

Approved \_\_\_\_\_

Date

3-4-91  
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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. on February 25, 1991 in room 423-S of the Capitol.

All members were present except:

Rep. Theo Cribbs, excused

Committee staff present:

Emalene Correll, Research  
Norman Furse, Revisor  
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Representative Kerry Patrick  
Marlin Rein, Associate Director of Business Affairs, University of Ks.  
Senator Bill Brady  
Chuck Simmons, General Counsel, Ks. Department of Corrections  
Dr. Robert Harder, Secretary Department of SRS  
Dick Morrissey, Deputy Director/Div. of Health/Dept. of Health/Environment  
Pat Johnson, Exec. Administrator, Ks. State Board of Nursing  
Jo Funk, Committee for Credentialing Sanitarians, Salina, Ks.  
Rep. Sandy Praeger

Chair called meeting to order directing attention to committee minutes of February 18, 1991, asking members to read them carefully. She later entertained motion for corrections or approval.

Rep. Amos moved to approve minutes of February 18, 1991, as presented, seconded by Rep. Carmody, motion carried.

Chair drew attention to agenda. Today is the deadline date for bill requests and there will be several. Hearings scheduled for several House Bills.

HEARINGS OPENED ON HB 2256.

Rep. Kerry Patrick offered hand-out (Attachment No. 1) and noted if HB 2256 is passed favorably, it will call for a study to see if a Health Maintenance Organization (HMO) is the approach to take in delivering cost effective, quality medical services to the poor. He noted this bill would require looking at an HMO, like Kaiser Permanente, that currently is on line and doing well in North Carolina. He detailed rationale for an HMO delivery system at KU Medical Center, noting that both at Kansas City and Wichita Med. Centers equipment is already in place to provide health care; these two urban areas are the largest in the state with a heavy concentration for the poor in need of health care; a more systemic treatment of the poor and possible integration of health care with other SRS services would be more efficient; would generate more Medicaid money to help pay costs of operating the Med. Center. He urged support.

Rep. Patrick answered numerous questions, i.e., "no", he had not checked with the Med Center; not sure of fiscal impact; discussion in regard to programs of this type being carried out in other states; would be difficult for the Med. Center to add this program on to an already busy patient flow with current facilities and staff.

Marlin Rein, Associate Director of Business Affairs, University of Ks. Medical Center, apologized for not having written testimony. He stated HB 2256 had not been discussed to any great degree at this time. However, he sees no reason for the Medical Center to be opposed to this legislation and, in fact, would probably be supportive of it. As he views HB 2256, it would be a joint venture between the Med. Center and SRS.

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

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND ENVIRONMENT,  
room 423-S, Statehouse, at 1:30 a.m./p.m. on February 25, 1991

Marlin Rein, continued testimony on HB 2256:

HB 2256 would create a feasibility study for the possibility of establishing an HMO for handling all Medicaid, MediKan patients and others in the four county area in Kansas City. As the bill is drawn, he sees it as not extending that service to Wichita. He explained the differences between KU Med. Center and Wichita. He noted he was not saying Wichita could not offer the same possibility of service as the KU Med. Center. He noted they have not discussed HB 2256 with the Secretary of SRS.

He noted the demographics of looking at patient numbers and assessing the capability of the physician base to service the increased volume of patient cases. He noted they would need to learn how it would affect their current patient load, how it would impact their academic program. The Med. Center is not interested in becoming a charity hospital, but is interested in having a well-rounded patient base. He answered questions.

HEARINGS CLOSED ON HB 2256.

Chair drew attention to SB 1, requesting staff to give a briefing. Mr. Furse did so.

HEARINGS BEGAN ON SB 1.

Senator Brady noted that SB 1 is very important to the Labette Correctional Conservation Camp that was funded last year by the Legislature. This bill would offer an exemption to this Conservation Camp as it does for the Department of Corrections in respect to drug-testing. He noted the Conservation Center is scheduled to accept the first prisoner in the middle of March this year, so action on SB 1 is timely. He urged support.

Chuck Simmons, General Counsel for the Department of Corrections, offered hand-out (Attachment No. 2). He noted that in the contract that the Department has with the Conservation Center (Labette Correctional Conservation Camp), may include a requirement that urinalysis testing be done on program participants. Many of these persons will have a history of drug abuse. Testing is important for the rehabilitation of these persons, and for security reasons for the Labette facility. If they must use an outside laboratory, testing costs will escalate from estimated costs of \$6.00 per test up to \$20.00 or \$30.00 per test. Additional funding will be necessary if outside laboratories will be required. The Department supports SB 1.

HEARINGS CLOSED ON SB 1.

Chair invited those with bill requests to present them.

Dr. Robert Harder, Secretary Department of SRS offered hand-out (Attachment No. 3), with a list of requests and explanations. He gave a detailed overview of requests.

- 1) Amending statutes to allow "first class" mail when providing notice to an obligor concerning support arrearage.
- 2) To add a representative of Department of Education who is knowledgeable in vo-tech education or community colleges to the KanWork committee.
- 3) Establishing an advisory committee to advise Secy. of SRS about health and medical care services and to participate in policy development and program administration.
- 4) To provide that a temporary custody order shall remain in effect for 30 days and courts may grant two 30-day extensions on showing of good cause.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 AM p.m. on February 25, 1991

5) Amend statutes to correct statutory cross-references to comply with federal requirements.

6) To eliminate requirement that alleged perpetrator be given notice of results of investigations.

7) Amend statutes to provide authority for medical consent for juvenile felons while in care of the state.

He answered numerous questions.

Rep. Amos moved to introduce Dr. Harder's 7 bills as committee bills, seconded by Rep. Neufeld. Discussion ensued. Vote taken, motion carried.

Dick Morrissey, Department of Health/Environment, offered hand-out (Attachment No. 4). He noted the Department wishes to change one word in the statute 39-1411 in (b) to strike "finding", and insert "report". He explained rationale.

Rep. Neufeld moved to introduce the request from Department of Health/Environment as a committee bill, seconded by Rep. Bishop. No discussion held. Vote taken, motion carried.

