extended duration.
- Disability:** Any limitation on physical, mental, or social activity of an individual as compared with other individuals of similar age, sex, and occupation. Frequently used to refer to limitation of a person's usual or major activities and to varying types of disability such as functional or vocational, degree such as partial or total, or length such as temporary or permanent.
- Early and Periodic Screening Diagnosis, and Treatment Program (EPSDT):** Known as "Kan-Be-Healthy" in Kansas, EPSDT is a federally mandated part of the Medicaid program under which the states must have a program in effect for all children under age 21 to ascertain physical and mental defects and to provide health care services, treatment, or other measures necessary or correct or ameliorate defects and chronic conditions identified. Programs are not just to pay for services, but must have an active outreach component to inform eligible persons of available benefits, to provide screening, and if necessary, to assist in obtaining appropriate treatment. States without a program that meets federally prescribed standards are subject to a financial penalty.
- Emergency Medical Services (EMS):** In Kansas refers to licensed services utilized in responding to individual needs for immediate medical services (ambulance services capable of varying levels of emergency care).
- Emergency Medical Services Personnel:** Attendants employed by or volunteering to serve as emergency medical service attendants who are certified by the Emergency Medical Service Board as meeting state-established standards of training and proficiency. Includes various levels of attendants.
- Epidemiology:** The study of the patterns of determinants and antecedents of disease in human populations utilizing biology, clinical medicine, and statistics in an effort to understand the causes of illness and disease.
- Extended Care Facility:** No longer used, except as a type of shorthand, but once used in the Medicare program to describe a skilled nursing facility which qualified for Medicare benefits. Sometimes used in the phrase "extended care benefits" as a type of shorthand manner of referring to the Medicare benefit limitations on nursing facility care under Medicare.
- Family Practice:** A medical specialty practice in which physicians provide continuing comprehensive primary care within the context of a family unit. Considered one of the primary care or general practice specialties.
- Fee-For-Service:** Method of billing for health services under which a practitioner charges separately for each patient encounter or service rendered that is the usual billing practice for the majority of

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physicians in this country. This billing practice contrasts with salary, per capita, or prepayment billing systems in which the payment to the provider does not change with the number of services actually used.

Foreign Medical Graduate (FMG): A practitioner of medicine and surgery who graduated from a medical school located outside the United States or Canada.

General Practice: A medical practice in which a physician who does not have specialty training provides a wide range of primary care services to patients.

Group Practice: A formal association of three or more physicians or other health professionals, with income from the practice pooled and distributed according to some prearranged plan. Group practice is a growing rapidly in the United States.

Habilitation: A continuous process by which the individual's ability to participate in normal life activities and function in society is developed. Distinguished from rehabilitation which implies restoration or return to prior functioning following an accident or illness, while habilitation applies to individuals born with limited functional ability.

Handicapped: As defined in Section 504 of the federal Rehabilitation Act of 1973, any person who has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

Healing Arts: In Kansas, the term refers specifically to medical doctors, doctors of osteopathic medicine, and chiropractors. The term "licensed to practice the healing arts" is used in the Kansas statutes to refer to the above three types of providers.

Health Care Financing Administration (HCFA): The administration within the Department of Health and Human Services which manages the federal Medicare and federal-state Medicaid programs under Titles XVIII and XIX of the Social Security Act.

Health Care Provider Regulatory Boards: Those boards that license or register health care providers and regulate the practice of such providers, including:

1. the Board of Healing Arts which licenses practitioners of the healing arts and podiatrists and registers physical therapists and physical therapist assistants, occupational therapists, and maintains a register of physician assistants;
2. the Behavioral Sciences Regulatory Board which licenses doctoral level psychologists and social workers and registers masters level psychologists and professional counselors;
3. the Kansas Dental Board which licenses dentists and dental assistants;
4. the Board of Nursing which licenses professional nurses (RNs), practical nurses (LPNs), and mental health technicians;
5. the Board of Pharmacy which licenses pharmacists and pharmacies; and
6. the Board of Optometric Examiners which licenses optometrists.

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Health Facilities: Used collectively to refer to all physical plants used in the provision of health services, although the term is usually limited to those facilities built for the purpose of providing health care, such as hospitals and adult care homes. Usually not used to refer to providers' offices.

Health Insurance: Often used generically to refer to any type of financial protection against medical costs arising from disease or accident that covers all or part of the cost of treatment. Accident and health insurance specifically is that form of financial protection that indemnifies the insured as opposed to protection provided through medical and hospital service corporations or health maintenance organizations.

