

Approved _____

Date 3-16-92

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

1:30 a/m./p.m. on February 24, 1992 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

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

Conferees appearing before the committee:

Phil Elwood, Attorney for Ks. Dental Board
David Hanson, Dental Assistant's Association
Rep. Anthony Hensley
Rep. Marvin Smith
Rep. Jack Sluiter

Chairperson Sader called the meeting to order drawing attention to Committee minutes.

Rep. Amos moved to approve minutes of February 6th and 10th as presented, seconded by Rep. Cozine. No discussion. Motion carried.

Chair stated that today is the last day to accept bill requests and called on those who had requested bill introduction.

Phil Elwood, Attorney, representing the Ks. Dental Board, gave an explanation of the bill draft and detailed rationale. He noted language proposed has been offered before the meeting today to the Revisor's office in order that it could be reviewed by Staff. This proposed legislation would delete some provisions that would limit specific duties which could be delegated by a dentist to dental assistants or dental hygienists. He requested introduction of language proposed in (Attachment No. 1).

Rep. Amos moved to introduce this requested legislation as a committee bill. Seconded by Rep. Bishop. No discussion. Motion carried.

David Hanson, representing the Dental Assistant's Association, offered a draft of his bill request, (Attachment No. 2). He gave a detailed explanation and noted proposed language would clarify the types of duties that dentists can delegate to dental assistants.

Rep. Samuelson moved to introduce this draft as a Committee Bill. Seconded by Rep. Bishop. No discussion. Motion carried.

Rep. Hensley and Rep. Marvin Smith offered hand-out (Attachment No. 3). Rep. Hensley detailed bill request, i.e., Executive Summary of a proposed demonstration project that would involve Contemporary Housing Alternatives of Topeka, Inc., whose President, Mr. Randy Speaker, is attending the meeting today. The object of this project is to prevent inappropriate nursing home placement; postpone the need for institutional care; provide housing alternatives. He detailed the funding, some of which is committed by private funding, and \$326,652 would be requested from the State in the first year. The project would be subject to appropriation.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 a.m./p.m. on February 24, 1992

INTRODUCTION OF BILLS.

Rep. Sluiter offered drafted legislation, and requested the introduction of this as a Committee Bill. The proposed language would require physicians to disclose to their patients, financial interests in their medical investments. U. S. Congress has set up guidelines. This particular draft is based on Florida legislation. He explained rationale, i.e., a physician refers a patient to a nursing facility and that patient must be informed if the physician has a financial interest in that facility. Basically, it is to inform patients and give them an opportunity to choose the facility they wish to enter. (see Attachment no. 4).

Rep. Bishop moved to introduce this as a Committee Bill. Seconded by Rep. Neufeld. No discussion. Motion carried.

Chair drew attention to scheduled agenda.

Chair drew attention to hand-outs. Recorded as (Attachment No. 5) is an addendum to testimony on HB 2796 presented last week by Ms. Hassett, Executive Director of State Board of Cosmetology. Rep. Flottman has requested this information be given to members so that it could be considered when the bill is discussed in Committee.

(Attachment No. 6), additional comments from the Department on Aging on HB 2844.

Chair drew attention to discussion on bills previously heard.

Rep. Bishop moved to amend HB 2844 on page 5, line 3. Put a "." after receive, and delete rest of language thru line 5. Motion seconded by Rep. Neufeld. Discussion began on concerns on the definition of "method". The intent is to return the position to where it was before the cap, and it is Rep. Bishop's understanding that SRS believes that if we insert "method" it will take us to that position. Vote taken. Motion carried.

Attention was drawn to fiscal note HB 2844. (Attachment No. 7).

Discussion continued and Commissioner Epps answered numerous questions. Increases in costs have been averaging 8% annually, most of the growth is primarily due to increased medical costs; expenses are going to escalate with or without the cap; the Governor's budget recommendation for FY '93 for adult care homes is predicated on the cap continuing in place. The issue of volume growth/cost growth over the long haul simply isn't addressed. He noted, Secretary Whiteman had suggested that these provisions be added in an appropriation bill, amendment, or resolution by some method other than putting them in the statutes.

At this time Chair noted a letter had been sent to the Congressional Delegation in Washington about the impact of the Spousal Impoverishment Act in the Federal Rules and Regulations. The Revisor is drafting a Joint Resolution along these same lines which will soon be introduced in the House.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 a.m./p.m. on February 24, 1992

DISCUSSION CONTINUED ON HB 2844.

It was noted that the state is currently operating under federal provisions and removing the cap will allow the state more flexibility so that these federal provisions will not adversely affect as many people under the federal division of assets restriction.

Rep. Praeger moved to pass HB 2844 out favorably as amended, seconded by Rep. Bishop. No discussion. Motion carried.

HB 2883.

Chair drew attention to HB 2883. Fiscal note was distributed to members, recorded as (Attachment No. 8).

A balloon draft on HB 2883 was provided for members, recorded as (Attachment No. 9).

Chair requested staff explanation of the balloon. Mr. Furse explained all proposed changes raised during hearings on HB 2883. These recommendations have been drafted in the balloon presented. (See Attachment No. 9. He detailed changes proposed.

DISCUSSION BEGAN ON HB 2883.

Rep. Bishop moved to amend HB 2883 on page 3, line 5 by reinserting the word "initial", seconded by Rep. Neufeld. No discussion. Motion carried.

Rep. Praeger moved to amend HB 2883 on page 2 by deleting line 12, seconded by Rep. Bishop. No discussion. Motion carried.

Discussion held in regard to the fee schedule.

Pat Johnson, State Board of Nursing answered numerous questions of members in regard to caps requested, and rationale for the proposed fee schedule listed in language of HB 2883. She detailed new fees; why the caps need to be raised; if the cap is higher than the fees need to be immediately, the Board doesn't have to return to the Legislature as often and ask to raise the cap levels.

Rep. Praeger moved to adopt the proposed language on Page 1 in respect to fee schedule lines indicated in balloon on HB 2883, lines 20,21,31,34. Motion seconded by Rep. Amos. Discussion ensued. Vote taken. Motion carried.

Rep. Samuelson moved to pass HB 2883 favorably as amended, seconded by Rep. Flower. Discussion held in regard to language being consistent where applicable.

Rep. Samuelson and Rep. Flower withdrew motion.

Rep. Amos moved to amend HB 2883 on page 4, lines 13,14 to reinstate fees as \$30, and \$36 respectively, seconded by Rep. Bishop. No discussion. Motion carried.

Rep. Neufeld moved to amend HB 2883 on page 4, line 10, to conform with identical language on page 2, line 12 seconded by Rep. Cozine. No discussion. Motion carried.

Rep. Love moved to amend HB 2883 on page 2, line 10, by changing the fee of a single continuing education offering to \$50. Motion died for lack of a second.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 a/m/p.m. on February 24,, 1992.

DISCUSSION CONTINUED ON HB 2883.