Pat Johnson, Ks. State Board of Nursing offered hand-out (Attachment No.5). She noted numerous changes requested. Two issues are addressed in this request, i.e., intravenous therapy by practical nurses and delegation of nursing practice to non-licensed persons by licensed nurses or mental health technicians. If enacted, it would allow the Board of Nursing the authority to write rules and regulations to: place some parameters on the practice of LPN's and IV therapy, and permit delegation of nursing procedures to non-licensed persons based on set standards. She answered numerous questions.

Rep. Amos moved the request from Board of Nursing be introduced as a committee bill, seconded by Rep. Wiard, motion carried.

Jo Funk, Committee for Credentialing Sanitarians offered informational packet (Attachment No. 6). She stated Sanitarians are asking for Registration. She detailed rationale for the request. She stated that Sanitarians are not health care providers, but are environmental health providers.

Rep. White moved to introduce this request for Sanitarian registration as a committee bill, seconded by Rep. Lynch, motion carried.

Rep. Praeger offered (Attachment No. 7) as a bill request. She noted there is a similar bill currently in the Senate. She explained the bill, noting it would establish the community-based teenage pregnancy reduction program. She has been working closely with a nurse at Haskell Jr. College in regard to this issue.

Rep. Samuelson moved to introduce Rep. Praeger's request as a committee bill, seconded by Rep. White, motion carried.

At this point, Chair noted for informational purposes, that there are exempt committees that members can still go through with additional bill requests, if necessary.

Chair noted that tomorrow committee will try to review HB 2033, HB 2018, HB 2127, and SB 1.

Meeting adjourned at 3:00 p.m.

Note: (Attachment No. 8) recorded as Mr. Rein's formal written testimony.



KERRY PATRICK  
REPRESENTATIVE, TWENTY-EIGHTH DISTRICT  
JOHNSON COUNTY  
10009 HOWE DRIVE  
LEAWOOD, KANSAS 66206

STATE OF KANSAS



TOPEKA

HOUSE OF  
REPRESENTATIVES

*Patrick*  
COMMITTEE ASSIGNMENTS  
MEMBER: ENERGY AND NATURAL RESOURCES  
LABOR AND INDUSTRY  
LOCAL GOVERNMENT  
JOINT COMMITTEE ON SPECIAL CLAIMS  
AGAINST THE STATE

To: House Public Health & Welfare Committee  
From: Kerry Patrick  
Re: House Bill 2256  
Date: February 25, 1990

It is clear that our current medical system and how it delivers health care to everyone is in need of repair. WE can no longer afford the kind and quality of care that it is providing us. WE spend more than any other advanced nation when measured as a percentage of Gross National Product (GNP) on health care.

The poor in our state and country don't get adequate medical either. It is time for us to look at changing how we deliver medical services to the poor in this state. HB 2256 if passed will cause us to study that delivery system and look and see if an Health Maintenance Organization (HMO) is the approach to take to deliver cost effective, quality medical services to the poor.

**Some of the obvious advantages to going to an HMO delivery system is that:**

1. KU Medical Center at KC and Wichita already equipped to provide health care.
2. KU Medical Center located at biggest population centers of poor people in the state.
3. More systemic treatment of poor and possible integration of health care with other SRS services for the poor at one stop center. Greater operating efficiencies.
4. Better able to control costs by us operating and managing the system; generate more Medicaid money to help pay the costs of operating KU Medical Center.

The bill specifically requires looking at an HMO like Kaiser Permanente run the HMO. They are currently doing this for the poor in North Carolina. It's worked well there and should work here in providing superior service at a lower cost.

*PHW*  
*2-25-91*  
*Attm #1.*

*Chuck Semmes  
Sen. Counsel,  
Dept. of Corrections*

TESTIMONY TO THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELARE  
ON SENATE BILL 1  
STEVEN J. DAVIES, Ph.D., SECRETARY OF CORRECTIONS  
FEBRUARY 25, 1991

The Department of Corrections would like to convey its support for the quick passage of Senate Bill #1. Senate Bill #1 amends KSA 65-1,108 to include the Labette Correctional Conservation Camp as one of the correctional agencies excluded from the definition of laboratory. It is the Department's position that the Labette Correctional Conservation Camp is a program similar to those operated by the Kansas Department of Corrections and the Office of Judicial Administration and that this program has a need to conduct regular urinalysis surveillance of the program participants. To require that this surveillance be conducted by an outside laboratory would result in prohibitive costs to the program. As with all other Department of Corrections programs, any action taken to revoke someone from the program and confine them in a Department of Corrections facility would require confirmation by GC-MS methods.

The Department of Corrections would like to urge the rapid passage of this bill because of the scheduled opening of the Labette Correctional Conservation Camp in the 2nd or 3rd week of March.

*PKW  
2-25-91*

*Attn # 2*

Kansas Department of Social and Rehabilitation Services  
Office of the Secretary  
February 25, 1991

Legislation

① Mailing of Notices to the Obligor (1 RS 0204)

Amends K.S.A. 23-4,145 to allow "first-class" mail to be used rather than "return receipt requested" when providing notice to an obligor that information concerning the support arrearage is to be reported to a consumer reporting agency.

② KanWork Ingeragency Coordinating Committee (1 RS 0207)

Amends K.S.A. 1990 Supp. 39-7,108 to add a representative of the state department of education who is knowledgeable in the area of vocational-technical education or community colleges, or both, to the KanWork interagency coordinating committee.

③ Advisory Committee on Medical Care (1 RS 0241)

A new law establishing a 17 member advisory committee to advise the secretary of social and rehabilitation services about health and medical care services, and to participate in policy development and program administration. The members of the committee are to be appointed by the governor.

④ Orders of Temporary Custody (1 RS 0360)

Amends K.S.A. 1990 Supp. 38-1543 to provide that a temporary custody order shall remain in effect for 30 days and that the court may grant two 30-day extensions of the order upon a showing of good cause.

⑤ State Expenses for Assistance Provided for Certain Children (1 RS 0452)

Amends K.S.A. 20-164, 38-1512 and 38-1616 to correct statutory cross-references to meet federal requirements.

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Attn # 3

6

Acts of Abuse or Neglect as Grounds for  
Prohibiting Persons from Maintaining  
Certain Homes for Children (1 RS 0474)

*Streamline  
procedure*

Amends K.S.A. 1990 Supp. 65-516 to eliminate the requirement for the alleged perpetrator to be given notice of the proposed agency finding as a result of the investigation and an opportunity to reply regarding the proposed finding. It would allow the alleged perpetrator to proceed directly to a fair hearing.