Health Maintenance Organization (HMO): An entity that:

1. has an organized system providing health care in a specified geographic area which accepts responsibility for the provision of or the delivery of
2. an agreed to set of basic and supplemental health maintenance and treatment services to
3. a voluntarily enrolled group of subscribers and
4. for which services the entity is reimbursed through a predetermined, fixed, periodic prepayment made by or on behalf of the enrolled individual or family.

Health Manpower: Refers collectively to all persons who provide health services, whether as individual practitioners or employees of health institutions and programs, whether or not professionally trained, and whether or not regulated by the state.

Health Promotion or Health Promotion Program: Any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental change that will improve or protect health.

Hill-Burton: Derived from the names of the principal sponsors of P.L. 79-725 (The Hospital Survey and Construction Act of 1946), the term is used to refer to the program under which hospitals (primarily rural) were constructed or modernized with federal funds made available under the former federal law. Hill-Burton obligation refers to the obligation that hospitals that accepted Hill-Burton funds have to provide a specified amount of charity care, although many Kansas hospitals have completed any such obligation.

Home Health: Health services provided in the home to the aged, disabled, sick, or convalescent who do not need institutional care. Services may be provided by a licensed home health agency, a visiting nurses association, health department, hospital, or other group.

Hospice: A program that provides supportive care to terminally ill persons and their families, either directly or on a consulting basis. May include a facility or not.

Hospital: A medical care facility that provides general or specialized inpatient 24-hour care, generally acute care, that has an organized medical staff and other necessary staff, and in Kansas, that is licensed by the Secretary of Health and Environment.

Indemnity: Health insurance benefits provided in the form of cash payments rather than services.

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Independent Practice Association (IPA): An organized prepaid medical practice in which participating physicians remain in their independent practice office settings and provide services to both enrollees and private pay patients.

Indigent Care: Health services provided to the poor or those unable to pay for their care and who are not eligible for Medicaid or other governmental programs.

Inpatient: A patient who is admitted to a hospital or other health care facility at least overnight for the purpose of diagnostic or treatment services.

Intermediate Care Facility (ICF): Formerly used to describe a level of adult care home services for individuals who did not require the degree of nursing care or treatment that a skilled care facility (SNF) was designed to provide, but who needed care and services above the level of personal care services. Previously required by federal regulations to have licensed nurses on duty eight hours a day. The distinctions between ICF and SNF adult care homes have largely been replaced by new federal requirements and both former ICFs and SNFs are now referred to as nursing facilities (NFs) for Medicaid and Medicare purposes.

Joint Commission on the Accreditation of Health Care Facilities: Formerly the Joint Commission on the Accreditation of Hospitals. A national, nonprofit organization whose purpose is to encourage high standards of institutional care through the development of standards and inspection and voluntary certification of health care facilities.

License or Licensure: Authority granted by the state to practice a health care profession which grants an exclusive right to provide the specific health service. In Kansas, practitioners of the healing arts, dentists, optometrists, pharmacists, podiatrists, nurses, and Ph.D. psychologists are licensed.

Long-Term Care: Health and/or personal care services needed by persons who are chronically ill, aged, disabled, or retarded in an institution, the home, or the community in which the individual resides on a long-term basis.

Medical Care Facility: Under Kansas law, refers to three types of facilities licensed by the Secretary of Health and Environment, *i.e.*, general or special hospitals; ambulatory surgical centers; and recuperation centers.

Medically Underserved: A population experiencing a shortage of personal health services. A medically underserved population may or may not reside in a medically underserved area or be defined by its place of residence.

Medication Aide: An individual employed in a licensed adult care home or long-term care unit of a hospital who has received a certificate issued by the Secretary of Health and Environment attesting to successful completion of a course in medication administration. Although medication aides are often referred to as CMAs or certified medication aides, they are not in fact certified as the term is used in the Kansas Act on Credentialing.

Mental Health Technician: Individuals licensed in Kansas by the State Board of nursing to carry out certain paraprofessional patient care responsibilities for inpatient mental health patients.

Morbidity: The extent of an illness, injury, or disability in a defined population which is usually expressed in general or specific rates of incidence or prevalence.

Mortality: Death. Used to describe the relation of deaths to the population in which they occur. Mortality rate expresses the number of deaths in a unit of population in a specified time.