Rep. Samuelson moved to report HB 2883 favorably as amended, seconded by Rep. Flower. No discussion. Motion carried.

Chair requested Rep. Samuelson carry HB 2883 on the floor of the House, she agreed.

Chair requested Rep. Wiard carry HB 2844 on the floor of the House, he agreed.

At this point, Chair appointed a sub-committee on HB 2740. Rep. Weiland as chair, along with Rep. Amos and Rep. Cozine.

Chair noted the sub-committee on HB 2762, Rep. Love and Rep. Carmody are working with the revisor. Chair requested, if possible, perhaps the sub-committee report can be ready by tomorrow for review by Committee. Committee will also try to consider HB 2761 and 2759.

Chair drew attention to Fiscal Note on 2882 provided to members for evaluation (Attachment No. 10).

Chair adjourned meeting at 3:00 p.m.

_____ BILL NO. _____

By _____

*Phil Elwood
attorney for
K. Dental Board*

AN ACT concerning dentistry; relating to the delegation of certain acts; concerning the practice of dental hygiene; authorizing delegation of certain dental acts to dental assistants; amending K.S.A. 65-1423 and 65-1456 and repealing the existing sections.

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

Section 1. K.S.A. 65-1423 is hereby amended to read as follows: 65-1423. Nothing in this act shall apply to the following practices, acts, and operations:

(a) To the practice of ~~his--profession-by-a-physician-or surgeon-licensed-as-such~~ a person licensed to practice medicine and surgery under the laws of this state, unless he such person practices dentistry as a specialty; or

(b) to the giving by a qualified anaesthetist or registered nurse of an anaesthetic for a dental operation under the direct supervision of a licensed dentist or physician person licensed to practice medicine and surgery;

(c) the practice of dentistry in the discharge of their official duties by graduate dentists or dental surgeons in the United States army, navy, public health service, coast guard, or veterans' bureau; or

(d) the practice of dentistry by a licensed dentist of other states or countries at meetings of the Kansas state dental association or components thereof, or other like dental organizations approved by the board, while appearing as clinicians;

(e) to the filling of prescriptions of a licensed ~~and registered~~ dentist as hereinafter provided by any person or persons, association, corporation, or other entity, for the

*PKW
2-24-92
Attn #1.
K-8*

construction, reproduction, or repair of prosthetic dentures, bridges, plates, or appliances to be used or worn as substitutes for natural teeth, provided that such person or persons, ~~associations~~ association, corporation, or other entity, shall not solicit or advertise, directly or indirectly by mail, card, newspaper, pamphlet, radio, or otherwise, to the general public to construct, reproduce, or repair prosthetic dentures, bridges, plates, or other appliances to be used or worn as substitutes for natural teeth;

(f) to the use of roentgen or x-ray machines or other rays for making radiograms or similar records, of dental or oral tissues under the supervision of a licensed dentist or ~~physician~~: Provided,--however, person licensed to practice medicine and surgery except that such service shall not be advertised by any name whatever as an aid or inducement to secure dental patronage, and no person shall advertise that he such person has, leases, owns or operates a roentgen or x-ray machine for the purpose of making dental radiograms of the human teeth or tissues or the oral cavity, or administering treatment thereto for any disease thereof;

~~(g)--except--as--hereinafter--limited--to--the--performance--of--any--dental--service--of--any--kind--by--any--person--who--is--not--licensed--under--this--act,--if--such--service--is--performed--under--the--supervision--of--a--dentist--licensed--under--this--act--at--the--office--of--such--licensed--dentist:--Provided,--however,--That--such--nonlicensed--person--shall--not--be--allowed--to--perform--or--attempt--to--perform--the--following--dental--operations--or--services:~~

~~(1)--Any--and--all--removal--of--or--addition--to--the--hard--or--soft--tissue--of--the--oral--cavity:~~

~~(2)--Any--and--all--diagnosis--of--or--prescription--for--treatment--for--disease,--pain,--deformity,--deficiency,--injury--or--physical--condition--of--the--human--teeth--or--jaws,--or--adjacent--structure:~~

~~(3)--Any--and--all--correction--of--malformation--of--teeth--or--of--the--jaws:~~

Pitt
2-24-92
Act # 1
2-8

~~(4) Any and all administration of general or local anaesthesia of any nature in connection with a dental operation;~~

~~(5) A prophylaxis.~~

Sec. 2. K.S.A. 65-1456 is hereby amended to read as follows:
65-1456. (a) The board may suspend or revoke the license, license certificate and renewal certificate of any registered and licensed dentist who shall permit any dental hygienist operating under such dentist's supervision to perform any operation other than that permitted under the provisions of article 14 of chapter 65 of the Kansas Statutes Annotated, or acts amendatory of the provisions thereof or supplemental thereto; and may suspend or revoke the license of any dental hygienist found guilty of performing any operation other than those permitted under article 14 of chapter 65 of the Kansas Statutes Annotated, or acts amendatory of the provisions thereof or supplemental thereto. No license or certificate of any dentist or dental hygienist shall be suspended or revoked in any administrative proceedings without first complying with the notice and hearing requirements of the Kansas administrative procedure act.

(b) (1) The practice of dental hygiene shall include those ~~educational~~, preventive, and therapeutic procedures which result in the removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the gingival sulci.

(2) Included among ~~these--educational~~, the preventive and therapeutic procedures are the ~~instruction-of-the-patient-as-to daily-personal-care~~;

(A) Protecting the teeth and supporting structure from dental caries, and disease;

(B) the scaling and polishing of the crown tooth surfaces and;

(C) administration of local (block and infiltration) anaesthesia and nitrous oxide;

(D) removal of overhanging restoration margins and

PHW
2-24-92
Act #1
3-8

periodontal surgery materials;

(E) the planing of the root surfaces, in addition to the curettage of those soft tissues lining the free gingiva to the depth of the gingival sulcus; and

(F) such additional ~~educational~~ preventive and therapeutic procedures as the board may establish by rules and regulations.

(c) Subject to such prohibitions, limitations and conditions as the board may prescribe by rules and regulations, any licensed dental hygienist may practice dental hygiene and may also perform such dental service as may be performed by a dental assistant under ~~the provisions of K.S.A. 65-1423~~ section 3 and amendments thereto.

(d) The practice of dental hygiene shall be performed under the ~~direct or indirect~~ general supervision of a licensed dentist at the office of such licensed dentist except that the administration of local anesthesia shall be under the direct supervision of a licensed dentist at the office of the licensed dentist. ~~The board may designate by rules and regulations the procedures which may be performed by a dental hygienist under direct supervision and the procedures which may be performed under the indirect supervision of a licensed dentist.~~ The administration of local anesthesia shall be performed by a dental hygienist who has completed a course of instruction as the board may designate by rules and regulations. The degree of supervision of any additional procedures not listed under subsection (b)(2) shall be determined by the board.