7

Health Care of Juvenile Offenders (1 RS 0638)

Amends K.S.A. 38-1614 to provide authority for medical consent for juvenile felons while they are in state care.

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2-25-91  
Attn # 3-2*



35 1. Same; duties of secretary health and environment; register; notice and appeals procedures; findings forwarded to certain state regulatory authorities, consideration thereof; certain information confidential and not subject to open records act; disclosure of certain individuals prohibited. (a) The secretary of health and environment shall maintain a register of the reports received and investigated by the department of health and environment under K.S.A. 39-1402 and 39-1403, and amendments to such sections, and the findings, evaluations and actions recommended by the department with respect to such reports. The findings, evaluations and actions shall be subject to such notice and appeals procedures as may be adopted by rules and regulations of the secretary of health and environment, which rules and regulations shall be consistent with any requirements of state or federal law relating thereto. The register shall be available for inspection by personnel of the department of health and environment as specified by the secretary of health and environment and to such other persons as may be required by federal law and designated by the secretary of health and environment by rules and regulations. The secretary of health and environment shall forward a copy of any report of abuse, neglect or exploitation of a resident of an adult care home to the secretary of aging.

(b) The secretary of health and environment shall forward any Report finding of abuse, neglect or exploitation alleged to be committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state authority which regulates such provider. The appropriate state regulatory authority may consider the finding in any disciplinary action taken with respect to the provider of services under the jurisdiction of such authority. The secretary of health and environment may consider the finding of abuse, neglect or exploitation in any licensing action taken with respect to any adult care home or medical care facility under the jurisdiction of the secretary.

(c) If the investigation of the department of health and environment indicates reason to believe that the resident is in need of protective services, that finding and all information relating to that finding shall be forwarded by the secretary of health and environment to the secretary of social and rehabilitation services.

(d) Except as otherwise provided in this section, the report received by the department of health and environment and the written findings, evaluations and actions recommended shall be confidential and shall not be subject to the open records act. Except as otherwise provided in this section, the name of the person making the original report to the department of health and environment or any person mentioned in such report shall not be disclosed unless such person specifically requests or agrees in writing to such disclosure or unless a judicial or administrative proceeding results therefrom. In the event that an administrative or judicial action arises, no use of the information shall be made until the judge or presiding officer makes a specific finding, in writing, after a hearing, that under all the circumstances the need for the information outweighs the need for confidentiality. Except as otherwise provided in this section, no information contained in the register shall be made available to the public in such a manner as to identify individuals.

History: L. 1990, ch. 153, § 9; Oct. 1.

*Lick Moseley*  
*KDH&E, J*

*PH&W*  
*2-25-91*  
*Attn #4*

Kansas State Board of Nursing

*Pat Johnson*

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



Patsy L. Johnson, R.N., M.N.  
Executive Administrator  
913-296-3068

TO: The Honorable Representative Carol H. Sader, Chairperson  
and Members of the Public Health & Welfare Committee

FROM: Patsy L. Johnson, R.N., M.N.  
Executive Administrator *Pat Johnson*

DATE: February 25, 1991

Thank you for allowing me to introduce a bill on behalf of the Kansas State Board of Nursing.

Two issues are addressed in this bill, intravenous therapy by practical nurses and delegation of nursing practice to non-licensed persons by licensed nurses or mental health technicians.

With changes in the statutes, the Board of Nursing would be able to write rules and regulations:

- 1) to place some parameters on the practice of LPN's and IV therapy,
- 2) to permit delegation of nursing procedures to non-licensed persons, again based on set standards.

Thank you for your consideration. I will be happy to answer any questions.

PLJ:bph

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2-25-91  
Attn #5*

Janette Pucci, R.N., M.S.N.  
Education Specialist  
296-3782

Belva J. Chang, R.N., M.N., J.D.  
Practice Specialist  
296-3783

Patricia McKillip, R.N., M.N.  
Education Specialist  
296-3782

AN ACT concerning nursing and mental health technician practice; amending K.S.A. 1989 Supp. 65-1113, K.S.A. 1990 Supp. 65-1124, and K.S.A. 1985 Supp. 65-4212.

**65-1113. Definitions.** When used in this act and the act of which this section is amendatory:

(a) "Board" means the board of nursing.

(b) "Diagnosis" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis.

(c) "Treatment" means the selection and performance of those therapeutic measures essential to effective execution and management of the nursing regimen, and any prescribed medical regimen.

(d) Practice of nursing. (1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention of management of illness, injury or infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

(2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124 and any amendments thereto, of tasks and responsibilities defined in part (1) of this subsection (d) which tasks and responsibilities are based on acceptable educational preparation, **as may be determined by rules and regulations of the board**, within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

(e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in part (1) of subsection (d) of this section.

(f) A "practical nurse" means a person who is licensed to practice practical nursing as defined in part (2) of subsection (d) of this section.

(g) "Advanced registered nurse practitioner" or "ARNP" means a professional nurse who holds a certificate of qualification from the board to function as a professional nurse in an expanded role, and this expanded role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130.

#### Proposed Statute Change

**65-1124. Acts Which Are Not Prohibited.** No provisions of this law shall be construed as prohibiting:

(a) Gratuitous nursing by friends or members of the family;

(b) the incidental care of the sick by domestic servants or persons primarily employed as housekeepers;

(c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;

(d) nursing assistance in the case of an emergency;

(e) the practice of nursing by students enrolled in accredited schools of professional or practical nursing nor nursing by graduates of such schools or courses pending the results of the first licensing examination scheduled by the board following such graduation;

(f) the practice of nursing in this state by legally qualified nurses of any of the other states as long as the engagement of any such nurse requires the nurse to accompany and care for a patient temporarily residing in this state during the period of one such engagement not to exceed six months in length, and as long as such nurses do not represent or hold themselves out as nurses licensed to practice in this state;

(g) the practice by any nurse who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of official duties;

(h) auxiliary patient care services performed in medical care facilities, adult care homes or elsewhere

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by persons under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry or the supervision of a registered professional nurse or a licensed practical nurse;