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- Nurse:** Includes licensed professional nurses (RNs) and licensed practical Nurses (LPNs) licensed in Kansas by the State Board of Nursing.
- Outpatient:** A patient who is receiving ambulatory care at a hospital or other health facility without being admitted to the facility. Usually not used to refer to persons who are receiving services from a physician's office or other program which does not provide inpatient care.
- Peer Review:** Generally, the evaluation of a health care professional by others practicing the same profession of the effectiveness and proficiency of the services ordered or performed by the member of the profession whose work is being reviewed.
- Physician Assistant:** An individual who meets the statutory requirements for inclusion on a register maintained by the Board of Healing Arts and who may provide health care services as authorized by the licensee in medicine and surgery who has agreed to accept the legal responsibility for the actions of the physician assistant.
- Preadmission Certification or Screening:** A process under which admission to a health facility is reviewed in advance to determine the need for and appropriateness of inpatient admission. May include a determination of the inpatient length of stay that is authorized.
- Preferred Provider Organization (PPO):** A formally organized entity consisting of providers (usually the same type of provider such as physicians) and sometimes providers and a health facility that provides services to purchasers of health services at discounted rates in return for a predictable market share and often for expedited payment.
- Prepayment:** Although this term is not used consistently, it frequently is used to refer to payment made ahead of time to a provider for anticipated services. Sometimes the term is used to distinguish the payment method from insurance as in referring to HMOs, prepaid group practices, and medical foundations, which, unlike an insurance company, take responsibility for providing or arranging for the provision of needed services and paying providers for such services.
- Preventive Care:** Health care which has the goal of preventing disease or its consequences, including health care aimed at warding off illnesses, *e.g.*, immunizations; early detection of disease, *e.g.*, Pap smears; or preventing or inhibiting further deterioration, *e.g.*, exercise or prophylactic surgery.
- Primary Care:** Basic or general care focused on the point at which the patient first seeks assistance from the health care system. Primary care deals with the more simple and common illnesses or disease
- Prospective Reimbursement:** Any method of paying hospitals or other health care programs in which the amounts of reimbursement or the rate of reimbursement is established in advance of the provision of service.
- Provider:** Hospital or other health facility or health care professional or groups of facilities or professionals that provide health care services to patients.
- Public Health:** Programs aimed at the protection and improvement of community health through organized community effort. Often encompasses health programs that are less effective when undertaken on an individual basis or less amenable to being undertaken by individuals, such as sanitation, quarantine, occupational health and safety programs, assurance of the safety of air, water, and food, etc.

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- Rehabilitation:** Combined and coordinated use of medical, social, educational, and vocational measures for the training or retraining of individuals who have been disabled by illness or injury to reach the highest possible level of functioning.
- Reimbursement:** The process by which health care providers, whether institutional, receive payment for their services. Health care providers, unlike providers of other consumer goods and services, are often reimbursed by third parties rather than directly by the consumer of the service.
- Retrospective Reimbursement:** The traditional method of payment for the services of health facilities, in which payment is made "after-the-fact," *i.e.*, payment for the service based on the costs incurred by the facility.
- Screening:** In the health care field, the use of quick procedures to differentiate persons who apparently are well who have a disease or are at risk of a disease from those who probably do not have the disease. Generally used to identify high risk individuals who are in need of more definitive diagnostic studies.
- Secondary Care:** Services provided by medical specialists who generally are not the first contact for patients, such as cardiologists, urologists, etc.
- Skilled Nursing Facility (SNF):** Until recently, used to distinguish those adult care homes that provided licensed nursing services 24 hours a day and met specified Medicare and Medicaid requirements. Now included within the term "nursing facility."
- Specialist:** A physician, dentist, or other health care professional who is specially trained in a certain branch of medicine or dentistry, care of a specific age category of patients, specific body systems, or specific diseases. Usually involves advanced education and training related to the specialty.
- Tertiary Care:** Services provided by highly specialized providers and requiring highly sophisticated equipment and support facilities.
- Third-Party Payer:** Any organization (public or private) that pays or insures health or medical expenses on behalf of beneficiaries or recipients. (First party -- individual receiving service. Second party -- provider of service.)
- Title XVIII:** Title of the Social Security Act that authorizes and governs the Medicare program.
- Title XIX:** Title of the Social Security Act that authorizes and governs the Medicaid program.
- Uncompensated Care:** Service provided by physicians or hospitals for which no reimbursement is received from the patient or a third-party payer.
- Utilization Review:** Evaluation of the necessity, appropriateness, or efficiency of the use of medical services, procedures, or facilities.
- Vital Statistics:** Statistics relating to births, deaths, marriages, mortality, and morbidity.

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PROCEDURE FOR CARRYING A BILL ON GENERAL ORDERS

1. If there were committee amendments, immediately begin by:

(a) informing the Committee of the Whole that there were committee amendments, and

(b) move the adoption of the Committee Report

("Mr. Chairman, there were committee amendments. I move the adoption of the committee report.")

(c) IF THERE WERE NO COMMITTEE AMENDMENTS, step #1 need not be done.

2. Explain in outline form the background behind the bill.

3. Explain the changes you've made to existing law, if any, and why.

4. Explain the intent you had when offering this bill.

(Sometimes for various reasons the bill drafter has not completely worked out your legislative intent. If legislative intent cannot be manufactured with a simple floor amendment, MOVE TO PASS OVER GENERAL ORDERS. Check this out with the Majority Leader first.