(e) As used in this section, ~~"indirect supervision" means that the dentist is in the dental office, authorizes the procedures and remains in the dental office while the procedures are being performed and:~~

(1) "Direct supervision" means that the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure and before dismissal of the patient evaluates the performance.

PHW
2-24-92
Att #1
4-8

(2) "General supervision" means a licensed dentist may delegate verbally or by written authorization the performance of a service, task or procedure to a licensed dental hygienist under the supervision and responsibility of the dentist, if the dental hygienist is licensed to perform the function, and the supervising dentist examines the patient at the time the dental hygiene procedure is performed, or during the seven calendar months preceding the performance of the procedure, except that the licensed hygienist shall not be permitted to diagnose a dental disease or ailment, prescribe any treatment or a regimen thereof, prescribe, order or dispense medication or perform any procedure which is irreversible or which involves the intentional cutting of the soft or hard tissue by any means. A dentist is not required to be on the premises at the time a hygienist performs a function delegated under this paragraph (2).

(f) Nothing in this act shall be construed to prevent a dentist from authorizing a dental hygienist employed by the dentist to instruct and educate a patient in good oral hygiene technique or to provide a medication as ordered by the dentist to a patient. This act does not prohibit removal of cementum by a dental hygienist during root planing and curettage.

(g) All work performed by a dental hygienist in the practice of dental hygiene, as defined in this act, shall be performed in the dental office of the supervising dentist or dentists legally engaged in the practice of dentistry in this state, by whom the dental hygienist is employed, or under the supervision of a supervising dentist in an alternative approved setting, including, but not limited to, an adult care home or the patient's home, provided that the hygienist is licensed to perform the delegated procedure and the supervising dentist examines the patient during the seven months preceding the performance of the procedure by the dental hygienist or at the time the procedure is performed, except where employed by schools, hospitals, state institutions, public health clinics or

PHW
2-24-92
Att #1
5-8

other institutions that have applied to and been approved by the Kansas dental board as a proper location for the performance of a dental procedure.

(h) The board may issue a permit to a licensed dental hygienist to provide dental screening as an employee of the state of Kansas, or any subdivision thereof, at any public institution or facility under the supervision of the governing body of such public institution or facility under such terms and conditions as the board may reasonably establish in such permit. Such permit shall be for a period of one year and shall be subject to renewal annually at the time the license for dental hygiene is renewed.

New Sec. 3. (a) A person licensed to practice dentistry may delegate to any qualified and properly trained dental assistant acting under the dentist's direct supervision any dental act that a reasonable and prudent dentist would find is within the scope of sound dental judgment to delegate if, in the opinion of the delegating dentist, the act can be properly and safely performed by the person to whom the dental act is delegated and the act is performed in its customary manner, not in violation of this act or any other statute, and the dental assistant to whom the dental act is delegated is not represented to the public as being authorized to practice dentistry. A dentist may not:

(1) Delegate an act to an individual who, by order of the board, is prohibited from performing the act;

(2) delegate the administration and monitoring of nitrous oxide to a dental assistant unless such person has completed a course of instruction in the administration and monitoring of nitrous oxide approved by the board;

(3) delegate the performance of any of the following acts to a person not licensed as a dentist or dental hygienist:

(A) The removal of calculus from the natural and restored surfaces of exposed human teeth and restorations in the human mouth, provided that nothing herein shall be deemed to limit the delegation by a dentist of the polishing of exposed human teeth

PH+U
2-24-92
Att #1
6-8

to a qualified dental assistant;

(B) root planing or the smoothing of roughened root surfaces;

(C) administration of local (block and infiltration) anesthesia; or

(D) any other act the delegation of which is prohibited by the rules and regulations of the board.

(4) delegate the performance of any of the following acts to a person not licensed as a dentist:

(A) Comprehensive examination or diagnosis and treatment planning;

(B) a surgical or cutting procedure on hard or soft tissue;

(C) the prescription of a drug, medication or work authorization;

(D) the placement of any final restoration; or

(E) the administration of a general anesthetic agent.

(b) As used in this section, a "dental assistant" is a person who is employed by and works in the office of a licensed, practicing dentist and who performs one or more delegated dental acts under the direct supervision, direction and responsibility of such dentist; "director supervision" means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure and, before dismissal of the patient, evaluates the performance.

(c) The delegating dentist remains responsible for a dental act by a person performing a delegated dental act.

(d) The board may by rule and regulation establish guidelines not inconsistent with this section regarding the types of dental acts that may be properly or safely delegated by a dentist to a qualified dental assistant including a determination as to which delegated dental acts, if any, require competency testing before a person may perform the act.

(e) A dental act that may be delegated by a dentist to a dental assistant may also be delegated by a dentist to a dental

PH+LW
2-24-92
Act #1
7-8

hygienist.

(f) The board may adopt and enforce rules and regulations not inconsistent with the laws of this state to determine the number of dental hygienists which may be employed by a dentist as necessary to protect the public health and safety.

Sec. 4. K.S.A. 65-1423 and 65-1456 are hereby repealed.

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

PHW
2-24-92
CH #1
8-8

To: The House Public Health and Welfare Committee

Madam Chairperson and Members of the Committee:

I am David Hanson appearing on behalf of the Kansas Dental Assistants Association, an organization for dental assistants here in Kansas. The Association has been in existence over sixty years and currently has about 200 member dental assistants across the state of Kansas.

We appreciate this opportunity to appear before you to request drafting and introduction of proposed legislation to help define and clarify what types of duties may be delegated by dentists to their dental assistants and under what conditions.

We believe there is a growing public need for such clarification to protect the public in connection with duties that may otherwise be delegated to assistants who may not be properly qualified, especially duties that involve substantial risk, such as administration of nitrous oxide and infection control.

Our proposal specifically addresses these areas and limits what can be delegated to dental assistants who are not properly qualified. We would therefore ask that this Committee request drafting and introduction of our proposal for consideration.

Respectfully,



David A. Hanson for the Kansas
Dental Assistants Association

PHWC
2-24-92
Att # 2
1-6

_____ BILL NO. _____

AN ACT concerning dental assistants; amending K.S.A. 74-1404.
Be it enacted by the Legislature of the State of Kansas:

New Section 1.(a) A person licensed to practice dentistry may delegate to a dental assistant who is properly qualified as provided herein, any dental act to be done under the dentist's direct supervision, that a reasonable and prudent dentist would find is within the scope of sound dental judgment to delegate if, in the opinion of the delegating dentist, the act can be properly and safely performed by the person to whom the dental act is delegated and the act is performed in its customary manner, not in violation of this act or any other statute, and the dental assistant to whom the dental act is delegated is not represented to the public as being authorized to practice dentistry. A dental assistant shall be considered properly qualified for the purposes of this act if the dental assistant has satisfactorily completed educational, training and testing requirements and qualifications as determined by the Kansas dental board, which requirements and qualifications shall be in no particular less than those prescribed by the Dental Assisting National Board for general or specialized dental assisting. A person shall be considered a qualified dental assistant for the purposes of this act if the person has been properly trained and has been employed by a dentist on a full-time basis as a dental assistant for a period of at least six (6) months immediately preceding the effective date of this act, but shall not include any dental assistant who, from and

PHW
2-24-92
Att #2
2-6

after July 1, 1993, has not satisfactorily completed educational, training and testing requirements and qualifications as determined by the Kansas dental board.