(i) the administration of medications to residents of adult care homes or to patients in hospital-based long-term care units, including state operated institutions for the mentally retarded, by an unlicensed person who has been certified as having satisfactorily completed a training program in medication administration approved by the secretary of health and environment and has completed the program on continuing education adopted by the secretary, or by an unlicensed person while engaged in and as a part of such training program in medication administration;

(j) the practice of mental health technology by licensed mental health technicians as authorized under the mental health technicians' licensure act;

(k) performance in the school setting of selected nursing procedures, as specified by rules and regulations of the board, necessary for handicapped students;

(l) performance in the school setting of selected nursing procedures, as specified by rules and regulations of the board, necessary to accomplish activities of daily living and which are routinely performed by the student or student's family in the home setting; or

(m) performance of attendant care services directed by or on behalf of an individual in need of in-home care as the terms "attendant care services" and "individual in need of in-home care" are defined under K.S.A. 1989 Supp. 65-6201 and amendments thereto.

(n) the delegation of nursing procedures in medical care facilities, adult care homes or elsewhere to persons not licensed to practice nursing as supervised by a registered nurse or a licensed practical nurse pursuant to standards of delegation specified by rules and regulations of the board.

#### Proposed Statute Change

**65-4212. Exclusions.** The provisions of this act shall not be construed as prohibiting: (a) Gratuitous care of the mentally ill, emotionally disturbed or mentally retarded by friends or members of the family;

(b) The practice of mental health technology by students enrolled in approved courses of mental health technology;

(c) The practice of mental health technology by graduates of an approved course in mental health technology who are practicing as mental health technicians pending the results of the first licensing examination scheduled by the board following graduation;

(d) Practice by short-term trainees exploring the practice of mental health technology as a prospective vocation;

(e) Service conducted in accordance with the practice of the tenets of any religious denomination in which persons of good faith rely solely upon spiritual means or prayer in the exercise of their religion to prevent or cure disease;

(f) The practice of any legally qualified mental health technician of this state or another who is employed by the United States government of any bureau, division or agency thereof, while in the discharge of official duties;

(g) Temporary assistance in the therapeutic care of patients where adequate medical, nursing, and/or other supervision is provided;

(h) Subsidiary workers in hospitals or related institutions from assisting in the nursing care of patients where adequate medical and nursing supervision is provided;

(i) The employment of psychiatric aides who have received at least three months instruction in an approved basic aide training program and who work under the supervision of licensed personnel; and

(j) The delegation of licensed mental health procedures in facilities for the mentally ill, emotionally disturbed, or mentally retarded to persons not licensed to practice mental health technology as supervised by a licensed mental health technician pursuant to standards of delegation specified by rules and regulations of the board.

*PHW*  
*2-25-91*  
*Alt # 5.3*

Jo Funk

#6

SENATE BILL No. 607

By Senators Vidricksen, Francisco and Gaines

2-10

0016 AN ACT authorizing registration of public health sanitarians;  
0017 prescribing powers and duties of the department of health and  
0018 environment with respect to registration and creating an ad-  
0019 visory committee thereon; prescribing procedures and quali-  
0020 fications required for registration; requiring certain fees  
0021 hibiting certain acts and providing penalties for viola-  
0022 thereof.

0023 *Be it enacted by the Legislature of the State of Kansas:*

0024 Section 1. As used in this act:

0025 (a) "Department" means the department of health and envi-  
0026 ronment.

0027 (b) "Secretary" means the secretary of health and environ-  
0028 ment.

0029 (c) "Advisory committee" or "committee" means the advi-  
0030 sory committee on registration of sanitarians created in section 9  
0031 and amendments thereto.

0032 (d) "Sanitarian" means an environmental health (public  
0033 health) professional educated in the field of environmental  
0034 health, physical and biological sciences, and who is spe-  
0035 trained to organize, manage and carry out educational and en-  
0036 forcement activities for the promotion and protection of the  
0037 public health and the environment.

0038 (e) "Joint committee for the credentialing of sanitarians"  
0039 means the body established in 1979 by the department, the  
0040 Kansas public health association and Kansas association of sani-  
0041 tarians to formulate and administer a voluntary registration pro-  
0042 gram in the state.

0043 Sec. 2. (a) On and after the effective date of this ac-  
0044 sanitarians shall register with the secretary of health and envi-  
0045 ronment in accordance with the provisions of this act and any

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0046 rules and regulations adopted pursuant thereto.

0047 (b) Persons meeting all of the following qualifications shall  
0048 be eligible for registration as a sanitarian:

0049 (1) A bachelor's degree from a college or university approved  
0050 by the secretary which includes a minimum of 30 semester hours  
0051 or 45 quarter units of basic sciences acceptable to the secretary,  
0052 including at least one laboratory course in each of the following  
0053 fields: Chemistry, ~~physics~~, microbiology and biology and, in  
0054 addition to such laboratory courses, a course in mathematics and  
0055 a course in an environmental related area;

0056 (2) 12 months of full-time experience in an approved en-  
0057 vironmental health program; and

0058 (3) passed an examination conducted by the secretary under  
0059 the provisions of this act.

0060 (c) Notwithstanding the requirements of subsection (b), the  
0061 secretary upon receipt of an application and the appropriate  
0062 application fee fixed under section 3 may register as a sanitarian:

0063 (1) Any person having a degree higher than a baccalaureate  
0064 degree from a college or university approved by the secretary  
0065 who has satisfactorily completed at least 30 semester hours, or 40  
0066 quarter hours of academic work in the natural sciences and who  
0067 has been employed as a sanitarian for a period of not less than  
0068 one year immediately prior to the effective date of this act; or

0069 (2) any person registered as a sanitarian by the joint commit-  
0070 tee for the credentialing of sanitarians who is in good standing on  
0071 the effective date of this act.

0072 Sec. 3. (a) Application for registration shall be made to the  
0073 secretary at the time and in the manner and form prescribed by  
0074 the secretary, and all applications for registration as a sanitarian  
0075 shall be accompanied by an application fee of not more than \$50  
0076 established by the secretary by rules and regulations.