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5. Ask for questions on the bill. (As a rule of thumb, if the bill has more than 10 sections, ask for permission of the Chairman to ask for questions on the bill section by section.)
 - (a) Answer questions to the best of your actual knowledge. If you don't know the answer to the question, don't make up the answer.
 - (b) If another Representative spoke to that particular question in committee, or is a good source, ask that Representative to come to the microphone and restate his point of view.
6. If an amendment is offered, give your viewpoint whether or not you like the amendment and feel it is (or is not) consistant with the legislative intent of your bill.
7. If the amendment is reasonable and does not impair what you want to do with the bill, allow the amendment unless in your opinion:
 - (a) the amendment is not "germaine" to the issue under discussion. (Constitutional law requires that all amend ments to bills must be germane to the issue under discussion because two subjects cannot exist in a single piece of legislation.)

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(b) NOTE: Just because the same amendment was offered in committee does not mean members do not have a right to offer it again on the floor. However, you may point out that it was offered in committee and describe the committee's reaction.

(c) NOTE: Just because an amendment was not offered in committee does not mean it cannot be offered on the floor. Such offerings, however, are subject to being germane to the issue discussed above.

8. Legislation is the art of compromise. Be flexible with your legislation. Perhaps the favor will be returned by another member with another bill.

9. When all discussions and amendments have been offered, or if none is offered, make the motion to adopt your bill, thusly:

(a) "Mr. Chairman, I move that when the Committee rises and reports that it report HB _____ favorable for passage."

IF THE BILL IS AMENDED EITHER IN COMMITTEE, OR ON THE HOUSE FLOOR, YOUR MOTION IS:

(b) "Mr. Chairman, I move that when the Committee rises and reports that it report HB _____ as amended favorable for passage."

(3)

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2-3

HOUSE BILL No. 2017

By Special Committee on Public Health and Welfare

Re Proposal No. 30

Amendment

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attm #3*

12-28

10 AN ACT providing for the registration of registered marriage and
11 family therapists; granting powers to and imposing certain duties
12 upon the behavioral sciences regulatory board; declaring certain
13 acts to be unlawful and providing penalties for violations; amend-
14 ing K.S.A. 1990 Supp. 74-7507 and repealing the existing section.
15

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

17 New Section 1. Sections 1 through 12, and amendments thereto,
18 shall be known and may be cited as the marriage and family therapists
19 registration act.

20 New Sec. 2. As used in the marriage and family therapists reg-
21 istration act:

22 (a) "Board" means the behavioral sciences regulatory board cre-
23 ated under K.S.A. 74-7501 and amendments thereto.

24 (b) "Marriage and family therapy" means the assessment and
25 treatment of cognitive, affective or behavioral problems within the
26 context of marital and family systems.

27 (c) "Registered marriage and family therapist" means a person
who engages in the practice of marriage and family therapy and is
registered under this act.

30 New Sec. 3. (a) On and after July 1, 1992, no person shall rep-
31 resent that such person is a registered marriage and family therapist
32 without having first obtained a registration as a registered marriage
33 and family therapist under the marriage and family therapist reg-
34 istration act.

35 (b) Violation of this section is a class B misdemeanor.

36 New Sec. 4. (a) An applicant for registration as a registered mar-
37 riage and family therapist shall furnish evidence that the applicant:

38 (1) Has attained the age of majority;

39 (2) has at least 500 hours of supervised postgraduate experience
40 in marriage and family therapy satisfactory to the board;

41 (3) (A) has completed a master's or doctoral degree from a mar-
riage and family therapy program, in an educational institution ap-
42 proved by the board; or (B) has completed a master's or doctoral

or a marriage and family therapist

client contact

with standards consistent with those of the state
universities of Kansas

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attm #3*

1 degree from an educational institution in a related field for which
2 the course work is considered by the board to be equivalent to that
3 provided in clause (3)(A), or (C) completed a master's or doctoral
4 degree from an educational institution in a related field with addi-
5 tional work from an educational program in marriage and family
6 therapy approved by the board, and

7 (4) has passed an examination approved by the board.

8 (b) Each applicant shall pay an application fee and examination
9 fee established by the board under section 11.

10 New Sec. 5. Prior to July 1, 1993, a registration shall be issued
11 to an applicant without examination if the board is satisfied that the
12 applicant meets the requirements of paragraphs (1) to (3), inclusive,
13 of subsection (a) of section 4.