(b) A dentist may not delegate the following:

(1) an act to any person who, by order of the Kansas dental board, is prohibited from performing the act;

(2) the administration or monitoring of nitrous oxide to any dental assistant, unless such person has completed a course of instruction approved by the Kansas dental board;

(3) the performance of any of the following acts to a person not licensed as a dentist or dental hygienist:

(A) the removal of calculus from the natural and restored surfaces of exposed human teeth and restorations in the human mouth, provided that nothing herein shall be deemed to limit the delegation by a dentist of the polishing of exposed human teeth to a dental assistant, who is properly qualified as provided herein.

(B) root planing or the smoothing of roughened root surfaces; or

(C) administration of local (block and infiltration) anesthesia; or

(4) the performance of any of the following acts to a person not licensed as a dentist:

(A) comprehensive examination, diagnosis or treatment planning;

PHaw
2-24-92
2H #2
3-6

(B) a surgical or cutting procedure on hard or soft tissue;

(C) the prescription of a drug, medication, or work authorization;

(D) the placement of any final restoration;

(E) the administration of a general anesthetic agent.

(5) any other act the delegation of which is prohibited by the rules of the Kansas dental board.

(c) A dentist may delegate to a dental assistant who has not completed the requirements and qualifications prescribed by the Kansas dental board in accordance with subsection (a) above, the following acts to be done under the dentist's direct supervision:

(1) Office and business management procedures;

(2) Taking and recording of medical/dental histories and vital signs;

(3) Taking of intra/extra oral photographs;

(4) Retracting cheek, tongue or other tissues and suctioning of debris created during the course of a dental treatment;

(5) Mixing and handling of dental materials;

(6) Infection control procedures after completion of a course of instruction approved by the Kansas dental board.

(d) A dental act that may be delegated by a dentist to a dental assistant may also be delegated by a dentist to a dental hygienist.

(e) A dentist shall be accountable and fully responsible for all dental services, procedures and acts performed under the dentist's supervision.

(f) The Board may adopt and enforce rules not inconsistent with the laws of the State to establish other types of dental acts that may be delegated by a dentist to qualified dental assistants or other dental assistants as necessary to protect the public health and safety.

Section 2. That K.S.A. 74-1404 be amended to read as follows:

74-1404. Kansas dental board; appointment; terms; qualifications; vacancies.

(a) In order to accomplish the purpose and to provide for the enforcement of this act, there is hereby created the Kansas dental board. The board shall be vested with authority to carry out the purposes and enforce the provisions of this act. The board shall consist of the following: (1) three licensed and qualified resident dentists; (2) one registered dental hygienist; (3) one qualified dental assistant; and (4) one representative of the general public. At least 30 days before the expiration of any term, other than that of the member appointed from the general public, either the Kansas

Flow
2-24-92
Att #2
5-6

Dental Association, the Kansas Dental Hygiene Association, or the Kansas Dental Assistants Association or its their successors, depending on the board position to be filled, shall submit to the governor a list of three names of persons of recognized ability who have the qualifications prescribed for board members. The governor shall consider such list of persons in making the appointment to the board. The members shall be appointed by the governor in the manner hereinafter prescribed for terms of four years and until their successors are appointed and qualified. No person in any way connected with a dental supply or dental laboratory business shall be eligible for appointment to the board. No person shall be eligible for appointment to the board who has been convicted of a felony. No dentist, or dental hygienist, or qualified dental assistant shall be appointed to the board who has not been engaged in the active practice of dentistry or dental hygiene, or employed as a dental assistant in the state of Kansas for at least five years next preceding appointment. Whenever a vacancy occurs it shall be filled by appointment for the remainder of the unexpired term in the same manner as an original appointment is made.

(b) Upon the expiration of terms of office of members, successors shall be appointed in the same manner as original appointments for terms of four years.

EXECUTIVE SUMMARY

Rep. Tony Herbert

Proposal for Demonstration Project

"An Alternative To Institutional Care For Persons With
Dementia (Of The Alzheimer's Form)"

Alzheimer's Disease Identified:

- * 4 million Americans are afflicted
- * 54,000 persons over age 65 at risk in Kansas
- * 8,251 persons currently reside in Kansas nursing homes who have Alzheimer's or similar forms of Dementia (only 80% sampling)

Objective of Proposal:

- * Prevent inappropriate nursing home placement
- * Postpone the need for institutions
- * Provide housing alternatives to institutionalization
- * Promote "affordability" in housing and support services

Current Alternatives:

- * Nursing homes (inappropriate for persons in early stages)
- * In own home with noncontinuous services (inappropriate)

Group Home Concept:

- * Residential neighborhoods; two (2) scattered sites
- * Six (6) long-term residents and two (2) respite care slots / home
- * 1/2 of persons served will be Medicaid recipients
- * Support services for persons in earlier stages (non medical)

Merits:

- * Socially more acceptable
- * Psychologically more stimulating environment
- * Saves money for state
- * Better services

Current Funding Commitments:

- * \$504,760 for structure, equipment and vehicles (non state monies)

Funding for Services:

- * Two potential federal sources; regulations not yet written on one

PK/10
2-24-92
attn # 3
1-2

Window of Opportunity:

- * \$471,850 of current funding will be lost if construction does not start before December 15, 1992
- * Federal programs for service dollars may not be ready in 1992
- * Demonstration project will enhance state's chances of receiving federal monies

Cost Analysis:

- * Program will cost \$434,091 to operate first year.
- * Resident will pay 20% of gross income plus utilities for rent subject to Minimum Rent and Maximum Rent guidelines
- * Minimum Rent will be \$237 per month (targeted toward SSI recipient)
- * Maximum Rent will be \$372 per month plus utilities
- * Respite care charges will be \$8.00 per hour during "Prime Time" (7:00 AM to 11:00 PM); \$5.00 per hour other times plus meals.
- * Cost to state for first year will be \$326,652

Benefit Analysis:

- * State now pays \$7,482 per person per year for geriatric institution
- * 108 persons will benefit from demonstration project (12 long-term + 96 respite) (1/2 to be Medicaid recipients)
- * Demonstration project will save Kansas \$404,028 in the first year (net savings = \$77,376 in first year)
- * Savings can be restated as: \$1,433 per medicaid person served per year

JHLCW
2-24-92
Att #3
2-2

HOUSE BILL NO. _____

AN ACT prohibiting certain patient referrals by a physician; declaring certain acts to be misdemeanors and providing penalties therefor.

