

Approved 4-10-91
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATE ROY M. EHRLICH at
Chairperson

10:00 a.m./p.m.~~on~~ April 2, 19 in room 526 S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research
Bill Wolff, Legislative Research
Norman Furse, Revisor's Office
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Senator Walker
Jerry Slaughter, Kansas Medical Society
Ray Petty, Independence, Inc.
Gigi Felix, National Association of Social Workers, Inc.
Donald Wilson, Kansas Hospital Association
John Holmgren, Catholic Health Association of Kansas
Dr. Charles Konigsberg, Kansas Department of Health and Environment
Cheryl Dillard, Kaiser Permanente, HMO
Harold Riehm, Kansas Association of Osteopathic Medicine
Robert C. Barnum, SRS

Chairman Ehrlich called the meeting to order at 10:04 a.m. asking for approval or correction of the minutes for March 25, 26, 27 and 28, 1991. Senator Salisbury moved to approve the minutes as presented, seconded by Senator Walker. The motion carried.

SB 403 - Creating Kansas Commission on the future of health care.

Senator Walker submitted written testimony and appeared in support of SB 403. He stated the bill is an important step in reforming the health care system in Kansas and provides the forum to allow Kansans participation in the development of a new health care policy. Senator Walker suggested a change in the bill, on page 2, delete all of line 15 after the word, "representatives" and also lines 16 through 22. He stated the deleted language placed restrictions on who may or may not be appointed to the commission. He believes a legislator should be appointed to the commission and would contribute much to future legislatures' understanding of the process and findings of the commission, the governor should appoint a member who is trained and experienced in the field of medical or health care ethics. (Attachment 1)

The following conferees appeared in support of SB 403: Jerry Slaughter, KMS, stated the bill would create a commission that would take discussion of health care priorities to Kansans in their home communities, and stated he would support Senator Walker's proposed amendment to appoint a legislator to the commission, (Attachment 2); Ray Petty, Independence, Inc., stated he investigated the possibility of money being available through a grant for the commission and further study should be made to obtain it; Gigi Felix, K-NASW, stated her organization supports the intent of the bill and suggested an amendment that would appoint one director who is a licensed social worker from a list of three nominees to the commission, (Attachment 3); Don Wilson, KHA, stated his organization enthusiastically supports the bill and thinks it is a major step toward health care reform in Kansas, and in order to develop any kind of comprehensive plan, it is essential to obtain public input in a direct and credible manner, (Attachment 4); John Holmgren, CHA, expressed

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~ on April 2, 1991

his support for the bill and the objective to develop a long-range health care policy plan, (Attachment 5); Dr. Charles Konigsberg, Department of Health and Environment, stated KDHE has a plan to implement a project called, "Healthy Kansans 2000" and would like to see it integrated with the health planning process outlined in SB 403, (Attachment 6); Cheryl Dillard, Kaiser Permanente, stated the bill would create a mechanism that would enable residents throughout the state to be heard on what kind of health care system they want, and suggested the composition of the commission include a representative from the financing or reimbursement side of the system, (Attachment 7); Harold Riehm, KAOM, stated his organization supports the creation of such a commission as a means of addressing major changes in the health care delivery system and suggested an amendment to include a nominee licensed to practice general or family medicine, and the Kansas Association of Osteopathic Medicine be allowed to submit names of nominees to the governor, (Attachment 8). No conferees appeared in opposition to the bill.

HB 2484 - KanWork interagency coordinating committee
to have member of board of education.

Robert C. Barnum, Workforce Development Division, SRS, submitted written testimony and appeared in support of HB 2484. Mr. Barnum stated the bill provides for a technical change in the KanWork Interagency Coordinating Committee membership to include a representative of the state Department of Education who is knowledgeable of vocational-technical education and community colleges to be appointed by the chairperson of the State Board of Education. The bill would bring the membership of the KanWork Council into compliance with the Federal Family Support Act of 1988 which requires state welfare reform programs to coordinate with the Department of Education. (Attachment 9) No discussion followed. The Chairman asked for wishes of the committee. Senator Walker made the motion to recommend HB 2484 favorably for passage, seconded by Senator Strick. No discussion followed. The motion carried. Senator Anderson requested his "No" vote be recorded. Senator Walker will carry the bill.

Staff Furse explained the balloon of HB 2168 showing proposed amendments. The bill relates to the State Board of Healing Arts - grounds for discipline and denial of licensure. The suggested amendment on page 4 would amend language regarding a review committee of professional peers of the licensee, submitted by KMS and KAOM. Technical changes were proposed on page 9 and 10, and language on page 11 referred to temporary registration of an occupational therapist or occupational therapy assistant. The proposed amendment on page 12 amended the repealer. (Attachment 10) Questions regarding the Board's retention of the registration fee minus ten dollars, that would be returned to the applicant whose application is rejected, and changes in language concerning drug screening by the review committee were discussed. No action was taken on the bill.

The meeting was adjourned at 11:02 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 4-2-91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Charles Kingsberg - Topeka

KDHE

Marilyn Bradt Lawrence

KINH

Linda Lubensky

Ks Home Care Assoc

Wendell Strom - Topeka

AARP - CCTF

George Goebel - Topeka

AARP SIC - CCTF

Kathy R Landis

CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS

Koy Coleman

KDHP

Charles E. Leman

KADAM

Elizabeth E. Taylor

Asso of Local ^{DETS} HEALTH

Ray Petty

Independence, Inc/Lawrence

Mark Tallman / Topeka

KASB

Kath Witta Hall

Leg Intern - Daniels

Karen Stafford

citizen

Lyndee Drew

KDCH

JAN BUCKER

K-NASW

GIGI FELIX

K-NASW

Michelle Lister

John Peterson + Associates

Maucha Schubert, Topeka

Ks Com on Disability Concerns

Kevin Siek

"

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 4-2-91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Cheryl Aylward

Kaiser Permanente

Tom Bell

Ks. Hosp. Assn.

Bob BARNUM

SRS, WORKFORCE Dev

Nancy Zogelman

BC/BS of Ks

Richard N. Hammer

St of Health Care



TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS

MEMBER: CONFIRMATIONS
EDUCATION
ENERGY AND NATURAL RESOURCES
FEDERAL AND STATE AFFAIRS
PUBLIC HEALTH AND WELFARE

DOUG WALKER
SENATOR, 12TH DISTRICT
MIAMI, BOURBON, LINN,
ANDERSON, ALLEN AND
NEOSHO COUNTIES
212 FIRST
OSAWATOMIE, KANSAS 66064
(913) 755-4192 (HOME)
(913) 296-7380 (STATE CAPITOL)

TESTIMONY FAVORING PASSAGE OF SB 403

Senate Bill 403 is an important step in our efforts to reform our health care system. As you are all aware, we have studied the problem in depth through interims, task forces, and commissions for several years -- yet we are little closer than we were in the beginning to actually implementing the comprehensive reform measures needed to control costs and provide adequate access to health care for the citizens of Kansas. In fact, only one proposal has even been introduced to reform the entire system, Senate Bill 205.