14 New Sec. 6. The board shall issue a registration to an individual
15 who is currently registered, certified or licensed to practice marriage
16 and family therapy in another jurisdiction if the board determines
17 that the standards for registration, certification or licensure to prac-
18 tice marriage and family therapy in the other jurisdiction are at least
19 equivalent to or exceed the requirements of the marriage and family
20 therapists registration act and rules and regulations of the board. An
21 applicant for a registration under this section shall pay an application
22 fee established by the board under section 11.

23 New Sec. 7. (a) An applicant who meets the requirements for
24 registration pursuant to this act, has paid the registration fee provided
25 for by section 11 and has otherwise complied with the provisions of
26 this act shall be registered by the board.

27 (b) Registrations issued pursuant to this act shall expire 24 months
28 from the date of issuance unless revoked prior to that time. A reg-
29 istration may be renewed upon application and payment of the fee
30 provided for by section 11. The application for renewal shall be
31 accompanied by evidence satisfactory to the board that the applicant
32 has completed during the previous 24 months the continuing edu-
33 cation required by rules and regulations of the board.

34 (c) A person whose registration has been suspended or revoked
35 may make written application to the board requesting reinstatement
36 of the registration upon termination of the period of suspension or
37 revocation in a manner prescribed by the board, which application
38 shall be accompanied by the fee provided for by section 11.

39 New Sec. 8. The board may refuse to grant registration to, or
40 may suspend, revoke, condition, limit, qualify or restrict the reg-
41 istration of any individual who the board, after a hearing, determines:

42 (1) Is incompetent to practice marriage and family therapy, or is
43 und to engage in the practice of marriage and family therapy in

of this paragraph and consists of a minimum of nine
semester hours in human development, nine semester
hours in theories of marriage and family functioning,
nine semester hours of marital and family assessment
and therapy, three semester hours in professional
studies and three semester hours in research

and such degree program and additional work includes the
course work requirements provided in clause (3)(B) of
this paragraph

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3-2

STATE OF KANSAS



DIVISION OF THE BUDGET

Room 152-E
State Capitol Building
Topeka, Kansas 66612-1578

JOAN FINNEY, GOVERNOR
Gary Stotts, Acting Director

(913) 296-2436
FAX (913) 296-0231

February 1, 1991

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

Dear Representative Sader:

SUBJECT: Fiscal Note for HB 2016 by Special Committee on
Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2016 is respectfully submitted to your committee.

HB 2016 is new legislation which would establish in Kansas an end stage renal disease program. The act provides that the program be administered by an executive director employed by the University of Kansas Medical Center and that the program operate under the auspices of that institution. The executive director, by rule and regulation, would determine financial eligibility for the program, a determination which would include both assets and the income of applicants. Once found eligible persons would receive financial assistance for payment of: renal dialysis to the extent that such treatments are not covered by Medicare and Medicaid, drugs (including immune suppressive drugs) to the extent that they are not covered by private insurance or government programs, certain inpatient and outpatient care not covered by private insurance or government programs, and transportation costs associated with dialysis treatments and related medical care. All expenditures would have to be within amounts appropriated by the Legislature.

The act creates an advisory commission comprised of 11 persons who possess special interests and qualifications which are established by the act. The 11 person commission would serve four-year terms. The act requires that in developing rules and regulations, the executive director would consult with the advisory commission. The act also requires that the executive director consult with the National Kidney Foundation of Kansas before adopting rules and regulations. The act also

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establishes the state End Stage Renal Disease Fund. The executive director would deposit in the fund any gifts, grants, and donations from private sources, from local governments, and from the federal government to be used for the purpose of defraying costs incurred for the treatment of persons suffering from end stage renal disease.

During the 1991 interim, the Special Committee on Public Health and Welfare heard testimony concerning this act. A fiscal note totaling \$3,356,430 was reported by the Committee upon hearing testimony from the Kansas and Western Missouri Kidney Foundation. The fiscal note assumes a caseload of 1,522 individuals at a cost per case of \$2,205. The cost estimate assumes such sources as Medicare and private insurance have been exhausted for eligible clients. The cost estimate included \$1,210,200 for direct treatment, \$1,822,068 for indirect treatment, \$16,500 for transplant assistance, \$72,832 for patient and professional education, \$75,000 for research, and \$159,830 for administrative costs. Direct treatment costs are defined as dialysis on an inpatient and outpatient basis while indirect treatment includes such things as payment of Medicare premiums, the purchase of medication, and the provision of transportation to dialysis centers.

The University of Kansas Medical Center estimates administrative costs for the program of \$308,400. The Medical Center also indicates that if a research component were included, an additional \$300,000 to \$400,000 to support grants for research would be required. The Medical Center makes no estimate as to the cost of care but indicates that it would depend upon the eligibility criteria established by the Commission and the executive director.