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

Section 1. (a) It is unlawful for a physician to refer any patient, for health care goods or services, to a partnership, firm, corporation or other business entity in which the physician, physician's spouse, children (natural or adopted) or sibling of the physician or the physician's employer has an equity interest of 10% or more unless, prior to such referral, the physician notifies the patient of the physician's financial interest and of the patient's right to obtain such goods or services at the location of the patient's choice.

(b) This section does not apply to the following types of equity interest:

(1) The ownership of registered securities issued by a publicly held corporation or the ownership of securities issued by a publicly held corporation, the shares of which are traded on a national exchange or the over-the-counter market;

(2) a physician's own practice, whether the physician is a sole practitioner or part of a group, when the health care good or service is prescribed or provided solely for the physician's own patients and is provided or performed by the physician or under the physician's supervision; or

(3) an interest in real property resulting in a landlord-tenant relationship between the physician and the entity in which the equity interest is held, unless the rent is determined, in whole or in part, by the business volume or profitability of the tenant or is otherwise unrelated to fair

P.H.W.
2-24-92
Attn # 4
1-2

market value.

(c) As used in this section, "physician" means a person licensed to practice medicine and surgery.

(d) A violation of this section is a class A misdemeanor.

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

PHW
2-24-92
att # 3
2-2

#

HOUSE BILL NO. 2796

February 20, 1992

The Honorable Carol Sader, Representative of the House
Capitol Building, Room 115-S
Topeka, Kansas 66612

Dear Representative Sader:

First, let me thank you for letting me speak before you, and all committee members, regarding House Bill # 2796. Perceiving the committee is extremely busy, the testimony that I presented, was made short and brief. Therefore, I would like to go on the record with the following testimony for you, and all committee members to read at your earliest convenience.

Brief analysis of bill:

This bill would place the licensing, inspection and administration of tanning devices and tanning facilities under the jurisdiction of the Kansas State Board of Cosmetology.

At the present time the Department of Commerce reports that there are approximately 300 tanning facilities in Kansas which advertise. However, this amount does not reflect the tanning facilities located in such places as motels, hotels, spa's, sports clubs, country clubs, YWCA or YMCA'S or other cosmetology establishments not listed. The total number of facilities could very easily double, or triple, the Department of Commerce estimate.

The previous fiscal impact report was figured on part-time employees, but after further deliberation with the board, it is their consensus that to administer proper inspections and enforcement of these tanning devices and facilities and continuation of our inspectors current required duties, could only be accomplished with altering our present four part-time inspectors to full time or the addition of a full time radiation protection specialist. Therefore, the report that I will be submitting to you, will reflect some of this reorganization.

Presently, budgetary restraints limit our agency to one full time and 4 part-time inspectors that conduct annual inspections of approximately 4,000 salons and 31 schools. They make numerous advisory visits to perspective salon locations and to initiate shop apprentice programs. The inspectors also administer required written exams on-site at the schools four times a year.

I would like to add that in January 1992 alone the enrollment of school apprentices increased 33% over the past three years. Long-term trends in the cosmetology industry indicate a significant increase during recessionary times.

PHW
2-24-92
at #5
1-4

First and foremost, the technical qualifications needed to inspect these tanning devices and facilities will need to be defined.

There possibly are two types of inspectors that may be acceptable to administer the inspections of these tanning facilities.

1) If a Radiation Protection Specialist, range 24 is required, the cost to this agency for this position would be \$31,385.00 for a new employee (step A&B) w/benefits per year, based on a single health insurance plan. In addition to this position, there would be a \$10,000.00 per year charge to motor pool (50,000 miles per year @.20 per mile).

A Radiation Protection Specialist position requires a college degree with knowledge in x-ray technology, radiation protection or laboratory technology. This position would conduct inspections and investigations of these electromagnetic radiation emitting devices (commonly known as tanning beds). They also would be checking the timers and temperatures of the tanning devices to ensure that the beds' temperatures do not exceed 100 degrees Fahrenheit. These specialists would also ensure that the required warning signs are posted, qualified operators are on duty, written statements are being administered to each client before tanning begins and that the facilities are providing protective eye wear.

Another option in the area of inspections might be a Beauty Shop Inspector.

2) If a Beauty Shop Inspector, range 15 is required, the cost to this agency for this position would be \$21,385.00 a new employee (step A&B) w/benefits per year, based on a single health insurance plan. In addition to this position, there would be a \$10,000.00 per year charge to motor pool (50,000 miles per year @.20 per mile).

A Beauty Shop Inspector must be a high school graduate or it's equivalent, graduated from a licensed beauty school, having a current cosmetology license, knowledge in the cosmetology profession and has been working for 3 consecutive years in the field of cosmetology. This inspector inspects beauty shops for correct licensing and sanitation violations. Travels to cities and rural areas to open new shops, do transfers of location, change tentative shops, cancels shops and reinstates shops. Does investigations on complaints of licensee's or a pedicular salon for possible violations. Inspects schools for licensing of instructors and students and general sanitation. Check the teaching practices of the school and checks the students hour sheets and administers written exams to eligible students etc.

PAW
2-24-92
Act #5
2-4

3) Regardless of which range of a tanning device or facility inspector is needed, the addition of a new employee part-time keyboard operator range 11 at \$9,571.00 (step A&B) w/benefits per year, based on a single health insurance plan) would be necessary for administration and dispensing of the new licenses. This position would also be necessary to help absorb the expanded work load, as well as maintaining the office's current level of communication with licensee's throughout the state of Kansas.

To accommodate the addition of the keyboard operator and inspector, office equipment and supplies will need to be acquired, at an estimated cost of \$2,700 - 3,000.

The estimated fees that would be required for a first time license and inspection would need to be in the range of \$75.00 for first time facility licensing with a renewal fee of \$50.00 per year. These fees would help defray the cost of added inspections, travel & subsistence for the inspectors. Also, added office personnel and added office equipment. I would now like you to refer to the estimated fee schedule (attached to your copy of my testimony).

After the enactment of this bill, pursuant to the requirements set out in House Bill # 2796 (licensing of tanning devices and tanning facilities to our current area of responsibility), there is no other alternative than to upgrade our current part-time inspectors to full time (range 15) for the purpose of finding these non-listed tanning facilities and the continuation of currently required duties.

In closing, nothing is stated in this bill regarding tanning devices in private homes. Section 1.(5) states "any facility, whether independent of part of a salon" shall be included in the definition of "tanning facility." Would this include those tanning devices in private homes? This area is not specifically addressed in H.B. 2796. Please define the term "facility".

Thank you for your time.