The more we examine the current health care system, the more it becomes explicitly evident that a patchwork of short range solutions to the problem will never address the greater need of a complete overhaul of the system.

For any major overhaul of our system to be implemented in the first place -- and to be successful once implemented -- requires in-depth understanding and support from the people of Kansas. SB 403 provides the forum that will allow Kansans to participate in the development of a new health care policy. Taken in the context of a bill like SB 205, these public forums

would provide information to clearly define services to be covered under a universal health plan, would emphasize the areas of health care where spending would be most appropriate and, overall, help policy makers better understand what Kansans want and expect from a health care system. Once these priorities are defined, these public forums could further be used to inform the public on the specifics of any reform plan, gather public feedback and generate public support for its implementation.

Having said all that, however, I would like to suggest one change in the bill. I suggest that on page 2, all of line 15 after the word "representatives;" be deleted and that all of lines 16 through 22 be deleted.

That language, in addition to giving the board of regents one appointment, places restrictions on who may or may not be appointed to the commission.

The language prohibits certain state employees and legislators from serving on the commission. Once this commission makes a finding and recommendation, it is the responsibility of the legislature to adopt those recommendations and places the onus on state agencies to implement them. A legislative member would contribute much to future legislatures' understanding of the process and findings of the commission, and act as a strong in-house advocate of recommended changes.

Instead of the state board of regents appointing one member, I believe the Governor should appoint a member who is trained and experienced in the field of medical or health care ethics. The logistics of any health care reform package can be easily worked

out. The ethical decisions necessary for implementing a new system may prove to be nearly impossible to work out. For this reason, I feel it is very important that a person with such a background be included on the commission.

Senate Bill 403 is the result of work by a bipartisan group who believe that the time has come to change our current system. It will use both state and private money and limit participation and manipulation by special interest groups which might have an interest in the out come of the commission report.

This is another step in the on-going process of reforming our health care system and I encourage this committee to pass it out favorably.




KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383
Kansas WATS 800-332-0156 FAX 913-235-5114

April 2, 1991

TO: Senate Public Health and Welfare Committee

FROM: Jerry Slaughter 
Executive Director

SUBJECT: SB 403; Concerning the Kansas Commission on the
Future of Health Care

The Kansas Medical Society appreciates the opportunity to express support for SB 403, which creates the Kansas Commission on the Future of Health Care.

While there have been numerous study commissions and committees in the past, the one created under SB 403 is unique and important because it, for the first time, will take the discussion of health care priorities to Kansans in their home communities. This is appropriate because if the state truly wants to consider significant structural changes in our health care system, the public must have a chance to participate in the dialogue and gain a greater understanding of what's at stake for themselves and their communities in any proposed change.

This is an important piece of legislation for the future of health care in this state, and we pledge our participation and support of the process as it develops. We urge you to report SB 403 favorably.

JS:ns

Senate P H&W
Attachment #2
4-2-91

KANSAS NASW

National Association of Social Workers, Inc.
Chapter Office
817 West Sixth Street
Topeka, Kansas 66603

Telephone: 913-354-4804

TESTIMONY IN SUPPORT OF SB403

April 2, 1991

Sen. Ehrlich, and members of the Senate Committee on Public Health and Welfare. I am Gigi Felix, a licensed social worker in Kansas, and the Executive Director of the Kansas Chapter of the National Association of Social Workers. I am here to support the intent of SB403 to create an independent body to study, and develop a plan to meet the long term health care needs of Kansans. As members of this committee know, the problems of escalating health insurance costs, and the number of folks who are unable to afford even adequate coverage is at a crisis point. Our Association is working in Washington D.C., and in several states, including Kansas, towards a single payer option for health insurance to ensure everyone can obtain the medical care they need, and afford the preventive measures which saves everyone money and better ensures adequate care for our children - our state's and our nation's future. SB403 is an alternative approach towards solving these problems.

However, I would like to suggest ONE important amendment to the legislation:

PAGE 2, LINE 7: after the language "... SHALL BE APPOINTED AS FOLLOWS: ..." INSERT: one director who is a licensed social worker appointed from a list of three nominees who are licensed to practice social work submitted by the Kansas Chapter of the National Association of Social Workers...

At first glance this suggestion may appear self serving. However, I bring to your attention PAGE 1, LINE 22 where it states that this commission shall "... identify social values of Kansans ..." Who better is qualified to assist in this task than a professional social worker? Our professionals are well versed in the social values of life - values and ethics are taught at each level of social work education, and every professional is held accountable to them.

With that amendment, we urge you to pass this legislation.

Thank you for the opportunity to present this brief testimony, and I will be glad to try to answer any questions you may have.

Senate P H&W
Attachment #3
4-2-91



Memorandum

Donald A. Wilson
President

April 1, 1991

TO: Senate Committee on Public Health and Welfare
FROM: Kansas Hospital Association
RE: **SENATE BILL 403**

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of Senate Bill 403. This bill would establish the "Commission on the Future of Health Care in Kansas." We enthusiastically support this bill and think it is a major step toward health care reform in our state.

Many important health care issues have come before the Kansas Legislature this session. On virtually every one of those issues, the Kansas Hospital Association and a number of other interested groups have pointed out that in order to achieve systemic reforms, there must be a comprehensive plan. It is almost axiomatic that such reform cannot be achieved on a piecemeal basis. Senate Bill 403 has as a major goal the development of a comprehensive plan.

Another important aspect of achieving health care reform is the need to develop a consensus on the broad outlines of what should be done. Our system is such that meaningful and workable changes cannot be put in place without broad agreement among all those affected--patients, providers, employers, insurers and others. Senate Bill 403 encourages the development of such a consensus by bringing to the table the different groups necessary to begin discussions.

In developing any kind of comprehensive plan, it's absolutely essential to obtain public input in a direct and credible manner. Senate Bill 403 establishes a mechanism to obtain this input. We think this is a very important part of the entire process.

We hope that the mechanism established by Senate Bill 403 can be put in place as soon as possible. The Kansas Hospital Association pledges its support and cooperation.

Thank you for your consideration of our comments.