0077 (b) The secretary shall maintain a register of all applications  
0078 for registration as a sanitarian, including past records from the  
0079 joint committee for credentialing of sanitarians, which shall  
0080 show:

0081 (1) The place of residence and name of each applicant;  
0082 (2) the name and address of the employer or business con-

0194 changes for improving the efficiency and effectiveness of such  
0195 system and procedures.

0196 (e) Members of the advisory committee attending meetings  
0197 of the advisory committee, or attending a subcommittee meeting  
0198 thereof authorized by the advisory committee, shall be paid  
0199 amounts provided in subsection (e) of K.S.A. 75-3223 and  
0200 amendments thereto from appropriations to the department of  
0201 health and environment.

0202 Sec. 10. All moneys received by the secretary under this act  
0203 shall be remitted at least monthly to the state treasurer and  
0204 credited to the state general fund.

0205 Sec. 11. It shall be unlawful for any person to represent  
0206 oneself as a registered sanitarian without being duly registered  
0207 and the holder of a currently valid certificate of registration  
0208 issued by the secretary. Any person who violates the provisions  
0209 of this act is guilty of a class C misdemeanor.

0210 Sec. 12. This act shall take effect and be in force from and  
0211 after its publication in the statute book.

*Handwritten notes:*  
2-25-91  
O'Brien #6-3  
Patterson

0083 nection of each applicant;

0084 (3) the date of application;

0085 (4) complete information on education and experience qual-  
0086 ifications;

0087 (5) the action taken by the committee;

0088 (6) the serial number of the certificate of registration issued  
0089 to the applicant;

0090 (7) the date on which the secretary reviewed and acted upon  
0091 the application; and

0092 (8) such other pertinent information as may be deemed nec-  
0093 essary by the secretary.

0094 Sec. 4. Only those persons who have properly submitte  
0095 application for registration, have paid the registration fee  
0096 who have satisfied the education and experience requirements  
0097 of (1) and (2) of subsection (b) of section 2 shall be eligible for the  
0098 examination for registration as a sanitarian.

0099 Sec. 5. (a) Examinations required for registration as a sani-  
0100 tarian shall be conducted by the secretary not less than once each  
0101 calendar year and at such other times as may be specified by the  
0102 secretary. The examination shall be of a standard as that pro-  
0103 vided by the professional examination service or equivalent as  
0104 determined by the secretary, and such examination shall be  
0105 required for all applicants for registration under this act. The  
0106 examination shall be objective and criteria referenced.

0107 (b) Applicants shall pay the secretary an examination fee  
0108 based on the cost of the examination, plus a fee of ~~\$10~~ <sup>not more than</sup> ~~Pay~~ <sup>25</sup>  
0109 shall be received from the applicant at least one month pr  
0110 the date scheduled for the examination.

0111 Sec. 6. (a) Any person attaining a passing score on the  
0112 examination as established by rules and regulations of the sec-  
0113 retary shall be registered as a sanitarian and issued a certificate  
0114 of registration by the secretary. Any person failing to pass the  
0115 examination required for registration may be reexamined at such  
0116 time as the secretary may determine.

0117 (b) A sanitarian registered under the provisions of th  
0118 may renew such registration by meeting the minimum continui-  
0119 ing education as required by the secretary and by paying to the

0120 secretary once every three years a renewal fee of not more than  
0121 \$50. The fee shall be due and payable on or before the date to be  
0122 fixed by the secretary for which a renewal certificate for that year  
0123 shall be issued. All certificates shall expire on the renewal date  
0124 unless renewed prior to such date. Registrations having expired  
0125 for failure to pay renewal fees may be reinstated under rules and  
0126 regulations adopted by the secretary.

0127 (c) The secretary shall maintain a current registry of all sani-  
0128 tarians registered under this act.

0129 (d) Only a person who has qualified as a registered sanitarian  
0130 and who holds a valid, current registration certificate for use in  
0131 this state may use the title "registered sanitarian" ~~or "sanitarian"~~  
0132 and use the abbreviation "R.S." after their name.

0133 Sec. 7. (a) Following investigation, the secretary may deny,  
0134 suspend or revoke a certificate of registration if the applicant or  
0135 registrant:

0136 (1) Knowingly made a false statement of fact required to be  
0137 revealed in the application for registration;

0138 (2) has been convicted of a crime, if the crime is substantially  
0139 related to qualifications, functions and duties of sanitarians in  
0140 accordance with criteria established by rules and regulations of  
0141 the secretary;

0142 (3) committed any act involving dishonesty, fraud, deceit  
0143 with the intent to substantially benefit the applicant or registrant  
0144 or another or substantially injure another;

0145 (4) failed to maintain the continuing education required to  
0146 maintain competency; or

0147 (5) failed to pay required fees for renewal according to the  
0148 provisions of this act.

0149 (b) Proceedings under this act shall be conducted in accord-  
0150 ance with the Kansas administrative procedure act. Judicial  
0151 review and civil enforcement of agency actions under this act  
0152 shall be in accordance with the act for judicial review and civil  
0153 enforcement of agency actions.

0154 Sec. 8. The secretary may adopt such rules and regulations  
0155 as are necessary to administer the provisions of this act. The  
0156 secretary may negotiate and enter into reciprocity agreements

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0157 with those states providing for registration of sanitarians in a  
0158 manner equivalent to the provisions of this act.

0159 Sec. 9. (a) There is hereby created an advisory committee for  
0160 the registration of sanitarians which shall consist of seven mem-  
0161 bers appointed by the secretary as follows: Five members who  
0162 are registered as sanitarians under this act or who qualify for  
0163 registration under this act, and two members of the general  
0164 public.

0165 (b) Within 30 days after the effective date of this act, the  
0166 secretary shall appoint the members of the committee as speci-  
0167 fied in subsection (a) and designate the chairperson of the  
0168 committee. The appointive members of the committee shall hold  
0169 their respective offices for a term of four years and until their  
0170 successors are appointed and qualified, except that the appoin-  
0171 tive members of the advisory committee first appointed shall  
0172 hold their offices for the terms as follows: One for a term of one  
0173 year expiring in 1989<sup>93</sup>; two for a term of two years expiring in  
0174 1990<sup>93</sup>; two for a term of three years expiring in 1991<sup>94</sup>; and two for a  
0175 term of four years expiring in 1992<sup>95</sup> as specified by the secretary  
0176 at the time of making appointments. Upon a vacancy in the  
0177 advisory committee the secretary shall appoint a successor of like  
0178 qualifications to fill the vacancy, except that sanitarians ap-  
0179 pointed to the advisory committee on or after July 1, 1989<sup>92</sup>, shall  
0180 be registered under this act. If the appointment is to fill a  
0181 vacancy caused by the expiration of a term the appointment shall  
0182 be for a four-year term. If the appointment is to fill a vacancy for a  
0183 reason other than the expiration of a term, the appointment shall  
0184 be made for the unexpired term.