Since the bill is subject to legislative appropriation and would require the establishment of an eligibility criteria, the exact fiscal impact of the act cannot be estimated. The fiscal impact would also depend upon the number of clients served. Assuming 1,522 eligible clients and costs as estimated by the Kansas Kidney Foundation, expenditures would total \$3,281,430. However, a number of alternative scenarios are possible. Some examples would be as follows:

\$3,430,000 -- assuming a caseload of 1,522 and overhead costs as estimated by the University of Kansas Medical Center.

\$2,071,230 -- assuming a caseload of 1,522 and the purchase of only indirect treatment and Medicare health care premiums, under the assumption that the purchase of the Medicare premiums will alleviate the need for most, if not all, direct treatment costs.

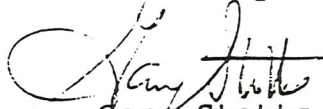
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\$2,205,000 -- assuming eligibility requirements result in 1,000 patients being served at a cost of \$2,205 per patient.

None of the above estimates include provisions for a research component since the bill does not specifically provide for such a component. The intent as conveyed in the interim committee report assumes a research component. These estimates also include no reimbursement for members of the commission since no such provisions are included in the bill.

In summary, the fiscal impact of this act would depend upon appropriations by the Legislature. Best estimates of cost range from between \$2.1 million to \$3.4 million. Some of the cost could be offset by expenditures from the End Stage Renal Disease Fund. However, the majority of the expenditures, especially in the initial stages of the program, would be from the State General Fund. Any expenditures which would result from the passage of this act would be in addition to amounts included in the *FY 1992 Governor's Budget Report*.

Sincerely,



Gary Stotts
Acting Director

2211

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2-4-91
Attn# 4-3

John Noonan

(SENATE BILL No. 675) ✓

(By Committee on Ways and Means) ✓

2-16

P. J. W.
2-4-91
Att. # 5

9 AN ACT establishing the health data commission; providing for the
10 powers, duties and functions thereof; authorizing the assessing of
11 subscription dues from certain persons; providing for confiden-
12 tiality of certain information.
13

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

15 Section 1. (a) A health data commission is established to ~~act as~~
16 ~~the state health data clearinghouse~~ to acquire, compile, correlate,
17 analyze, publish and disseminate data from health care providers,
18 the state medicaid program, third-party payers and other appropriate
19 sources consistent with the intent of this act. ✓

20 (b) The commission shall consist of 11 voting members, including
21 the secretary of health and environment, secretary of social and
22 rehabilitation services, secretary of aging, the secretary of human
23 resources and the commissioner of insurance; one member shall be
24 a member of the house of representatives appointed by the speaker
25 of the house of representatives; one member shall be a member of
26 the senate appointed by the president of the senate; and four mem-
27 bers shall be appointed by the governor, one of whom shall be a
28 registered nurse, one of whom shall be ~~from business or industry~~
29 ~~with a record of experience in the administration of an employees~~
30 ~~health care plan~~, one of whom shall be a hospital chief executive
31 officer and one of whom shall be a person licensed to practice med-
32 icine and surgery. In addition, the executive director of the staff to
33 the commission shall be a nonvoting member of the commission.
34 The governor shall designate the chairperson of the commission.

35 (c) The commission shall meet at least quarterly during a calendar
36 year. Meeting dates shall be set by commission members or by call
37 of the chairperson upon at least five days' notice to the members
38 of the commission. Action by the commission shall be upon affirm-
39 ative vote of a majority of all the voting members of the commission.

40 (d) Members of the commission who are state employees at-
41 tending meetings of the commission, or attending a subcommittee
42 meeting thereof authorized by the commission, and any member of
43 an ad hoc committee appointed by the commission and attending

→ develop a system

→ health care

The Kansas health care data system will:

- (1) assist public and private health care providers to improve health care policy
- (2) enable public and private consumers of health care services to make more efficient decisions and choices.

→ a citizen representing the general public

↑

1 meetings of the ad hoc committee authorized by the commission
 2 shall be paid amounts provided in subsection (e) of K.S.A. 75-3223
 3 and amendments thereto from moneys appropriated to the depart-
 4 ment or agency of the state which the commission member repre-
 5 sents. Members of the commission who are not state employees
 6 attending meetings of such commission, or attending a subcommittee
 7 meeting thereof authorized by such commission, shall be paid com-
 8 pensation, subsistence allowances, mileage or other expenses as pro-
 9 vided in K.S.A. 75-3223 and amendments thereto, except that such
 10 members who are not members of the legislature shall receive \$75
 11 per diem. Moneys to pay members of the commission who are not
 12 state employees or legislators shall be paid equally from moneys
 13 appropriated to the state departments or agencies represented on
 14 the commission. Moneys to pay members of the commission who
 15 are legislators shall be paid from money appropriated for the leg-
 16 islature. Staff members attending commission meetings shall receive
 17 no payments of any kind for attending such meetings.