/cdc

Senate P H&W
Attachment #4
4-2-91

Testimony

Catholic Health Association of Kansas
Ref: SB 403
Senate Committee on Public Health and Welfare

Senator Roy Ehrlich, Chairman

We favor the passage of SB 403, a bill which would strive to accomplish two objectives, both of heightened interest to health-care conscious Kansans. The first objective is to develop a long-range health care policy plan. This is long overdue.

The last time we had a comprehensive plan for health care was in 1986 when the state attempted a Comprehensive Health Facilities Plan, primarily relating to the then current Certificate of Need Law required for building hospital and nursing home beds. But this, indeed, was a fragmented approach to planning. One had to go to other reports to determine what our infant mortality rate was, what access problems there were in obtaining low cost primary health care insurance, and what public health departments existed by county, that offered assessibility to the poor. Since that date and time, we have had committees and commissions in Kansas studying access, accountability, delivery of services, alternatives to the present delivery of service, affordability or lack of it, problems of the indigent, and all those elements and

profiles of a population in jeopardy from the rising cost of health care. That we have health care coverage problems is no longer debatable. What the solutions could or should be are debatable. We need a major effort, with funding for research and data collection, to accomplish this objective, - a long range health care plan for Kansas.

The second objective, equally important, is the objective of providing a mechanism for public forums on health care. Our perception of the bill is that to make the health care planning in the State of Kansas democratic and universally accepted and supported, we need to ask the people: How much health care can you afford? How much do you need? The two questions are inter-dependent. This type of forum was attempted in the 1970's during the early health planning days when local health planning councils were formed to plan regional hospital and nursing home beds and to eliminate costly duplication. Although the effort probably didn't lower hospital-nursing-home costs, it did provide for a dialogue among the provider-public partnerships formed, even though the public was not fully involved. So there was little effort made to broaden the base of the public forum - to invite the actual users of these services, the public, to contribute their perceptions of what they needed and what they could afford. But it was a start. Now we welcome the idea of regional forums of the kind that was held in several other states,

including Oregon, to help fashion a long range health plan for Kansans considering not just Medicaid, Medicare, and other selected populations, but all citizens of the state, and to include the bio-ethical concerns that we all share.

We support SB 403, if it is adequately funded, and objectively programed in a way that will be of service to our Kansas population.

John H. Holmgren
Executive Director

April 1, 1991



State of Kansas

Joan Finney, Governor

Department of Health and Environment

Division of Health

Stanley C. Grant, Ph.D., Acting Secretary

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

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

Testimony presented to
Senate Public Health and Welfare Committee
by
The Kansas Department of Health and Environment
Senate Bill 403

Mr. Chairman, members of the committee, I appreciate the opportunity to testify on SB 403 that would create a Commission on the future of Health Care. This bill would create an independent commission; to develop health care plans and polices; identify social values of Kansans related to health care; and to involve citizens in deliberations regarding health care policy.

In the absence of a clear federal overall policy regarding health care, a number of states are developing their own health care plans and policies. The best known effort, and perhaps the most controversial, is occurring in Oregon where a special commission has been in the process of developing a priority list of medical procedures to guide the allocation of Medicaid resources. To further underscore the importance that the states are placing on the health care issue, the current chair of the National Governors Association, Governor Booth Gardner of the State of Washington, has chosen health care as the NGA's main issue for the year. Several of us attended a special national conference on health care sponsored by the NGA in September, 1990, and I was privileged to be able to participate on one of the panels.

Kansas has not had a statewide health planning capacity since the health planning division of KDHE was eliminated several years ago following the loss of federal funding and the abolishment of the Certificate of Need Program. I have stated in other settings my personal regret that formal health planning was eliminated in this state. There is clearly a need for statewide planning separated at least programmatically from regulatory activities. Here in Kansas, as in most states, health care costs continue to increase, new technology continues to be introduced, yet about 17% of our citizens do not have regular and continuous access to health care. Clearly, the time for a serious assessment of the health care situation and financing is in order. Some serious decisions must also follow.

Senate P H&W
Attachment #6

4-2-91

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

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

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

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

Recognizing that prevention is a key aspect of a well ordered health care system and to a healthy population, the United States Public Health System has developed an extensive set of preventive health objectives for the nation, called Healthy People 2000. The three broad public health goals for the nation are:

1. to increase the span of healthy life for Americans;
2. to reduce health disparities among Americans; and
3. to achieve access to preventive services for all Americans.

The Kansas Department of Health and Environment has a plan to implement a process for developing Year 2000 health objectives specific to Kansas and compatible with the national health objectives. The objectives adopted for Healthy Kansans 2000, as the project is called, will reflect the consensus of public health agencies, voluntary health organizations, private health foundations, health provider trade and professional organizations, private industry and others.

We believe that any successful health planning effort should have an overriding concern for a healthy population. Consequently, we think that prevention oriented plans and decisions are critical to the goal of a healthier population. We recommend that our efforts in prevention and with the Healthy Kansans 2000 be closely coordinated and integrated with the health planning process outlined by S.B. 403 should it be favorably considered.

Testimony presented by: Charles Konigsberg, Jr., M.D., M.P.H.
Director of Health
Kansas Department of Health and Environment
April 2, 1991



Testimony before
Senate Committee on Public Health and Welfare
April 2, 1991
Senate Bill No. 403

Cheryl Dillard
Kaiser Permanente

Mr. Chairman, I am Cheryl Dillard, Government and Community Relations Manager for Kaiser Permanente in Kansas City. I appreciate the opportunity to appear before you today in support of Senate Bill 403.

Kaiser Permanente is the oldest and largest HMO in the country, with over 6 million members in 16 states and the District of Columbia. In the Kansas City area, we have 44,000 members who receive care from our physicians practicing in our six medical offices.

As the largest private provider of health care in the country, Kaiser Permanente has a substantial interest in the long-range development of a rational health care delivery and financing plan. There is a general consensus among elected officials and policy makers at all levels of government that there is now or soon will be a collision of the unlimited expectations we place on our health care system and our extremely limited resources.

As this state legislature and others struggle with how to develop a rational health care system, you have ample opportunity to hear from interest groups, like Kaiser Permanente. The beauty of Senate Bill No. 403 is that it creates a mechanism that enables you to hear from residents throughout the state on what kind of health care system they want. If some hard choices lie ahead, if resources are limited, a system that is grounded in community values will be much more acceptable than one designed solely by special interest groups.

We have one suggestion to make regarding the composition of the Kansas commission on future health care. A number of the representatives come from the delivery side of the health care system. We suggest one slot be allocated for some representation from the financing or reimbursement side of the system. Medical economics and health care financing should be part of any long-range planning strategy.