0185 (c) The advisory committee shall meet at least once each year  
0186 and meetings shall be held in Topeka or a place designated by  
0187 the chairperson. A majority of all the members of the committee  
0188 shall constitute a quorum.

0189 (d) The advisory committee on registration of sanitarians  
0190 shall advise and assist the secretary in the administration of this  
0191 act. The committee shall periodically evaluate the system of  
0192 registration provided by this act and any procedures adopted by  
0193 the secretary and it shall recommend to the secretary possible



## ISSUE PAPER

### CREDENTIALING SANITARIANS IN THE STATE OF KANSAS

FY 1992

#### ISSUE/PROBLEM DEFINITION

The term "Registered Sanitarian" is a common one throughout the United States in the environmental health field. In Kansas an effort to become credentialed by the state has been underway for several years. Because of a change in the path to credentialing, a bill is being presented to the legislature this year to establish the credentialing of Registered Sanitarians.

#### BACKGROUND

In 1978, an ad hoc Committee from Kansas Public Health Association was formed entitled Sanitarian Recognition and Licensure. This committee met and recommended some form of credentialing for sanitarians, as well as soliciting support for this process from the Secretary of the Kansas Department of Health and Environment and the Secretary of Agriculture. The path recommended was through the Statewide Health Coordinating Council (SHCC) as health care personnel.

In 1979 the Joint Committee for the Credentialing of Sanitarians (JCCS) was formed to pursue credentialing for sanitarians in Kansas. In 1980 guidelines were established and a voluntary registration process was initiated. In 1981 the first individuals were registered after meeting education and/or experience as well as testing criteria. To date, over 75 individuals have voluntarily become registered. The committee continued to pursue state-recognized credentialing through the SHCC process. In 1985, JCCS was officially accepted into the process. The credentialing process was revised by the adoption of the Kansas Credentialing Review Program (KCRP) in 1986 and the committee started meeting those requirements. In 1989, JCCS committee members concluded that the environmental health profession did not meet the criteria of "health care professional". A letter of withdrawal from KCRP was sent to KDHE in 1990. A second letter was sent to the Secretary of KDHE. On January 29, 1991, a letter was received from the Secretary acknowledging our withdrawal from the credentialing process set up for health care personnel. Withdrawal from the original credentialing process allows JCCS to submit a bill directly to the legislature.

*PHW,  
2-25-90*

*Attn: #6-5*

State credentialing of Sanitarians would:

- 1) establish uniform academic and training standards in the field of environmental health,
- 2) assure a standard of professional competence by a qualified exam board,
- 3) assist public and private agencies in the identification and selection of qualified staff, and
- 4) protect the public's interest against unscrupulous actions through misrepresentation.

Thirty seven states now have registration of Sanitarians. The National Environmental Health Association (NEHA), a national non-governmental organization, has a voluntary registration program. NEHA does NOT, however, require any continuing education to maintain registration.

In 1990, Kansas initiated the Local Environmental Protection Program (LEPP), bringing environmental health services to the local level. More than 15 new positions were created in one year and more may develop. With credentialed, experienced individuals in short supply, a real need exists to have credentialing of Sanitarians regulated on the state level.

#### **RECOMMENDATION**

The Kansas Association of Sanitarians (KAS) recommends supporting JCCS in their attempt to get legislation passed to credential Sanitarians. KAS also recommends hiring practices which use and promote Registered Sanitarians, or those who could become registered.

#### **LEGISLATIVE IMPLICATIONS**

A draft bill is established and will be presented to the legislature during the 1991 session.

#### **IMPACT ON OTHER AGENCIES**

The Kansas Department of Health and Environment will oversee the credentialing process.

#### **FISCAL IMPACT**

Registration fees will make the program self-supporting.

*PHW  
2-25-91  
attm 6-6*



State of Kansas  
Mike Hayden, Governor

Department of Health and Environment  
Office of the Secretary

Stanley C. Grant, Ph.D., Secretary

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

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

January 29, 1991

Jo Funk, RS  
Joint Committee for Credentialing Sanitarians  
Salina-Saline County Health Department  
300 N. Ash  
Salina, Kansas 67401

Dear Ms. Funk:

This letter is in response to the Joint Committee for Credentialing Sanitarians' request for a reconsideration on whether sanitarians meet the definition of "health care personnel" pursuant to KSA 65-5001(e).

In order to submit an application for review through the credentialing program, a group must meet the definition of "health care personnel." KSA 65-5001(e) defines "health care personnel" as those persons whose principal functions are to render services directly or indirectly to individuals for the purpose of: (1) preventing physical, mental, or emotional illness; (2) detecting, diagnosing, and treating illness; (3) facilitating recovery from illness; or (4) providing rehabilitative or continuing care following illness; and (5) who are qualified by training, education, and experience to do so.

In light of the information provided in your January 24, 1991 letter, I concur that sanitarians do not meet the definition of "health care personnel" since services rendered by sanitarians do not involve the direct or indirect delivery of health care to individuals/consumers. Direct or indirect delivery of health care involves identifying and evaluating a consumer's problem and planning or coordinating the consumer's care or directing delivery of that care. According to the National Commission for Health Certifying Agencies:

Sanitarians plan, develop, and implement systems to improve the quality of air, water, food, and other environmental factors which affect the health field.

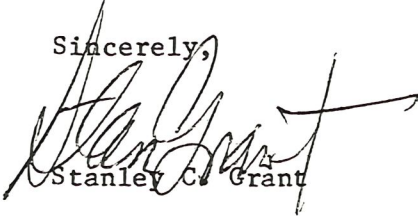
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Jo Funk, RS  
January 29, 1991  
Page 2

This is accomplished through inspections, education, and training as a means to enforce environmental health laws - thus protecting the health and environment of the public.