ON BEHALF OF THE STATE BOARD OF COSMETOLOGY

Eileen M. Hassett
Executive Director

cc:

All committee members of Public Health and Welfare

PHW

*2-24-92
Att #5*

3-4

EXAMPLE FEE STRUCTURE

First time licensure at the current fee schedule of beauty salons:

600 Facilities X \$25.00 = \$15,000.00
20% to general fund = \$3,000.00
with \$12,000.00 to this agency

Renewal of facilities at the current fee schedule of beauty salons:

600 Facilities X \$15.00 = \$9,000.00
20% to general fund = \$1,800.00
with \$7,200.00 to this agency

Estimated New Fee Schedule:

First time licensure: \$75.00

600 Facilitais X \$75.00 = \$45,000.00
20% to general fund = \$9,000.00
with \$36,000.00 to this agency

Renewal fee: \$50.00

600 Facilitais X \$50.00 = \$30,000.00
20% to general fund = \$6,000.00
with \$24,000.00 to this agency

JHW
2-24-92
Att#5
4-4

Testimony on HB 2844

by the
Kansas Department on Aging

before the
House Public Health & Welfare Committee

February 12, 1992

Chairman Sader and members of the committee, the Kansas Department on Aging testifies today in favor of HB 2844. The medicaid cap issue has generated lots of interest and concern among older Kansans. The Kansas State Advisory Council on Aging made it their major concern in 1992. The Council's annual report said: "Legislative expansion of the Senior Care Act program statewide and repeal of the 300 percent cap are the highest priorities of the State Advisory Council." We concur.

I want to discuss three aspects of the issue: the alternatives to institutional care, the cost of the cap, and division of assets.

Alternatives to Nursing Home Care

Expansion of in-home services is not an adequate solution for people who have been eliminated from the medicaid program by the 300% cap. In the first place, the cap saves money for the medicaid program, which has an income requirement that effectively denies in-home services to people with incomes higher than the 300% cap. Nor does the Senior Care Act provide an alternative for people who are above the cap. Only three areas of the state are served by the Act this year and three more perhaps next year. Even if all people above the cap could rely instead on in-home services, these services are not available statewide. We support Kansas placing more emphasis on community based care.

We cannot assume that people needing nursing home care can be served in the community. The cap arbitrarily eliminates eligibility for nursing home care without regard to medical need. Kansas has essentially deinstitutionalized these people without providing an alternative. We once did the same thing to mental health patients in our hospitals.

Fiscal Impact

Ironically, the cap has increased the cost of caring for older Kansans. In the short run, HB 2844 would save the state money, because we humanely covered the cost of care with state funds for those people who qualified for medicaid before September 1, 1991. Our estimate is that HB 2844 would save the state \$345,850 in the short run. A copy of our fiscal impact estimate is attached.

PKW
2-24-92
attn #6

In the long run, the state would have to pick up an additional cost of \$290,449 in current dollars at current costs. The state would recover most of that from estates, if recovery mechanisms are instituted as proposed in SB 607. The governor's budget estimates recovery in the first year of \$201,000. We support estate recovery.

Division of Assets

SRS announced last summer that division of assets could not be an option for people with incomes above the cap. HB 2844 solves this problem by moving us back to June 1991 eligibility standards. The medically needy program in effect in June did not restrict our access to federal spousal impoverishment protections.

The SRS Task Force recommended that the federal government change their rules. Kansas can solve this problem without Congressional action. Federal law only prevents Kansas and other states who have chosen to have medicaid caps from allowing spousal impoverishment deduction prior to determining eligibility. By approving HB 2844, Kansas has the option to chose the medically needy Medicaid category and allow spousal impoverishment protections again.

The division of resources is still theoretically available to couples who are denied medicaid because of income in excess of the 300% cap. The income test will always deny eligibility to the ill spouse. In the real world, the at-home spouse will have to spend whatever it takes to privately pay for the ill spouse.

Most spouses are forced to choose to spend all they have on nursing home care and go without, or to bring the ill spouse home and try to keep people at home who really need nursing home care.

Conclusion

We have visited with SRS on this issue and we understand the issues that brought about the changes in September, 1991. We support the shift to community based programs, increased health care information and estate recovery. We do not support keeping the most medically vulnerable older Kansans from needed health care. We pledge to continue to work together with SRS and Health & Environment to build a better long term care system.

PKW
2-24-92
Attn #6
29-2-4

Fiscal Impact SB 548 & HB 2844

Savings from Medicaid Coverage of Grandfathered Residents

Annual Cost -- \$800,000¹

SGF if cap removed -- \$800,000 (.41)² = \$328,000

Net savings -- \$800,000 (.59)³ = \$472,000

Cost of Medicaid Coverage for New Admissions Over Cap

Average cost per person -- \$800,000 / 445⁴ = \$1,798 or \$150/month

Number of rejected admissions per year -- (23)⁵ (12) (.884)⁶ = 244

State share of medicaid coverage -- (244) (.41) (\$150) (8.4 months)⁷ = \$126,050

Net savings from removing cap -- \$472,000 - \$126,050 = \$345,850

¹Estimate by SRS in testimony before the Joint Committee on Administrative Rules and Regulations, September 1991

²The state share of medicaid is 41%.

³The federal share of medicaid is 59%.

⁴SRS testified in September, 1991 that 445 persons were covered by the grandfather provision.

⁵SRS testified on January 21, 1992 that 23 people were denied nursing home facility coverage in September, 1991. If the number increased to 86 people per month, the state would break even.

⁶Assumes the passage of Sub. HB 2566. SRS estimates that 11.6% of persons entering nursing homes will be diverted.

⁷The SRS fiscal impact statement on HB 2566 estimated that people admitted to nursing homes stayed for an average of 8.4 months.

PA/ell
2-24-92
Attn #6
29384

Additional Comments:

The impact of the cap on individuals and spouses is far larger than the impact on SRS. The \$150 average expenditure for grandfathered residents makes up the difference between income and the medicaid rate of reimbursement. People who are not grandfathered residents must make up the difference between income and the private rate.

Long Range Impact:

As people who were grandfathered died, the savings from removing the cap would decrease. The state cost would eventually be \$290,449 $((\$1,798)(445)(.884)(.41))$, assuming no increase in the number of residents and no inflation in the cost of nursing home care above the inflation in income sources and the passage of Sub. HB 2566.

State costs would be recovered by SRS as recovery is implemented as recommended by the Governor and the SRS Task Force. The Governor's budget assumes that \$201,000 will be recovered in FY '93. More recovery is expected in future years.

Removing the cap would also avoid increased public expenditures for spouses who are impoverished by the inability to divide income and qualify for medical assistance.

PHed
2-24-92
Attm 6
09484

115-5

STATE OF KANSAS



DIVISION OF THE BUDGET

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

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

JOAN FINNEY, GOVERNOR
GLORIA M. TIMMER, Director

February 17, 1992

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

Dear Representative Sader:

SUBJECT: Fiscal Note for HB 2844 by Representatives Dean,
et al.

In accordance with KSA 75-3715a, the following fiscal note
concerning HB 2844 is respectfully submitted to your committee.

HB 2844 would rescind the income cap currently on
Medicaid-funded nursing home services eligibility. The current
cap was imposed by the 1991 Legislature as a cost saving
measure.

The Department of Social and Rehabilitation Services
estimates that passage of the bill would ultimately result in
additional annual expenditures totalling \$712,722, including
\$293,998 from the State General Fund. These expenditures would
result from the addition of 445 nursing home clients as a
result of the increased eligibility limitation.