The authors of Senate Bill 403 are to be commended for their forward-looking approach. Kaiser Permanente welcomes the opportunity to support this legislation and work towards its effective implementation.

Senate P H&W
Attachment #7
4-2-91

Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

April 2, 1991

1260 S.W. Topeka
Topeka, Kansas 66612
(913) 234-5563

To: Chairman Ehrlich and Members, Senate Public Health Committee
From: Harold Riehm, Kansas Association of Osteopathic Medicine
Subject: Testimony on S.B. 403

Thank you for this opportunity to present our views on S.B. 403. KAOM supports the creation of such a Commission as a means of addressing major changes in the health care delivery system that appear eminent as items for serious consideration and review.

We suggest, however, that perhaps it is worth examining whether this proposed Commission and the Joint Committee on Health Care Decisions for the Nineties might be combined in a joint commission, taking the shape and form of that Commission proposed in S.B. 403 (i.e., funding arrangements, purpose, etc.). We think there may be some redundancy of consideration were the two to exist parallel to each other. This might be accomplished by expanding the proposed membership of the Commission in S.B. 403, by the addition of two or more legislators.

This had the advantage of incorporating from the very beginning, key legislative persons important to the subsequent legislative enactment of Commission recommendations.

Whatever the shape or form of this Commission, KAOM pledges its support and input from the perspective of physician health care providers.

If S.B. 403 is considered as is, then we respectfully request the following changes (see balloons, below). If, indeed, the Commission is to have two directors who are "licensed to practice medicine and surgery", then we think the list of nominees presented to the Governor SHOULD NOT COME JUST FROM THE KANSAS MEDICAL SOCIETY, BUT ALSO FROM THE KANSAS ASSOCIATION OF OSTEOPATHIC MEDICINE. THERE ARE TWO PROFESSIONAL ASSOCIATIONS IN KANSAS THAT PREPARE "PERSONS LICENSED TO PRACTICE MEDICINE AND SURGERY--ONE FOR M.D.s AND ONE FOR D.O.s. Both represent full service physicians. We also suggest that at least one physician provider be in family practice, to make sure that important perspective is represented. Thank you.

SB 403

2

1 a list of three nominees who are hospital administrators submitted
2 by the Kansas hospital association; one director who is a licensed
3 nurse appointed from a list of three nominees who are licensed nurses
4 submitted by the Kansas state nurses' association; and two directors
5 who are licensed to practice medicine and surgery appointed from
6 a list of six nominees who are licensed to practice medicine and
7 surgery submitted by the Kansas medical society. The additional five
8 directors of the board shall be appointed as follows: One director
9 who is not a provider of health care services appointed by the
10 president of the senate; one director who is not a provider of health
11 care services appointed by the minority leader of the senate; one
12 director who is not a provider of health care services appointed by
13 the speaker of the house of representatives; one director who is not
14 a provider of health care services appointed by the minority leader
15 of the house of representatives; and one director appointed by the
16 state board of regents who is recognized as an expert on health care
17 and is involved in the delivery of health care services. Except for
18 unclassified employees of institutions under the control and juris-
19 diction of the state board of regents and any employee of the uni-
20 versity of Kansas medical center, no director shall be an employee
21 of the state of Kansas. No director shall be a member of the leg-
22 islature of the state of Kansas.

SUGGESTED AMENDMENT TO S.B. 403

PAGE 2, LINES 5-7

, one of which shall be in general or family practice,

and the Kansas association of osteopathic medicine.

Note: If appointees are to be persons licensed to practice medicine and surgery, this includes M.D.s and D.O.s. Therefore, nominees for appointment suggested by the professional associations representing both groups of full service physicians in Kansas.

Senate P H&W
Attachment #8
4-2-91

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

CONCERNING HOUSE BILL 2484

AN AMENDMENT TO KANWORK INTERAGENCY COORDINATING COMMITTEE MEMBERSHIP

1. Purpose and Brief Analysis:

This bill provides for a technical change in the KanWork Interagency Coordinating Committee membership to include a representative of the State Department of Education who is knowledgeable of vocational-technical education and community colleges to be appointed by the chairperson of the State Board of Education

2. Effect on SRS:

This bill would bring the membership of the KanWork Council into compliance with the Federal Family Support Act of 1988 which requires state welfare reform programs to coordinate with the Department of Education. At the time the KanWork Act was passed, the Federal Welfare Reform Act had not been passed.

3. Fiscal Impact:

Minor costs associated with travel and per diem for one additional council member to quarterly meetings.

4. Comments:

The agency has requested this change to coordinate the KanWork program more closely with the Department of Education programs. The majority of training plans for KanWork clients are provided through the vocational-technical schools and community colleges. By appointing an active education member to the council, any coordination issues may be easily resolved.

Submitted by:

Robert C. Barnum
Interim Director
Workforce Development Division
Department of Social and
Rehabilitation Services
(913) 296-3273

Senate P H&W
Attachment #9
4-2-91

HOUSE BILL No. 2168

By Committee on Public Health and Welfare

2-6

9 AN ACT concerning the state board of healing arts; relating to
10 grounds and proceedings for discipline and for denial of licenses;
11 concerning temporary registrations; amending K.S.A. 65-2842
12 and ~~65-2851a~~ and K.S.A. 1990 Supp. 65-2809, 65-2836 and, 65-
13 2837, 65-5408 and 65-5508 and repealing the existing sections;
14 also repealing K.S.A. 65-2805.
15

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

17 Section 1. K.S.A. 1990 Supp. 65-2809 is hereby amended to read
18 as follows: 65-2809. (a) The license shall expire on June 30 each year
19 and may be renewed annually upon request of the licensee. The
20 request for renewal shall be on a form provided by the board and
21 shall be accompanied by the prescribed fee, which shall be paid not
22 later than the expiration date of the license.

23 (b) Except as otherwise provided in this section, the board shall
24 require every licensee in the active practice of the healing arts within
25 the state to submit evidence of satisfactory completion of a program
26 of continuing education required by the board. The requirements
27 for continuing education for licensees of each branch of the healing
28 arts shall be established by the members of such branch on the
29 board. The board shall adopt rules and regulations prescribing the
30 requirements established by the members of each branch of the
31 healing arts for each program of continuing education as soon as
32 possible after the effective date of this act. In establishing such
33 requirements the members of the branch of the healing arts estab-
34 lishing them shall consider any programs of continuing education
35 currently being offered to such licensees. If, immediately prior to
36 the effective date of this act, any branch of the healing arts is
37 requiring continuing education or annual postgraduate education as
38 a condition to renewal of a license of a licensee of such branch of
39 the healing arts, such requirement as a condition for the renewal of
40 such license shall continue in full force and effect notwithstanding
41 any other provision of this section to the contrary.