Sincerely,



Stanley C. Grant

P  
cc: Charles Konigsberg, MD  
Richard Morrissey  
Joseph Kroll  
Cathy Rooney

P Hall  
2-25-91  
attn #  
6-8

**ISSUE PAPER**

**ENVIRONMENTAL HEALTH-SANITARY CODE ENHANCEMENT**

**FY 1992**

**ISSUE/PROBLEM DEFINITION**

Before 1990, Sanitary Codes were being administered in approximately 15 of the 105 counties in Kansas. With the implementation of the Local Environmental Protection Program (LEPP) Grant, through funds from the Kansas Water Plan, Sanitary Codes are being developed in 57 additional counties. The State Water Plan fund is the only dedicated fund for environmental programs available to the local level. The proposed budgeted amount for FY 1992 will not allow for the addition of the remaining 35 counties. This will produce environmental hardships that will impact on those citizens.

**BACKGROUND**

An individual's health is determined by four basic factors--heredity, medical care, lifestyle, and environment. Heredity and medical care determine 1/3 of the public's health; lifestyle 1/3; and the environment fully 1/3. However, in reviewing how money is allocated to public health on the national level, 80% goes to health care delivery and only 5% (1/20) goes to the environment ("Setting Budget Priorities", Journal of Environmental Health, May/June 1990)

In the late 1980's the Kansas Department of Health and Environment began an effort to promote more environmental management to the local level. Funding from the State Water Plan has been designated to help with this process.

Funds became available in 1990 to counties for implementation of environmental programs, one of which was the adoption of Sanitary Codes in counties that previously had none. Sanitary Codes can be used for managing environmental pollution sources affecting public health. Staff has been hired to develop these programs and codes. Approximately 15 new positions were established.

Saline County has enforced a Sanitary Code since 1975. None of the surrounding counties had a sanitary code. In Saline County, sanitarians are working with surrounding counties to assist with environmental complaints, assessments, and education. In addition, Ottawa and Ellsworth Counties joined with Saline County through a grant program to adopt codes for their counties.

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Some observations were made by the Saline County sanitarians in these surrounding counties. Ten out of eleven environmental assessments made for loan applications in one county were found not to meet basic sanitation requirements. Approximately 65% of wells inspected did not meet current standards of construction. Over 47% of the wells inspected were not properly sealed, or had no seal. In one instance, a new home was constructed and lived in for several months with no septic system. The owner had not even established if a system could be installed on the lot, which had a high water table, limited area, and the possibility of flooding. Another instance found a farmstead with the septic system plumbed directly into an abandoned well for disposal. A woman seven months pregnant had her private well checked for bacteria. It was unsealed and highly contaminated with coliform bacteria. These are just some of many complaints and problems seen by Saline County sanitarians in the past year in counties without Sanitary Codes. Many have yet to be reported or found. Years of work lie ahead for those whose job it is to establish and enforce these codes. The time to start, however, is **NOW**.

**RECOMMENDATIONS**

Seventy counties are currently receiving \$1,200,000 in Local Environmental Protection Plan (LEPP). \$150,000 was requested for special funding within the program. Although 70 counties either have or will soon have Sanitary Codes, there still remain 35 counties which do not have codes. Funds for the grant program come from the State Water Plan. Funding for all 105 counties to participate in the LEPP grants would need to be \$1,600,000. This would not include any special funding and would only meet the bare minimum of a program. KAS recommends funding for FY 1992 to be \$1,800,000. This includes funding for all counties in Kansas as well as approximately \$200,000 for special funding. We are discouraged by recommendations of the Governor to reallocate funds from the State Water Plan to other areas. Far too much is at stake regarding the health of our environment and its citizens, which for too many years has been ignored and grossly underfunded (at present, there are only two Kansas Department of Health and Environment sanitarians statewide to handle sanitation complaints and education. Are they expected to handle the remaining 35 counties and provide support for local sanitarians?)

**LEGISLATIVE IMPLICATIONS**

None, unless funding issues from the State Water Plan reach the floor.

**IMPACT ON OTHER AGENCIES**

None.

**FISCAL IMPACT**

FY 1991	Governor's budget FY 1992	Recommendations
\$1,216,137	\$1,216,137	\$1,800,000

No adjustment was made for inflation.

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HOUSE BILL NO. \_\_\_\_\_

By Committee

AN ACT establishing the community-based teenage pregnancy reduction program; prescribing guidelines therefor and powers, duties and functions for the secretary of health and environment; authorizing rules and regulations.

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

Section 1. (a) The secretary of health and environment shall establish a comprehensive community-based teenage pregnancy reduction program with the goal of reducing the rate of pregnancies among minors in urban and rural communities through the development of locally controlled community-based educational interventions to accomplish certain behavioral and educational objectives. The behavioral objectives of the program shall include delaying the onset of sexual activity and promotion of the value of sexual abstinence among minor females and males. The educational objectives of the program shall include training as many community members as possible to be able to assist minor females and males, who are 10 through 17 years of age, in: (1) Recognizing the value and importance of postponing sexual intercourse; (2) developing knowledge and attitudes which promote comfort in choosing not to participate in sexual intercourse; (3) preventing pregnancy by other means when the program has been unable to assist minor females and males in postponing or suspending sexual intercourse, including a description of the risks and benefits of different methods of contraception; (4) recognizing the personal, parental, familial, religious, legal, social and health consequences of irresponsible sexual decisions; (5) developing assertiveness skills to resist undue sexual pressure from peers and society; (6) improving self-concept and sense of worth and developing responsible behavior based on their

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family values; and (7) fostering communication within the family as well as an appreciation of the supportive role families can play in the life of each individual.

(b) Subject to the provisions of appropriation acts, the secretary of health and environment may award grants on a competitive basis to local public and private community groups and agencies, including but not limited to, counties, cities and other local governments, schools, local public health departments and local charitable, civic, educational and other not-for-profit organizations, to provide locally controlled community-based educational interventions to accomplish the objectives of the program in accordance with this section. Each grant shall be for a three-year period, subject to available appropriations and successful annual reviews. In the initial year of the program, not more than three grant proposals shall be awarded, which shall be selected from among grant proposals from both urban and rural community locations.