However, in the first year of implementation the bill's
passage would produce savings of \$102,799 from the State
General Fund. The savings would include a reduction of funding
needed to provide full state support for individuals who are in
nursing homes and exceed the income cap and who were
grandfathered in when the cap was established by the 1991
Legislature.

Any savings in FY 1993 and additional expenditures in
future years resulting from passage of HB 2844 are not included
in the *FY 1993 Governor's Budget Report*.

Sincerely,

Gloria M. Timmer
Gloria M. Timmer
Director of the Budget

2/24/92
Att #7

cc: Karen Deviney, SRS
4760

115-2

STATE OF KANSAS



DIVISION OF THE BUDGET

JOAN FINNEY, GOVERNOR
GLORIA M. TIMMER, Director

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

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

February 20, 1992

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

Dear Representative Sader:

SUBJECT: Fiscal Note for HB 2883 by Committee on Public
Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note
concerning HB 2883 is respectfully submitted to your committee.

HB 2883 would change the procedures governing the licensing
of mental health technicians and professional nurses in several
ways. First, the bill would allow temporary permits to be
issued to applicants who are requesting reinstatement of their
licenses or who are awaiting certificates of qualification in
their field. In addition, an inactive license category would
be established for non-practicing individuals as an alternative
to letting the licenses lapse.

Under HB 2883, the fee schedules for registered nurses,
licensed practical nurses, advanced registered nurse
practitioners and registered nurse anesthetists would be
consolidated into one statute. New fee categories concerning
approval of continuing education courses and programs would
also be created in this bill. Finally, HB 2883 would establish
new maximum fees applied against applications for renewals and
reinstatements as well as approval of single continuing
education offerings.

The Kansas State Board of Nursing reports that in FY 1993,
HB 2883 would result in approximately \$61,600 in additional fee
revenues for use by the Board. An estimated \$15,400 represents
the 20 percent of total new receipts which would be transferred
to the State General Fund as required by statute. Therefore,
the total fiscal impact is estimated to be \$77,000 in FY 1993.

PHW
2-24-92
attn #8

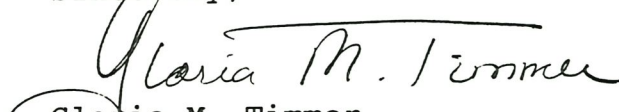
The Honorable Carol Sader
February 20, 1992
Page Two

The establishment of inactive licenses is not expected to have any significant fiscal impact, since this would affect only a small number of retired professionals. Likewise, the Board estimates that only one-fourth or 220 of the reinstatement applicants would request temporary permits. If a \$10 per permit charge is applied, then issuing 220 permits would yield \$2,200 in new revenues. Individual course approvals have increased from 400 to 1,400 applications annually. The Board states that if a \$2 fee is charged for course approvals, then \$2,800 per year would be gained.

The Board intends to increase fees only as required to meet current spending needs. Only a slight increase would be needed to achieve a balanced agency budget. The Board does not expect a great fiscal impact on licensees as a result of HB 2883 and no additional personnel would be needed to implement this bill.

It is possible that the creation of temporary permits would decrease the number of disciplinary cases against unlicensed nurses. The Board reports that if these cases were reduced, the need for additional disciplinary staff might be averted. Currently, disciplinary cases of all types are increasing at a rate of 40 percent per year.

Sincerely,


Gloria M. Timmer
Director of the Budget

cc: Pat Johnson, Nursing

92

PHW
2-24-92
Action #8
29282

HOUSE BILL No. 2883

By Committee on Public Health and Welfare

2-6

8 AN ACT concerning the board of nursing; relating to fees; providing
9 for temporary permits and authorizations; amending K.S.A. 65-
10 1131 and K.S.A. 1991 Supp. 65-1118, 65-1118a, 65-1153, 65-1154
11 and 65-4208 and repealing the existing sections.

12
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 1991 Supp. 65-1118 is hereby amended to read
15 as follows: 65-1118. (a) The board shall collect in advance fees pro-
16 vided for in this act as fixed by the board, but not exceeding:

17	Application for license — professional nurse.....	\$75	
18	Application for license — practical nurse	50	KSNA
19	Application for biennial renewal of license — professional nurse and		
20	practical nurse	40	60 40
21	Application for reinstatement of license.....	50	75 50
22	Application for reinstatement of licenses with temporary permit.....	100	
23	Certified copy of license	25	
24	Duplicate of license	25	
25	Inactive license	20	
26	Application for certificate of qualification — advanced registered nurse		
27	practitioner.....	50	
28	Application for certificate of qualification with temporary permit —		
29	advanced registered nurse practitioner.....	100	KSNA
30	Application for renewal of certificate of qualification — advanced reg-		
31	istered nurse practitioner	40	40 20
32	Application for reinstatement of certificate of qualification — advanced		
33	registered nurse practitioner.....	50	Bd. Nursing
34	Application for authorization — registered nurse anesthetist.....	60	60 75
35	Application for authorization with temporary authorization — registered		
36	nurse anesthetist	110	
37	Application for biennial renewal of authorization — registered nurse		
38	anesthetist.....	60	
39	Application for reinstatement of authorization — registered nurse		
40	anesthetist.....	75	
	Application for reinstatement of authorization with temporary author-		
	ization — registered nurse anesthetist.....	100	
43	(b) The board may require that fees paid for any examination		

General Comments of Conferees

1. Nurse anesthetists oppose increase in maximum amounts.
2. Licensed practical nurses oppose bill until fees needed.

Handwritten notes:
2-24-92
Attn #9

Handwritten notes:
P.H.W.
2-24-92
Attn #9

PHW
2-24-92
atm #9
pg 28

1 under the Kansas nurse practice act be paid directly to the exam-
2 ination service by the person taking the examination.

3 Sec. 2. K.S.A. 1991 Supp. 65-1118a is hereby amended to read
4 as follows: 65-1118a. (a) The board shall collect fees provided for in
5 this act as fixed by the board, but not exceeding:

6	Application for accreditation — schools of nursing	\$1,000
7	Biennial renewal of accreditation — schools of nursing	500
8	Application for approval of continuing education providers	200
9	Annual fee for continuing education providers	75
10	Approval of single continuing education offerings	25 100
11	Consultation by request, not to exceed per day on site	400

12 Approval of individual courses:..... 15

KSNA and Nurse Anesthetists

13 (b) In addition to the above prescribed fees, consultants' travel
14 expenses shall be charged to the person, firm, corporation or insti-
15 tution requesting consultation services to be provided by the board.