(c) The board, prior to renewal of a license, shall require the
licensee, if in the active practice of the healing arts within the state,

1 to submit to the board evidence satisfactory to the board that the
2 licensee is maintaining a policy of professional liability insurance as
3 required by K.S.A. 40-3402 and amendments thereto and has paid
4 the annual premium surcharge as required by K.S.A. 40-3404 and
5 amendments thereto.

6 (d) At least 30 days before the expiration of a licensee's license,
7 the board shall notify the licensee of the expiration by mail addressed
8 to the licensee's last place of residence as noted upon the office
9 records. If the licensee fails to pay the annual fee by the date of
10 the expiration of the license, the licensee shall be given a second
11 notice that the licensee's license has expired, that the board will
12 suspend action for 30 days following the date of expiration, that upon
13 receipt of the annual fee together with an additional fee of not to
14 exceed \$500 within the thirty-day period ~~no order of revocation~~
15 ~~will be entered~~ *the license shall not be canceled* and that, if both
16 fees are not received within the thirty-day period, the license shall
17 be cancelled.

18 (e) Any licensee who allows the licensee's license to lapse *be*
19 *canceled* by failing to renew as herein provided may be reinstated
20 upon recommendation of the board and upon payment of the renewal
21 fees then due and upon proof of compliance with the continuing
22 educational requirements established by the board.

23 (f) There is hereby created a designation of exempt license. The
24 board is authorized to issue an exempt license to any licensee who
25 makes written application for such license on a form provided by
26 the board and remits the fee for an exempt license established pur-
27 suant to K.S.A. 65-2852 and amendments thereto. The board may
28 issue an exempt license only to a person who has previously been
29 issued a license to practice the healing arts in Kansas, who is no
30 longer regularly engaged in such practice and who does not hold
31 oneself out to the public as being professionally engaged in such
32 practice. An exempt license shall entitle the holder thereof to all
33 privileges attendant to the branch of the healing arts for which such
34 license is issued. Each exempt license may be renewed annually
35 subject to the provisions of this section. Each exempt licensee shall
36 be subject to all provisions of the healing arts act, except as otherwise
37 provided in this subsection (f). The holder of an exempt license shall
38 not be required to submit evidence of satisfactory completion of a
39 program of continuing education required by K.S.A. 65-2809 and
40 amendments thereto. Each exempt licensee may apply for a license
41 to regularly engage in the practice of the appropriate branch of the
42 healing arts upon filing a written application with the board and
43 submitting evidence of satisfactory completion of applicable contin-

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1 using education requirements established by the board. The request
2 shall be on a form provided by the board and shall be accompanied
3 by the license fee established pursuant to K.S.A. 65-2852 and amend-
4 ments thereto. The board shall adopt rules and regulations estab-
5 lishing appropriate continuing education requirements for exempt
6 licensees to become licensed to regularly practice the healing arts
7 within Kansas. Nothing in this subsection (f) shall be construed to
8 prohibit a person holding an exempt license from serving as a
9 coroner.

10 Sec. 2. K.S.A. 1990 Supp. 65-2836 is hereby amended to read
11 as follows: 65-2836. A licensee's license may be revoked, suspended
12 or limited, or the licensee may be publicly or privately censured,
13 or an application for a license or for reinstatement of a license may
14 be denied upon a finding of the existence of any of the following
15 grounds:

16 (a) The licensee has committed fraud or misrepresentation in
17 applying for or securing an original or, renewal or reinstated license.

18 (b) The licensee has committed an act of unprofessional or dis-
19 honorable conduct or professional incompetency.

20 (c) The licensee has been convicted of a felony or class A mis-
21 demeanor, whether or not related to the practice of the healing arts.

22 (d) The licensee has used fraudulent or false advertisements.

23 (e) The licensee is addicted to or has distributed intoxicating
24 liquors or drugs for any other than lawful purposes.

25 (f) The licensee has willfully or repeatedly violated this act, the
26 pharmacy act of the state of Kansas or the uniform controlled sub-
27 stances act, or any rules and regulations adopted pursuant thereto,
28 or any rules and regulations of the secretary of health and environ-
29 ment which are relevant to the practice of the healing arts.

30 (g) The licensee has unlawfully invaded the field of practice of
31 any branch of the healing arts in which the licensee is not licensed
32 to practice.

33 (h) The licensee has failed to pay annual renewal fees spec-
34 ified in this act.

35 (i) The licensee has failed to take some form of postgraduate
36 work each year or as required by the board.

37 (j) (h) The licensee has engaged in the practice of the healing
38 arts under a false or assumed name, or the impersonation of another
39 practitioner. The provisions of this subsection relating to an assumed
40 name shall not apply to licensees practicing under a professional
41 corporation or other legal entity duly authorized to provide such
42 professional services in the state of Kansas.

43 (k) (i) The licensee has the inability to practice the branch of

offered by
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1 the healing arts for which the licensee is licensed with reasonable
 2 skill and safety to patients by reason of illness, alcoholism, excessive
 3 use of drugs, controlled substances, chemical or any other type of
 4 material or as a result of any mental or physical condition. In de-
 5 termining whether or not such inability exists, the board, upon
 6 reasonable suspicion of such inability, shall have authority to compel
 7 a licensee to submit to mental or physical examination or drug screen,
 8 or any combination thereof, by such persons as the board may
 9 designate. To determine whether reasonable suspicion of such in-
 10 ability exists, the investigative information shall be presented to a
 11 review committee established pursuant to K.S.A. 65-2840e and
 12 amendments thereto ~~the board as a whole~~ ~~or to a person or an~~
 13 ~~entity approved by the board~~ and the determination shall be made
 14 by a majority vote of the review committee ~~board as a whole~~ ~~or~~
 15 ~~the person or entity approved by the board~~. Information sub-
 16 mitted to the review committee and its ~~board as a whole~~ ~~or the~~
 17 ~~person or an entity approved by the board~~ and all reports, findings
 18 and other records shall be confidential and not subject to discovery
 19 by or release to any person or entity. The licensee shall submit to
 20 the board a release of information authorizing the board to obtain
 21 a report of such examination or drug screen, or both. A person
 22 affected by this subsection shall be offered, at reasonable intervals,
 23 an opportunity to demonstrate that such person can resume the
 24 competent practice of the healing arts with reasonable skill and safety
 25 to patients. For the purpose of this subsection, every person licensed
 26 to practice the healing arts and who shall accept the privilege to
 27 practice the healing arts in this state by so practicing or by the
 28 making and filing of an annual renewal to practice the healing arts
 29 in this state shall be deemed to have consented to submit to a mental
 30 or physical examination or a drug screen, or any combination
 31 thereof, when directed in writing by the board and further to have
 32 waived all objections to the admissibility of the testimony, drug
 33 screen or examination report of the person conducting such exam-
 34 ination or drug screen, or both, at any proceeding or hearing before
 35 the board on the ground that such testimony or examination or drug
 36 screen report constitutes a privileged communication. In any pro-
 37 ceeding by the board pursuant to the provisions of this subsection,
 38 the record of such board proceedings involving the mental and phys-
 39 ical examination or drug screen, or any combination thereof, shall
 40 not be used in any other administrative or judicial proceeding.