(e) The commission will appoint a director and allow for appropriate clerical assistance whose responsibility it will be to administer the policies and responsibilities set by the commission.

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18 Sec. 2. (a) The health data commission may enter into an agree-
 19 ment or agreements with a firm, corporation or entity it shall es-
 20 tablish as qualified and appropriate ~~to provide staff for the~~
 21 compilation, correlation and development of the data collected by
 22 the commission, to conduct or contract for studies on health-related
 23 matters which will further the purpose or purposes and intent of
 24 the legislature and the commission. ~~Such agreement or agreements~~
 25 ~~may provide for the corporation, association, firm or entity to pre-~~
 26 ~~pare and distribute or make available data to health care providers,~~
 27 ~~subscribers, third-party payors and the general public.~~

to assist in

28 ~~(b) All health care providers licensed or registered by the state~~
 29 ~~shall, as a condition of licensure or registration in this state, be~~
 30 ~~subscribers to the health care data system and be assessed dues~~
 31 ~~applicable to such subscription as periodically established by the~~
 32 ~~commission by rules and regulations. The commission may also pre-~~
 33 ~~scribe and collect charges for services provided by the commission~~
 34 ~~and made available to others than health care providers when the~~
 35 ~~costs for providing such services are covered by the fees.~~

(b) After initial start-up funding, continued funding will result from legislative action on recommendation from the commission. In addition to legislative funds, the commission will use monies from charges for information that may be assessed to independent clients.

36 (c) The commission may require state departments or agencies
 37 involved in aspects of health care or social services to obtain for and
 38 make available to the commission data related to health care or social
 39 services and needed to carry out its purpose, including but not
 40 limited to the data specified by this act.

41 (d) The commission may appoint appropriate subcommittees as
 42 deemed necessary to assist the commission in carrying out its duties.
 43 In addition the commission may appoint ad hoc committees to deal

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1 with special problems and may appoint members thereto who need
2 not be members of the commission or state employees, except that
3 at least one member of an ad hoc committee shall be a member of
4 the commission.

5 (e) The data collected by and furnished to the commission pur-
6 suant to this act shall not be public records. Compilations developed
7 and approved by the commission for release or dissemination from
8 that data shall be public records provided the confidentiality of pa-
9 tients is protected and the laws of this state with regard to patient
10 confidentiality apply, except to the extent provided in section 5 and
11 amendments thereto.

12 (f) As used in this section, "health care provider" has the same
13 meaning as is ascribed to such term under K.S.A. 1989 Supp. 65-
14 4921 and amendments thereto.

15 Sec. 3. The commission shall require that:

16 ~~(a) The commission members of the departments of health and~~
17 ~~environment, social and rehabilitation services and the commissioner~~
18 ~~of insurance shall encourage and assist third party payers and all~~
19 ~~medical care facilities to voluntarily implement the use of a uniform~~
20 ~~hospital billing form, and require that all third party payers and all~~
21 ~~medical care facilities use by July 1, 1991, the uniform hospital billing~~
22 ~~form designated or established by the commission.~~

23 ~~(b) The commission shall establish uniform definitions for the~~
24 ~~billing forms established by the commission.~~

25 (b)(e) The commissioner of insurance is hereby authorized to require
26 that all third-party payers, including but not limited to licensed
27 insurers, medical and hospital service corporations, health mainte-
28 nance organizations and self-funded employee health plans, provide
29 hospital inpatient and outpatient claims data and corresponding phy-
30 sician claims data to the commission pursuant to this act. ~~This data~~
31 ~~shall include the patient's age, sex, zip code, third party coverage,~~
32 ~~date of admission, procedure and discharge date, principal and other~~
33 ~~diagnoses, principal and other procedures, total charges and com-~~
34 ~~ponents of those charges, attending physician and hospital identifi-~~
35 ~~cation numbers, disposition of the patient and expected source of~~
36 ~~payment. Prior to July 1, 1991, the commissioner of insurance may~~
37 ~~limit the data collection to major third party payers and a sample~~
38 ~~of those third party payers with low market penetration, to more~~
39 ~~frequent diagnoses and procedures, and to hospital inpatient claims.~~

40 (c)(A) The corporation, association or other entity providing research
41 for the commission shall compile and disseminate comparative in-
42 formation on average charges, total and ancillary charge components,
43 the length of stay on diagnosis-specific and procedure-specific cases

(a) The commission shall encourage hospitals and third party payers' participation in and refinement of current hospital billing to include content, definitions, and format.