16 Sec. 3. K.S.A. 65-1131 is hereby amended to read as follows:
17 65-1131. (a) Upon application to the board by any professional nurse
18 in this state and upon satisfaction of the standards and requirements
19 established by the board under K.S.A. 65-1130 *and amendments*
20 *thereto*, the board may issue a certificate of qualification to such
21 applicant authorizing the applicant to perform the duties of an ad-
22 vanced registered nurse practitioner as defined by the board under
23 K.S.A. 65-1130 *and amendments thereto*. ~~The An~~ application to the
24 board *for a certificate of qualification, for a certificate of qualifi-*
25 *cation with temporary permit, for renewal of a certificate of qual-*
26 *ification and for reinstatement of a certificate of qualification* shall
27 be upon such form and contain such information as the board may
28 require and shall be accompanied by a fee, to be established by
29 rules and regulations adopted by the board, to assist in defraying
30 the expenses in connection with the issuance of certificates of qual-
31 ification as advanced registered nurse practitioners, ~~but the fee shall~~
32 ~~not be less than \$30 nor more than \$50 for an original appli-~~
33 ~~cation, not more than \$20 for the renewal of a certificate of~~
34 ~~qualification as an advanced registered nurse practitioner in an~~
35 ~~amount fixed by the board under K.S.A. 65-1118 and amendments~~
36 ~~thereto~~. The executive administrator of the board shall remit all
37 moneys received pursuant to this section to the state treasurer as
38 provided by K.S.A. 74-1108 and amendments thereto.

39 (b) *The board may grant a one-time temporary permit to practice*
40 *as an advanced registered nurse practitioner for a period of not*
more than 180 days pending completion of the application for a
certificate of qualification.

41 Sec. 4. K.S.A. 1991 Supp. 65-1153 is hereby amended to read

PHW
2-24-92
atm #9
29284

Nurse Anesthetists

initial examination

PHW
2-24-92
Attn # 9
Pg 384

1 as follows: 65-1153. The board may grant a temporary authorization
2 to practice nurse anesthesia as a registered nurse anesthetist (a) for
3 a period of not more than one year to ~~(a)~~ (1) graduates of a school
4 of nurse anesthesia accredited or approved by the board pending
5 results of the ~~initial~~ first licensing examination following graduation,
6 or ~~(b)~~ (2) nurse anesthetists currently licensed or otherwise creden-
7 tialled in another state pending completion of the application for an
8 authorization to practice nurse anesthesia as a registered nurse anes-
9 thetist in this state; and (b) for a period of not to exceed 180 days
10 to an applicant for an authorization to practice nurse anesthesia as
11 a registered nurse anesthetist who is enrolled in a refresher course
12 required by the board for reinstatement of authorization which has
13 lapsed for more than five years or for authorization in this state
14 from another state if the applicant has not been engaged in the
15 practice of nurse anesthesia for five years preceding application and
16 the temporary authorization may be renewed by the board for one
17 additional period of not to exceed 180 days; and (c) for a period
18 not to exceed 60 days when a reinstatement application has been
19 made.

20 Sec. 5. K.S.A. 1991 Supp. 65-1154 is hereby amended to read
21 as follows: 65-1154. Upon application to the board by any licensed
22 professional nurse in this state and upon satisfaction of the standards
23 and requirements established under this act, the board shall grant
24 an authorization to the applicant to perform the duties of a registered
25 nurse anesthetist. ~~The~~ An application to the board for an author-
26 ization, for an authorization with temporary authorization, for bi-
27 ennial renewal of authorization, for reinstatement of authorization
28 and for reinstatement of authorization with temporary authorization
29 shall be upon such form and contain such information as the board
30 may require and shall be accompanied by a fee to assist in defraying
31 the expenses in connection with the administration of the provisions
32 of this act. The fee shall be fixed by rules and regulations adopted
33 by the board in an amount not to exceed \$75 for an original
34 application and not to exceed \$40 for the renewal of an au-
35 thorization to practice as a registered nurse anesthetist. The
36 original application fee for a temporary authorization shall be
37 fixed by the board by rules and regulations and shall not be
38 more than \$35 in an amount fixed by the board under K.S.A. 65-
39 1118 and amendments thereto. The executive administrator of the
40 board shall remit all moneys received pursuant to K.S.A. ~~1986~~ 1991
41 Supp. 65-1151 to 65-1163, inclusive, and amendments thereto, to
42 the state treasurer as provided by K.S.A. 74-1108 and amendments
43 thereto.

PHW
2-24-92
Attn # 9
Pg 384

PKW
2-24-92
Attn #9
29484

1 Sec. 6. K.S.A. 1991 Supp. 65-4208 is hereby amended to read
2 as follows: 65-4208. The board shall collect in advance the fees
3 provided for in this act, the amount of which shall be fixed by the
4 board by rules and regulations, but not to exceed:

5 (a) Mental health technician programs:

6 Annual renewal of program approval	\$110
7 Survey of a new program	220
8 Application for approval of continuing education providers	200
9 Annual fee for continuing education providers	75
10 Approval of individual courses	15

11 (b) Mental health technicians:

12 Application for license	\$50
13 Application for renewal of license	30 50
14 Application for reinstatement	36 60
15 Application for reinstatement of license with temporary permit	75
16 Certified copy of license	12
17 Duplicate of license	12
18 Inactive license	20
19 Examination	40
20 Reexamination	40
21 Verification of current Kansas license to other states	11

22 Sec. 7. K.S.A. 65-1131 and K.S.A. 1991 Supp. 65-1118, 65-
23 1118a, 65-1153, 65-1154 and 65-4208 are hereby repealed.

24 Sec. 8. This act shall take effect and be in force from and after
25 its publication in the statute book.

PKW
2-24-92
Attn #9
29484

STATE OF KANSAS

115-5



DIVISION OF THE BUDGET

JOAN FINNEY, GOVERNOR
GLORIA M. TIMMER, Director

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

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

February 20, 1992

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

Dear Representative Sader:

SUBJECT: Fiscal Note for HB 2882 by Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2882 is respectfully submitted to your committee.

HB 2882 would allow registered professional nurses or licensed practical nurses to delegate tasks which do not require nursing judgement to non-licensed individuals. This bill would amend KSA 1991 Supp. 65-1124 and take effect after its publication in the statute book.

The Executive Administrator of the Kansas State Board of Nursing anticipates little fiscal impact from HB 2882 on agency expenditures. One possible result could be a few more disciplinary actions by the Board concerning inappropriate delegation as part of unprofessional conduct. If the number of cases is few, then the additional costs could be absorbed within the current disciplinary program.


HB 2882 could reduce expenditures in health organizations and state agencies which employ nurses. The bill would allow a more flexible system of nursing practice, which employers might use to lower the number of professional nursing staff relative to non-nursing staff. The Department of Social and Rehabilitation Services states that this bill could help reduce

P/HCC
2-24-92
attm #10

The Honorable Carol Sader
February 20, 1992
Page Two

agency expenditures, especially for community mental retardation programs. Although SRS cannot determine the actual savings at this time, the Department believes that the ability to rely more heavily on non-nursing personnel will result in lower staffing costs.

Sincerely,


Gloria M. Timmer
Director of the Budget

cc: Pat Johnson, Nursing

64

PHW
2-24-92
Attn # 10
pg 2-2