, to a review committee of professional peers of the li-
censee established pursuant to K.S.A. 65-2840c and amend-
ments thereto,

a committee consisting of the officers of the board
elected pursuant to K.S.A. 1990 Supp. 65-2818 and amend-
ments thereto and the executive director appointed pur-
suant to K.S.A. 1990 Supp. 65-2878 and amendments there-
to. The

entity which reviewed the investigative information
a review committee of peers or a committee of the offi-
cers and executive director of the board

41 (4) (j) The licensee has had a license to practice the healing arts
revoked, suspended or limited, has been censured or has had other
disciplinary action taken, or an application for a license denied, by

1 the proper licensing authority of another state, territory, District of
2 Columbia, or other country, a certified copy of the record of the
3 action of the other jurisdiction being conclusive evidence thereof.

4 ~~(m)~~ (k) The licensee has violated any lawful rule and regulation
5 promulgated by the board or violated any lawful order or directive
6 of the board previously entered by the board.

7 ~~(n)~~ (l) The licensee has failed to report or reveal the knowledge
8 required to be reported or revealed under K.S.A. 65-28,122 and
9 amendments thereto.

10 ~~(o)~~ (m) The licensee, if licensed to practice medicine and surgery,
11 has failed to inform a patient suffering from any form of abnormality
12 of the breast tissue for which surgery is a recommended form of
13 treatment, of alternative methods of treatment specified in the stand-
14 ardized summary supplied by the board. The standardized summary
15 shall be given to each patient specified herein as soon as practicable
16 and medically indicated following diagnosis, and this shall constitute
17 compliance with the requirements of this subsection. The board shall
18 develop and distribute to persons licensed to practice medicine and
19 surgery a standardized summary of the alternative methods of treat-
20 ment known to the board at the time of distribution of the stand-
21 ardized summary, including surgical, radiological or
22 chemotherapeutic treatments or combinations of treatments and the
23 risks associated with each of these methods. Nothing in this sub-
24 section shall be construed or operate to empower or authorize the
25 board to restrict in any manner the right of a person licensed to
26 practice medicine and surgery to recommend a method of treatment
27 or to restrict in any manner a patient's right to select a method of
28 treatment. The standardized summary shall not be construed as a
29 recommendation by the board of any method of treatment. The
30 preceding sentence or words having the same meaning shall be
31 printed as a part of the standardized summary. The provisions of
32 this subsection shall not be effective until the standardized written
33 summary provided for in this subsection is developed and printed
34 and made available by the board to persons licensed by the board
35 to practice medicine and surgery.

36 ~~(p)~~ (n) The licensee has cheated on or attempted to subvert the
37 validity of the examination for a license.

38 ~~(q)~~ (o) The licensee has been found to be mentally ill, disabled,
39 not guilty by reason of insanity or incompetent to stand trial by a
40 court of competent jurisdiction.

41 ~~(r)~~ (p) The licensee has prescribed, sold, administered, distrib-
42 uted or given a controlled substance to any person for other than
43 medically accepted or lawful purposes.

1 ~~(s)~~ (q) The licensee has violated a federal law or regulation re-
2 relating to controlled substances.

3 ~~(t)~~ (r) The licensee has failed to furnish the board, or its inves-
4 tigators or representatives, any information legally requested by the
5 board.

6 ~~(u)~~ (s) Sanctions or disciplinary actions have been taken against
7 the licensee by a peer review committee, health care facility, a
8 governmental agency or department or a professional association or
9 society for acts or conduct similar to acts or conduct which would
10 constitute grounds for disciplinary action under this section.

11 ~~(v)~~ (t) The licensee has failed to report to the board any adverse
12 action taken against the licensee by another state or licensing juris-
13 diction, a peer review body, a health care facility, a professional
14 association or society, a governmental agency, by a law enforcement
15 agency or a court for acts or conduct similar to acts or conduct which
16 would constitute grounds for disciplinary action under this section.

17 ~~(w)~~ (u) The licensee has surrendered a license or authorization
18 to practice the healing arts in another state or jurisdiction, has sur-
19 rendered the authority to utilize controlled substances issued by any
20 state or federal agency, has agreed to a limitation to or restriction
21 of privileges at any medical care facility or has surrendered the
22 licensee's membership on any professional staff or in any professional
23 association or society while under investigation for acts or conduct
24 similar to acts or conduct which would constitute grounds for dis-
25 ciplinary action under this section.

26 ~~(x)~~ (v) The licensee has failed to report to the board surrender
27 of the licensee's license or authorization to practice the healing arts
28 in another state or jurisdiction or surrender of the licensee's mem-
29 bership on any professional staff or in any professional association or
30 society while under investigation for acts or conduct similar to acts
31 or conduct which would constitute grounds for disciplinary action
32 under this section.

33 ~~(y)~~ (w) The licensee has an adverse judgment, award or settle-
34 ment against the licensee resulting from a medical liability claim
35 related to acts or conduct similar to acts or conduct which would
36 constitute grounds for disciplinary action under this section.

37 ~~(z)~~ (x) The licensee has failed to report to the board any adverse
38 judgment, settlement or award against the licensee resulting from a
39 medical malpractice liability claim related to acts or conduct similar
40 to acts or conduct which would constitute grounds for disciplinary
action under this section.

41 ~~(aa)~~ (y) The licensee has failed to maintain a policy of professional
42 liability insurance as required by K.S.A. 40-3402 or 40-3403a and
43

amendments thereto.

2 ~~(bb)~~ (z) The licensee has failed to pay the annual premium sur-
3 charge as required by K.S.A. 40-3404 and amendments thereto.