*OK
2-4-91
Attorney*

1 on a medical care facility-by-facility basis. Prior to the release or
2 dissemination of the compilations and reports, the commission or
3 the corporation, association, firm or other entity under the agreement
4 with the commission pursuant to this act, shall provide for providers
5 an opportunity to verify the accuracy of any information pertaining
6 to the provider. Providers may submit to the commission any cor-
7 rections or errors in the compilations of the data with any supporting
8 evidence and comments the provider may submit. The commission
9 shall correct data found to be in error.

10 ~~(d) (b) If the data required by the commission or the members of~~
11 ~~the commission is available on computer or electronic tape, a copy~~
12 ~~of this tape shall be provided when requested.~~

13 ~~(e) (f) The secretary of health and environment and commissioner of~~
14 ~~insurance shall establish a system which creates the use of a common~~
15 ~~identification number between the uniform hospital billing form and~~
16 ~~the hospital discharge abstract.~~

17 ~~(f) (g) The secretary of health and environment shall establish a~~
18 ~~system of uniform physician identification numbers for use on hospital~~
19 ~~discharge abstract forms.~~

20 ~~(g) (h) The secretary of social and rehabilitation services shall make~~
21 ~~available to the commission data and information on the state med-~~
22 ~~icaid program and medical assistance program similar to that required~~
23 ~~of other third-party payers.~~

24 Sec. 4. The commission may require that:

25 (a) The secretary of health and environment require the uniform
26 discharge abstract form designated or established by the commission
27 be used by all hospitals ~~by July 1, 1991.~~

28 (b) The commissioner of insurance require corporations regulated
29 by the commissioner which offer health care insurance or service
30 plans to provide health care policyholder or subscriber data by geo-
31 graphic area or other demographics.

32 (c) The secretary of health and environment require medical fa-
33 cilities to submit annually to the secretary and to post notification
34 in a public area of the medical care facility that there is available
35 for public examination in each facility the established charges for
36 services, including any modification of charges within the year, where
37 applicable; including, but not limited to, routine daily room service,
38 special care daily room service, delivery room service, operating
39 room service, emergency room service and anesthesiology services
40 and as enumerated by the commission for each of the 25 most
41 common laboratory services, radiology services and pharmacy pre-
42 scriptions and services. In addition to the posting of the notification,
43 the medical care facility shall post in each facility, next to the no-

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Attm # 5*

1 tification, the established charges for routine daily room service,
2 special care daily room service, delivery room service, operating
3 room service and emergency room service.

4 (d) Additional or alternative information related to the intent and
5 purpose of sections 1 through 6, and amendments thereto, as outlined
6 in section 1 be submitted to the commission.

7 Sec. 5. (a) It is the intent of the legislature to protect the con-
8 fidentiality of patient records.

9 ~~(b) Information provided under this act shall not identify a patient
10 by name, address or patient identification number unless authorized
11 by the patient.~~

12 (b) (e) The commission shall determine the form in which information
13 will be made available and to whom, when and under what
14 circumstances.

15 (c) (d) Members of the commission or persons employed by or agents
16 of the commission shall not be civilly liable as a result of their acts
17 or omissions in connection with their duties for the commission.

18 Sec. 6. Data furnished to the commission under this act shall
19 not constitute a public record. A cause for action in the nature of
20 defamation, invasion of privacy or negligence shall not arise against
21 a person for disclosing information in accordance with this act. How-
22 ever, this act shall not provide immunity for disclosing or furnishing
23 false information with malice or willful intent to injure a person.

24 Sec. 7. The commission on January 15, 1992, and annually there-
25 after on or before January 15 shall report to the legislature on the
26 actions taken by the commission.

27 Sec. 8. The commission shall adopt rules and regulations not
28 inconsistent with the law as necessary to obtain from persons and
29 departments or agencies of the state and from persons licensed or
30 regulated by the state data required by the commission under this
31 act.

32 Sec. 9. Upon the effective date of regulations which may be
33 adopted by the United States department of health and human serv-
34 ices prohibiting combined billing by hospitals and hospital-based
35 physicians under title XVIII of the federal social security act, the
36 charges for all pathology and radiology services in a hospital may
37 upon the mutual agreement of the hospital, physician and third-party
38 payer, be billed separately, the hospital component of the charges
39 being included in the hospital bill and the doctor component being
40 billed by the doctor.

41 Sec. 10. A commission member of a state department responsible
42 for establishing and enforcing rules and regulations for which such
43 member is responsible for administration and supervision under such

1 member's department and as necessary to obtain from persons au-
2 thorized to do business in the state or regulated by the department
3 and requiring data that department is required to provide under this
4 act shall publish and enforce such rules and regulations consistent
5 with this act.

6 Sec. 11. This act shall take effect and be in force from and after
7 its publication in the statute book.

Handwritten:
Jared
7-4-91
Attorney #5