(c) The secretary of health and environment shall adopt grant requirements in accordance with this section. Proposals for grants under this program shall include provisions for: (1) A community advisory group which shall include parents, school personnel, members of the clergy, religious laypersons, public health agency personnel, members of civic groups, members of health care provider professional groups, representatives of news media agencies and teenagers trained as peer educators; (2) a comprehensive media campaign which targets minors and their families; (3) a strong parent and child education program with emphasis on communication between parents and children; (4) an outcome evaluation component provided from grant funds, which shall include a description and projection of the number of minors that the program will eventually serve and which shall include evaluation protocols prescribing criteria to measure intervention effectiveness and a mechanism to measure the processes of the interventions; (5) a 30% matching requirement from the community which may be satisfied on a cash or in-kind

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basis from private or public sources, including resources received under the department of education and program for at risk pupil assistance; (6) a three-year commitment to the program; (7) letters of commitment to continue the program after grant funding ends; and (8) the methods proposed for (A) integrating community values, morals and standards into the education message, (B) recruiting, selecting and training the educator participants, (C) recruiting, selecting and training the community member participants, and (D) recruiting, selecting and training peer educators, if applicable to the proposal. Each grant proposal shall illustrate the community need for this program and shall include the most recent five-year teenage pregnancy rate for the community, including but not limited to the rate for females who are 10 through 17 years of age.

(d) The secretary of health and environment shall administer the community-based teenage pregnancy reduction program established under this section and shall advise and consult with the children and youth advisory committee established by K.S.A. 38-1401 and amendments thereto in establishing and administering the program, including the process of awarding and evaluating grants. The secretary of health and environment is hereby authorized to apply for and receive grants from federal agencies or from any other public or private sources for the purposes of the community-based teenage pregnancy reduction program established under this section.

(e) The secretary of health and environment may adopt rules and regulations for the administration of the program established under this section.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

*P. How*  
*2-25-91*  
*Attn. 7-3*

Marlin L. Rein  
University of Kansas Medical Center

**TESTIMONY TO HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE**  
**HOUSE BILL 2256**  
**FEBRUARY 25, 1991**

House Bill 2256 directs the University of Kansas Medical Center, in conjunction with the Secretary of Social and Rehabilitation Services, to conduct a feasibility study on the establishment of a health maintenance organization to provide health care services to medical assistance recipients at the University of Kansas Medical Center. Application of the bill would apparently be to those four counties (Leavenworth, Wyandotte, Johnson, and Miami) which constitute the standard metropolitan statistical area on the Kansas side of the border. The bill further directs that the result of such a feasibility study shall be reported to the Legislature on or before December 31, 1991.

Since House Bill 2256 was introduced only a little over a week ago, the focus of our attention has been on assessing the potential fiscal implications of conducting such a study. We are currently in receipt of a request for a fiscal note from the Division of Budget and are attempting to respond to that request. We have had very little discussion on campus as to whether or not to support or oppose the legislation, although I would suspect that we would certainly be agreeable to conducting a study to determine the potential implications of such a major policy change. Likewise, we have not had the opportunity to discuss either the fiscal note or the implications of such a policy change with the Secretary of Social and Rehabilitation Services.

We have been in contact with several consulting groups to determine the potential cost of such a study. We are aware of a group which has recently conducted a study for the Kansas City, Missouri metropolitan area as well as state-wide studies for Washington and Arizona. On the basis of their experience, they estimate the cost of this study to be approximately \$320,000. They propose that this study be focused in two major areas:

1.) The demographics of potential client groups living in those four counties to include an assessment of their "state of wellness," and their past and anticipated future utilization of health care services. An extensive analysis of the data would be essential in order to make a reasonable cost projection for providing medical services to this group of patients.

2.) The second area of focus would be to assess the capability of the University Hospital and the physician staff to service such a sizable patient population. Additionally, the study would have to focus on the implications of such a program change on the academic programs of the School of Medicine as well as the potential

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ramifications for the remainder of the current patient base served by the institution.

We at the University of Kansas Medical Center have some anxiety with such proposals largely due to the fact that it is often assumed that as a state institution, the University is capable of assuming this additional service load with little or no increases in cost. In reality, the University Hospital has been operating under a legislative directive in recent years to be self-supporting. That is, the Hospital is expected to generate income sufficient not only to pay its direct costs, but also those indirect overhead costs incurred by the University Medical Center for support services which also benefit the Hospital. Presently, Medicaid constitutes approximately 18% of patient volume of the University Hospital. We generally assume that we are reimbursed 60% of charges for services rendered to Medicaid patients. One obvious concern that we would have with such a proposal is that if the Medicaid population constituted a much larger proportion of our patient base, we could not sustain the operation of the hospital with only a reimbursement of 60% of charges. We also have a further concern and that is, that we would like to maintain a relatively well-rounded base of patients. We are not interested in being a totally private-pay hospital such as many for-profit institutions, likewise we are not interested in becoming a total charitable hospital either. It is important to both residents and medical students that they be exposed to a patient population which reflects the general population of the State.

A further concern deals with the physician private practice of medicine. Our clinicians are all members of private practice foundations which are organized along specialty lines. Presently the state provides approximately 22% of those departments' operating costs. In other words, the private practice of medicine is largely dependent on the generation of income from patient services in order to finance faculty salaries as well as support costs including nurses for the operation of clinics. A disproportionate population of Medicaid recipients for which reimbursement is inadequate could put those faculty foundations in financial difficulty. Furthermore, because of the sizable increase in patient volumes, some additional faculty might be necessary --a portion of which would have to be State-funded and could not be totally dependent on private practice income.

In conclusion, I would say that the University is certainly most willing to cooperate with the Secretary of Social and Rehabilitation Services in making such a study. I must admit that we do not share the optimism of this bill's sponsor that this is going to result in a viable alternative approach to providing services to this patient group. There are other alternatives which could be explored, including an extension of the primary care network that SRS has in place in the state. Most HMOs are fairly selective in the clientele that they insure. The utilization of health care services by this potential patient group might well be such that the concept embodied in House Bill 2256 is not the best option for providing services to this patient population.

I would be happy to respond to questions from the Committee.