4 ~~(ee)~~ (aa) The licensee has knowingly submitted any misleading,
5 deceptive, untrue or fraudulent representation on a claim form, bill
6 or statement.

7 ~~(dd)~~ (bb) The licensee as the responsible physician for a phy-
8 sician's assistant has failed to adequately direct and supervise the
9 physician's assistant in accordance with K.S.A. 65-2896 to 65-2897a,
10 inclusive, and amendments thereto, or rules and regulations adopted
11 under such statutes.

12 Sec. 3. K.S.A. 1990 Supp. 65-2837 is hereby amended to read
13 as follows: 65-2837. As used in K.S.A. 65-2836 and amendments
14 thereto and in this section:

15 (a) "Professional incompetency" means:

16 (1) One or more instances involving failure to adhere to the
17 applicable standard of care to a degree which constitutes gross neg-
18 ligence, as determined by the board.

19 (2) Repeated instances involving failure to adhere to the appli-
20 cable standard of care to a degree which constitutes ordinary neg-
21 ligence, as determined by the board.

22 (3) A pattern of practice or other behavior which demonstrates
23 a manifest incapacity or incompetence to practice medicine.

24 (b) "Unprofessional conduct" means:

25 (1) Solicitation of professional patronage through the use of fraud-
26 ulent or false advertisements, or profiting by the acts of those rep-
27 resenting themselves to be agents of the licensee.

28 (2) Representing to a patient that a manifestly incurable disease,
29 condition or injury can be permanently cured.

30 (3) Assisting in the care or treatment of a patient without the
31 consent of the patient, the attending physician or the patient's legal
32 representatives.

33 (4) The use of any letters, words, or terms, as an affix, on sta-
34 tionery, in advertisements, or otherwise indicating that such person
35 is entitled to practice a branch of the healing arts for which such
36 person is not licensed.

37 (5) Performing, procuring or aiding and abetting in the perform-
38 ance or procurement of a criminal abortion.

39 (6) Willful betrayal of confidential information.

40 (7) Advertising professional superiority or the performance of
41 professional services in a superior manner.

 (8) Advertising to guarantee any professional service or to perform
any operation painlessly.

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- 1 (9) Participating in any action as a staff member of a medical care
2 facility which is designed to exclude or which results in the exclusion
3 of any person licensed to practice medicine and surgery from the
4 medical staff of a nonprofit medical care facility licensed in this state
5 because of the branch of the healing arts practiced by such person
6 or without just cause.
- 7 (10) Failure to effectuate the declaration of a qualified patient as
8 provided in subsection (a) of K.S.A. 65-28,107 and amendments
9 thereto.
- 10 (11) Prescribing, ordering, dispensing, administering, selling,
11 supplying or giving any amphetamines or sympathomimetic amines,
12 except as authorized by K.S.A. 65-2837a and amendments thereto.
- 13 (12) Conduct likely to deceive, defraud or harm the public.
- 14 (13) Making a false or misleading statement regarding the licen-
15 see's skill or the efficacy or value of the drug, treatment or remedy
16 prescribed by the licensee or at the licensee's direction in the treat-
17 ment of any disease or other condition of the body or mind.
- 18 (14) Aiding or abetting the practice of the healing arts by an
19 unlicensed, incompetent or impaired person.
- 20 (15) Allowing another person or organization to use the licensee's
21 license to practice the healing arts.
- 22 (16) Commission of any act of sexual abuse, misconduct or ex-
23 ploitation related to the licensee's professional practice.
- 24 (17) The use of any false, fraudulent or deceptive statement in
25 any document connected with the practice of the healing arts in-
26 cluding the ~~inaccurate recording~~, intentional falsifying or fraud-
27 ulent altering of a patient or medical care facility record.
- 28 (18) Obtaining any fee by fraud, deceit or misrepresentation.
- 29 (19) Directly or indirectly giving or receiving any fee, commis-
30 sion, rebate or other compensation for professional services not ac-
31 tually and personally rendered, other than through the legal
32 functioning of lawful professional partnerships, corporations or
33 associations.
- 34 (20) Failure to transfer ~~medical~~ patient records to another phy-
35 sician licensee when requested to do so by the subject patient or
36 by such patient's legally designated representative.
- 37 (21) Performing unnecessary tests, examinations or services which
38 have no legitimate medical purpose.
- 39 (22) Charging an excessive fee for services rendered.
- 40 (23) Prescribing, dispensing, administering, distributing a pre-
41 scription drug or substance, including a controlled substance, in an
42 excessive, improper or inappropriate manner or quantity or not in
43 the course of the licensee's professional practice.

1 (24) Repeated failure to practice healing arts with that level of
2 care, skill and treatment which is recognized by a reasonably prudent
3 similar practitioner as being acceptable under similar conditions and
4 circumstances.

5 (25) Failure to keep written medical records which *accurately*
6 describe the services rendered to the patient, including patient his-
7 tories, pertinent findings, examination results and test results.

8 (26) Delegating professional responsibilities to a person when the
9 licensee knows or has reason to know that such person is not qualified
10 by training, experience or licensure to perform them.

11 (27) Using experimental forms of therapy without proper in-
12 formed patient consent, without conforming to generally accepted
13 criteria or standard protocols, without keeping detailed legible rec-
14 ords or without having periodic analysis of the study and results
15 reviewed by a committee or peers.

16 (28) Prescribing, dispensing, administering or distributing an an-
17 abolic steroid or human growth hormone for other than a valid
18 medical purpose. Bodybuilding, muscle enhancement or increasing
19 muscle bulk or strength through the use of an anabolic steroid or
20 human growth hormone by a person who is in good health is not a
21 valid medical purpose.

22 (c) "False advertisement" means any advertisement which is false,
23 misleading or deceptive in a material respect. In determining
24 whether any advertisement is misleading, there shall be taken into
25 account not only representations made or suggested by statement,
26 word, design, device, sound or any combination thereof, but also
27 the extent to which the advertisement fails to reveal facts material
28 in the light of such representations made.

29 (d) "Advertisement" means all representations disseminated in
30 any manner or by any means, for the purpose of inducing, or which
31 are likely to induce, directly or indirectly, the purchase of profes-
32 sional services.

33 (e) "Licensee" for purposes of this section and K.S.A. 65-2836
34 and amendments thereto shall mean all persons issued a license,
35 permit or special permit pursuant to article 28 of chapter 65 of the
36 Kansas Statutes Annotated.

37 (f) "License" for purposes of this section and K.S.A. 65-2836 and
38 amendments thereto shall mean any license, permit ^{granted by law} or special permit ^{granted by law}
39 ~~or approval authorized~~ ^{granted by law} by article 28 of chapter 65 of the Kansas
40 Statutes Annotated. ^{under}

[or

technical change

41 Sec. 4. K.S.A. 65-2842 is hereby amended to read as follows:
65-2842. Whenever the board directs, pursuant to subsection (k) (i)
of K.S.A. 65-2836 and amendments thereto, that a licensee submit

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1 to a mental or physical examination or drug screen, or any com-
2 bination thereof, the time from the date of the board's directive
3 until the submission to the board of the report of the examination
4 or drug screen, or both, shall not be included in the computation
5 of the time limit for hearing prescribed by the Kansas administrative
6 procedure act.

7 Sec. 5. K.S.A. 65-2851a is hereby amended to read as fol-
8 lows: 65-2851a. (a) All administrative proceedings provided for
9 by article 28 of chapter 65 of the Kansas Statutes Annotated
10 and affecting any licensee licensed under that article shall be
11 conducted in accordance with the provisions of the Kansas
12 administrative procedure act.

13 (b) Judicial review and civil enforcement of any agency ac-
14 tion under article 28 of chapter 65 of the Kansas Statutes An-
15 notated shall be in accordance with the act for judicial review
16 and civil enforcement of agency actions.

17 Sec. 5. K.S.A. 1990 Supp. 65-5408 is hereby amended to read
18 as follows: 65-5408. (a) The board shall waive the examination,
19 education and experience requirements and grant registration to
20 any person who applies for registration on or before July 1, 1987,
21 who pays the application fee and who was certified prior to the
22 effective date of this act as an occupational therapist registered
23 (O.T.R.) or a certified occupational therapy assistant (C.O.T.A.) by
24 the American occupational therapy association (A.O.T.A.) or who
25 has been employed as an occupational therapist for the purpose of
26 providing occupational therapy for at least two years within the
27 three-year period immediately prior to the effective date of this
28 act.

29 (b) The board may waive the examination, education or expe-
30 rience requirements and grant registration to any applicant who
31 shall present proof of current licensure or registration as an oc-
32 cupational therapist or occupational therapy assistant in another
33 state, the District of Columbia or territory of the United States
34 which requires standards for licensure or registration determined
35 by the board to be equivalent to or exceed the requirements for
36 registration under this act.

37 (c) At the time of making an application under this section, the
38 applicant shall pay to the board the application fee as required
39 under K.S.A. 1986 1990 Supp. 65-5409 and amendments thereto.

40 (d) The board may issue a temporary registration to an applicant
41 for registration as an occupational therapist or as an occupational
therapy assistant who applies for temporary registration on a form
provided by the board, who meets the requirements for registration

or who meets all the requirements for registration

suggested by Bd. of HA

1 except ~~for~~ examination, and who pays to the board the temporary
 2 registration fee as required under K.S.A. 1986 1990 Supp. 65-5409
 3 and amendments thereto. Such temporary registration shall expire
 4 on the date the board acts on the application for registration
 5 ~~shall be in effect until the date the results of the examination become~~
 6 ~~available, but no~~ more than one such temporary registration shall
 7 be permitted to any one person without the majority approval of
 8 the members of the board.

expire one year from the date of issue or on the date that
 the board approves the application for registration, which-
 ever occurs first. No

9 Sec. 6. K.S.A. 1990 Supp. 65-5508 is hereby amended to read
 10 as follows: 65-5508. (a) The board shall waive the examination,
 11 education and experience requirements and grant registration to
 12 any person who applies for registration on or before July 1, 1987,
 13 who pays the application fee and who was registered or certified
 14 immediately prior to the effective date of this act as a respiratory
 15 therapist or respiratory therapy technician by the national board
 16 for respiratory care or who has been employed as a respiratory
 17 therapist for the purpose of providing respiratory therapy for at
 18 least two years within the three-year period immediately prior to
 19 the effective date of this act.

20 (b) The board may waive the examination, education or expe-
 21 rience requirements and grant registration to any applicant who
 22 presents proof of current licensure or registration as a respiratory
 23 therapist in another state, the District of Columbia or territory of
 24 the United States which requires standards for licensure or reg-
 25 istration determined by the board to be equivalent to or exceed
 26 the requirements for registration under this act.

27 (c) At the time of making an application under this section, the
 28 applicant shall pay to the board the application fee as required
 29 under K.S.A. 1986 1990 Supp. 65-5509 and amendments thereto.

30 (d) The board may issue a special permit to a student enrolled
 31 in an approved school of respiratory therapy who applies for such
 32 special permit on a form provided by the board and who pays to
 33 the board the special permit fee as required under K.S.A. 1986
 34 1990 Supp. 65-5509 and amendments thereto. The special permit
 35 shall authorize a student who is enrolled in an approved school of
 36 respiratory therapy and who holds such special permit to practice
 37 respiratory therapy under the supervision of a registered respi-
 38 ratory therapist. Such special permit shall expire on the date that
 39 the student graduates from an approved school of respiratory ther-
 40 apy or otherwise ceases to be enrolled in an approved school of
 respiratory therapy.

41 (e) The board may issue a temporary registration to an applicant
 42 for registration as a respiratory therapist who applies for temporary
 43

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1 registration on a form provided by the board, who meets the re-
 2 quirements for registration *or who meets all of the requirements*
 3 *for registration except examination* and who pays to the board the
 4 temporary registration fee as required under K.S.A. 1986 1990
 5 Supp. 65-5509 and amendments thereto. Such temporary registra-
 6 tion shall expire ~~on the date that the board acts on the application~~
 7 ~~for registration~~ *one year from the date of issue or on the date that*
 8 *the board approves the application for registration, whichever occurs*
 9 *first. No more than one such temporary registration shall be per-*
 10 *mitted to any one person, without the majority approval of the*
 11 *members of the board.*

12 Sec. 6 7. K.S.A. 65-2805, and 65-2842 and ~~65-2851a~~ and K.S.A.
 13 1990 Supp. 65-2809, 65-2836 and, 65-2837, 65-5408 and 65-5508 are
 14 hereby repealed.

15 Sec. 7 8. This act shall take effect and be in force from and after
 16 its publication in the statute book.

Board of Healing Arts Recommends Repeal

K.S.A. 65-2830. This section repealed in 1989
 (L. 1989, ch. 196, section 5).

K.S.A. 65-2853. Any applicant whose application is
 rejected shall be allowed the return of his fee ex-
 cept ten dollars (\$10) thereof, which shall be re-
 tained by the board.

Amend repealer and title accordingly.